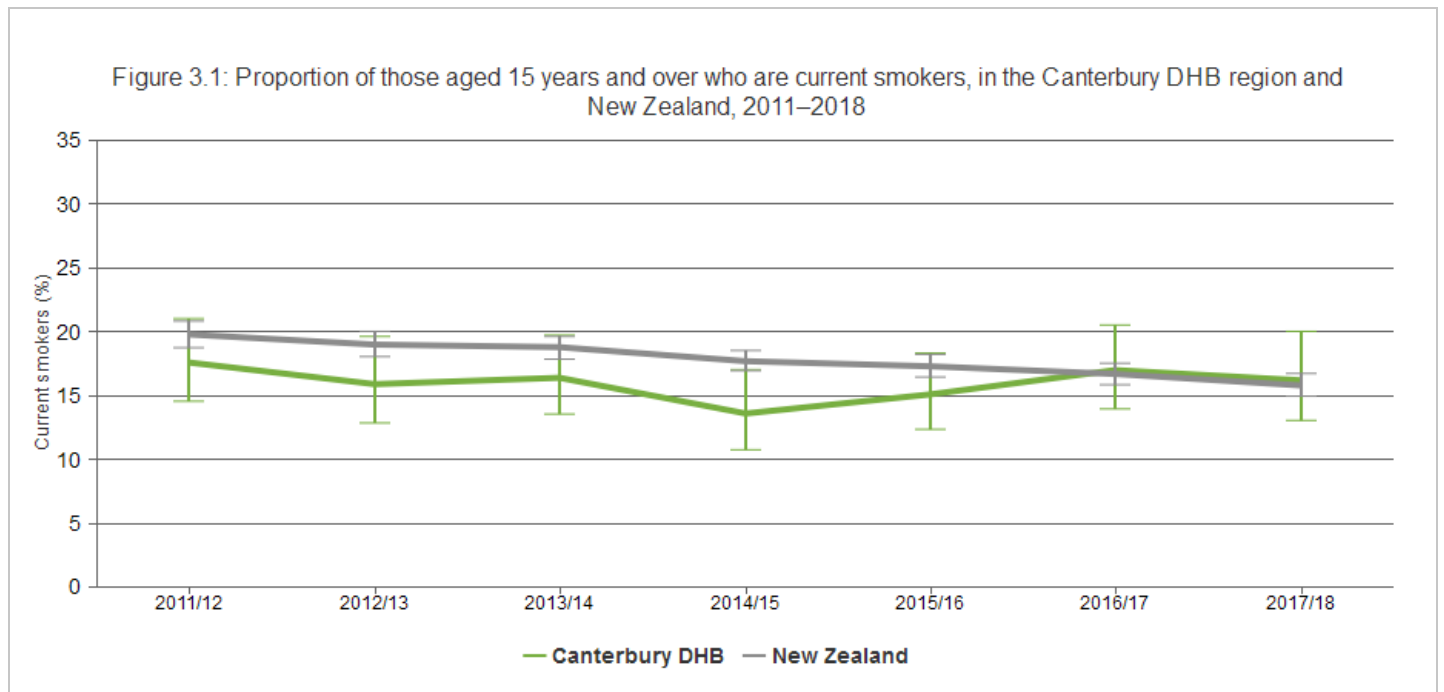


Health: Smoking – Adults

Downloaded from <https://www.canterburywellbeing.org.nz/our-wellbeing/health/smoking-adults/> on 21/04/2021 4:49 PM

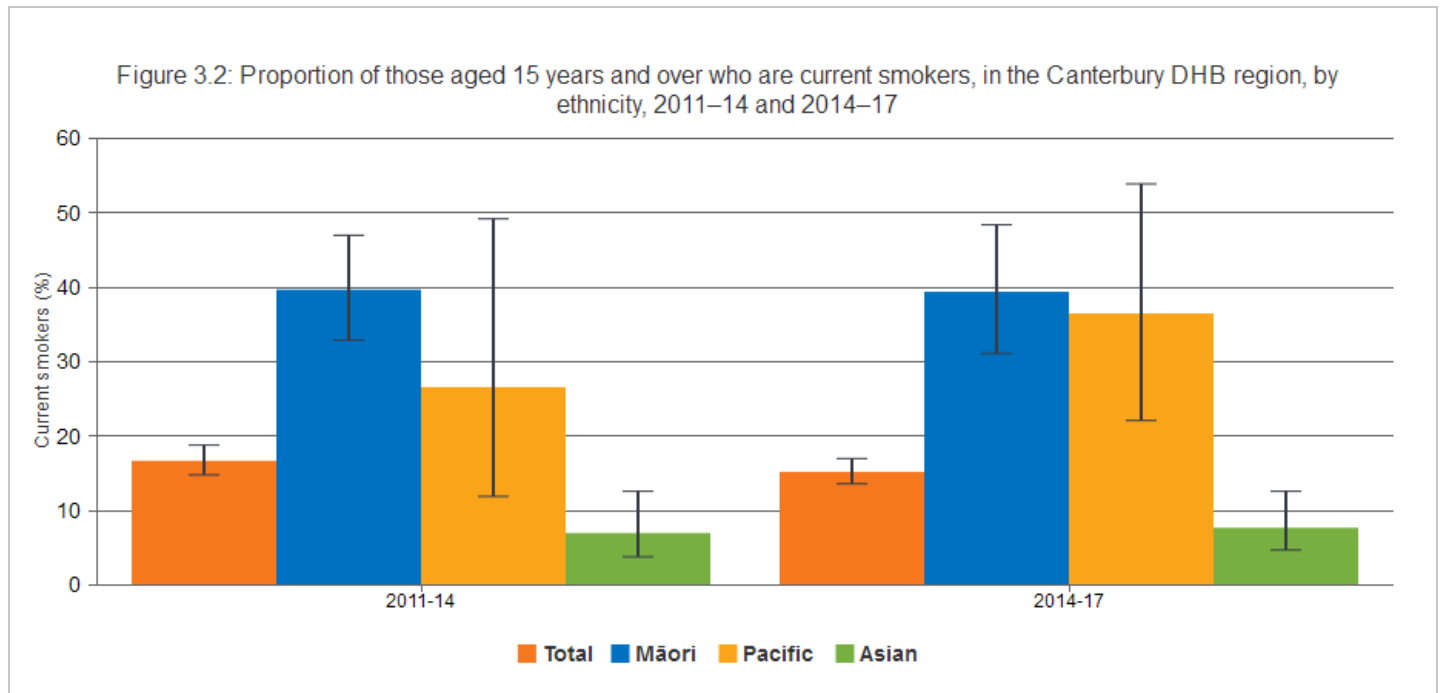
Up to two-thirds of regular smokers will die as a result of their smoking [18]. Smoking causes more loss of health than any other risk factor [17] and contributes to six of the eight leading causes of death worldwide (ischaemic heart disease, cerebrovascular disease, lower respiratory infections, chronic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



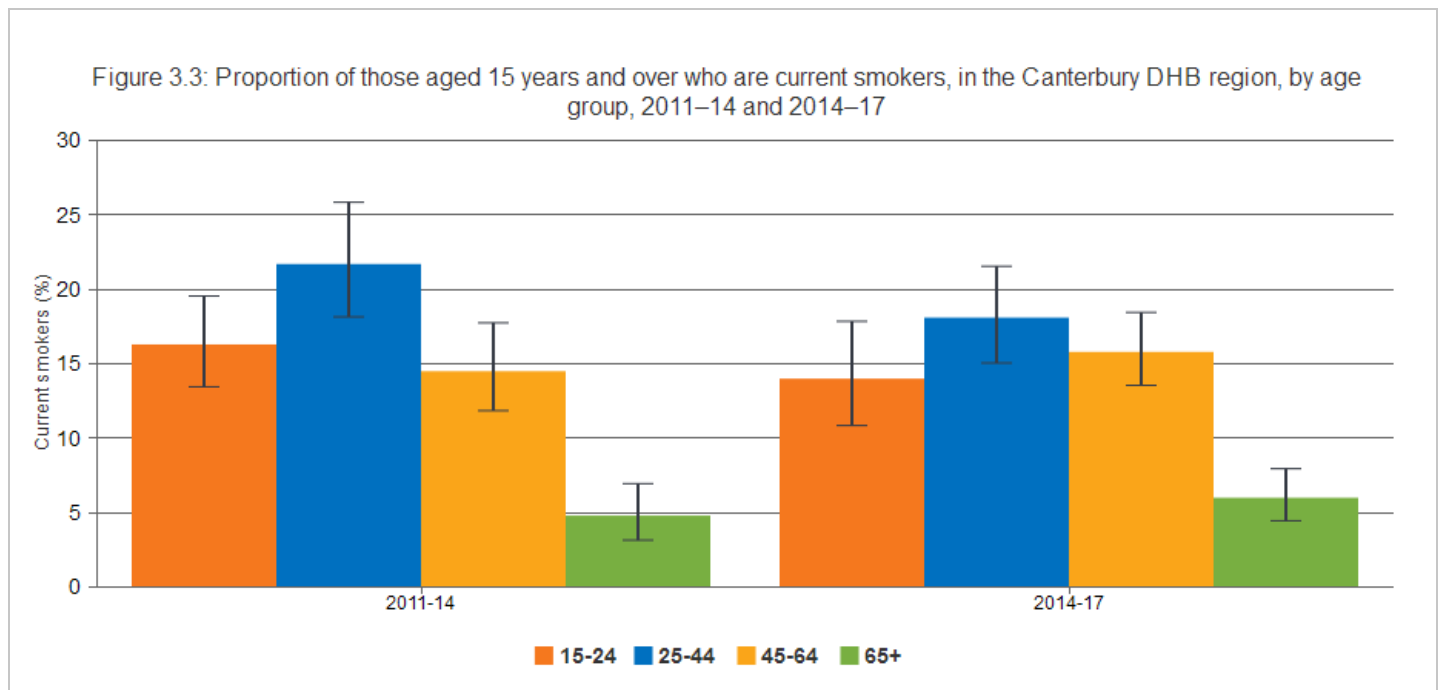
The proportion of Canterbury DHB region respondents (15 years or older) who have reported being current smokers has fluctuated in recent years. While the prevalence has been lower than for New Zealand overall for most of the years shown in the time-series, the difference between the Canterbury and New Zealand proportion has not been statistically significant at any time-point.

Breakdown by ethnicity



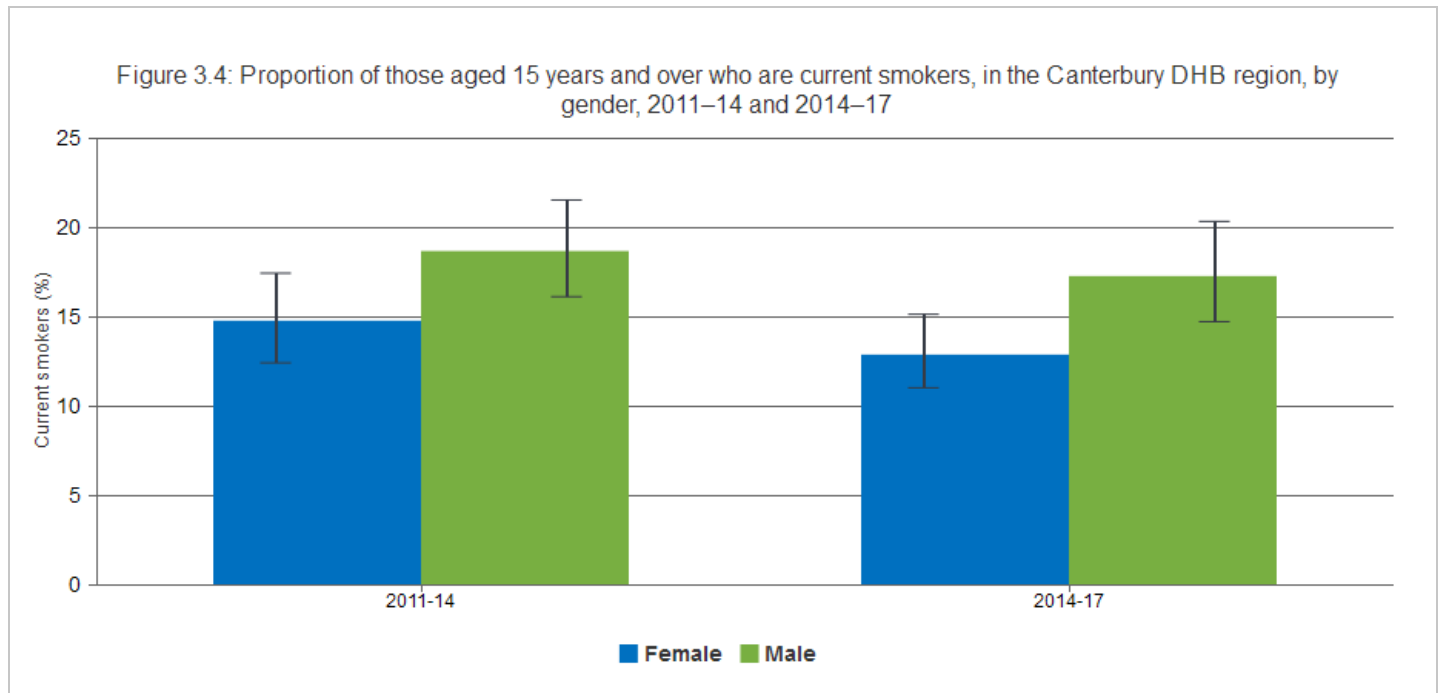
Across the Canterbury DHB region, the smoking prevalence for both Māori (39.4%) and Pacific respondents (36.5%) was substantially and statistically significantly higher than for all respondents in the Canterbury DHB region (15.2%), in 2014–17. The smoking prevalence for Pacific respondents appears to have increased between 2011–14 and 2014–17 (26.6% and 36.5%, respectively). However, the precision of the estimates is low and this difference is not statistically significant. The reported smoking prevalence for Asian people was below 10 percent at both time-points.

Breakdown by age



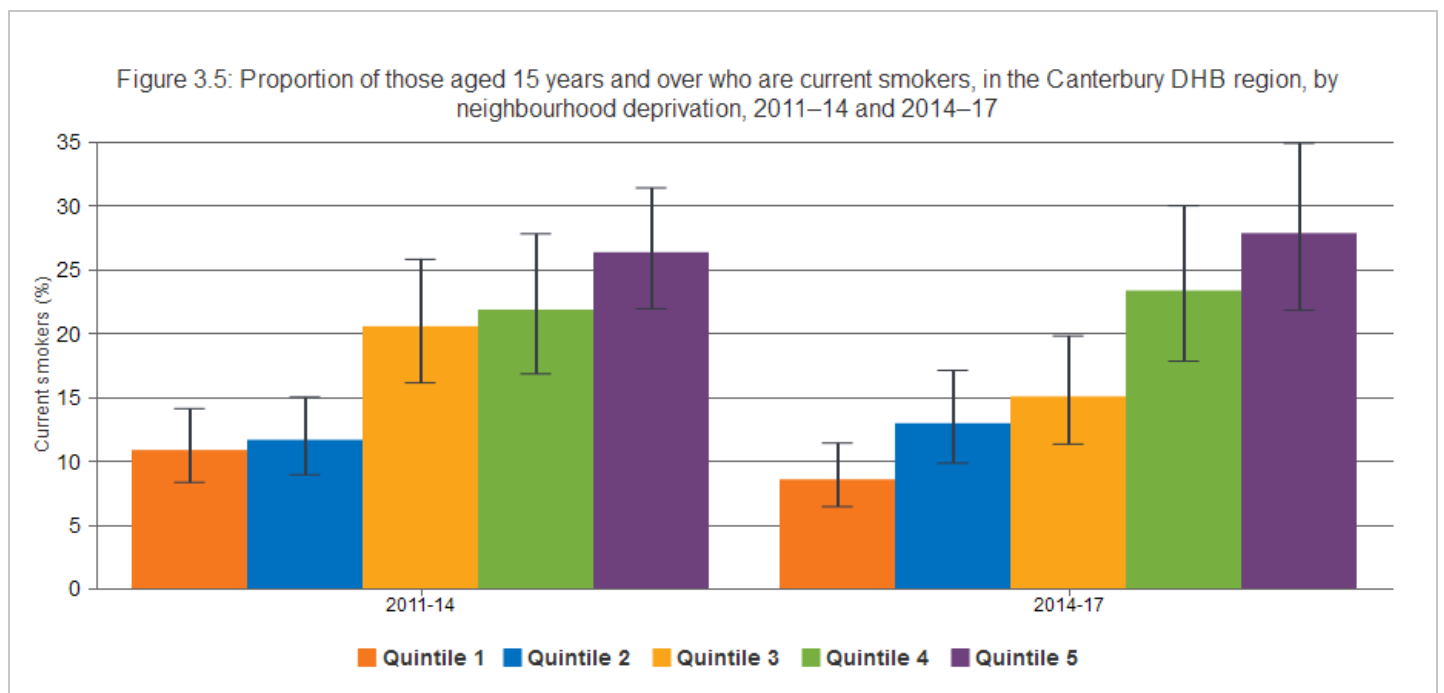
The figure shows that the smoking prevalence for respondents in the Canterbury DHB region is highest among those aged 25 to 44 years (statistically significantly higher compared with those aged 65+ years, for 2011–14, and 2014–17). These differences across the age groups are broadly consistent with the pattern for New Zealand overall [20].

Breakdown by gender



The figure shows that the smoking prevalence for respondents in the Canterbury DHB region is statistically significantly lower for females compared with males at both time-points. The size of the difference (approximately 4 percentage points in 2014–17) is broadly consistent with that seen for New Zealand overall [20].

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 NZDep13 scores compared with the most deprived NZDep13 scores are substantial (for 2014–17, Quintile 1, 8.6%; Quintile 2, 13%; Quintile 3, 15.1%; Quintile 4, 23.4%; and Quintile 5, 27.9%). 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 2018. Access publicly available data from the Ministry of Health website https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/_w_0811ceee/_w_d71b1aef#!/home

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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