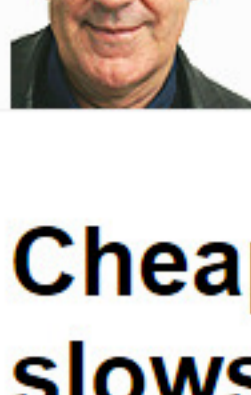


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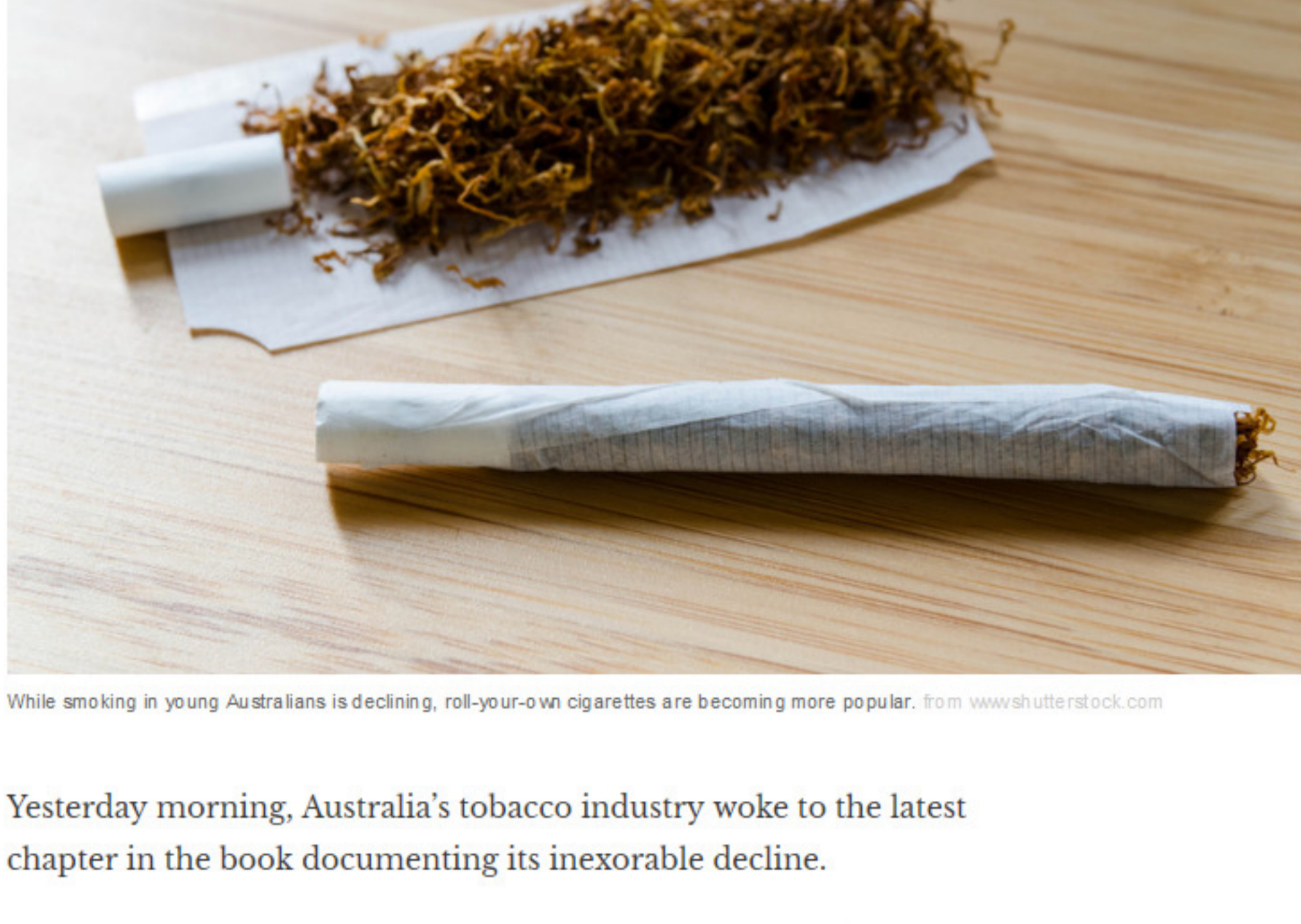


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Cheaper cigarettes, roll-your-own tobacco slows smoking's downward spiral

June 2, 2017 12:27pm AEST • Updated June 2, 2017 2:14pm AEST



While smoking in young Australians is declining, roll-your-own cigarettes are becoming more popular. from www.shutterstock.com

Author

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Yesterday morning, Australia's tobacco industry woke to the latest chapter in the book documenting its inexorable decline.

The Australian Institute of Health and Welfare released data from its 2016 National Drug Strategy Household Survey, which it has conducted every three years since 1985.

While it was always going to be hard to show even further decline in teenage smoking from what was an already very low level, it's happened again.

The proportion of teenagers (aged 12-17) who have never smoked more than 100 cigarettes significantly increased between 2013 and 2016, from 95% to 98%. Smoking more than 100 cigarettes in a lifetime has long been used in Australia as a benchmark question to sort curious, experimental smokers from more committed and addicted smokers.

Younger people also continued to delay when they first smoked their first full cigarette. This increased in the 14 to 24-year-olds from 14.2 years in 1995 to 16.3 in 2016 (a statistically significant increase from 15.9 years in 2013).

Catch 'em young

The tobacco industry knows it needs to attract and addict new consumers to replace those who stop smoking through quitting and death. As a 1981 report sent to the then vice-president of research and development at Philip Morris put it:

Younger adult smokers are the only source of replacement smokers ... If younger adults turn away from smoking, the industry must decline, just as a population which does not give birth will eventually dwindle.

Australia's plain packaging legislation, implemented in December 2012, was aimed at reducing teenage Australians taking up smoking. As the health minister who introduced it, Nicola Roxon emphasised in April 2010 when announcing the policy:

We're targeting people who have not yet started, and that's the key to this plain packaging announcement – to make sure we make it less attractive for people to experiment with tobacco in the first place.

As Australian young people have turned away from smoking, the tobacco industry is left scrambling for new ways to addict young customers to nicotine.

Total smoking levels remain level

The proportion of people of all ages who smoke was also not good news for the tobacco industry.

The percentage of people aged 14 and over who smoke daily is down from 12.8% in 2013 to 12.2% in 2016. While any decline is welcome, this was less than it should have been, and the first time in two decades that a statistically significant fall was not recorded.

There are several factors likely to be responsible for the previously brake-less downward slide in smoking.

Long-time campaigners Mike Daube and Todd Harper have set out nine strategies the Australian tobacco industry has used so it can keep earning from the deaths of two in three Australian smokers likely to die from using their products.

Two critical factors here are price discounting and the dramatic rise of roll-your-own tobacco.

How price discounting works

Plain packaging means brand differentiation is gone as all packs look the same, except for the written brand name. So, the ability of branding to convince gullible smokers that premium (expensive) brands are somehow "better" and worth spending more on than cheaper, budget brands goes out the window.

After plain packaging was introduced, there was an industry-wide decision to cut prices to compete with lower priced brands for market share. There were large tobacco tax rises in the run-up to plain packs being introduced (25% in 2010) and a further 12.5% each year from 2013 to 2016.

Again, the tobacco companies cut their margins by desperately trying to keep some brands below A\$20 a pack, a price known to trigger quitting.

These practices may see renewed interest in floor pricing of tobacco products, when a price is set below which a product cannot be sold.

Rise in roll-your-own tobacco

Tobacco companies have also aggressively pushed cheaper roll-your-own tobacco by introducing loose tobacco with cigarette brand names. The tax in roll-your-own tobacco will rise from September 2017, which may see a further round of price discounting to try and stop people quitting.

The use of roll-your-own cigarettes has gone from 26% of smokers in 2007, to 33% in 2013 and to 36% in 2016. Lower price is one factor driving this, but so too are the quite erroneous beliefs that roll-your-own tobacco somehow contains fewer additives and is less harmful, an issue I will explore in my next column.

The increase in roll-your-own cigarettes since 2007 has been largest among smokers aged under 40 (increase of 82% for young adults and 70% for smokers in their 30s between 2007 and 2016). Between 2013 and 2016 roll-your-own use in smokers in their 30s jumped from 29% to 37%.

National campaign wheels fallen off

Sustained and adequately funded mass media campaigns are a vital component of strategies health authorities recommended to change health behaviours, like smoking.

And with smoking, one of the most obvious pieces of evidence comes from ex-smokers about why they stopped smoking. There are light-years between the answer that has always been given (concern about health) and everything else (cost, social unacceptability, pregnancy etc).

In this study of smokers in 20 US communities, 91.6% of ex-smokers nominated "concern for your own current or future health" as why they quit compared with 46.5% who nominated "pressure from family, friends or co-workers".

Without large scale, on-going campaigns that reach large proportions of the population with unforgettable, motivating information about why smoking is so harmful, the core driver of quitting and not starting smoking may wane.

Regrettably, Australia's world famous national tobacco campaign that started in 1997 and has been used by many other countries, has been mothballed since 2013 when the Coalition government took office.

Smokers still get sporadic small bursts of quit smoking ads on television in some states from state health departments. But they are not getting a fraction of the highly motivating exposures that were a big part of our earlier rapid declines. This absence is almost certainly a major factor explaining the slow down in people quitting smoking.

E-cigarettes

The latest stats show that while around 31% of smokers (ie 3.8% of the 14+ population) had ever tried e-cigarettes, 20% seemed to have done so out of curiosity (once or twice) with only 4.4% currently using them (the remaining 6.8% no longer use them). Just 1.5% of smokers were using e-cigarettes daily (0.8% of ex-smokers and 0.2% of never smokers).

There's no evidence from these very small numbers that e-cigarette use is contributing to falling smoking in Australia.

Many are concerned that the tobacco industry (which has bought into vapourisers big time) has a business plan to have smokers vape and smoke, not vape instead of smoking. If that plays out, increases in vaping may in fact act to further slow people from quitting smoking. The next few years will provide important information on this important issue.

Public health Smoking Tobacco control young people Smoking cessation Quit smoking

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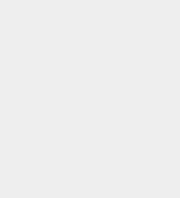
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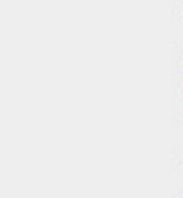


Paul Mclamara

"After plain packaging was introduced, there was an industry-wide decision to cut prices to compete with lower priced brands for market share."

Completely inevitable and foreseeable consequence of plain packaging. Anyone with any understanding of how markets work would have predicted as much. But supposedly plain packaging was a big success?

10 hours ago • Report



Simon Chapman Emeritus Professor in Public Health, University of Sydney

In reply to Paul Mclamara

I'm pretty sure the tobacco industry's investment of untold millions in trying to stop plain packaging here and elsewhere where it is spreading – national and international legal challenges (all total failures) and massive ad campaigns saying it would both not work at all or work so well that it would ruin the industry (hey, make up your minds), is all we need to know to answer your question Paul. If it was always going to matter not a jot, how do we explain all their frantic efforts to stop it? It mattered so much that they have plunged their margins & given up on charging extortionate prices for premium brands (where they made most), just to stop exits from smoking. The intended impact on kids is the impact that will bleed them to death, unless they can get them addicted to ecigs.

10 hours ago • Report

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2016 National Drug Strategy Household Survey

[In this section](#)

Overview and background

The National Drug Strategy Household Surveys provide cross-sectional data on alcohol, tobacco and other drug use in Australia. The survey is part of the [National Drug Strategy](#) which aims to improve the health, social and economic outcomes for the Australian Society.

The data collected by these surveys are used to provide estimates of alcohol, tobacco and other drug use in Australia. The data collected also measure community attitudes towards alcohol, tobacco and other drug use. It also asks about respondent's awareness of and community support for various drug-related policies.

The 2016 National Drug Strategy Household Survey is the twelfth in a series of household surveys conducted by the Australian Government. Previous surveys were conducted in 1985, 1988, 1991, 1993, 1995, 1998, 2001, 2004, 2007, 2010 and 2013.

The Australian Institute of Health and Welfare (AIHW) is conducting the 2016 survey. Fieldwork will run from June to November and it is anticipated that results from the survey will be released in mid-late 2017.

The funding for the survey is provided by the Australian Government Department of Health. Roy Morgan Research Ltd have been contracted to collect the information for this survey.

Objectives

The project objectives are to gather data about drug use and related issues in the general population by means of a household-based survey.

The specific objectives of the 2016 survey are to:

- provide estimates of licit and illicit drug use
- provide information on drug use patterns and trends, and on drugs and health
- identify groups with a high risk for drug abuse
- provide data on drug related abuse and potential harm
- measure community awareness and knowledge of licit and illicit drugs
- measure community support for various drug-related policies.

The potential survey population is people aged 12 years or older residing in private dwellings in Australia, at the time of the survey. The person aged 12 years or older who has the most recent birthday is selected as the potential respondent. The design of the survey excludes those who live in non-private dwellings, are homeless or live in institutions or on military bases.

Privacy and ethics

All the information collected through the survey is protected by legislation. Section 29 of the [Australian Institute of Health and Welfare Act 1987](#) prohibits the release of any information about individuals collected in the survey. No results or any other data that could possibly identify individuals will be released.

The research is carried out in compliance with the [Privacy Act 1988](#) and the information is only used for research purposes.

The survey project was approved by the [AIHW Ethics Committee](#).

Further information

See the [Frequently asked questions](#) for further information about the survey.

If you have any questions about the survey, how it is conducted or how to complete or return the survey, please call the **National Drug Strategy Household Survey Hotline** on

1800 000 293 (free call)

Weekdays between 9am and 8pm (AEST)

Weekends between 9am and 6pm (AEST)

For any questions or concerns about issues of privacy in relation to the survey, or about the way in which information collected will be used, please contact the AIHW on

1800 443 510 (free call)

Weekdays between 9am and 6pm (AEST) or email aod@aihw.gov.au.

Information for non-English speakers

[Information in Chinese \(257KB PDF\)](#)

中文資訊

[Information in Vietnamese \(263KB PDF\)](#)

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معلومات بالعربية

2016 年度全国药物策略家庭调查

概述和背景

“全国药物策略家庭调查”提供了澳大利亚在酒精、烟草和其它药物使用上的横截面数据。本调查是“[全国药物策略](http://www.nationaldrugstrategy.gov.au)” < <http://www.nationaldrugstrategy.gov.au> >的一部分，旨在为澳大利亚社会提高健康、社会和经济效果。

在这些调查中收集到的数据用于估测澳大利亚的酒精、烟草和其它药物使用。所收集的数据也衡量针对酒精、烟草和其它药物使用的社区态度。本调查也问到被调查者对多种关于药物的政策的了解程度以及针对多种关于药物的政策的社区支持。

“2016 年度全国药物策略家庭调查”是澳大利亚政府开展的一系列家庭调查中的第十二次调查。先前的调查分别是在 1985 年、1988 年、1991 年、1993 年、1995 年、1998 年、2001 年、2004 年、2007 年、2010 年和 2013 年进行的。

澳大利亚健康和福利研究所（AIHW）正在进行 2016 年度的调查。现场工作将从六月持续到十一月，预计调查结果将于 2017 年度下半年公布。

本调查由澳大利亚政府卫生部拨款，罗伊摩根研究公司已签约，负责为本调查收集信息。

目标

本项目的目标是通过一项以家庭为基础的调查来收集关于一般人群的药物使用和相关问题的数据。

2016 年度调查的具体目标是：

- 估测合法和不合法的药物使用
- 提供关于药物使用模式和趋势、药物和健康的信息
- 确定药物滥用的高风险群体
- 提供关于与药物相关的滥用和潜在危害的数据
- 衡量对合法和不合法药物的社区了解程度和认识
- 衡量针对多种关于药物的政策的社区支持

可能调查的人群是在调查时居住在澳大利亚私人住宅里的年满 12 周岁或以上的人士。年满 12 周岁或以上且已过的生日离调查最近的人被选为可参与调查的人员。本调查的设计排除了那些居住在非私人住宅、无家可归、居住在公共机构或军事基地上的人。

隐私和道德

所有通过本调查收集的信息都受到法律保护。[《1987 年澳大利亚健康和福利研究所法》](#) 的第 29 节禁止公布本调查所收集的有关个人的任何信息。所有可能显露个人身份的结果和任何其它数据都将不会被公布。

依照[《1988 年隐私法》](#)开展研究，信息仅用于研究目的。

本调查项目已得到[澳大利亚健康和福利研究所（AIHW）道德委员会](#)的批准。

进一步信息

如果您有任何关于本调查、调查开展方式或是填写或递交调查问卷方式的问题，请致电**全国药物策略家庭调查热线**，电话为 **1800 000 293**（免费）

工作日：上午九点至晚上八点（澳大利亚东部标准时间）

双休日：上午九点至下午六点（澳大利亚东部标准时间）

若对与调查相关的隐私问题或所收集信息的使用方式有任何疑问或顾虑，请联系澳大利亚健康和福利研究所（AIHW），电话为 **1800 443 510**（免费）

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“2016 年度全国药物策略家庭调查”参与者信息

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- [本调查的内容是什么？](#)
- [谁来开展本调查？](#)
- [为什么选中我来填写调查问卷？](#)
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- [澳大利亚健康和福利研究所（AIHW）如何处理回答？](#)
- [本调查是自愿的吗？](#)
- [我可以从何处获得有关药物和其它问题的更多信息？](#)

本调查的内容是什么？

本调查是关于被调查人对烟酒和其它药物的态度以及这些药物使用的广泛程度。政策制定者、研究员和其他感兴趣的团体使用本调查的结果来更好地了解和解决围绕烟酒和其它药物的问题。

谁来开展本调查？

现由澳大利亚健康和福利研究所（AIHW）来开展本调查。澳大利亚政府卫生部为本调查提供基本资金。罗伊摩根研究有限公司通过以下方式为本调查收集信息，即挨家挨户发放和收集纸质调查问卷、网上调查问卷和电话采访的方式。

为什么选中我来填写调查问卷？

本调查随机抽选了您的家庭以及超过 2.2 万个其他家庭。每个家庭中，有一名年满 12 周岁或以上的人会受到填写本调查问卷，即已过的生日离调查时间最近的人员。

本调查的抽选您和所有其他参与者的这种方式使我们获得的结果更能代表澳大利亚家庭。

我的隐私如何受到保护？

依照《澳大利亚健康和福利研究所法》[\[external link\]](#)开展本调查，该法禁止发表或公开发布本研究所收集的有关个人的信息。

依照《1988 年隐私法》[\[external link\]](#)开展本研究，信息仅用于研究目的，将不会以显露个人或家庭身份的方式发布任何信息。

澳大利亚健康和福利研究所（AIHW）可以向当局报告任何非法行为吗？

根据《澳大利亚健康和福利研究所法》规定，与本次调查相关的从采访者到研究员等所有人都必须签署一份保密声明，从而他们不得向任何人透露关于任何回答本调查问卷的人士的任何信息，这意味着所收集的信息受到法律保护。所有人（甚至是警方）都不能获取由于本调查而收集的个人信息。

我不喝酒，不吸烟，也不使用其它药物，那么我应该填写调查问卷吗？

每个人的回答都很重要—即使您从不喝酒、吸烟或使用其它药物也没有关系。您使用或不使用酒精、烟草或其它药物的原因以及您对这些东西的看法对本研究非常重要。为了进行本调查，我们需要获取广泛人群的答案，这样调查结果才能代表**所有**澳大利亚人的看法和行为。

澳大利亚健康和福利研究所（AIHW）如何处理回答？

AIHW 将分析本调查的结果，关于结果的报告将公布在 AIHW 的网站上。欲了解前几波调查产生的报告样本，请参照《2013 年度全国药物策略家庭调查报告》。

本调查是自愿的吗？

该调查是完全自愿的，但您的参与很重要，这样我们才能获取来自于广泛阶层的人群的信息。

我可以从何处获得有关药物和其它问题的更多信息？

欲了解酒精和其他药物的一般信息，您可以访问酒精和药物信息网络网站 <http://druginfo.adf.org.au>

若您对您本人或其他人的酒精或药物使用有顾虑，您可以与您当地的全科医生讨论该顾虑。

如需情感支持，请致电生命线（Lifeline），电话为 13 11 14，全天 24 小时服务，全年 365 天开通。

如果您希望联系一所药物治疗机构，您可以通过访问澳大利亚酒精和药物信息服务和治疗中心指南的网站 <http://www.adin.com.au/help-support-services> [external link] 找到关于这些服务机构的更多信息。

如需在您居住的州或领地提供的支持或治疗，您可以联系下列州内服务机构之一。

新南威尔士州

酒精和药物信息服务（ADIS）

悉尼：02 9361 8000

新南威尔士州的边远地区：1800 422 599

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