The Quit Group
TE ROOPU ME MUTU

Smoking & Tobacco

Te Momi me te Tūpeka

Factsheet

He Pūrongo Meka

Prepared by The Quit Group

Nā Te Roopū Me Mutu

July 2004

www.quit.org.nz
Quitline: 0800 778 778

WHAT'S IN TOBACCO?

HE AHA KEI ROTO I TE TŪPEKA?

Tobacco smoke is made up of 4,000 chemicals, many of which are carcinogenic (cancer-causing). They include acetone, used to make paint stripper; ammonia, contained in toilet cleaner; butane, a form of lighter fuel; beta-naphthyl methylether, more commonly known as mothballs; and cadmium, something that's used in car batteries. Smokers also inhale hydrogen cyanide, the poison used in gas chambers; methanol, a rocket fuel; arsenic and carbon monoxide, the poisonous gas in car exhausts.[1]

Nicotine is one of the 4,000 chemicals found in tobacco smoke. Since it was first identified in the early 1800s, nicotine has been shown to have a number of complex effects on the brain and body.[2] Cigarette smoking is the most common form of nicotine addiction. Nicotine is absorbed through the skin and mucous membranes (such as the lining of the nose and gums), and by inhalation in the lungs.

Nicotine changes how the brain and body function by being both a stimulant and a sedative to the central nervous system. Nicotine can rapidly reach peak levels in the bloodstream and brain. Cigarette smoking, for example, results in rapid distribution of nicotine throughout the body, reaching the brain within 10 seconds of inhalation. At higher doses, such as the nicotine that can be found in some insecticide sprays, nicotine can be extremely toxic and fatal.[3]

Apart from the deadly chemicals, tobacco companies add ingredients to improve the taste of cigarettes, such as sucrose and dried fruit extracts, and other substances to speed up the nicotine 'hit'.

Quit Me Mutu

THE HEALTH EFFECTS OF SMOKING

NGĀ MOMO MATE O TE MOMI

Between 1950 and 2000, tobacco killed more than 60 million people in developed countries alone.[4] Smoking causes 4,700 deaths in New Zealand every year – more than from road crashes, suicide, skin cancers, drowning, homicide, and AIDS combined.[5] That amounts to 13 deaths every day and accounts for 17 percent of all deaths. From 1989 to 1993, 31 percent of Māori deaths were due to cigarette smoking.[6,7]

Nearly half of smoking-related deaths occur in middle age (35–69 years). Smoking kills one in two people who continue to smoke past the age of 35 and those who die from smoking die on average 14 years early. About a third of Māori deaths are linked to tobacco.

Tobacco smoking is the main cause of lung cancer and cancers of the mouth, larynx, oesophagus, and kidney. Tobacco smoking is also a major cause of heart attacks and strokes. Māori men and women have one of the highest rates of lung cancer in the world.[8]

Smokers inhale about one-third of the smoke from cigarettes. When they breathe out, this smoke mixes with the two-thirds that hasn't been inhaled to form second-hand smoke. Second-hand smoke contains all of the same toxic substances that are inhaled by the smoker, so it is harmful to non-smokers as well. It increases the risk of lung cancer, heart disease, strokes, asthma, respiratory illnesses, and glue ear. In New Zealand, around 347 people die each year from exposure to second-hand smoke.[9]

Tobacco smoking also affects the unborn child. Women who smoke while pregnant have a higher risk of stillbirth and miscarriage, and have smaller babies on average than non-smoking women. Smoking around babies is also dangerous and has been linked to sudden infant death syndrome (SIDS). Smoking around children has been linked to respiratory illnesses including asthma, and glue ear.

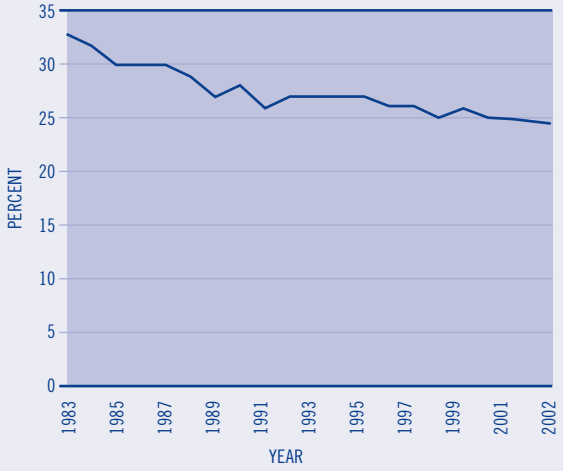
SMOKING RATES

NGĀ TĀTARI MOMI HIKARETI

In the mid 1980s around 30 percent of adults in New Zealand smoked cigarettes (Figure 1). This declined to 27 percent by the mid 1990s. In recent times the percentage of adults smoking has remained relatively unchanged. By 2002, a quarter of all adults (24.5 percent) were cigarette smokers, with equal proportions of males and females smoking.

It is estimated that 19,000 New Zealanders start smoking each year.[10] Almost all new smokers (90 percent) are children and young people.[11] In 2002, 10 percent of young males aged 14–15 years smoked daily, compared to 15 percent of young females. Young Māori have high smoking rates: 17 percent of young Māori males and 34 percent of young Māori females were daily smokers in 2002.[12]

FIGURE 1: PERCENTAGE OF NEW ZEALAND ADULTS SMOKING CIGARETTES, 1983-2002

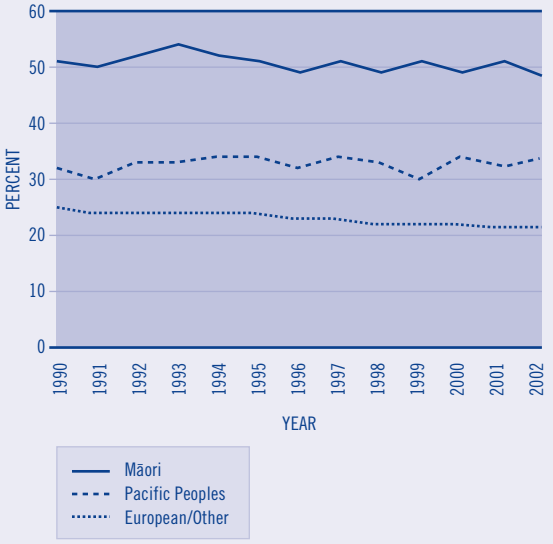


Source: *Tobacco Facts 2003.* (2003). Public Health Intelligence, Occasional Report No 20, Ministry of Health.

A high percentage of Māori adults smoke cigarettes. By 2002, just under half (49 percent) were smokers (Figure 2). In comparison, 35 percent of Pacific peoples and 21 percent of Europeans/other ethnic groups smoked in 2002.

Since 1990, the smoking rates for Māori and Pacific peoples have changed little. Those for Europeans/other ethnic groups have declined from 25 percent in 1990 to 21 percent in 2002.

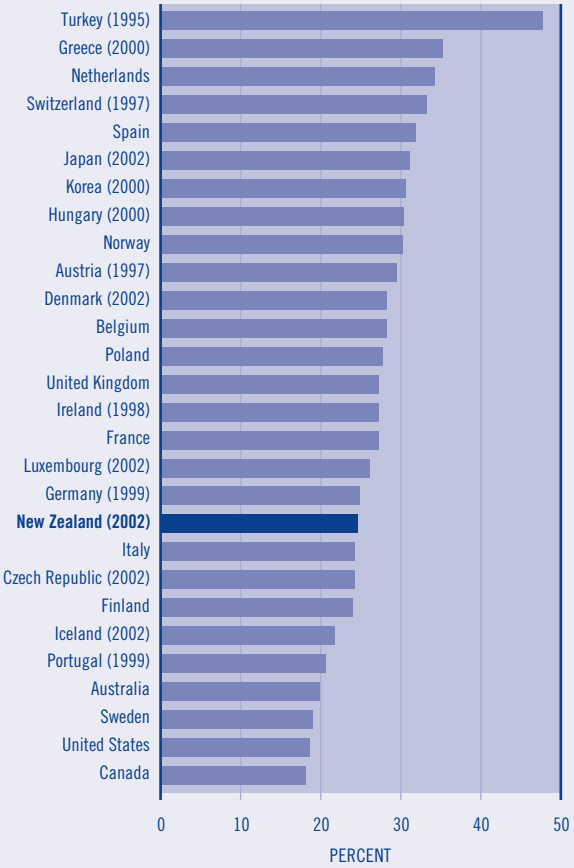
FIGURE 2: PERCENTAGE OF ADULTS SMOKING CIGARETTES BY ETHNICITY, 1990-2002



Source: *Tobacco Facts 2003.* (2003). Public Health Intelligence, Occasional Report No 20, Ministry of Health.

Figure 3 shows that New Zealand has a higher smoking rate than several other countries, including Canada (18 percent), the United States (19 percent), Sweden (19 percent) and Australia (20 percent). Countries such as the United Kingdom (27 percent), Switzerland (33 percent) and Japan (31 percent) have higher smoking rates than New Zealand. Of all countries in the OECD, Canada has the lowest adult smoking rate (18 percent) and Turkey has the highest (47 percent). Māori smoking rates (49 percent) are higher than Turkey's smoking rates.

FIGURE 3: PERCENTAGE OF ADULTS SMOKING, OECD COUNTRIES, 2001



Source: *OECD Health Data 2003*. Sourced from www.oecd.org on 20 April 2004.

Note: Data presented is for 2001 unless otherwise noted. The definition of 'smoker' may differ between countries so comparisons should be made with caution.

QUITLINE CALLERS

NGĀ KAIPĀ MAI KI A ME MUTU

The Quit Group is an incorporated charitable trust. The trust began operating in December 2000, taking over from the partnership that was initially formed by the New Zealand Cancer Society, Health Sponsorship Council and Te Hotu Manawa Māori to run a pilot Quitline and Quit Campaign in the Waikato/Bay of Plenty from late 1998 and national services from March 1999. These three organisations are now represented on The Quit Group board.

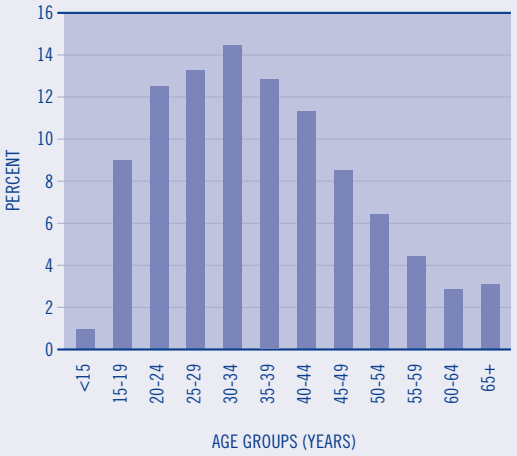
The Quit Group receives government funding to provide national smoking cessation services in New Zealand. Programmes it manages include the Quitline, the *Quit Cards* programme, and multimedia campaigns *Every cigarette is doing you damage, It's about whānau*, and *Take the smoke outside/Haria te auahi ki waho* (the latter in partnership with the Health Sponsorship Council).

The Quitline offers three main services: mailing out information packs to callers to the 0800 free phone number, telephone support and advice from Quit Advisors (including a call-back service), and issuing of exchange cards for subsidised nicotine patches and gum. Callers who meet specific health criteria can be issued with an exchange card that they can redeem for subsidised nicotine patches or gum at participating pharmacies. The issuing of nicotine replacement therapy (NRT) exchange cards became a part of the Quitline service in November 2000.

In the 12 months from July 2002 to June 2003, the Quitline received a total of 99,969 calls to its free phone 0800 number. Of these, about one-third were current clients and one-third were general inquiries and nuisance calls. The remaining third were new callers wanting to quit smoking. In total during this period 42,773 callers registered with the Quitline. This averaged out to around 3,560 callers each month.

Slightly more females than males registered with the Quitline between July 2002 and June 2003 (54 percent were female and 46 percent were male). Two-thirds of the newly registered callers (63 percent) were aged 20 to 44 years (Figure 4). A further 10 percent were young smokers (aged under 20 years) and 11 percent were aged 55 and over.

FIGURE 4: AGE DISTRIBUTION OF CALLERS REGISTERED WITH THE QUITLINE, JULY 2002–JUNE 2003

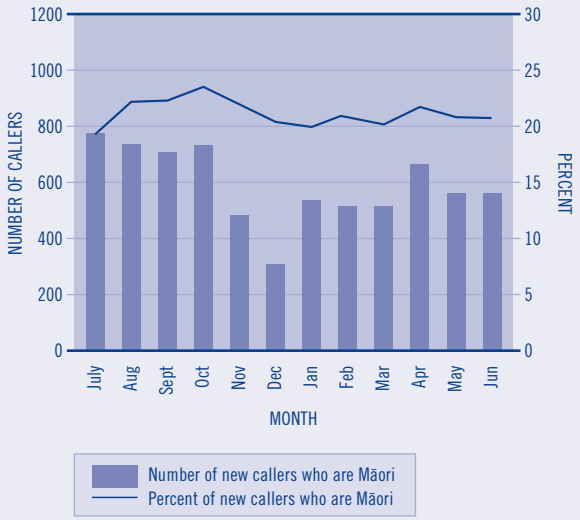


Source: The Quit Group, unpublished Quitline data, August 2003

An average of 21 percent of the new callers identified themselves as Māori (Figure 5). In addition, two-thirds identified themselves as New Zealand European (67 percent). The proportion of Māori callers declines during periods when there is no television advertising encouraging smokers to call the Quitline.

The Quitline is the only telephone quit service in the world to provide subsidised nicotine patches and gum. A total of 46,961 exchange cards for nicotine patches or gum were distributed to existing and new clients during the July 2002–June 2003 period.

FIGURE 5: NUMBER AND PERCENT OF MĀORI CALLERS REGISTERED WITH THE QUITLINE, JULY 2002–JUNE 2003



Source: The Quit Group, unpublished Quitline data, August 2003

QUIT RATES

NGĀ TĀTARI O TE HUNGA KUA MUTU

A cohort study of 2,000 callers to the Quitline (including 1,000 Māori) in 2002/2003 was conducted by BRC Marketing & Social Research. This cohort study formed part of the wider evaluation of the Quitline Subsidised Nicotine Replacement Therapy Exchange Card Programme.

Among other measures, the cohort study provided point prevalence quit rates for callers to the Quitline. At six months, 30 percent of callers that received a full intervention were quit. Callers who received less than a full intervention had significantly lower quit rates at six months compared to those who received the full intervention.

Similar differences were also measured at twelve months. At this time, 18 percent of callers who received a full intervention were quit. Callers who received less than a full intervention also had significantly lower quit rates at 12 months compared to those who received the full intervention.

There were small differences between the Māori and non-Māori quit rates but none of these were statistically significant. Non-Māori callers who received the full intervention were slightly more likely than their Māori counterparts to quit at six months (31 percent compared to 27 percent). A similar pattern was measured at 12 months, with quit rates of 19 percent for non-Māori callers and 16 percent for Māori callers who received the full intervention.

Code: FS001

The Quit Group
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REFERENCES

TĀHŪHŪ KŌRERO

1 BBC News Online. 2000. *Toxic cigarette ingredients revealed.* Sourced from www.nzdf.org.nz, 20 August 2002.

2 US Department of Health and Human Services. 2001. *Nicotine Addiction.* National Institute on Drug Abuse Research Report Series. Sourced from www.nida.nih.gov, 30 August 2002.

3 Ibid.

4 World Health Organization. 1999. *Tobacco – Health Facts.* Fact Sheet No 221, World Health Organization Fact Sheets. Sourced from www.who.int, 20 August 2002.

5 Health Sponsorship Council. 2002. *Smoking in New Zealand – General Population.* Facts and Figures. Sourced from www.smokefree.co.nz, 12 July 2002.

6 Laugesen M, Clements M. 1998. *Cigarette Smoking Mortality Among Māori.* Wellington: Te Puni Kōkiri.

7 Ibid.

8 Cancer Society of New Zealand. 2001. *Health Effects of Smoking.* Wellington: Cancer Society of New Zealand.

9 Woodward A, Laugesen M. 2001. How many deaths are caused by second-hand cigarette smoke? *Tobacco Control* 10:383-8.

10 Health Sponsorship Council. 2002. *Smoking in New Zealand – Tobacco Facts & Figures.* Sourced from www.smokefree.co.nz, 12 July 2002.

11 Cancer Society of New Zealand. 2001. *Health Effects of Smoking.* Wellington: Cancer Society of New Zealand.

12 Ministry of Health. 2003. *Tobacco Facts 2003: Public Health Intelligence. Occasional Report No 20.* Wellington: Ministry of Health.

FURTHER INFORMATION

ĒTAHI ATU KŌRERO

Please refer to the following websites:

WEB ADDRESS	ORGANISATION
www.quit.org.nz	The Quit Group, New Zealand
www.healthsponsorship.co.nz	Health Sponsorship Council
www.smokefree.co.nz	Health Sponsorship Council
www.auahikore.co.nz	Health Sponsorship Council
www.secondhandsmoke.co.nz	Health Sponsorship Council
www.cancernz.org.nz	Cancer Society of New Zealand
www.ndp.govt.nz	National Drug Policy Website
www.moh.govt.nz	Ministry of Health
www.quitnow.info.au	Quit Now – The Australian National Tobacco Campaign
www.ash.org.nz	ASH (Action on Smoking and Health) New Zealand
www.quit.org.au	Quit Victoria (Australia)

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