

PostScript

LETTERS

What brands are US smokers under 25 choosing?

It is well known that the most heavily advertised brands tend to attract the younger smoker market. In the USA the most heavily advertised brands are Marlboro, Newport, and Camel.^{1,2} Few analyses have delved into the specific varieties popular among youth. Do "Lights" or "Full Flavors" predominate? To answer this question, data on the cigarette brand preferences of smokers in the 2002 US National Survey on Drug Use and Health were analysed.

Using the on-line analysis feature of the Substance Abuse and Mental Health Data Archive,³ cigarette brand used in the last 30 days was cross tabulated with the type of cigarette (Full Flavor, Light, Ultra Light, self reported) used in the past 30 days. Separate analyses were conducted on three age groups: 12-17 years (n = 2290), 18-25 years (n = 7321), and 26+ years (n = 5238). Analyses accounted for survey design characteristics and percentages were weighted to the US population.

Figure 1 shows the top five varieties in each age group. Marlboro Lights were the most popular brand style in all three age categories. The popularity of Marlboro Full Flavor (FF) decreased with age, as did Newport FF. Marlboro Ultra-Light was not as popular with the youngest respondents. Overall, Marlboro brands held 50.6% of the youngest smokers, 53.5% of the young adult smokers, but only 37.8% of the older adult smokers. The relationship of Newport use with age was more striking—24.6% for 12-17 year olds, 17.8% of 18-25 year olds, and 7.0%

of 26+ year olds smoked Newports. Camel Lights and Newport Lights varieties were much more popular among youths than among older smokers. Newport was the dominant brand among African American smokers under age 26. Among 12-17 year olds, 54.1% smoked Newport FF and 13.5% smoke Newport Lights, while among 18-25 year olds, 70.6% smoke Newport FF and 9.1% smoke Newport Lights. By contrast, only 36.7% of African Americans over age 26 smoked Newport FF and 4.2% smoked Newport Lights. Doral Lights and Basic FF and Lights together accounted for 9% of the adult market, yet were practically non-existent in the youth market (<1%).

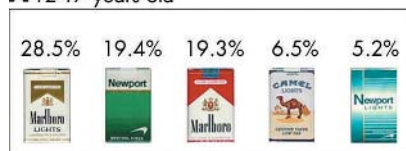
It appears that Marlboro Light is the most popular brand style among younger smokers in the USA. Marlboro Full Flavor and Newport Full Flavor are quite popular, with Camel less so. Five of the top nine varieties in all three age categories are Lights or Ultra-Lights, though the specific varieties varied by age. Discounted brands (Doral and Basic) account for a sizable percentage of the adult market but a miniscule percentage of the youth market. The youth market in the USA appears dominated by varieties of the major advertised brands; other products make up a more modest percentage of the market. Conversely, the adult market is much more diffuse, with the major varieties commanding smaller overall percentages of the market. Light varieties appear to be popular choices for younger smokers. Similar investigations in other countries could shed further light on younger smokers' brand choices, particularly in those countries that have banned descriptors such as "Light" and "Mild".

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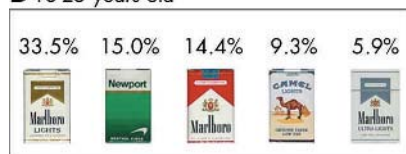
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A 12-17 years old



B 18-25 years old



C 26+ years old

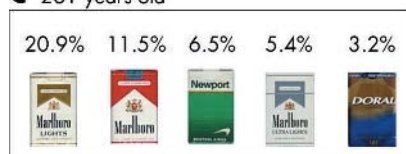


Figure 1 Top five cigarette brands among 12-17, 18-25, and 26+ year olds, National Survey on Drug Use and Health, 2002. Percentages are weighted to the US national population.

REFERENCES

- 1 Kaufman NJ, Castrucci BC, Mowery P, et al. Changes in adolescent cigarette-brand preference, 1989 to 1996. *Am J Health Behav* 2004;28:54-62.
- 2 Cummings KM, Hyland A, Pechacek TF, et al. Comparison of recent trends in adolescent and adult cigarette smoking behaviour and brand preferences. *Tobacco Control* 1997;6(suppl 2):S31-7.
- 3 Substance and Mental Health Data Archive. Study: National Survey on Drug Use and Health, 2002 Online Data Analysis System. Available at: <http://www.icpsr.umich.edu/cgi-bin/SDA13/hdda?samhda+03903-0001> (Accessed 29 November 2004).

Cigarette taxes and their proposed uses: support among smokers and non-smokers in different income groups in Texas

The Texas Legislature is considering new taxes, including a proposed \$1 per pack tax on cigarettes. In the past, various issues have been raised in debates on this topic.^{1,2} Proponents cite evidence that increased taxes deter young people from using tobacco³⁻⁵ and

argue that additional revenues can be used to provide health care services for children and to support smoking prevention programmes.^{6,7} Opponents argue that higher tobacco taxes place an unfair burden on smokers in low income groups.⁸⁻¹⁰

To gain insight into how Texans view new cigarette taxes, data from a statewide telephone survey (random digit dialling of working residential numbers) of 6345 adults were analysed. The survey was conducted between October and December 2004. Participants were asked whether they support a \$1 per pack increase in cigarettes taxes. They were also asked about the use of these taxes to provide funds for children's health care and programmes to prevent tobacco use among young people. To learn how views differed between those who use tobacco and those who do not, as well as between those in different income groups, participants were also asked about their own tobacco use and their household income.

About 6000 usable responses were available for different analyses. Current smokers made up 17% of the sample, and 35% of smokers reported household incomes below \$25 000 per year. Among all respondents, 65% favoured a \$1 per pack increase in cigarette taxes. Support for the \$1 per pack increase grows when the taxes are to be used partly for preventing young people from smoking (77%) or to help provide health insurance for children in low income families (75%). Smokers and non-smokers differed notably in their opinions, and there were also significant differences between income groups, as shown in fig 1. Confidence intervals are $\pm 2\%$ or less except in the low income group of smokers, where they are approximately $\pm 5\%$ because of the smaller sample size.

Among non-smokers, support for a \$1 per pack tax rises significantly when its proposed uses include smoking prevention and children's health insurance. When the use is not specified, higher income non-smokers are more likely to favour the tax than low income non-smokers (71% v 67%, $p < 0.05$). When a specified use is smoking prevention, the level of support is 82% among non-smokers in both income groups. However, when a specified use is health insurance for children in low income families, support is weaker among higher income non-smokers than among low income non-smokers (77% v 83%, $p < 0.01$).

Among smokers, support for the \$1 tax was dramatically affected by its proposed use. When the use was not specified, support was low (17% and 23%) among higher and low income groups. However, when smokers considered proposed uses for smoking prevention and children's health insurance, levels of support among the higher and low income groups, respectively, increased to 48% and 59% with prevention use and to 53% and 67% with child health use. Interestingly, when the proposed uses were for prevention or health insurance for children in low income families, support for a \$1 tax was significantly greater among smokers in the low income group than among those in the higher income group ($p < 0.01$).

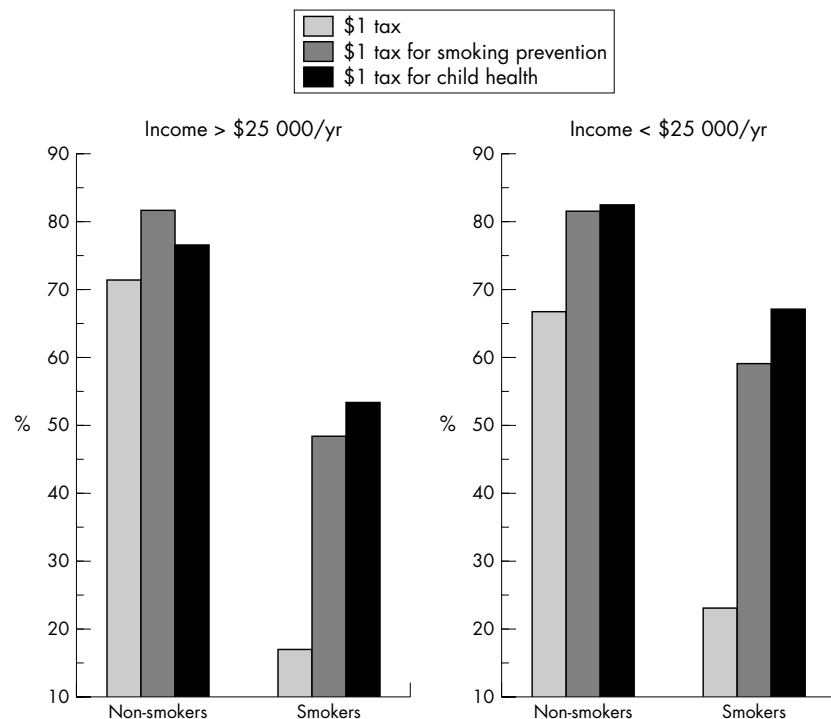


Figure 1 Support for cigarette tax increase according to proposed use, smoking status, and household income.

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REFERENCES

- Center for Health Promotion and Prevention Research, The University of Texas Health Science Center at Houston, School of Public Health. Texans' opinions on tobacco policy: settlement spending, prevention funding and taxation. January, 2003.
- McAlister A, Scott RL, Nixon S. How can taxes help end Texas' dependence on tobacco? *Tex Med* 2003;**99**(2):11-2.
- Hana R, Chaloupka FJ. The effect of public policies and prices on youth smoking. *ImpacTeen Research Paper Series*, No. 8. Chicago: University of Illinois at Chicago, February, 2001.
- Thomson CC, Fisher LB, Winickoff JP, et al. State tobacco excise taxes and adolescent smoking behaviors in the United States. *J Public Health Manag Prac* 2004;**10**:490-6.
- White MM, Pierce JP, Emery S. Does cigarette price influence adolescent experimentation? *J Health Econ* 2001;**20**:261-70.
- Campaign for Tobacco-Free Kids. *Special report: higher cigarette taxes: reduce smoking, save lives,*

save money, October 2003. <http://tobaccofreekids.org/reports/prices/> (Accessed Jan 26, 2005).

- Farrelly MC, Nimsch CT. *Impact of cigarette excise tax increases in low-tax southern states on cigarette sales, cigarette excise tax revenue, tax evasion and economic activity*, Tobacco Technical Assistance Consortium, Emory University, Rollins School of Public Health. September 2003. <http://tobaccofreekids.org/reports/prices/RTIRReport.pdf> (Accessed Jan 26, 2005).
- Chaloupka FJ, Warner K. The economics of smoking. In: Culyer A, Newhouse JP, eds. *Handbook of health economics*. New York: North-Holland, 2000:1539-627.
- Farrelly MC, Bray JW, Pechacek T, et al. Response by adults to increases in cigarette prices by sociodemographic characteristics. *Southern Economic Journal* 2001;**68**:156-65.
- Farrelly MC, Bray JW. Responses to cigarette tax increases by race/ethnicity, income and age groups - United States, 1976-1993. *MMWR Morb Mortal Wkly Rep* 1998;**29**:605-9.

What was "light" and "mild" is now "smooth" and "fine": new labelling of Australian cigarettes

We have just discovered (February 2005) a new "premium" sideline of Australia's second largest selling brand, Peter Jackson. The new members of the Peter Jackson "brand family" come in black, grey, and white packs, respectively, labelled "full flavour", "smooth flavour", and "fine flavour". We believe this is an industry response to a looming ban on "light" and "mild" descriptors.

The Australian Competition and Consumer Commission (ACCC) has investigated whether "light" and "mild" descriptors breach the Commonwealth Trade Practices Act. It has told Parliament that it believes the industry has been involved in misleading and deceptive conduct, and that it is negotiating a settlement with the three manufacturers.

We know that large numbers of Australian smokers continue to believe that "light" and "mild" cigarettes provide relative health benefits.¹ Although product promotions are now tightly restricted, Australian smokers continue to be lured with what is probably the largest and most complex variety in the world of "milds" (the term Australian manufacturers prefer),^{2,3} all designed to create a compelling illusion of reduced harm.⁴

Major Australian brand families typically have six notional strength variants, based on Commonwealth labelling regulations: "1 mg or less", "2 mg or less", "4 mg or less", "8 mg or less", "12 mg or less", and "16 mg or less". Government mandated information on the side of each pack includes notional tar, nicotine, and carbon monoxide yields in these six "tar bands". This is scheduled for replacement by qualitative information in March 2006, when new Commonwealth labelling regulations come into force. The industry also differentiates variants with various "mild" descriptors and/or more prominent use of the "tar band" figure. It is unclear whether the industry will be able to use notional tar figures once "light" and "mild" descriptors are prohibited.

Current industry conduct demonstrates that tar yields are very important to it. The most recent *Australian Retail Tobacconist* has a cover advertisement for leading "budget" brand, Horizon, informing retailers:

Now your Horizon customers can get their favourite brand in an exciting new look pack. With new descriptors and clearer numbers all our packs are much easier to identify. Research proves that your customers will find the new pack more appealing and a lot easier to recognize.⁵

Moreover, a number of brands are labelled with notional tar yields not listed in the labelling regulations. For example, Marlboro Lights and Winfield Special Mild 6 are both labelled as "6 mg or less". Trade promotional material for Winfield Special Mild 6 indicated that the "6 mg or less" notional tar yield was intended to attract smokers of the "8 mg or less" variant of Winfield interested in switching to a lower yield brand.⁶

The new Peter Jackson Select Blend varieties push the envelope by combining innovative verbal descriptors with non-prescribed notional tar yields. "Full flavour" is labelled "9 mg or less", "smooth flavour" is labelled "6 mg or less", and "fine flavour" is labelled "3 mg or less". The backs of the packs describe the varieties as respectively delivering a "rich, full-flavoured smoking experience", "an extra smooth smoking experience", and "a more refined smoking experience". This language does not suggest gradation in risk as clearly as "mild", "extra mild", and "ultra mild", but linking these terms and visual imagery suggesting differential experience to tar yields will build belief that "smooth" and "fine" mean "safer".

If the industry can make "smooth" and "fine" effective replacements for "light" and "mild", we will lose some of the potential public health benefit from prohibiting the latter descriptors and removing ISO tar yields. There is a strong need for improved monitoring of industry responses to efforts to end the "lights" and "milds" deception, as well as for increased political will to prevent

responses which amount to continuing the deception by new means.

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REFERENCES

- 1 **Borland R**, Yong H-H, King B, *et al*. Use of and beliefs about light cigarettes in four countries: Findings from the International Tobacco Control Policy Evaluation Survey. *Nicotine Tob Res* 2004;6(supp 3).
- 2 **King W**, Carter SM, Borland R, *et al*. The Australian tar derby: the origins and fate of a low tar harm reduction programme. *Tobacco Control* 2003;12:61-70.
- 3 **King B**, Borland R. The "low-tar" strategy and the changing construction of Australian cigarettes. *Nicotine Tob Res* 2004;6:85-94.
- 4 **Kozłowski LT**, O'Connor RJ. Cigarette filter ventilation is a defective design because of misleading taste, bigger puffs and blocked vents. *Tobacco Control* March, 2002;11(suppl 1):i51-61.
- 5 **Anon**. The dawn of a new look horizon [advert] *The Australian Retail Tobacconist* Dec 2004/Jan 2005.
- 6 **Anon**. New Light Blue Winfield Special Mild 6. *The Australian Retail Tobacconist* Jun/Jul, 2003:3.

BOOK REVIEW

Smoke-free: how one city successfully banned smoking in all indoor public places

Edited by Barbara McLintock. Published by Granville Island Publishing (www.granville-islandpublishing.com), 2004, pp 216. ISBN 1-894694-31-7.

Banning smoking in public places

This book is simultaneously depressing and reassuring for people involved in the battle to remove environmental tobacco smoke from public places. The tactics used to oppose a bylaw requiring all public places, including bars, to be smoke-free in Greater Victoria in Canada in the late 1990s are depressingly familiar to those currently fighting for smoke-free bars in Australia. On the other hand, it is reassuring that the opposition does not seem to have developed any new strategies, their moves becoming increasingly predictable.

For that reason, this is an excellent tool for people trying to bring about tobacco control through legislation and public policy and will provide a good insight for people working in other areas of public health. While the players in this story are very specific to Greater Victoria, Canada, the logistics of the campaign strategy are almost universally applicable. The tactics used to oppose tobacco control are global and the lessons learned from this campaign are worth sharing with the international tobacco control community.

Smoke-free has been written by a journalist, Barbara McLintock, so it is a comfortable, easy to read story. Those who want more academic details of the campaign, with statistics, evaluation, and analysis, can find that in journal articles published elsewhere. The value of this book is the insight into the power struggles and spheres of influence which are the hidden drivers of legislative change.

It also puts a human face on the battle and reinforces the need to support staff given the unenviable job of enforcing tobacco control policies among people who do not want them. I have to admit that I found the description of the aggressive hostility against the Capital Health Region staff, orchestrated by some of the bar owners, confronting and wondered what provision has been made in

Australia to deal with the possibility of such tactics.

But it is those details which make the book a very powerful blueprint for what is needed to bring about effective policy change. The growing acceptance of anti-smoking strategies by the general community has not removed all the heat from the issue and the battle does not end with the passing of legislation. The need for strong leadership and a commitment to resources to enforce the legislation once it is in place may well continue for a number of years.

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