

LETTERS TO THE EDITOR

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Occasional smoking in American college students

To the Editor - The US Centers for Disease Control and Prevention (CDC) recently changed their criteria for the prevalence of cigarette smoking to include some-days smokers who have smoked at least 100 cigarettes.¹ In the 1992 CDC survey, 22.1% reported everyday smoking and 4.4% some-days smoking. Similar rates were reported in Australia² and Canada.³

There is disagreement on whether occasional smokers are primarily a stable or transitory group. Shiffman^{4,5} described a group of long term occasional smokers (chippers) recruited from newspaper advertisements; however, it is impossible to estimate what proportion of occasional smokers they represent. Evans *et al*⁶ emphasised that many occasional smokers in the California tobacco survey were former regular smokers attempting to stop or cut down. However, Borland² pointed out that about half of the occasional smokers in the California survey had been occasional smokers a year previously.

We surveyed 768 college students (418 females and 350 males) and identified 143 daily smokers and 87 some-days smokers. Daily smokers had averaged 3.7 years of smoking and occasional smokers 1.5 years. The 87 some-days smokers were classified into three groups. Heavy some-days smokers (HSS) averaged from one to five cigarettes a day (the smoking requirements for chippers) and met the CDC inclusion requirement (at least 100 lifetime cigarettes). Light some-days smokers (LSS) averaged less than one cigarette a day, and met the CDC inclusion requirement. New some-days smokers (NSS) reported smoking less than 100 cigarettes. There were 34 HSS, 29 LSS, and 24 NSS. About three quarters of each group reported planning to quit within five years. The table shows situations in which each group reported smoking.

In the HSS, 26% reported feeling addicted to cigarettes compared to 3% of the LSS and 4% of the NSS; $\chi^2 = 9.67$, $df = 2$, $p = 0.008$.

Percentage of heavy occasional smokers (HSS), light occasional smokers (LSS), and new occasional smokers (NSS) reporting smoking in various situations

Situation	HSS (n = 34)	LSS (n = 29)	NSS (n = 24)	Mean
Drinking alcohol	88	93	88	90
With smoking friends	82	79	71	78
After meals ^a	53	24	4	30
Studying	21	10	4	13
Watching TV	12	3	4	7

^a Differences across smoking groups significant; $\chi^2 = 16.66$, $df = 2$, $p < 0.001$.

Smoking duration varied between the three groups, $F(2,84) = 11.92$, $p < 0.0001$. As expected, the NSS had smoked the shortest period (1.0 years). Surprisingly, the LSS had smoked significantly longer (2.3 years) than the HSS (1.2 years). The proportion of former regular smokers was similar in the LSS (52%) and HSS (47%) groups. Perhaps averaging less than one cigarette a day enabled the LSS to remain longer as occasional smokers.

An evaluation of individual surveys identified two persons whose pattern of smoking matched Shiffman's description of chippers⁴ (smoking at least two years, never a regular smoker, and rating oneself non-addicted), suggesting that this is not a common pattern in young smokers.

These results seem consistent with the view that some-days smoking (particularly HSS) is frequently a transitional state. Prospective studies would be helpful to document eventual smoking outcomes.

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- 1 US Centers for Disease Control and Prevention. Cigarette smoking among adults - United States, 1992, and changes in definition of smoking. *MMWR* 1994; 43: 342-6.
- 2 Borland R. Population estimates of occasional smoking among self described smokers and non-smokers in Victoria, Australia. *Tobacco Control* 1993; 3: 37-40.
- 3 Goldstein J. The stigmatization of smokers: an empirical investigation. *J Drug Educ* 1991; 21: 167-82.
- 4 Shiffman S. Tobacco "chippers" - individual differences in tobacco dependence. *Psychopharmacology* 1989; 97: 539-47.
- 5 Shiffman S, Fischer LB, Zettler-Segal M, Benowitz NL. Nicotine exposure among nondependent smokers. *Arch Gen Psychiatry* 1991; 47: 333-6.
- 6 Evans NJ, Gilpin E, Pierce JP, Burns DM, Borland R, Johnson MJ, *et al*. Occasional smoking among adults: evidence from the California Tobacco Survey. *Tobacco Control* 1992; 1: 169-75.

Clean indoor air legislation in Australia

To the Editor - Readers of Professor McAllister's article on Australian public opinion on restricting smoking in public places¹ may be interested in an update on the legislation to which the author refers. The ACT Smoke-free Areas (Enclosed Public Places) Act was passed by the Legislative Assembly on 20 September 1994, with key provisions taking effect on 6 December 1994. It is the first (and to date, the only) Australian State or Territory law enacted expressly "to promote public health by reducing exposure to environmental tobacco smoke". The Act prohibits smoking in a wide range of enclosed public places, including restaurants, shops and shopping centres, educational insti-

tutions, business and trade premises, places of public meeting, buses and taxis, and sporting and recreational facilities. Proprietors are required to minimise smoke drift, to display no-smoking signs, and to ask a person to stop smoking in a smoking-prohibited area. It is also an offence for an individual to smoke in a no-smoking area.

The statement that "nothing in this Act shall be construed as creating or preserving the right of a person to smoke in an enclosed public place" is intended to give legal backing to proprietors wishing to extend non-smoking provision beyond the law's minimum requirements. The Act provides for breaches to be handled by prosecutions and the imposition of a fine, rather than through on-the-spot fines. Department of Health inspectors enforce the Act, largely by providing compliance advice and assistance to proprietors.

The Act reflects a number of political compromises. For example, it was originally proposed that restaurants be included among the types of premises to go smoke-free initially. This was rejected by a majority of the Assembly, which favoured a 12 month phase-in period, during which restaurants must provide a minimum of 50% of their dining area as non-smoking. The Act also sets a date for non-smoking in pubs, bars, and social clubs with liquor licenses, which is 30 months after the smoking prohibition applies to other premises.

Exemptions may be issued to restaurants (maximum of 25% smoking) and licensed premises (maximum of 50% smoking) that show that their air conditioning and ventilation equipment is sufficient to allow the premises to meet the current Australian Standard with regard to fresh air flow (AS1668.2). Standards Australia and environmental and occupational health and safety authorities expressed concern about this use of the standard. A majority of the Assembly, however, felt that an exemption system based on this criterion was an appropriate "harm minimisation" strategy. Many members felt that the evidence concerning the health effects of short term exposure to environmental tobacco smoke was not strong enough to warrant total bans and that the use of ventilation to minimise exposure was an acceptable, if imperfect, response. Businesses receiving exemptions will be advised that they still face legal liability for passive smoking related illness and conditions.

Public opinion of the type referred to by Professor McAllister was taken into account by the government in developing its proposals. An attitude survey of ACT residents also provided evidence of strong local support for smoking prohibitions.

Although the prevalence of smoking in the ACT is similar to that in Australia as a whole, the ACT may differ in several relevant respects: the population is highly educated, with a high average income; a large proportion of the workforce is employed by national or Territory government agencies, which have had a smoke-free workplace policy since the late 1980s; there is a relatively high incidence of asthma and respiratory ailments in the community; there is no local tobacco industry; and the previous leader of the Opposition (now the chief minister) is a pharmacist with a keen interest in health issues. While the tobacco industry actively opposed the legislation, organised objections to the legislation came primarily in the form of an expensive campaign by the