

Differences in use of “Light” Cigarettes by Ethnicity: National Survey Data, New Zealand

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Background

“Light” or “mild” cigarettes (as defined by smoke machine testing) have been engineered to give low tar readings. However, there is evidence that “light” cigarettes often deliver as much tar as regular cigarettes in real situations and do not reduce disease risk [1]. A number of studies have found that many smokers believe that “lights” are less harmful than regular cigarettes (including in NZ [2]). There is also evidence that the misperception means that smokers may use “lights” as an alternative to quitting [3]. However, whether use and beliefs about “lights” varies among different ethnic groups or by deprivation has been little studied.

Aims

To determine smokers’ use and beliefs concerning “light” and “mild” cigarettes (“lights”) by ethnicity and deprivation in New Zealand (NZ).

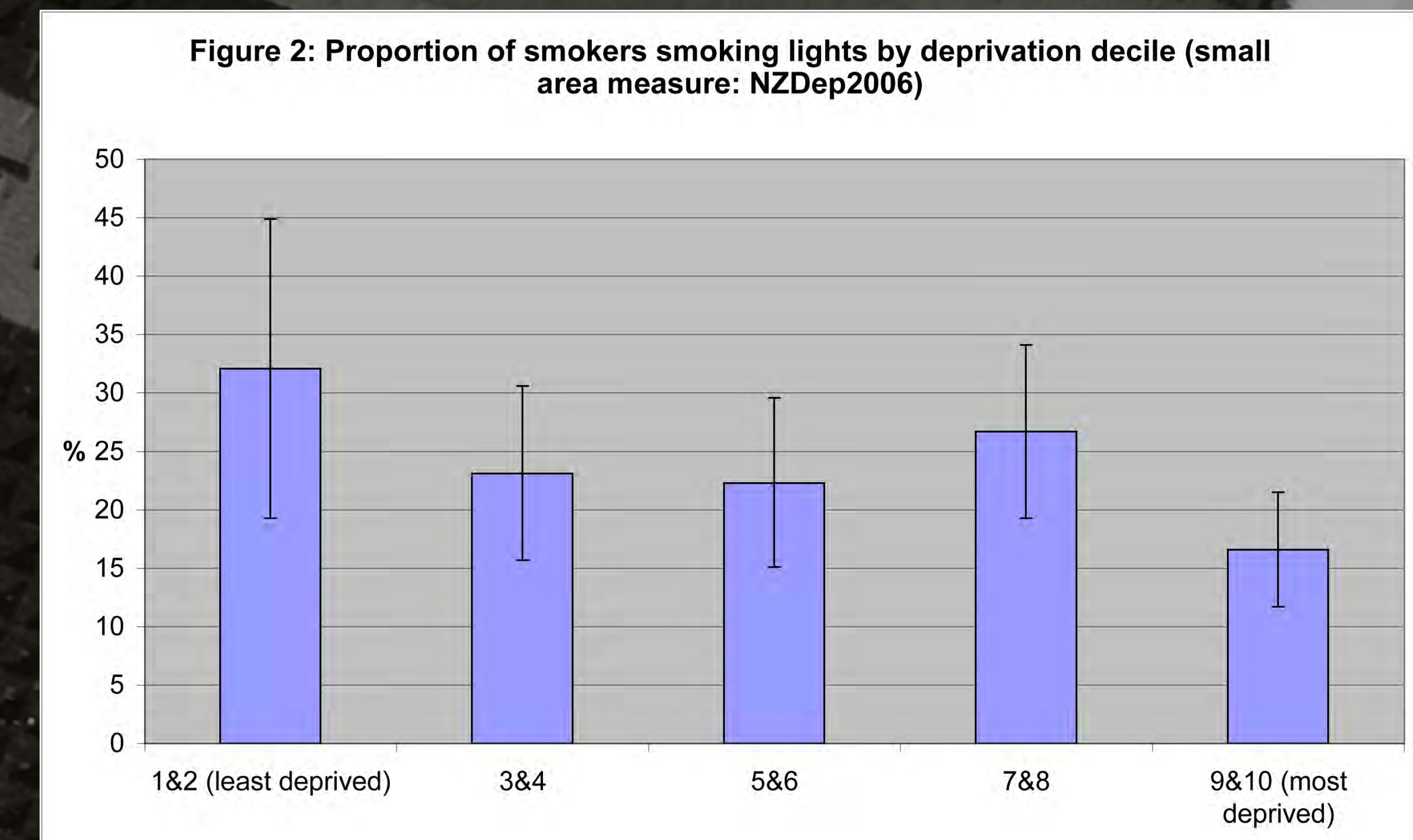
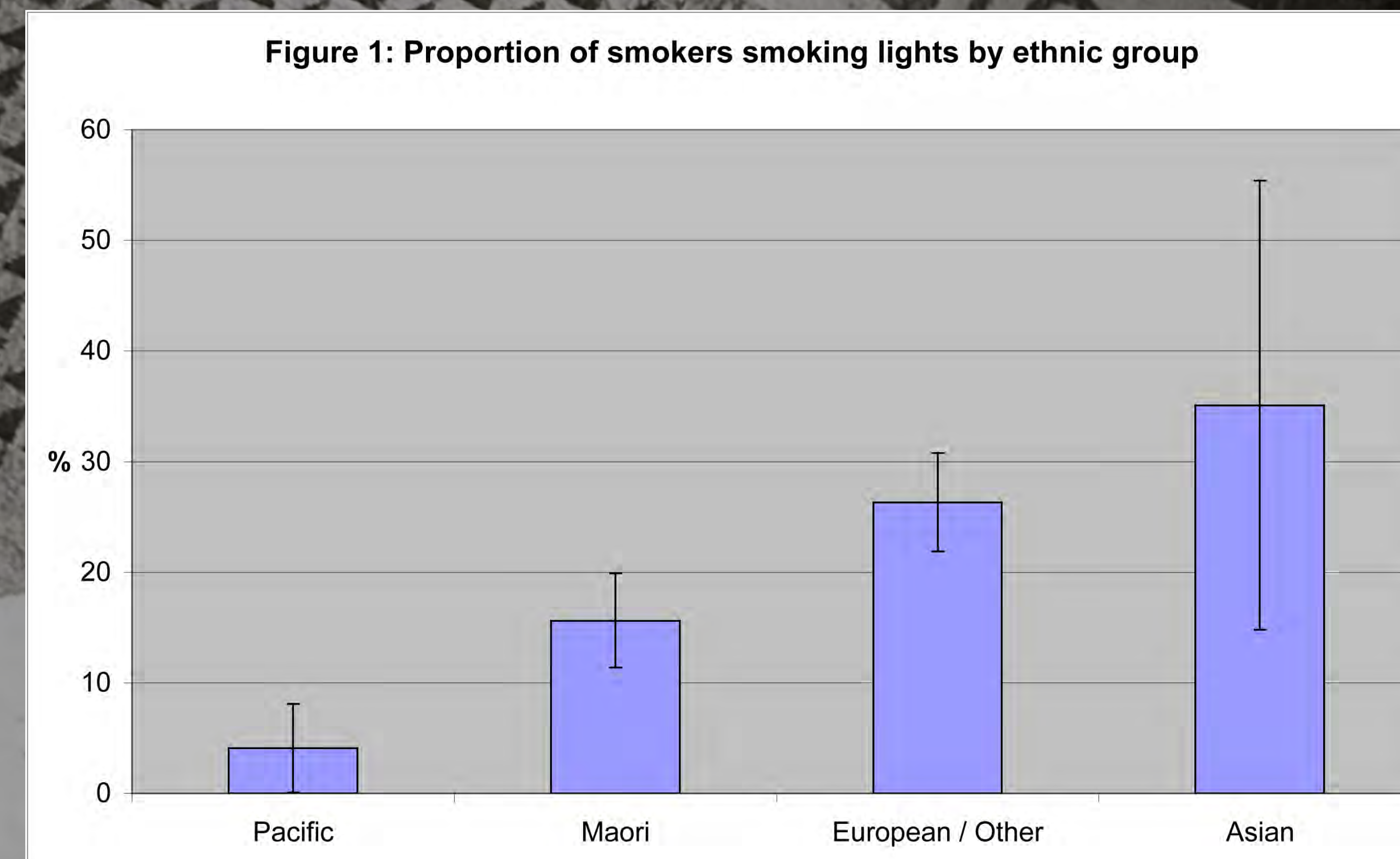
Methods

Subjects were participants in the first wave of the NZ arm of the International Tobacco Control Policy Evaluation Survey (ITC Project). The NZ ITC cohort is derived from a nationally representative Health Survey, which included booster sampling of Maori (indigenous New Zealanders) and people of Pacific Island and Asian ethnic groups. For wave one, 1376 smokers aged 18+ took part in phone interviews between March 2007 to February 2008. Results were weighted to reflect the national population of smokers and the complex sample design. We assessed the associations with smoking “lights” and beliefs about “lights” using standard ITC Project questions. Further details on the survey methods are available elsewhere [4].

Results

Use of “lights”: In the univariate analysis, Maori and especially Pacific smokers, were significantly *less* likely to smoke lights than other groups (Figure 1). The general pattern for deprivation was of increasing use of lights among the least deprived groups (p-trend = 0.002) (Figure 2).

In the logistic regression analysis both Maori and Pacific people were less likely to smoke “lights” than European/Others (adjusted odds ratio (aOR)=0.53, 95% CI=0.35 – 0.80 and aOR=0.14, 95% CI=0.05 – 0.40 respectively). However, there were no longer significant differences in use by deprivation. Other significant



patterns were that older and women smokers were more likely to smoke “lights”. Roll-your-own (RYO) tobacco smokers were less likely to smoke “light” forms of tobacco than non-RYO smokers were to smoke “light” cigarettes.

Beliefs: Many smokers of “lights” believed that smoking “lights” made it easier to quit smoking (25%), that “lights” are less harmful (42%), and that smokers of “lights” take in less tar (43%). Overall most “lights” smokers (60%) had at least one of these three beliefs, a proportion significantly higher than for regular smokers at 45% (aOR=1.96, 95% CI=1.29 – 2.96). These misperceptions did not differ significantly by ethnic group or deprivation level. “Lights” smokers were no more likely to be intending to quit or have made a previous quit attempt.

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Discussion

We found that Maori and Pacific smokers are less likely to use “lights”. The reason for this is unclear and warrants further research. Our findings on beliefs about “lights” are compatible with work elsewhere which indicates that “lights” smokers are being misled to believe that “lights” are less harmful than regular cigarettes. The lower proportion planning to quit in the next month suggests that these beliefs may be undermining the motivation of “lights” smokers to quit.

Governments should act to address misleading tobacco marketing in line with the Framework Convention, and to go beyond this to require plain packaging for all tobacco products.

References

1. National Cancer Institute (NCI): Risks Associated with Smoking Cigarettes with low Machine-Measured Yields of Tar and Nicotine. Bethesda, MD: NCI; 2001.
2. Health Sponsorship Council (HSC): Associations between cigarette packaging and smoking behaviour and attitudes. Wellington: HSC; 2004.
3. Tindle et al. *Am J Public Health* 2006, 96:1498-1504.
4. Methods Report. See: <http://www.wnmeds.ac.nz/itcproject.html>