

Key facts

- Tobacco smoking is a leading cause of preventable death in New Zealand.
- Forty-seven percent of Māori are daily smokers, compared to 29 percent of Pacific people and 20 percent of other New Zealanders.
- Māori in all age groups have higher smoking rates than non-Māori.
- Overall, female smokers smoke fewer cigarettes per day than male smokers, and Māori smokers smoke slightly fewer cigarettes per day than non-Māori smokers.
- Forty-five percent of Māori smokers report smoking indoors at home. Smokers who have young children living in the home are less likely to smoke indoors.
- During 2005 just over 5,000 Māori registered with the national free-phone Quitline service to quit smoking.
- Thirty-one percent of Māori callers had first heard of the Quitline from television advertising and 25 percent from friends and whānau.
- Six months after calling the Quitline and using nicotine patches or gum, 17.4 percent of Māori had quit smoking.

Māori Smoking and Tobacco Use



MINISTRY OF HEALTH

Fact Sheet 1

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The Quit Group
TE ROOPU ME MUTU
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Overview

Tobacco is a key risk factor for causing or contributing to death in New Zealand (Ministry of Health 2004c). It is also one of the most preventable causes of premature death (Minister of Health 2004). It has been estimated that 4,600 deaths are attributable to active smoking (as opposed to passive smoking) each year, with about 400 more deaths attributed to second-hand smoke exposure. 'Smokers who die from a tobacco-related cause, lose, on average, 13 years of life compared with non-smokers' (Minister of Health 2004: 20).

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

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

Death rates from cancer for Māori increased between 1980 and 1999, with Māori women having the highest mortality levels of all population groups, particularly for lung cancer (Ministry of Health 2003a). Māori women also have the highest rates of respiratory disease. Finally, Māori men and women have the highest incidence of all ethnic groups for cardiovascular and ischaemic heart disease.¹

As a Government priority, *Clearing the Smoke: A five year plan for tobacco control in New Zealand 2004–2009* sets out four goals in support of the New Zealand Health Strategy to reduce:

- levels of tobacco consumption and smoking prevalence²
- inequalities in health outcomes
- Māori smoking prevalence to at least the same level as non-Māori
- New Zealanders' exposure to second-hand smoke (Ministry of Health 2004b).

New Zealand's tobacco control programme uses four internationally recommended strategies:

- legislation (eg, providing smokefree environments indoors and restricting the advertising, sale and use of tobacco products)
- taxation (to increase the price of tobacco products)
- health promotion (to encourage changes in attitude and behaviour)
- smoking cessation services (to help smokers to quit), with specific emphasis on services for target groups such as Māori and low-income and young New Zealanders (Minister of Health 2004).

¹ See www.moh.govt.nz
health indicators for Māori refer to Ministry of Health 2006.

² Smoking prevalence refers to the percentage of smokers in the population.

Smoking rates

Research has shown that risk factors such as smoking tobacco and how much people smoke need to be understood in relation to the life circumstances of individual smokers. For example, there is a strong link between people who experience deprivation³ 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 the fact that smoking is a contributing factor to the health inequalities seen between Māori and non-Māori (Ministry of Health 2005). This is important to consider when interpreting the following smoking rates.

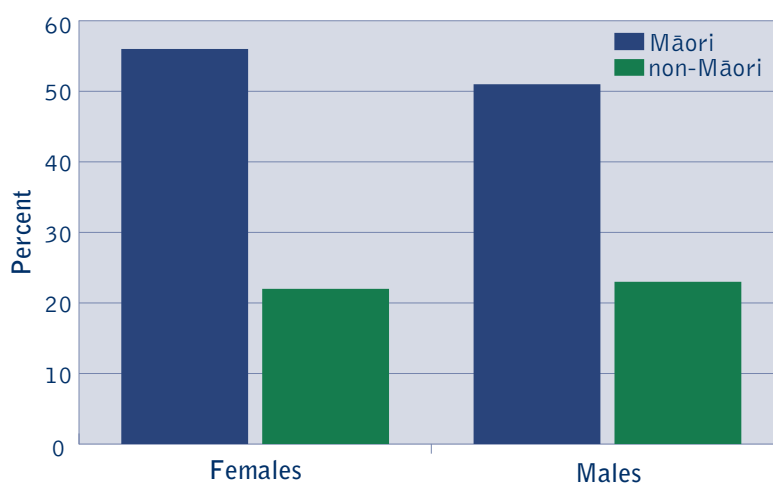
Overall, Māori rates of smoking are high compared with non-Māori, across all age groups. In comparison with non-Māori females, Māori females begin smoking at a young age, and Māori women have the highest smoking rates among women of all age groups (Ministry of Health 2005). However, there has been a slight decrease in the prevalence of smoking among Māori in recent years and data from 2004 shows that smoking among Māori, while remaining high at 47 percent, is the lowest it has been for over a decade. This compares with smoking rates of 29 percent among Pacific peoples and 20 percent among other New Zealanders (Minister of Health 2005; Ministry of Health 2005).

Smoking among 14–24-year-olds

A recent study reviewing adolescent smoking trends from 1999 to 2004 found that daily smoking prevalence has declined in all demographic groups in recent years (Scragg 2005). Even so, Māori girls continue to be 4.0 times more likely to smoke daily than non-Māori girls at age 14–15 years. At this age, Māori boys are 2.7 times more likely than non-Māori boys to smoke daily.

The smoking rate among young Māori aged 15–24 years is comparatively high, with just over half (56 percent) of young Māori women in this age group smoking cigarettes compared with 22 percent of non-Māori women of the same age (Figure 1). Similarly, over half of Māori men aged 15–24 years (51 percent) smoke compared to 23 percent of non-Māori men in this age group.

Figure 1: Daily smoking rates, Māori and non-Māori aged 15–24 years, by sex, 2002/03



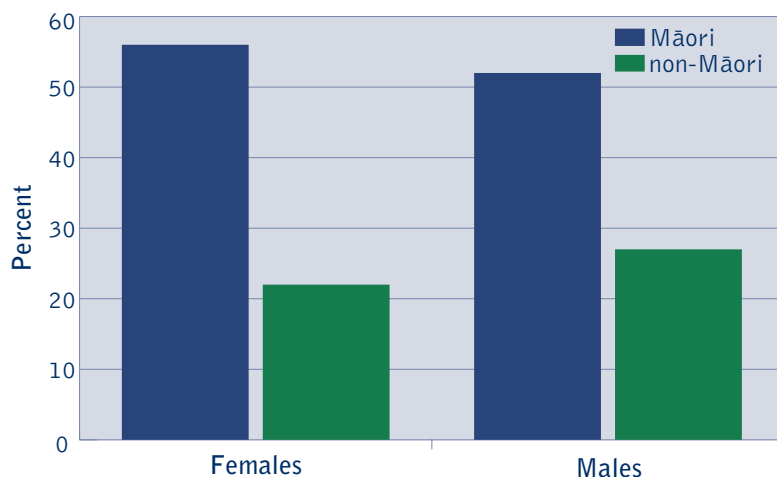
Source: Ministry of Health 2004a.

³ Deprivation is defined as a lack of income, education, communication, transport, support, qualifications, owned home, and living space (Salmond and Crampton 2002).

Smoking among 25–44-year-olds

Smoking rates for women in this age group are identical to those for 15–24 year olds, with 56 percent of Māori women aged 25–44 years smoking cigarettes daily, compared to 22 percent of non-Māori women of the same age (Figure 2). The rates for 25–44 year old men are slightly higher than those for younger men, with 52 percent of Māori men (compared with 27 percent of non-Māori men) in this age group smoking cigarettes daily.

Figure 2: Daily smoking rates, Māori and non-Māori aged 25–44 years, by sex, 2002/03

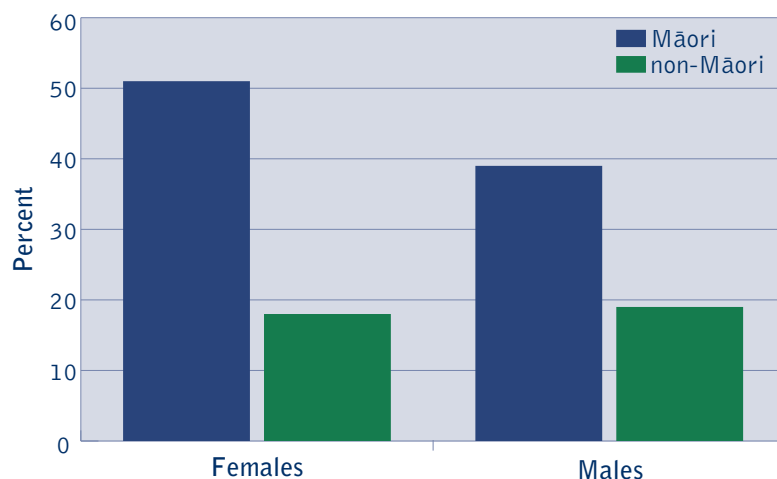


Source: Ministry of Health 2004a.

Smoking among 45–64-year-olds

Smoking rates in this age group are lower than others, with 51 percent of Māori women smoking daily, compared with 18 percent of non-Māori women (Figure 3). The rate of non-Māori men smoking in this age group (19 percent) is similar to that of non-Māori women. In comparison, the Māori male rate (39 percent) is considerably lower than the rate for Māori women.

Figure 3: Daily smoking rates, Māori and non-Māori aged 45–64 years, by sex, 2002/03

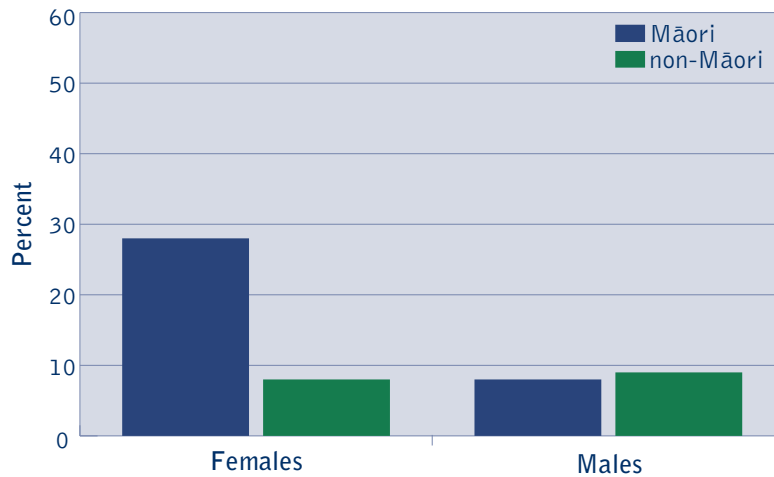


Source: Ministry of Health 2004a.

Smoking among people aged 65+ years

All smoking rates are lowest in this age group (Figure 4). Just over a quarter (28 percent) of Māori women aged 65 years and over smoke daily. This compares with 8 percent of non-Māori women in the same age group. Māori men aged 65 years and over smoke considerably less than their female counterparts (8 percent). This rate is similar to that of non-Māori men (9 percent).

Figure 4: Daily smoking rates, Māori and non-Māori aged 65+ years, by sex, 2002/03



Source: Ministry of Health 2004a.

Number of cigarettes smoked

Female smokers smoke fewer cigarettes per day than male smokers across all age groups (Table 1). There is a tendency for Māori smokers to consume slightly fewer cigarettes per day than non-Māori smokers.

Of all age groups, the heaviest smoking pattern is evident in 45–64 year olds: 52 percent of smokers of this age smoke over 10 cigarettes per day. Sixty percent of Māori men smoke over 10 cigarettes per day, compared with 70 percent of non-Māori male smokers.

In the oldest age group (65+ years), Māori women smokers were more likely than any of the other groups to smoke fewer cigarettes per day. Seventy-one percent of this age group smoked 1–10 cigarettes per day, compared to 53 percent of non-Māori women smokers.

Table 1: Number of cigarettes smoked per day, Māori and non-Māori smokers, by age group and sex, 2002/03

	1–10 cigarettes per day	11–20 cigarettes per day	21+ cigarettes per day
15–24 years			
Māori women	71.2%	23.1%	5.7%
Māori men	58.2%	34.5%	7.2%
non-Māori women	72.1%	20.8%	(no data)
non-Māori men	60.4%	32.8%	(no data)
25–44 years			
Māori women	48.1%	40.5%	11.4%
Māori men	41.1%	44.5%	14.4%
non-Māori women	53.9%	36.9%	9.2%
non-Māori men	44.7%	42.9%	12.4%
45–64 years			
Māori women	48.2%	44.4%	7.5%
Māori men	40.2%	42.5%	17.4%
non-Māori women	47.2%	40.4%	12.4%
non-Māori men	29.2%	52.7%	18.1%
65+ years			
Māori women	70.5%	19.5%	(no data)
Māori men	58.0%	36.4%	(no data)
non-Māori women	52.8%	30.5%	16.7%
non-Māori men	46.6%	39.7%	(no data)

Source: Ministry of Health 2004a.

Note: No data = either no one in the group smoked this amount or no one responded.

Second-hand smoke exposure in the home

Just under half (46 percent) of smokers in a general population survey on second-hand smoke exposure reported smoking indoors at home (Gillespie and Milne 2004). About the same percentage of the Māori sample of smokers from this survey reported smoking inside at home (45 percent). The survey found that smoking behaviour in the home was not related to level of education or income. However, those smokers who had young children living in the home were less likely to report smoking indoors. This was the case among both Māori and non-Māori smokers.

Among the population of both smokers and non-smokers, Māori were significantly more likely than non-Māori to report second-hand smoke exposure in their home during the previous seven days (29 percent compared with 17 percent). In particular, 16 percent of Māori respondents and 8 percent of non-Māori reported being exposed to second-hand smoke every day for the seven days prior to being interviewed (Gillespie and Milne 2004).

Quit/Me Mutu Campaign

The Ministry of Health contracts The Quit Group to deliver the Quit / Me Mutu Campaign. This comprises both national mass media advertising and the Quitline.

Media campaigns

The smoking cessation campaigns *Every Cigarette is Doing You Damage* and *It's About Whānau* target the 25–44 years age group. The aims of the television campaigns are to promote smoking cessation and to encourage those wanting to quit smoking to call the Quitline for ongoing support and advice. The *It's About Whānau* television campaign, in particular, encourages Māori smokers to quit smoking (Moewaka-Barnes and McPherson 2003).

Quitline

The national Quitline has been operating as a quit-smoking helpline since 1999 in conjunction with media campaigns – primarily television advertising – to encourage and assist people to quit smoking. This is a general population service that also has a Māori focus. The service aims to achieve at least 15 percent of calls to the Quitline from Māori smokers wanting to quit.

New callers to the Quitline are asked where they heard of the Quitline 0800 telephone number. In 2005, 27 percent (4,519 callers) said they heard of the Quitline number from television advertising. Māori callers (31 percent) were more likely to say they had heard of the Quitline number from television advertising than non-Māori callers (26 percent).

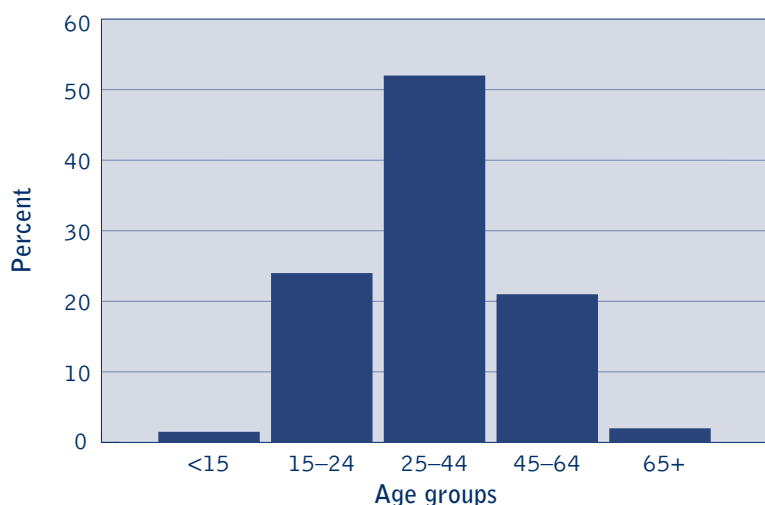
Friends and family are the second most common source of hearing about the Quitline. Twenty-five percent of all new callers, both Māori and non-Māori, said they heard of the Quitline number from friends and family. Māori were slightly less likely than non-Māori to report they heard of the Quitline number through a health worker (18 percent compared with 21 percent).

Calls to the Quitline

In 2005 a total of 28,471 people registered with the Quitline to quit smoking. This figure includes both new and relapsed callers. Eighteen percent of registered clients were Māori, totalling 5,147.

Sixty-two percent of Māori clients were women, compared with 54 percent for non-Māori. The majority of Māori callers were aged 25–44 years (Figure 5) – 52 percent were in this age group. A further 24 percent of Māori callers were aged 15–24, and 21 percent were aged 45–64. This pattern was similar for non-Māori callers.

Figure 5: Māori Quitline callers, by age group, 2005



Source: Unpublished Quitline monitoring data 2005.

Staying quit

Many people attempting to quit smoking relapse at some point. This is a normal part of quitting smoking. In 2005 there were 1,150 Māori relapsed callers returning to the Quitline for support and advice from Quit advisors (22 percent of all registered Māori callers).

Nicotine replacement therapy

Quitline callers are offered access to subsidised nicotine replacement therapy (NRT) patches or gum, in addition to the ongoing support and advice from Quit advisors. The NRT helps with a caller's quit attempt. In 2005 a total of 15,999 first exchange cards for NRT were issued, with 18 percent of those being sent to Māori callers.

Quit rates

A 2002/03 evaluation of the Quitline NRT programme determined quit rates for people using the Quitline and NRT (BRC Marketing & Social Research 2004). 'Quit' was defined as callers who self-reported that they had quit smoking for seven days at the six-month interview.

The overall quit rate at six months was 20.2 percent.⁴ Of the 987 Māori who participated in the study, the quit rate was 17.4 percent, compared with 21.7 percent for non-Māori (Table 2). The quit rate for Māori women was 18.2 percent, and it was 15.9 percent for Māori men. This compares with 18.8 percent for non-Māori women and 25.5 percent for non-Māori men.

Table 2: Quitline quit rates at six months, by ethnicity and sex, 2002/03

	Māori quit rate	non-Māori quit rate
Men	15.9%	25.5%
Women	18.2%	18.8%
Total	17.4%	21.7%

Source: Unpublished Quit Group evaluation data 2005.

Among those callers who had not quit at the six-month interview tobacco consumption had reduced by 38 percent. This means that someone who had smoked 30 cigarettes a day at the start of the study had reduced that by 11 cigarettes per day six months later. The 815 Māori who participated in this part of the study reduced their tobacco consumption by 35 percent, compared with non-Māori who reduced their consumption by 41 percent. Māori women reduced their consumption by 37 percent and Māori men by 32 percent.

Other smoking cessation initiatives

There are also other smoking cessation initiatives, such as Aukati Kai Paipa and STOMP, which complement the Quit Group's national Quitline and smoking cessation campaigns such as *It's about Whānau*.

The Aukati Kai Paipa smoking cessation programme takes a whānau based, Māori-specific approach in a Māori health setting. The programme started in mid-1999, primarily targeting Māori women. This service provides nicotine replacement therapy in the form of skin patches and/or chewable gum, together with free counselling support delivered by Māori quit coaches. Evaluations have shown it to be a cost effective and effective programme for Māori women with a quit rate at six months of 26 percent in 2000 (Ministry of Health 2003b).⁵

STOMP (Stop Smoking by Mobile Phone) was a trial using text messaging by mobile phones to quit smoking. The trial recruited 1,705 young smokers over seven months from throughout New Zealand, including 21 percent Māori (Bramley et al 2005). The text messaging intervention

⁴ Weighted by ethnicity and sex, the overall quit rate was 20.9 percent. People who were lost during follow-up were defined as not quit.

⁵ 'Quit' was defined as people who self-reported that they had quit smoking for two days at the six month interview.

included regular, personalised text messages that provided smoking cessation advice, support and distraction. Māori-specific text messages were sent to those participants self-identifying as Māori. These related to te reo Māori and information on Māori customs and traditions. The intervention was shown to be as effective for Māori as non-Māori, with 26 percent of Māori participants quit at six weeks (compared with 11 percent in the control group).

A five-step guideline for hospitals to identify smoking patients and support them to quit and/or change their smoking behaviour has been implemented by a number of District Health Boards (DHBs) during 2005. All DHBs are working towards going totally smokefree and have identified tobacco control as a top priority for action. Tobacco control is also a priority for most of the primary health organisations (PHOs), many of which have been working with smoking cessation providers in their areas to improve smoking cessation referral processes and train their staff in brief intervention (Minister of Health 2005).

The Quitline – 0800 778 778

The Quitline is a free quit smoking telephone helpline. Callers can:

- **request a Quit Pack which contains practical quit smoking advice and information**
- **talk to a Quit Advisor for one-on-one support**
- **get subsidised nicotine patches or gum (where suitable).**

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