

## **Cancer Prevention Survey 2013 Tobacco Control Module**

### **Why did Cancer Council NSW undertake this study?**

With the high burden of cancer in the NSW community and strong evidence that more than a third of all cancers can be prevented through healthier lifestyle choices, it is important for Cancer Council NSW to have a clear understanding of the community's level of knowledge around cancer risk factors, and to be able to understand the barriers to, and enabling factors that support healthy choices and a "cancersmart" lifestyle.

To better understand the community's behaviour, beliefs, intentions and attitudes related to cancer prevention, Cancer Council NSW conducted a survey of adults living in NSW. Cancer prevention issues captured by the survey included knowledge and attitudes towards:

- risk factors for cancer
- sun protection
- smoking and tobacco control policies
- fruit and vegetable consumption
- food policy issues, and
- alcohol consumption

The results of this research will inform Cancer Council NSW in developing education and health promotion programs related to cancer prevention.

This report presents results of the Cancer Prevention Survey's Tobacco Control Module.

### **How was the research conducted?**

#### *Administration and participant recruitment:*

The Cancer Prevention Survey was administered online during January and February 2013. Overall, 3 345 adults (18 years or over) living in NSW completed the survey, with 2 473 completing the Tobacco Control Module.

Potential participants were invited by email to complete the survey. Geographic, education, gender and age based quotas were set to ensure the sample was representative of the NSW population.

#### *Survey development and structure:*

Survey questions were developed through a comprehensive review of other population health surveys (eg. NSW Population Health Survey) and similar studies undertaken by Cancer Council South Australia and Cancer Institute NSW. Survey questions covered; knowledge of cancer risk factors and their broader health consequences, sun protection practices, fruit and vegetable intake, food policy issues, tobacco control and alcohol.

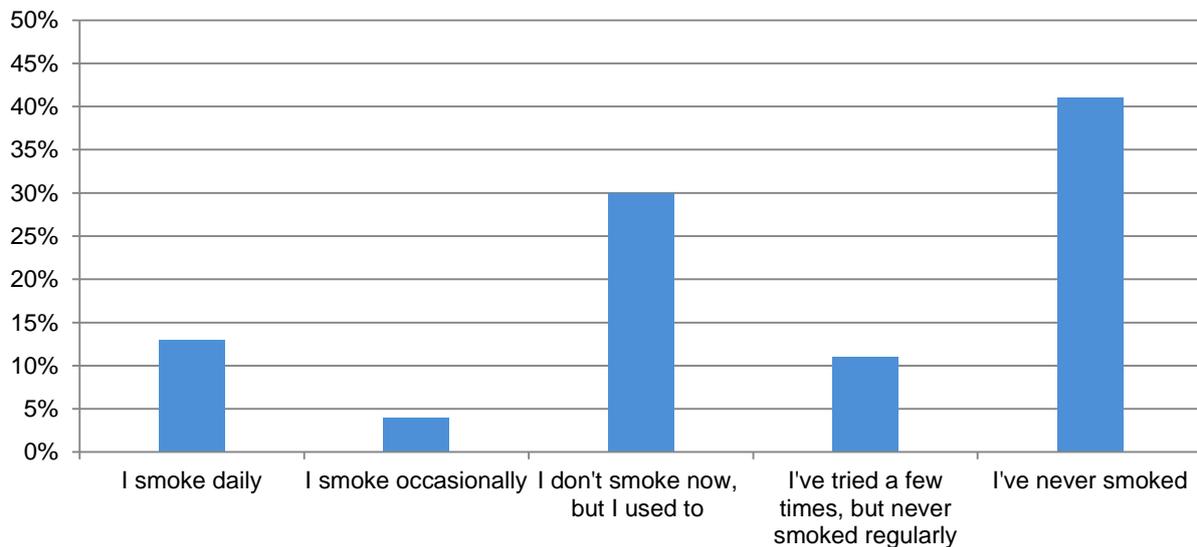
The Tobacco Control Module consisted of 4 questions that asked participants to:

- Describe their smoking status (eg. *I don't smoke now, but I used to*)
- Estimate the number of cigarettes smoked daily (smokers only)
- Indicate their level of agreement or disagreement with a number of statements relating to passive smoking and smoking and disadvantage (eg. *Smoking is most common among disadvantaged people in our community*)
- State their level of support for a range of tobacco control policies (eg. *increasing the price of tobacco products to discourage people from smoking*)

## What did we find?

### *Prevalence of smoking related behaviour*

Participants were asked to describe their current smoking status. As illustrated in Figure 1, 17% of participants described themselves as daily or occasional smokers (13% and 4% respectively), 30% indicated that they had quit smoking and 41% said that they have never smoked. Among daily smokers the median number of cigarettes smoked per day was 15.



**Figure 1. Participant's smoking status**

Daily smoking rates varied according to education and income, with smoking being more common among those without a university degree (15%, compared to 7% of those with a university degree) and those from low income households (16%, compared to 12% of those with a household income above \$55,000). No meaningful differences for daily smoking were found between males (14%) and females (12%) or between those living in metro (13%) and non-metro areas (14%).

Participants were also asked about their behaviour regarding environmental tobacco smoke. More than two-thirds (67%) of the sample reported avoiding places where they may be exposed to the cigarette smoke of others. Those with a university degree, and older participants, were more likely to avoid places with second hand smoke. Although a higher proportion of non-smokers reported avoiding the tobacco smoke of others (78%), 11% of daily smokers and 40% of occasional smokers also reported this behaviour.

### *Smoking and inequality*

To understand the community's understanding of smoking as a social justice issue, participants were asked to state their level of agreement with the statements 'Smoking is most common among disadvantaged people in our community', 'Smoking contributes to inequality in our society' and 'Disadvantaged people who smoke should be offered specific assistance to quit'. Almost half (49%) believed that smoking is more prevalent among disadvantaged people, however considerable uncertainty exists as to whether smoking actually contributes to inequality in our society, with only 38% agreeing with this statement and 40% unsure. A majority (60%) of participants reported that 'disadvantaged' smokers should be offered specific support to help them quit smoking.

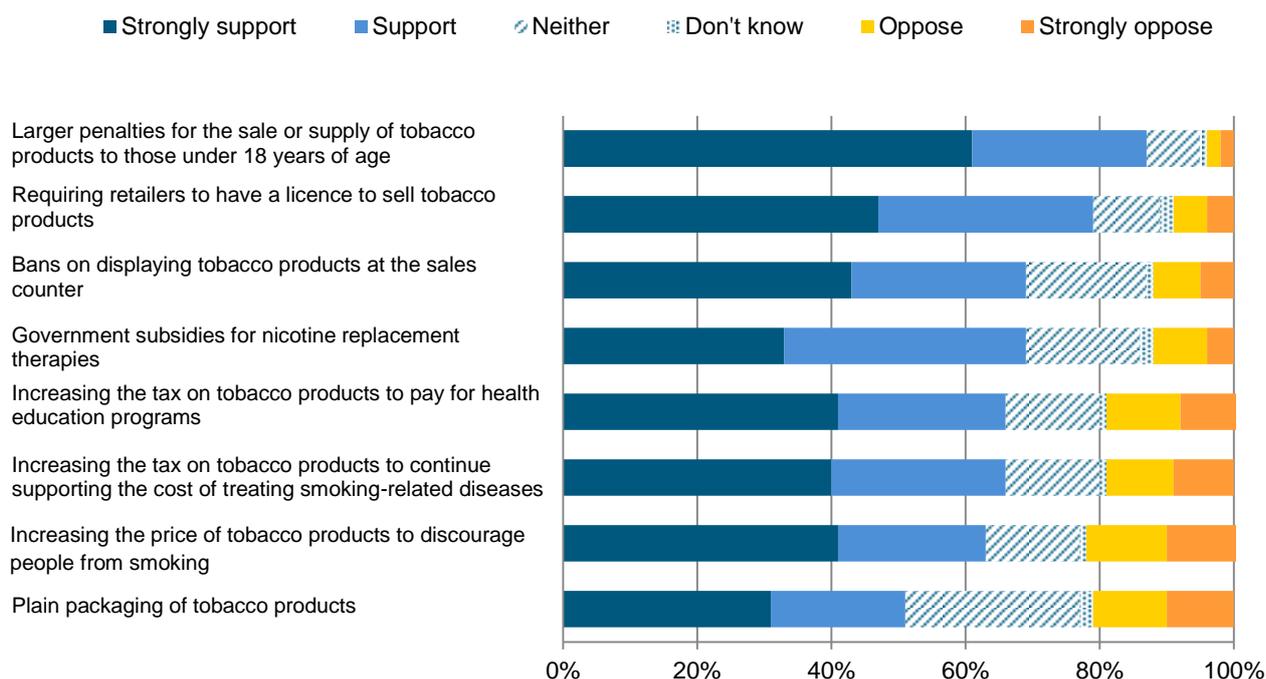
Daily smokers were less likely to agree that smoking is more common among disadvantaged groups. However, older participants and those with lower household incomes were more likely to agree with all three statements.

### *Support for tobacco regulation*

To gauge the level of community support for specific tobacco control policies, participants were asked to indicate their level of support, or opposition, toward a number of policy options. Overall, all policy options explored received majority support. Support was generally greater for policies associated with changes to the tobacco retail environment than for policies that increase the cost of cigarettes.

As illustrated in Figure 2, increased penalties for the sale or supply of tobacco products to those under the age of 18 was the preferred policy option (receiving support from 87% of participants). A high proportion of participants (79%) were also supportive of a tobacco retail-licensing scheme that would require retailers to have a licence in the same way that retailers need a licence to sell alcohol. Attitudes to raising the cost of cigarettes as a means to discourage smoking were more varied. While support for this policy was relatively high (63%) it was also opposed by a significant minority of participants (23%). Plain packaging of tobacco products received relatively less support (51%) than other policies, with significant proportion of respondents uncertain about the policy (28%) or opposed to it (21%).

Reactions to specific tobacco control policies differed by smoking status, with non-smokers having a higher tendency than smokers to support raising prices and hypothecated taxes, and smokers more likely to support government subsidies for nicotine replacement therapies. Females were more likely than males to support all of the suggested policies.



**Figure 2. Level of public support for tobacco policies**

### What does this mean?

The Cancer Prevention Survey's Tobacco Module provides a baseline measure for new areas of interest (eg. smoking and disadvantage) as well as updated data on smoking related behaviours and community support for specific tobacco control measures. The results of the survey are consistent with the findings of other population surveys that have investigated similar issues, such as the 2010 NSW Population Health Survey,<sup>1</sup> 2009 NSW Smoking and Health Survey,<sup>2</sup> and the 2010 National Drug Strategy Household Survey.<sup>3</sup> However, this study also provides new and updated information on smoking and disadvantage, the community's response to environmental tobacco smoke, and support for tobacco regulation.

Overall, 13% of participants in Cancer Prevention Survey reported being daily smokers. This finding is largely consistent with other population health surveys that have reported daily smoking rates for the NSW population between 11.7%<sup>1</sup> and 14.2%.<sup>3</sup> However, this study found a higher proportion of ex-smokers, and a lower proportion of those who have never tried smoking, than both the 2010 NSW Population Health Survey and the 2010 National Drug Strategy Household Survey. These differences are likely to be a result of the different age samples used, with the Cancer Prevention Survey sample including adults only, and the 2010 NSW Population Health Survey and the 2010 National Drug Strategy Household Survey sampling those aged 16 and over and those aged 14 and over, respectively. Younger age groups included in the latter two surveys are less likely to have started smoking and subsequently less likely to have quit smoking, increasing the proportion of people who have never tried smoking and decreasing the proportion who have quit.

Consistent with other research,<sup>3</sup> the prevalence of smoking was found to be higher among those without a university education and those with a low household income. However,

whereas former population health surveys have found higher smoking rates among males and those living in non-metropolitan areas,<sup>1,3</sup> the present survey did not find evidence of different smoking rates between males and females or those living in or out of metropolitan areas. Provided that the Cancer Prevention Survey sample was broadly representative of males and females, as well as those living both in and out of metropolitan areas, there is no obvious reason for this inconsistency.

The Cancer Prevention Survey adds to the research on smoking related behaviours by exploring the community's response to environmental tobacco smoke. Two-thirds of participants reported that they actively try to avoid places where they may be exposed to other people's tobacco smoke. Of note, half of those who described themselves as daily or occasional smokers also report engaging in this behaviour, suggesting a broad base of support exists for further initiatives to reduce exposure to tobacco smoke in public places.

It is well established in the literature that smoking is more common among disadvantaged people in our society,<sup>3-7</sup> with smoking among the most disadvantaged groups up to five times the population average.<sup>6</sup> The results of the Cancer Prevention Survey show that there is limited awareness of this disparity and low appreciation that smoking contributes to inequality within the NSW community. Smokers in particular, were less likely to identify an association between smoking and disadvantage. The lack of knowledge of the link between smoking and disadvantage may impact the community's response to tobacco control policies, particularly those that impact on an individual's autonomy. Positioning smoking as a social justice issue within the NSW community may help to reduce opposition towards certain tobacco control measures.

The findings of the Cancer Prevention Survey provide evidence of strong community support for tobacco regulation. This is consistent with the results of similar surveys conducted both nationally<sup>3</sup> and within NSW,<sup>2</sup> that have reported high public support for a range of tobacco control policies, even among smokers.<sup>2</sup> Stricter penalties for the sale or supply of tobacco products to minors, requiring retailers to hold a licence to sell tobacco, and restricting point of sale displays continue to receive broad public support across surveys. Interestingly, plain packaging of tobacco products received the least support (only half the sample) in the present study, despite gaining higher support in a 2009 study which included equal sub-sectors of smokers and non-smokers<sup>2</sup> and having been introduced Australia-wide in December 2012. This loss of support was offset by a corresponding increase in those who were unsure, highlighting that the NSW community may be confused about the rationale and aim of plain packaging legislation.

Support for policies to increase the price or tax on tobacco products was higher and opposition lower when this revenue was directed towards the treatment of smoking related diseases and health education programs. This is consistent with the results of the 2010 National Drug Strategy Household Survey.<sup>3</sup> Of the eight policies tested in the Cancer Prevention Survey, the strongest opposition was towards increasing the price of cigarettes to discourage people from smoking. However, when the aim of increasing the price of cigarettes is to discourage children/young people from smoking, an earlier study<sup>2</sup> found less opposition thus suggesting that respondents are more comfortable when the purpose of the policy is to reduce uptake of smoking by young people rather than creating greater pressure for current smokers to quit.

Overall, smoking rates in NSW are relatively low and the strong support for tobacco regulation and increased avoidance of environmental tobacco smoke suggest that the NSW community has a reduced tolerance for tobacco smoking. However, smoking in NSW remains more common among disadvantaged people in the community, with “cancer smart” lifestyle choices more likely to be made by those with a university degree and a higher household income. At present however, our evidence shows that the NSW population has limited awareness of the link between smoking and disadvantage. Further exploration of the reasons for this, and its potential impact on people’s support for tobacco control policies, is warranted. This study supports the findings of other population surveys that investigate smoking in NSW, while also highlighting novel issues that may influence the context of tobacco smoking and tobacco control in NSW, such as society’s appreciation for the link between smoking and disadvantage.

## References

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