A cohort study of 2,000 callers compared to 27 percent. A similar pattern was measured at 12 months compared to those who received the full intervention. Callers who received less than a full intervention also had significantly lower quit rates at six months compared to those who received the full intervention.

Callers who received less than a full intervention had significantly lower quit rates at six months compared to those who received the full intervention. Callers who 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.

Among other measures, the cohort study provided point prevalence quit rates for callers to the Quitline. At six months, 30 percent of callers who 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.

These 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.

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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.
THE HEALTH EFFECTS OF SMOKING

NGĀ MĀORI 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

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.7

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.8

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.9 Almost all new smokers (95 percent) are children and young people.10 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 2002.11

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 declined from 25 percent in 1990 to 21 percent in 2002.

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 (21 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.

The Quit Group receives government funding to provide national smoking cessation services in New Zealand. Programmes include the Quitline, the Quit Cards programme, and multimedia campaigns. Every cigarette it does you damage. It’s about whānau, and Take the smoke outside/fanana te asahi ai wahai (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.

QUITLINE CALLERS

NGĀ KAIPĀI 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 Motu Manawa Māori to run a pilot Quitline and Quit Campaign in the Waitemata/Bay of Plenty from late 1998 and national services from March 1999. These three organisations are now represented on the Quit Group board.

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 HEALTH EFFECTS OF SMOKING
NGÄ MOMO MATE O TE MOMI

Between 1950 and 2000, tobacco killed more than 60 million people in developed countries alone.1 Smoking causes 4,700 deaths in New Zealand every year – more than from road crashes, suicide, skin cancers, drowning, homicide, and AIDS combined.2 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.3,4

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 an 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.5

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.6

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. Smoking among 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.

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 3 shows that New Zealand has a higher smoking rate than several other countries, including Canada (18 percent), the United States (19 percent), Sweden (15 percent) and Australia (20 percent). Countries such as the United Kingdom (27 percent) and 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.

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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.

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 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 it is doing you damage. It’s about whānau, and Take the smoke outside/fania te uia ai wahau (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.

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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 provides a Quitline service to New Zealanders 24 hours a day, 7 days a week, free of charge. The Quitline can be reached on 0800 787 789. The Quitline helps people to quit smoking by providing advice from Quit Advisors (including a call-back service), and issuing of nicotine replacement therapy (NRT) exchange cards. The Quitline service is a part of the Quitline service in November 2000.

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.

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The Quitline, 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, unpublished Quitline data, August 2003
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 also 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 had significantly lower quit rates at six months compared to those who received the full intervention.

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### REFERENCES

**TĀHŪHŪ KÓRERO**

5. Ibid.

### FURTHER INFORMATION

**ĒTAHI ATU KÓRERO**

Please refer to the following websites:

**WEB ADDRESS**

- www.quit.org.nz
- www.healthsponsorship.co.nz
- www.smokefree.co.nz
- www.auahikore.co.nz
- www.genderhealth.co.nz
- www.canterbury.org.nz
- www.ndp.govt.nz
- www.moh.govt.nz
- www.quitnow.info.au
- www.ash.org.nz
- www.quit.org.au

**ORGANISATION**

The Quit Group, New Zealand
Health Sponsorship Council
Health Sponsorship Council
Health Sponsorship Council
Health Sponsorship Council
Cancer Society of New Zealand
National Drug Policy Website
Ministry of Health
Quit Now – The Australian National Tobacco Campaign
ASH (Action on Smoking and Health) New Zealand
Quit Victoria (Australia)

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