

# Australian smokers support stronger regulatory controls on tobacco: findings from the ITC Four-Country Survey

## Abstract

**Objective:** To examine Australian smokers' attitudes towards regulation of the tobacco industry and to compare their attitudes with those of three similar countries – the United Kingdom (UK), the United States (US), and Canada

**Method:** A telephone survey of 2,056 adult Australian smokers and 6,166 Canadian, US, and UK smokers was conducted in 2004 as the third wave of the International Tobacco Control Policy Evaluation Four-Country Survey.

**Results:** Australian smokers display the strongest support for regulation. Only 16% believe that tobacco companies should be allowed to advertise/promote cigarettes as they please, 70% agree that tobacco products should be more tightly regulated, and 64% agree that governments should do more to tackle the harms of smoking. Smokers see government failure to do so in cynical terms – 77% agree that governments do not really care about smoking because of money from tobacco taxes. Opposition comes largely from smokers who hold self-exempting beliefs about smoking's risks, have a positive attitude to smoking, do not accept that smoking is socially denormalised, and do not hold tobacco companies responsible for harms caused by smoking.

**Conclusions and Implications:** The majority of Australian smokers believe that the tobacco industry is partly responsible for the predicament they find themselves in and want governments to act more strongly in their real interests. The strong relationship between support for regulation and cynicism about government inaction should stimulate governments into action.

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This paper is concerned with attitudes of Australian smokers to regulation of the tobacco industry and the tobacco market. In addition, it compares the attitudes of Australian smokers with those of smokers in the United States (US), Canada, and the United Kingdom (UK) – all affluent, predominantly English-speaking countries with similar rates of smoking. Current best estimates of the proportions of smokers in these countries vary from around 20% in Australia<sup>1</sup> to around 25% in the UK.<sup>2</sup> This level of smoking represents a continuing and serious public health problem given that one out of every two long-term smokers can be expected to die prematurely<sup>3</sup> and/or suffer disabilities as a result.<sup>4</sup>

Knowledge that smoking was a major cause of ill health was definitively established by the early 1960s,<sup>5,6</sup> although a comprehensive public understanding of the magnitude of the problem was not achieved until the 1990s.<sup>7</sup>

Responses by governments have been slow, although in all four countries surveyed they have progressively imposed constraints on tobacco company marketing,<sup>8</sup> raised tobacco excise, provided some public education, and governments of three of the four countries (excluding the US) have ratified the Framework Convention on Tobacco Control.

Tobacco products remain virtually unregulated in most countries, including Australia. Canada has the power to regulate, but has mainly used this to collect information on products. For much of the past decade there has been debate in the US about bringing tobacco under Federal Drugs Administration (FDA) regulation, something at present disallowed by the US Supreme Court. Senator E. Kennedy is preparing legislation designed to enable the FDA to take a regulatory role.

By contrast, although knowledge that

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tobacco smoke pollution (TSP) is harmful to non-smokers was only established in the 1980s<sup>9</sup> and the total harm is far less than for active smoking, progress towards protecting non-smokers has been considerably greater,<sup>10,11</sup> but even here more needs to be done.

Government failure to act decisively and comprehensively against tobacco companies and their products requires explanation. Undoubtedly, part of the reason has been the magnitude of the problem and the perceived impossibility of prohibition, as well as uncertainty about the consequences of strong action in the face of the artificial controversy created by the tobacco industry about the real level of harm caused by smoking.<sup>12</sup> Up until recently, tobacco companies have denied the harmfulness of smoking and fought aggressively to minimise controls over their perceived right to freely market their products.

Tobacco industry documents<sup>13</sup> reveal that, from the late 1950s onward, the big tobacco manufacturers have targeted opinion leaders in all the countries surveyed with messages that smoking was not as dangerous as its association with lung cancer indicated (while secretly searching for 'safer' cigarettes), that nicotine was not addictive (while internally both admitting it was and designing cigarettes to increase the smokers' access to free nicotine), and that attacks on smoking represented an attack on the free enterprise system itself. In addition, the documents reveal that strategies to resist passive smoking restrictions were in place a full decade before the first papers directly implicating passive smoking as a cause of cancer appeared.

Some major tobacco companies are now admitting the obvious – that tobacco is an intrinsically harmful product – although, as usual, the admissions are heavily qualified. They continue to stress the adult smoker's right to choose, and in some cases have put in place programs ostensibly designed to discourage youth smoking but that may actually act to increase it.<sup>14</sup>

Another possible reason for the lack of tobacco product regulation is that tobacco control activists and researchers have focused on strategies to eliminate tobacco use, not mitigate the harms of use. This is now changing. The Framework Convention on Tobacco Control (FCTC) calls for, although does not mandate, stronger actions in tobacco product and industry regulation. There are now authoritative reports arguing for stronger regulation<sup>15,16</sup> and discussion as to what form such regulation could take.<sup>17</sup> This increasing momentum towards action, coupled with some industry acceptance of the inevitability of some action, means progress in this area has become more feasible.

As governments move to consider greater regulation, it is important to understand the likely reactions of those most affected, the smokers. In this paper we explore the level of support from Australian smokers to greater regulation of cigarettes and the industry that markets them. Caution from the Australian Government about regulating tobacco products and the relationships tobacco companies form with smokers would be understandable if smokers really were strongly opposed to such actions. However, what literature there is suggests that, on the contrary, smokers are generally well disposed to increased government regulation and that, if anything, increases in regulation

appear to lead to increases in support for regulation.<sup>18-21</sup> There could be several reasons for this, including the belief that increased regulation could make it easier to quit/cut down; that regulation could lead to a decrease in the harmfulness of cigarettes; and that the industry is responsible for the harm caused by smoking as well as the smoker's addiction/condition.

Smokers are largely aware that tobacco use is both addictive and likely to cause harm to their health, and most have tried to quit and failed.<sup>22</sup> We might expect support to be greatest from smokers who understand the harms – particularly those who feel trapped by their dependence and would like to quit – either because of general antagonism to the industry or because of any potential benefits of regulation for the challenge of cessation. We would further expect a relationship between self-efficacy for quitting and support for regulation, if smokers with low self-efficacy see it as a way to help them quit.

Even smokers who want to continue to smoke have a strong interest in actions that make tobacco products less harmful – especially if they have a realistic appreciation of the high levels of risk to themselves and others.

We also expect support for industry regulation to be positively correlated with beliefs that smoking has become socially denormalised, beliefs about industry responsibility for the harms caused, cynicism about government inaction, and with support for smoke-free places. That is, support for regulating the industry may reflect a more generalised antipathy towards the tobacco industry and those who gain from it.

## Methods

### Participants

The Australian respondents were a total of 2,056 adult (18 years of age and older) smokers (defined as having smoked at least 100 cigarettes in their lifetime and who currently smoked at least once a month) who agreed to be interviewed as part of the International Tobacco Control Policy Evaluation Survey (ITC) carried out in four English-speaking countries (n=8,222). The other three countries were Canada (n=2,071), the US (n=2,050), and the UK (n=2,045). The data for this paper comes from the third wave of interviews, carried out in August-September 2004. A full discussion of the methodology can be found in Thompson et al.<sup>23</sup>

### Measures

The variables in the analysis and the way they were measured are identified in Table 1.

### Analytic method

All analyses were carried out using version 14.0.2 of the SPSS statistical package. All prevalence estimates are based on data weighted to the characteristics of the smoker populations of each country, but all multivariate analyses are based on unweighted data. Analyses including weighting made no substantial difference to the multivariate results.

To establish the independent predictors of attitudes to regulation we conducted a series of linear regression analyses. The regressions

were done stepwise. The first was restricted to demographic predictors of attitudes to regulation and the 'stayers' variable (see Table 1), then smoking-related beliefs and behaviour were added. Finally, specific regulation-related beliefs and attitudes were added to the model. At each step we also tested for by-country interaction, but they proved not to be statistically significant.

## Results

As can be seen from Table 2, smokers are generally supportive of increased or strong controls. Only a minority supported allowing the tobacco industry to advertise without controls, and majorities in all countries agreed that tobacco products should be more tightly regulated and that the government should do more. Responses to all three questions were moderately correlated and, together, we use them as an attitude to regulation scale. Overall, Australian smokers were most supportive of stronger regulation and US smokers least supportive. There are also high levels of agreement that the industry should take responsibility for the harms tobacco causes, and high levels of cynicism about the inactions of governments. There was more modest, and more variable, support for four types of smoke-free places, with Australians again the most supportive.

As can be seen from Table 3, attitude to smoke-free, attitude to regulation, belief in industry responsibility for the harms caused by smoking, and cynicism about government motives were modestly inter-correlated in the Australian sample.

While there was no significant bivariate relationship between self-efficacy and support for regulation, there was evidence of non-linearity. Therefore, we trichotomised self-efficacy into 'Low Self Efficacy' (Values 1 and 2), 'Medium Self Efficacy' (Value 3) and 'High Self Efficacy' (Values 4 and 5) for inclusion in the multiple regressions, using Medium Self Efficacy as the reference variable.

Table 4 provides a summary of the results of multiple regressions to identify independent predictors of support for regulation in the Australian sample alone and for the overall sample, including country effects. We initially employed demographic variables and characteristics of the smokers as predictors while excluding other beliefs related to the industry and its regulation. In the overall sample, males, those with lower incomes and older smokers were most likely to be supportive. In Australia, males and older smokers were also more likely to be supportive, but the relationship with income did not achieve significance.

**Table 1: Variables and measures used in the analysis.**

Variable	Measures
1. Attitude to regulation (three-item scale, $\alpha=0.67$ ) <sup>a</sup> (five-point scale: strongly agree to strongly disagree)	"Tobacco companies should be allowed to advertise as they please" (reverse scored), "tobacco products should be more tightly regulated", and "the government should do more to tackle the harms caused by tobacco"
2. Stayers	Respondents who were present in Waves 1-3; used to test for systematic differences between those who have been interviewed in all three waves, and dropouts and replenishment respondents
3. Industry responsibility for harm	"The industry should take responsibility for the harms caused by tobacco"
4. Cynicism about government	"The government doesn't really care about people smoking because it makes so much money from tobacco taxes"
5. Attitude to smoke-free places: (three-item scale, $\alpha=0.67$ )	Items rated on support for total, partial or no restrictions: indoors at workplaces, indoors at bars and pubs, and indoors at restaurants
6. Self-exempting beliefs (four-item scale, $\alpha=0.71$ )	"You have the kind of genetic make-up that allows you to smoke without it giving you health problems", "The medical evidence that smoking is harmful is exaggerated", "You've got to die of something, so why not enjoy yourself and smoke", "Smoking is no more risky than lots of other things people do"
7. Social de-normalisation beliefs (three-item scale, $\alpha=0.54$ )	"People who are important to you think you shouldn't smoke", "Society disapproves of smoking", and "There are fewer and fewer places where you feel comfortable about smoking"
8. Intrinsic benefits (two-item scale, $\alpha=0.58$ )	"You enjoy smoking too much to give it up", and "Smoking is an important part of life"
9. Worries about self (two-item scale, $\alpha=0.83$ )	"How worried are you that smoking will damage your health", "how worried are you that smoking will damage your quality of life"
10. Knowledge of health effects of active smoking: (four-item scale, $\alpha=0.59$ )	"Smoking causes heart disease in smokers", "smoking causes stroke in smokers", "smoking causes impotence in male smokers", "smoking causes lung cancer in smokers"
11. Intention of quitting	Five-point scale; "do not intend to quit", "intend to quit beyond six months", "intend to quit in the next six months", "intend to quit in the next month, no date set", "intend to quit in the next six months, date set"
12. Self-efficacy	How sure smokers are that they could quit if they wanted to (1 = "not at all sure" to 5 = "extremely sure")
13. Heaviness of Smoking Index (HSI)	A seven-point scale that combines number of cigarettes per day with time to first cigarette <sup>23</sup>
14. Overall attitude to smoking	1 = "very negative" to 5 = "very positive"
15. Danger to others	Level of agreement with "Your cigarette smoke is dangerous to those around you"
16. Harm to others	Frequency of thinking about "the harm your smoking causes to other people"
17. Harm to self	Frequency of thinking about "the harm your smoking causes to yourself"
18. Socio-demographics <sup>22</sup>	Sex, age (18-24, 25-39, 40-54, 55+), income (low, moderate, high), education (low, moderate, high), and country

Note:

(a) Cronbach's  $\alpha$ .

Among the smoker characteristics, support was stronger among those with more negative overall attitudes to smoking, those who believed smoking had become denormalised, those who were concerned about the effects of smoking on health and quality of life, those who were more knowledgeable about the harms of both active and passive smoking, those with fewer self-exempting beliefs, and those with lower ratings of the intrinsic benefits of smoking.

There was a highly significant increase in the amount of variance explained (from 26% to 40% in the Australian model, and 29% to 42% in the overall sample) with the addition of the other beliefs about the industry and its regulation, demonstrating the importance of generalised support for regulation. All four variables (thinking about conduct of tobacco companies, belief that the industry had to take more responsibility for harms, cynicism about government inaction, and support for smoke-free places) added significantly to the amount of variance explained by the model, and all four were independently predictive. Self-efficacy proved not to be predictive. The addition of the industry/regulation variables in Table 4 (Model 2) led to 'income' losing its independent predictive power in the overall sample, and 'age' was no longer independently associated with attitude to regulation in both samples. The 'stayer' variable had no significant effect in either the Australian or the overall samples, thereby demonstrating that previous surveying of respondents had not influenced their responses.

## Discussion

The results of this study clearly show that smokers are generally very supportive of strong regulation of the tobacco industry and stronger government action. Levels of support are generally higher in Australia than for the other countries surveyed, especially the US. Consistent with our hypotheses, Australian smokers are most likely to support strong regulation if they do not employ self-exempting beliefs, if they view smoking as socially denormalised, if they have knowledge of health effects (especially of passive smoking), and if they do not agree that smoking has intrinsic benefits. The hypotheses that those interested in quitting and those with low levels of confidence in their personal ability to quit would be more likely to seek external support through regulation was not supported by the multivariate analysis.

**Table 2: Level of support for increased control over the tobacco industry and smokers' views of smoke-free places and government actions by country.<sup>a</sup>**

n=8,222	Australia	USA	UK	Canada
% Agree tobacco companies should be allowed to advertise as they please	15.7	33.4	20.6	23.9
% Agree tobacco products should be more tightly regulated	68.9	61.7	71.1	63.8
% Agree government should do more to tackle harm caused	63.9	49.7	66.0	61.6
<b>Mean Attitude to Regulation scale</b>	3.69	3.29	3.59	3.53
<b>95% CI</b>	3.67-3.71	3.27-3.31	3.57-3.61	3.51-3.55
% Agree tobacco companies should take responsibility for the harms tobacco causes	46.0	41.6	45.0	49.2
% Agree the government does not care because of tobacco taxes	77.0	66.4	73.5	67.0
<b>Mean Attitude to Smoke-free Places scale</b>	2.49	2.16	2.20	2.30
<b>95% CI</b>	2.48-2.50	2.15-2.17	2.19-2.21	2.29-2.31

Note:

(a) All overall between country differences are significant at  $p < 0.001$ .

**Table 3: Correlations between regulation variables in Australian sample.**

n=2,056	Attitude to smoke-free places	Industry responsibility for harms	Cynicism
Attitude to regulation	0.279 <sup>a</sup>	0.415 <sup>a</sup>	0.179 <sup>a</sup>
Attitude to smoke-free places		0.158 <sup>a</sup>	-0.032 <sup>b</sup>
Industry responsibility for harms			0.139 <sup>a</sup>

Notes:  
 (a) Correlations significant at 0.01 level (2 tailed).  
 (b) Not significant.

The multivariate analysis indicated that support for increased regulation was strongly associated with the belief that tobacco companies should take responsibility for the harms they cause, the frequency of thinking about the bad conduct of tobacco companies, support for smoke-free places, and cynicism about the behaviour of governments. These seem to be a cohesive and interrelated set of beliefs and attitudes that are consistent with a pervasive opinion that the problem is not being adequately dealt with.

The high level of cynicism about government and its clear relationship with support for regulation should be a cause for considerable concern, especially to those in government. Smokers clearly understand that smoking is harmful and would prefer not to be smokers.<sup>21</sup> They clearly want governments to do more and are disappointed at what they see as their failure to do so. The Australian Government reaps significant revenues from specific 'sin' taxes on smokers, yet returns little in policies and programs designed to help smokers. Smokers reasonably feel abandoned. From this perspective, it is logical for smokers to look for reasons for inaction and revenue is an obvious one, as perhaps is the power of the tobacco companies. If the cynicism is to decline, then governments need to act in ways that are in the long-term interests of smokers, treating them as citizens worthy of protection rather than being ready to sacrifice them in the interests of powerful commercial forces.

That support for regulation is highest in Australia, which has the strongest controls on tobacco marketing<sup>8</sup> and smoke-free controls,<sup>11,25-27</sup> indicates that governments can take stronger

regulatory actions in both the industry and the market without raising the ire of smokers. Increased regulation of smoking may well lead to increased support for such regulation, in a so-called virtuous cycle. However, we will need to wait for data following significant regulatory changes to be able to demonstrate this conclusively. The policy implications of this finding are clear – increased regulation of the tobacco industry is unlikely to provoke a smokers' backlash. Indeed, it is likely to receive support from many smokers.

The findings from this study suggest that support for stronger controls on tobacco is, in part, a reflection of the enlightened self-interest of smokers, although given the insignificant relationship with self-efficacy this does not appear to be a simple association. Smokers seem to know what governments seem unable to grasp; the failure to effectively control the tobacco industry is counter to their best interests and, concomitantly, to the interests of the

broader community. However, while smokers support stronger controls, they do not appear to feel strongly enough about it to actively advocate for change or they are inhibited in some other way. As far as we know, there are no significant activist groups of smokers lobbying for change in any of the four countries, let alone Australia. Smokers typically feel ambivalence about their dependence and in part blame themselves for their predicament. This may be inhibiting their capacity to act more decisively in their long-term interests.

This study only surveyed smokers, but based on other studies<sup>19-21</sup> the overall level of public support for enhanced regulation is likely to be considerably higher among non-smokers, since they tend to be even less sympathetic to smoking. Government inaction cannot be explained in terms of opposition from smokers; indeed, smokers often feel cynical about the inaction. Action is clearly needed and it is called for in the Framework Convention

**Table 4: Linear regression variables associated with support for industry regulation in Australia versus all four countries.**

n (Aust)=2,056 n (4 countries)=8,222	(Model 1, Australia) Adj. R <sup>2</sup> =0.255	(Model 1,4 countries) Adj. R <sup>2</sup> =0.291	(Model 2, Australia) Adj. R <sup>2</sup> =0.400	(Model 2,4 countries) Adj. R <sup>2</sup> =0.422
<b>Demographics</b>				
Country				
Canada versus Australia		-0.10		-0.06
UK versus Australia		ns		ns
US versus Australia		-0.19		-0.12
Gender (male)	0.09	0.07	0.06	0.05
Age	0.11	0.04	ns	ns
Income				
Low versus High	ns	0.06	ns	ns
Moderate versus High	ns	ns	ns	ns
No Answer versus High	ns	0.03	ns	ns
Education				
Low versus High	ns	ns	ns	ns
Moderate versus High	ns	ns	ns	ns
<b>Smoker characteristics</b>				
HSI	ns	-0.05	ns	-0.03
Attitude to smoking	-0.10	-0.11	ns	-0.07
Intention to quit (five-point scale)	ns	ns	ns	ns
Self-efficacy for cessation				
High versus Medium	ns	ns	ns	ns
Low versus Medium	ns	ns	ns	ns
Self-exempting beliefs	-0.17	-0.17	-0.18	-0.16
Intrinsic benefits of smoking	-0.15	-0.05	-0.15	-0.04
Social denormalisation	0.11	0.07	0.09	0.05
Worries about health and QOL	0.09	0.14	ns	0.09
Knowledge health effects – active smoking	0.08	0.05	0.06	ns
Knowledge health effects – passive smoking	0.04	0.09	0.06	0.06
Think about harm smoking is doing to self	ns	0.07	ns	ns
Think about harm smoking does to others	ns	0.07	ns	0.04
<b>Tobacco control beliefs</b>				
Think about bad conduct of tobacco companies			0.12	0.10
Industry responsibility for harms			0.26	0.29
Cynicism about governments			0.19	0.12
Support for smoke-free places			0.11	0.13

on Tobacco Control. There are blueprints for some elements of necessary regulations emanating from the European Union<sup>15</sup> and the US<sup>16</sup> to guide government actions. It is essential that such actions incorporate regulation of the industry and its products, as well as the implementation of programs to assist smokers.

## Conclusions

This paper extends on previous country-specific studies by showing staunch support among smokers for strong regulation of tobacco products across Australia and three other affluent Western countries. It also provides strong evidence that part of the limited opposition to strong regulation is motivated by under-estimating the risks of smoking and lack of knowledge of the effects of passive smoking. The findings suggest that stronger government action to control tobacco products and the tobacco industry is likely to be supported by the majority of Australian smokers and that failure of governments to act is associated with cynicism about in whose interests governments operate. The majority of Australian smokers seem to realise that the tobacco industry is partly responsible for the predicament they find themselves in and want governments to act more strongly in their real interests.

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## Competing interests

All authors are employed by academic institutions or cancer control charities and have no competing financial interests. This work was conducted without any financial or other support or assistance from any tobacco company or individual or entity acting on behalf of the tobacco industry.

## Authors' contributions

All authors contributed significantly. Young integrated their contributions and revised the paper in consultation with the other authors, who then authorised publication.

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