

Tobacco use

Introduction

Tobacco smoking has long been known to be a major cause of death and ill health. Smoking is the main cause of lung cancer and chronic obstructive pulmonary disease (COPD), and is a primary risk factor for cardiovascular disease, cancers of the mouth, oesophagus, pharynx and larynx, and many other cancers and chronic diseases (US Department of Health and Human Services 2004).

What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants aged 15 years or over were asked a series of questions about their smoking habits, including the frequency and quantity of tobacco smoking.

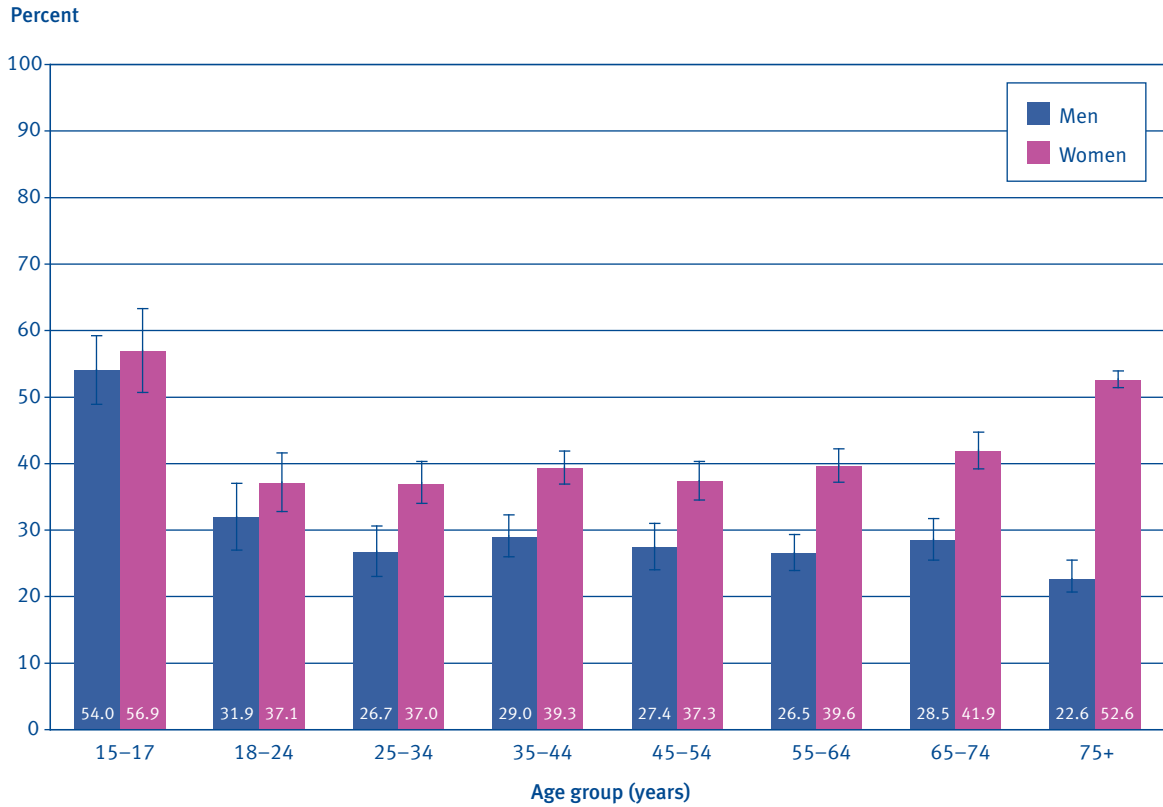
A current smoker, based on the World Health Organization definition, is someone who has smoked more than 100 cigarettes in their lifetime and is currently smoking at least once a month (World Health Organization 1998).

Further analyses of tobacco use data from the 2006/07 New Zealand Health Survey will be available in *Tobacco Trends 2008*.

Never tried smoking for adults

One in three adults (35.4%, 34.3–36.4) had never tried smoking, not even a few puffs. Over half of young people aged 15–17 years had never tried smoking (55.4%, 50.5–60.4), with no difference by gender in this age group. For 18–24-year-olds, only one in three had never tried smoking (34.5%, 30.8–38.2). From 25 years of age women became more likely than men to have never tried smoking (Figure 2.25).

Figure 2.25: Adults who have never tried smoking, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

Current smoking for adults

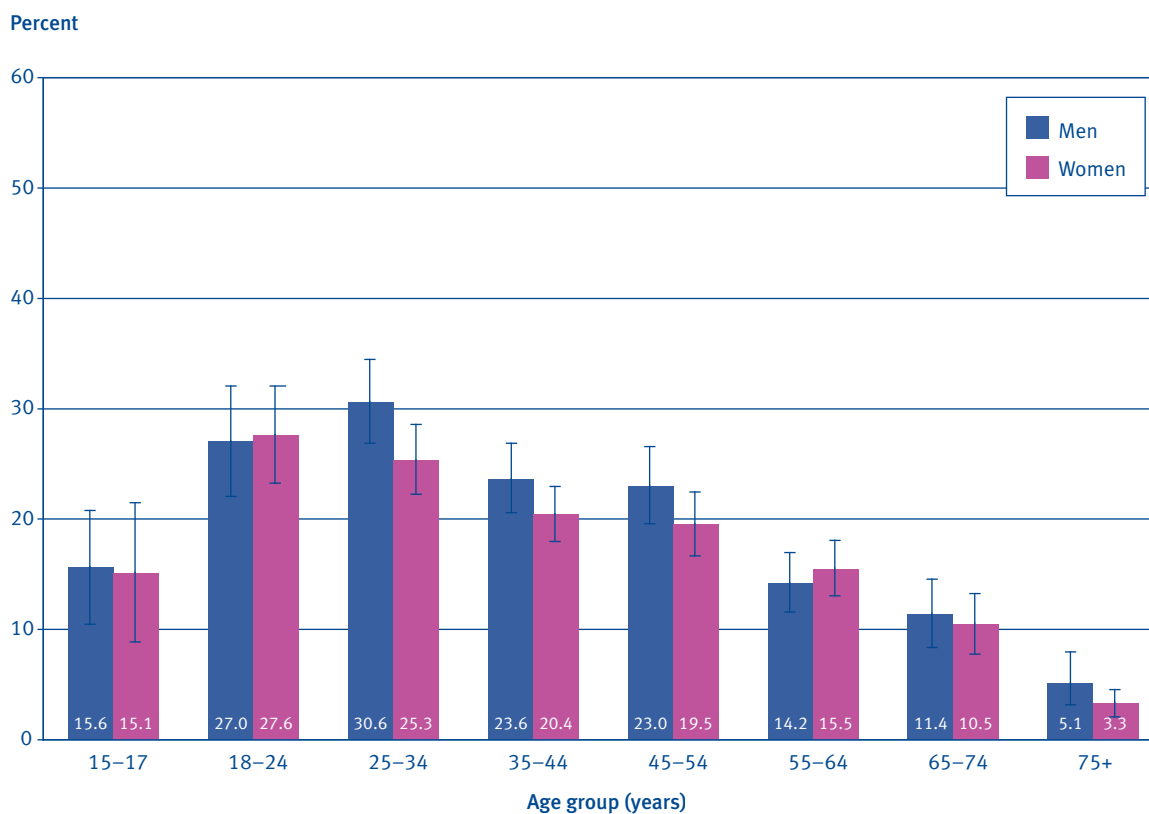
One in five adults (19.9%, 18.9–20.8) was a current smoker. This equates to 619,900 New Zealand adults. There were no differences in the age-adjusted prevalence of current smoking by gender.

Most current smokers smoked at least once a day (91.2%, 89.6–92.7), one in 16 current smokers (6.4%, 5.1–7.7) smoked at least once a week, and 2.5% (1.6–3.3) smoked at least once a month. There were no differences by gender in the frequency of smoking.

Current smoking, by age group

Smoking prevalence peaked in early adulthood (18–34 years) and then declined with age (Figure 2.26). One in seven 15–17-year-olds were current smokers (15.3%, 11.2–19.5), even though it is illegal in New Zealand to purchase tobacco products at this age.

Figure 2.26: Current smoking for adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

Current smoking, by ethnic group

Table 2.12 gives an indication of the burden of tobacco use by adults in New Zealand’s main ethnic population groups.

Table 2.12: Current smoking for adults, by ethnic group (unadjusted)

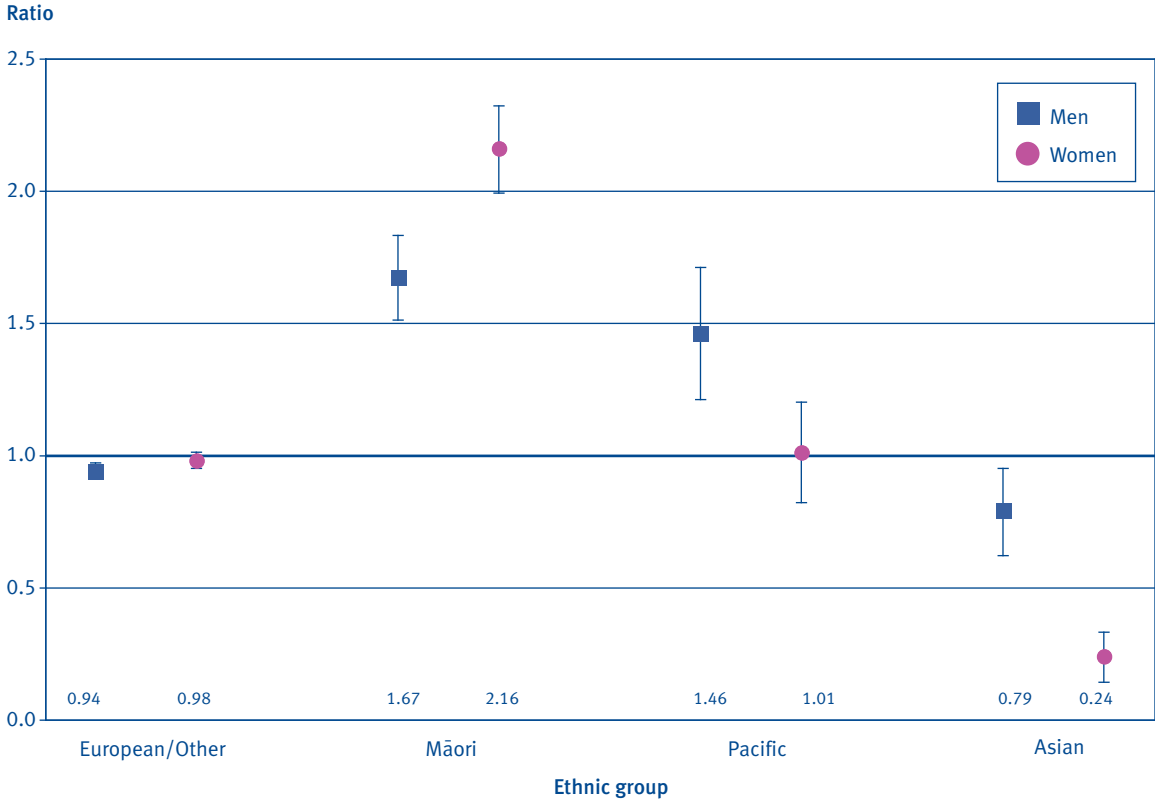
Ethnic group	Prevalence (95% CI)	Number of adults
European/ Other	18.6 (17.5–19.7)	475100
Māori	42.2 (40.0–44.4)	150000
Pacific	26.9 (23.6–30.2)	44300
Asian	11.2 (8.9–13.4)	31200

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

After adjusting for age, Māori women were more than twice as likely to be current smokers than women in the total population. Māori men and Pacific men were 1.5 times more likely to be current smokers than men in the total population. Asian women were the least likely population group to currently smoke (Figure 2.27).

Figure 2.27: Current smoking for adults, by ethnic group and gender (age standardised rate ratio)



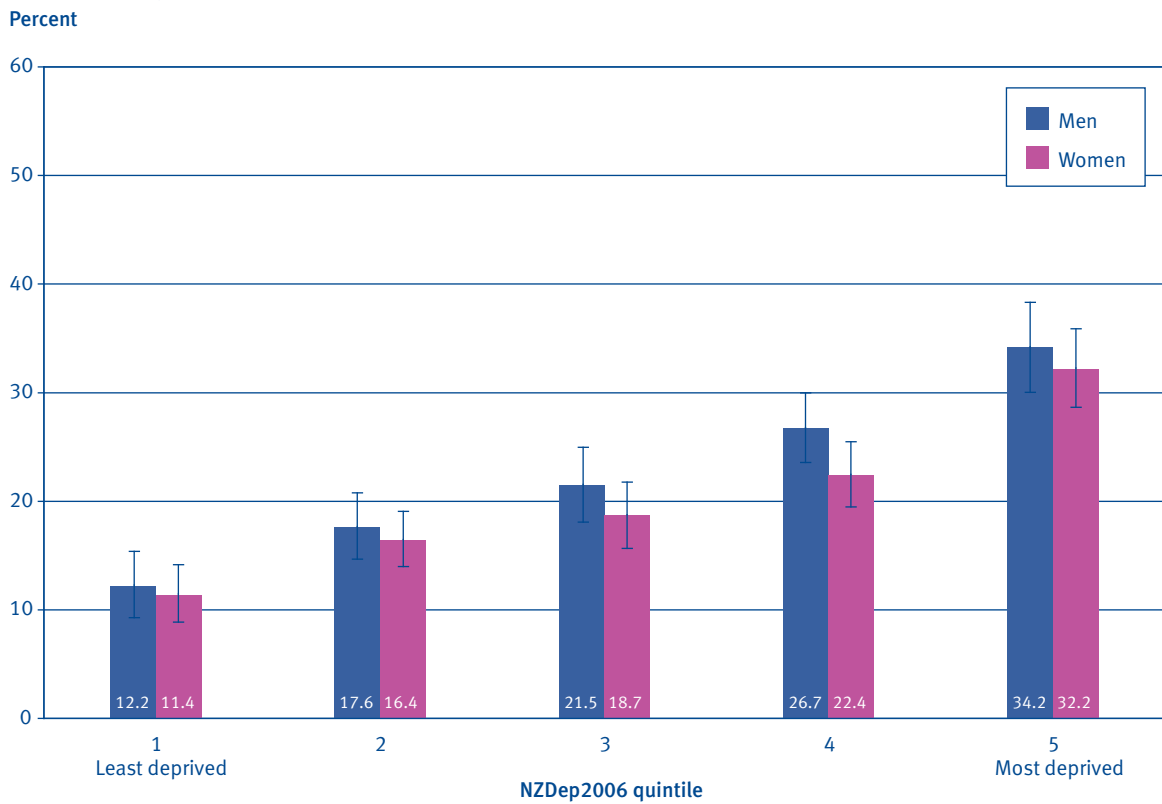
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

Current smoking, by neighbourhood deprivation

In both men and women the prevalence of smoking was three times higher in NZDep2006 quintile 5 (most deprived) than in quintile 1 (least deprived), when adjusted for age (Figure 2.28).

Figure 2.28: Current smoking for adults, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Current smoking, by DHB area

Adults living in Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui and Waikato DHB areas were significantly more likely to be current smokers, whereas adults living in Waitemata and Wairarapa / Hutt Valley / Capital and Coast DHB areas were less likely to be current smokers, compared to the national rate (Table 2.13).

Table 2.13: Current smoking for adults, by DHB area (unadjusted)

DHB area	Prevalence in adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	26.2 (23.7–28.6) +	98300
Waitemata	15.3 (12.2–18.5) –	58000
Auckland	17.2 (14.1–20.3)	55500
Counties Manukau	21.0 (17.9–24.1)	67700
Waikato	23.6 (20.5–26.8) +	61300
Bay of Plenty / Taranaki / MidCentral	20.8 (18.2–23.4)	72900
Wairarapa / Hutt Valley / Capital and Coast	16.5 (13.8–19.1) –	57100
Canterbury	18.3 (15.2–21.3)	67800
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	20.7 (17.2–24.2)	81400
New Zealand total	19.9 (18.9–20.8)	619900

Source: 2006/07 New Zealand Health Survey

Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

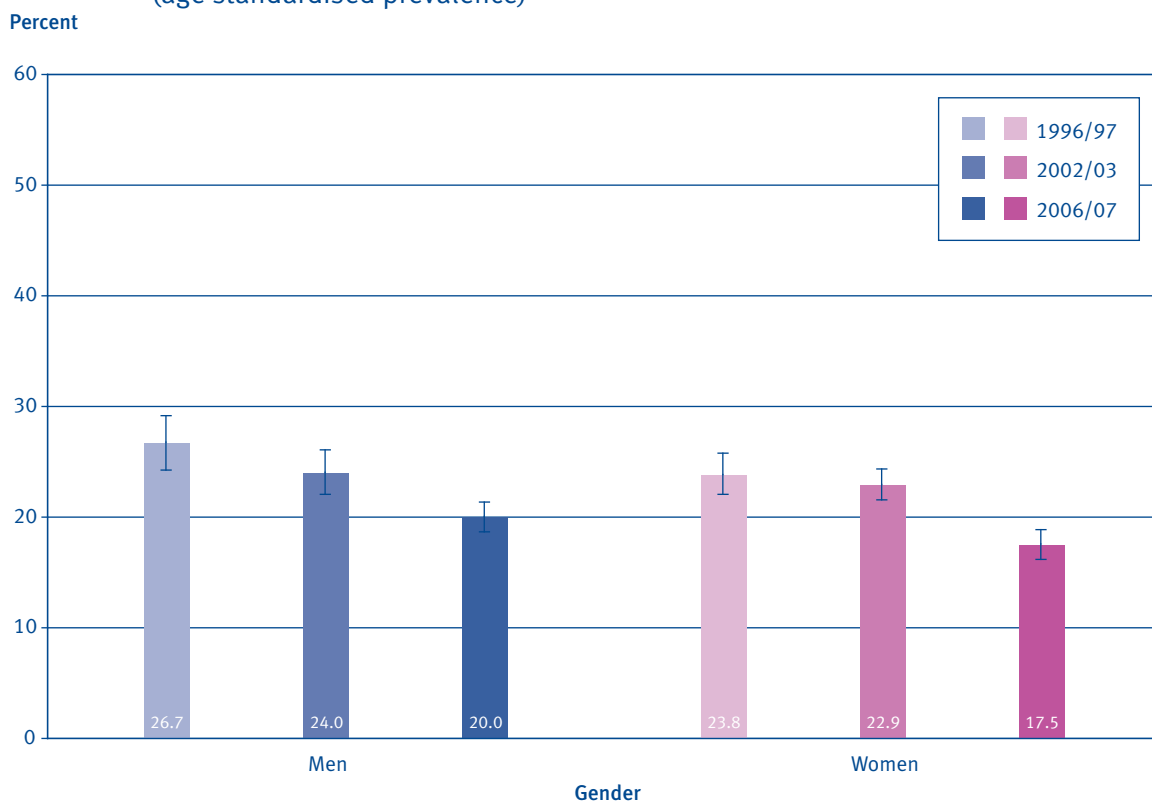
Time trends in daily smoking

Earlier New Zealand Health Survey data are not strictly comparable with 2006/07 data because the definition and questions for 'current smoker' have changed to align with international definitions. Comparable data will be available from the 2006 and 2008 New Zealand Tobacco Use Surveys (NZTUS), for adults aged 15–64 years. However, the 2006 NZTUS data collection period was too close to the New Zealand Health Survey data collection to see time trends and 2008 NZTUS data will not be available until later in 2008.

Previous health surveys collected data on daily smoking (that is, adults currently smoking one or more cigarettes per day) and these trends are presented here.

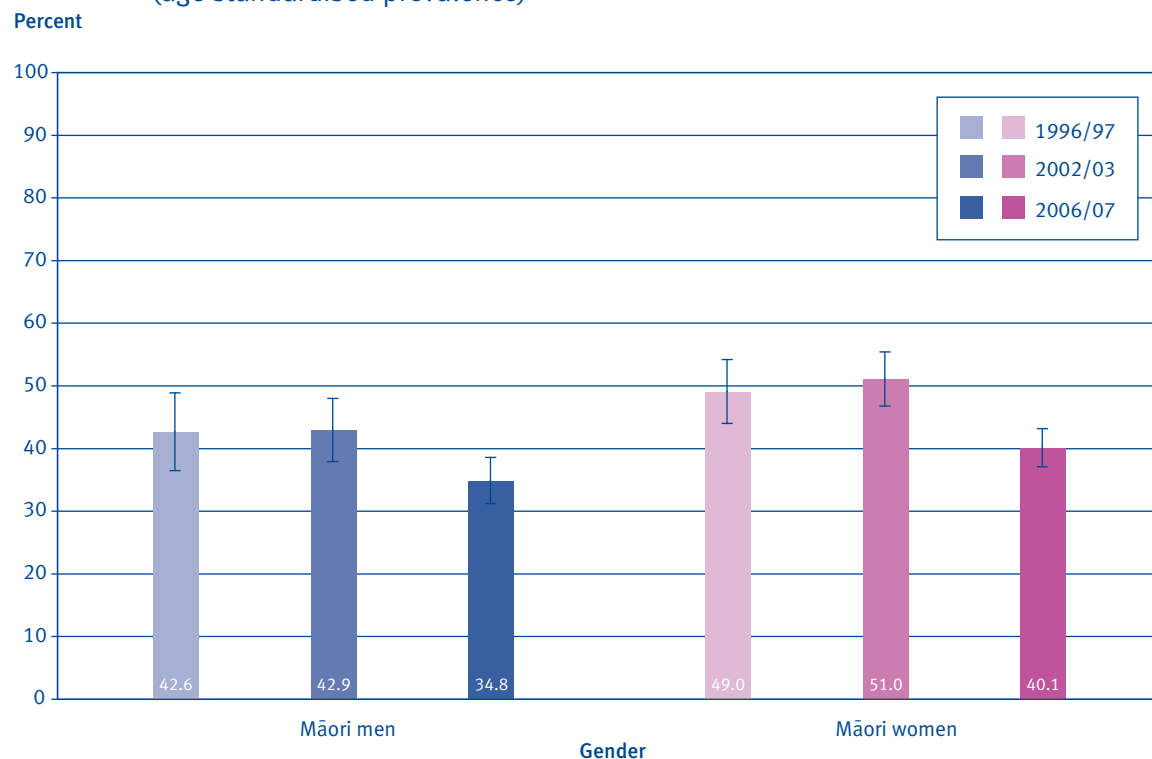
The prevalence of daily smoking has decreased from 23.4% (22.2–24.7) in 2002/03 to 18.7% (17.7–19.7) in 2006/07, adjusted for age. This decline was significant for both men and women between 2002/03 and 2006/07 (Figure 2.29).

Figure 2.29: Daily smoking for adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Among Māori, there was also a significant decrease in current daily smoking from 47.2% (43.8–50.6) in 2002/03 to 37.6% (35.5–39.7) in 2006/07. This decline was evident in both Māori men and women (Figure 2.30).

Figure 2.30: Daily smoking for Māori adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.