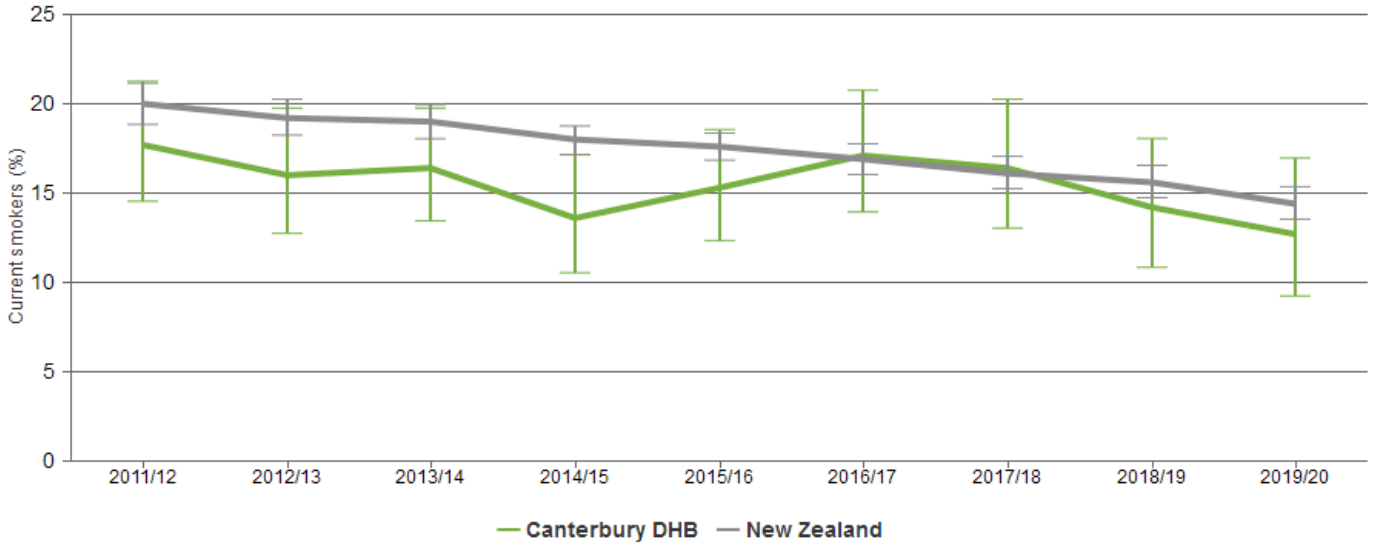
Health: Smoking – Adults

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Up to two-thirds of regular smokers will die as a result of their smoking [18]. Smoking causes more loss of health than any other risk factor [17] and contributes to six of the eight leading causes of death worldwide (ischaemic heart disease, cerebrovascular disease, lower respiratory infections, chronic obstructive pulmonary disease, tuberculosis and lung cancer) [19].

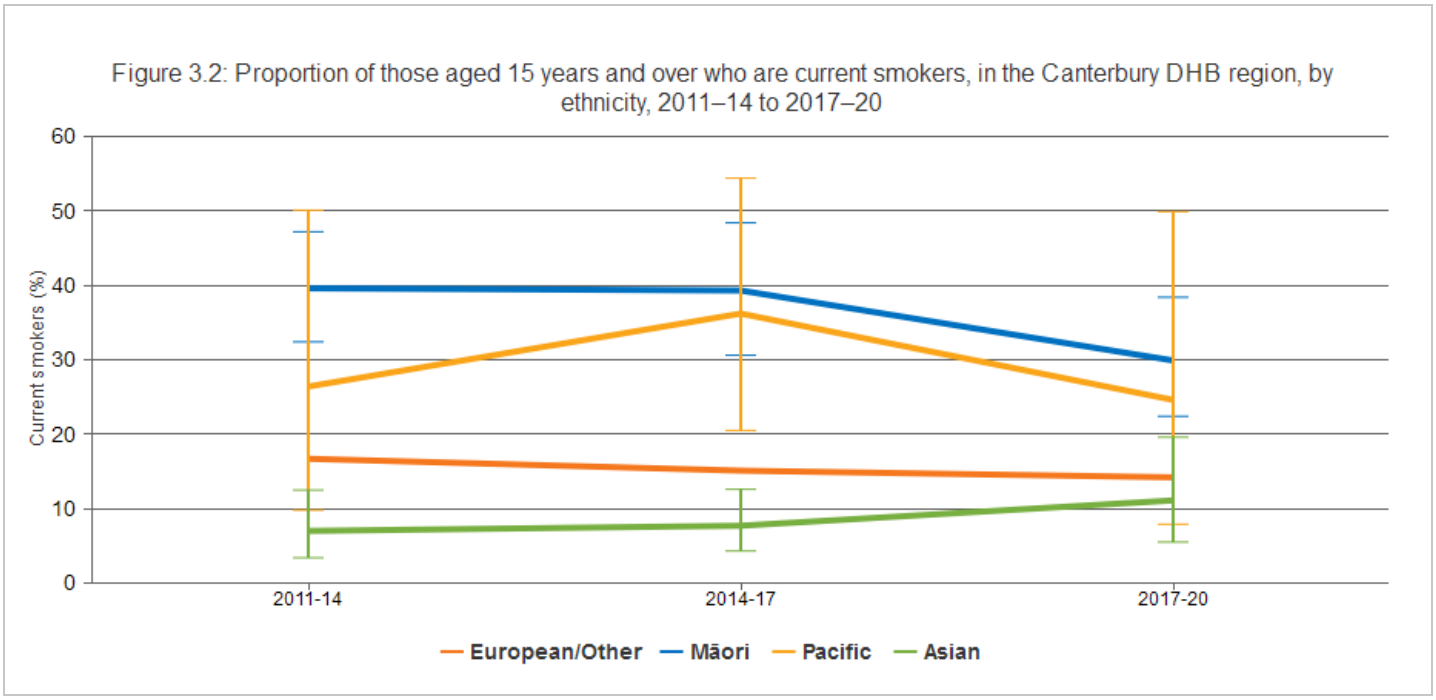
This indicator presents the proportion of those 15 years and over who are current smokers, based on New Zealand Health Survey data.

Figure 3.1: Proportion of those aged 15 years and over who are current smokers, in the Canterbury DHB region and New Zealand, 2011–2020



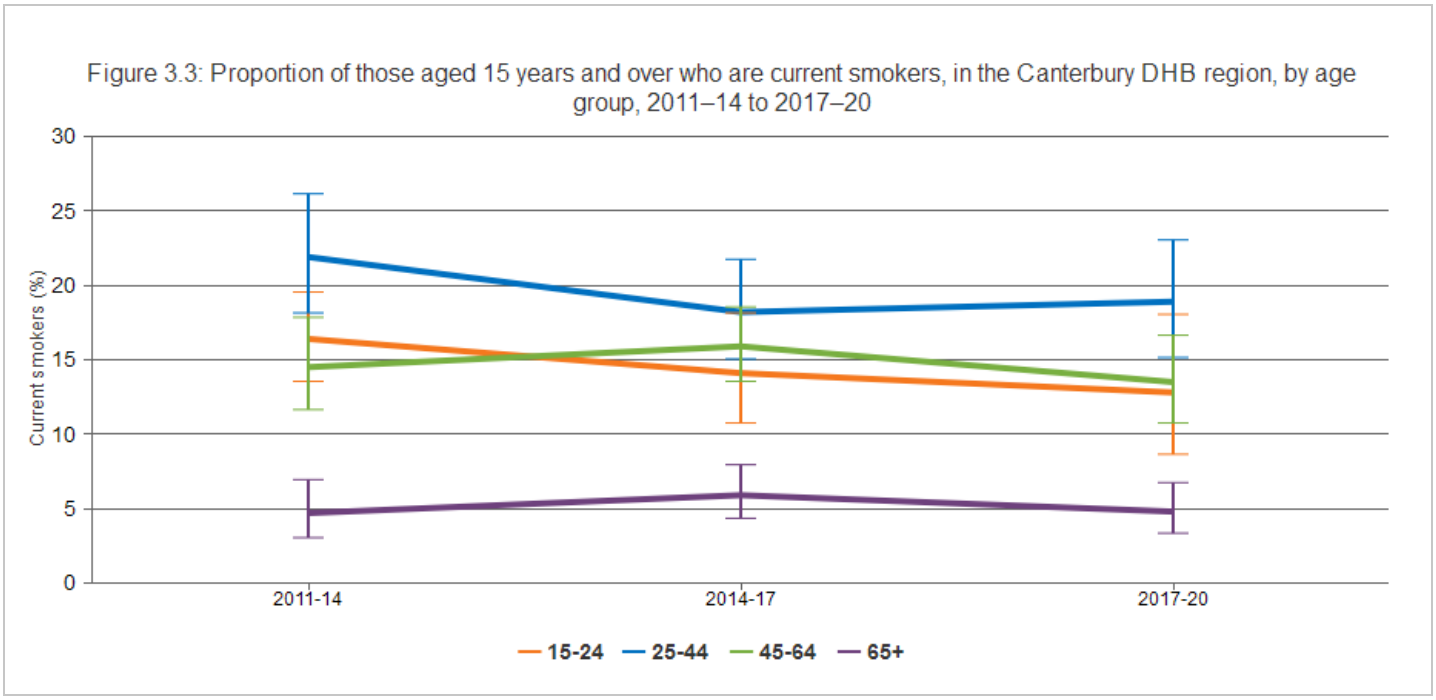
The proportion of Canterbury DHB region respondents (15 years or older) who have reported being current smokers has fluctuated in recent years. While the prevalence has been lower than for New Zealand overall for most of the years shown in the time series, the difference between the Canterbury and New Zealand proportion has not been statistically significant at any timepoint (except for 2015). There appears to be an overall downward trend in the prevalence of current smoking in the Canterbury DHB region, however trend analysis is not available.

Breakdown by ethnicity



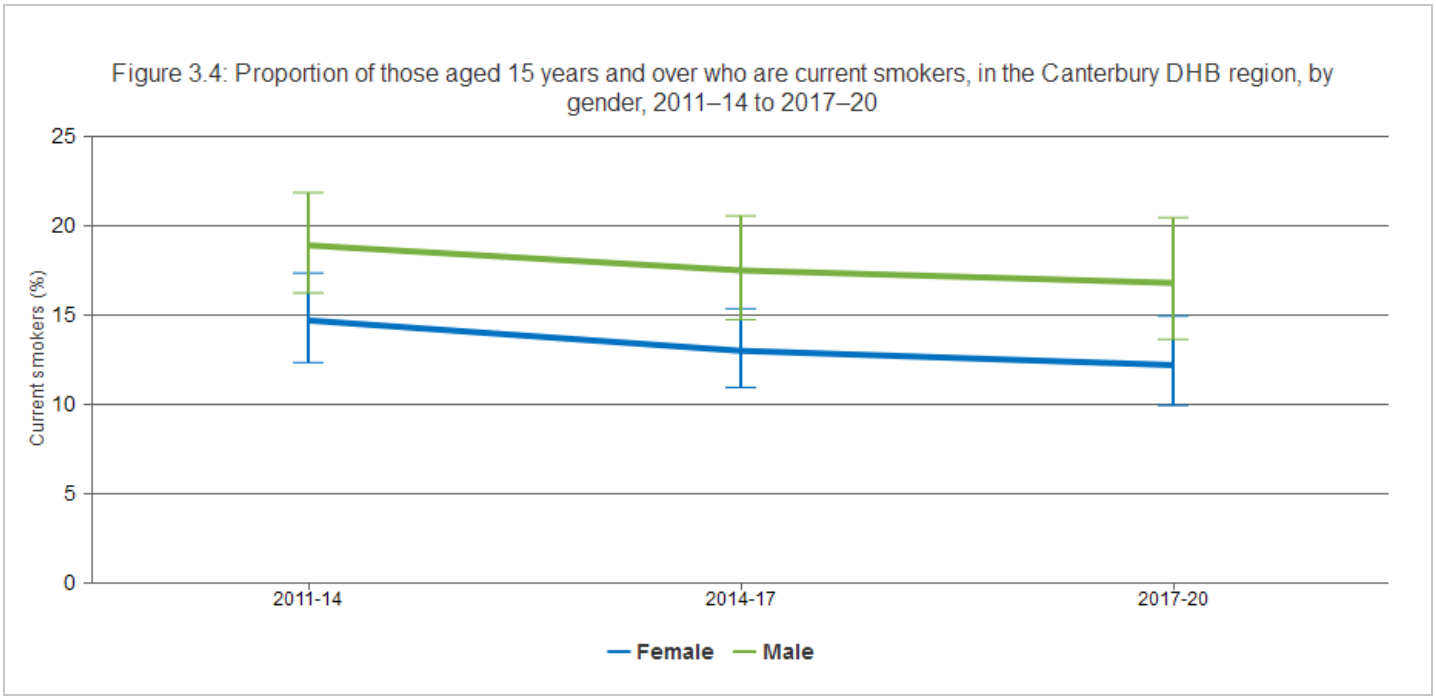
Across the Canterbury DHB region, the smoking prevalence for both Māori and Pacific respondents has decreased between 2014-17 and 2017-20 (39.4% to 29.9% for Māori and 36.5% to 24.6% for Pacific). The decreases for Māori and Pacific are not statistically significant, however, the precision of the estimates is low due to small sample sizes. The smoking prevalence for Māori remains statistically significantly higher than the European/Other (14.2%) and Asian groups (11.1%) in 2017-20. The differences by ethnicity are broadly consistent with the pattern for New Zealand overall [20].

Breakdown by age



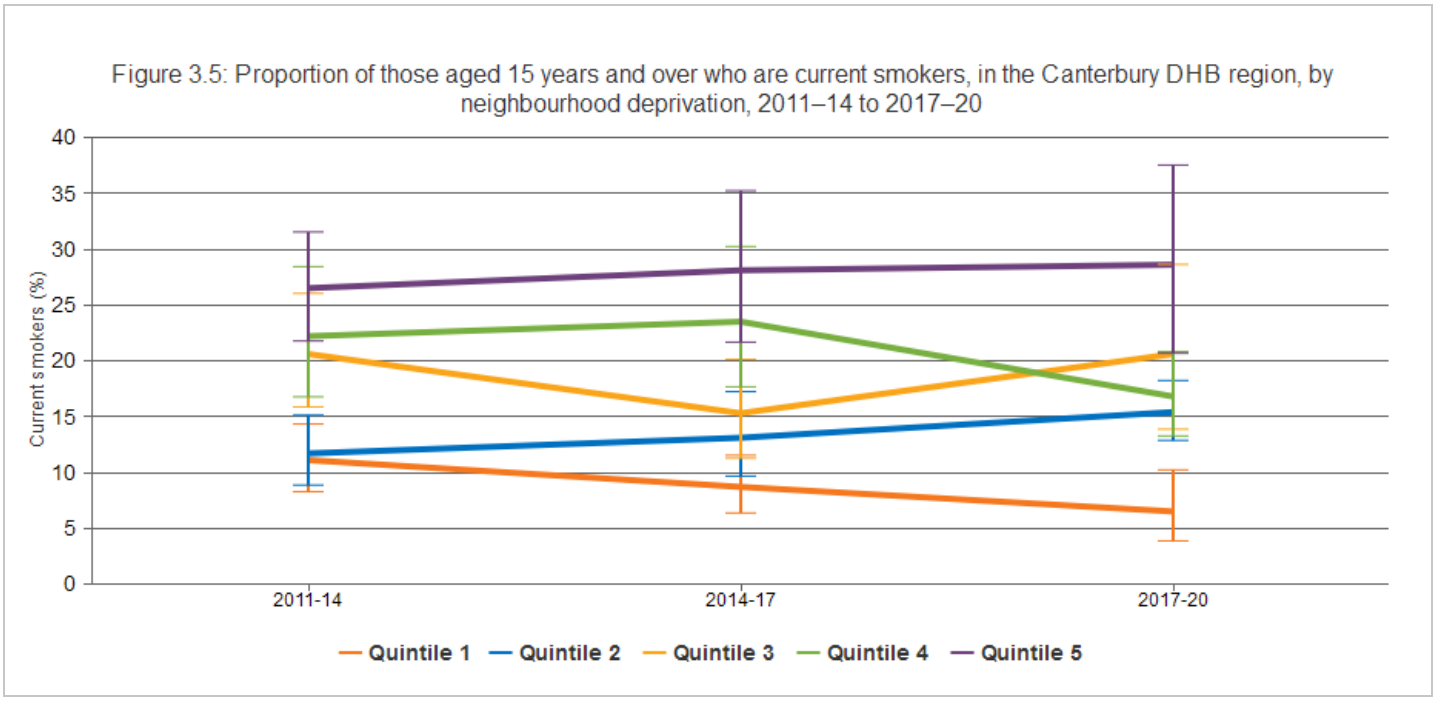
The figure shows that the smoking prevalence for respondents in the Canterbury DHB region is highest among those aged 25 to 44 years (18.9% in 2017-2020); statistically significantly higher than the prevalence for those aged 65+ years (4.8%), for the years shown in the time series.

Breakdown by gender



The figure shows that the smoking prevalence for respondents in the Canterbury DHB region is not statistically significantly different for females compared with males, for the years shown in the time series.

Breakdown by deprivation



The figure shows that the smoking prevalence for respondents in the Canterbury DHB region is strongly associated with socioeconomic deprivation (i.e. smoking prevalence increases as neighbourhood deprivation increases). The differences in smoking prevalence between Canterbury respondents living in neighbourhoods that have the least deprived NZDep18 scores compared with the most deprived NZDep18 scores are substantial (for 2017–20, Quintile 1, 6.5%; Quintile 2, 15.4%; Quintile 3, 20.6%; Quintile 4, 16.8%; and Quintile 5, 28.6%). For the Canterbury DHB region (and for New Zealand overall, data not shown), smoking prevalence is statistically significantly higher for those living in the most deprived (Quintile 5) neighbourhoods compared to the least deprived (Quintile 1) neighbourhoods (and higher than for Quintile 2 and Quintile 3, in 2014–17).

Data Sources

Source: Ministry of Health.
Survey/data set: New Zealand Health Survey to 2020. Access publicly available data from the Ministry of Health website https://minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/_w_224d6220/#!/explore-indicators
Source data frequency: Survey conducted continuously with data reported annually. Regional results (pooled data) released every 3 years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

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