

A B S T R A C T

Using two population-based surveys of Ontarians, we examined the proportions of smokers who smoke 'light' and 'mild' cigarettes (L/M). We compared L/M smokers to regular cigarette smokers regarding demographic, health knowledge, and smoking characteristics and examined their health-related perceptions of L/M and reasons for smoking them. Use of these cigarettes increased from 71% in 1996 to 83% in 2000. Those who smoked L/M were more likely to be female, to be less addicted, and to be more advanced toward quitting. In 1996, one in five believed that smoking L/M lowers the risk of cancer and heart disease. In 1996 and 2000, respectively, 44% and 27% smoked L/M to reduce health risks, 41% and 40% smoked them as a step toward quitting, and 41% in both years said they would be more likely to quit if they learned L/M could provide the same tar and nicotine as regular cigarettes. These data provide empirical support for banning 'light' and 'mild' on cigarette packaging.

A B R É G É

Nous avons mené deux enquêtes représentatives auprès d'Ontariens pour étudier la proportion relative des fumeurs de cigarettes « légères » et « douces » (L/D). Nous avons comparé les fumeurs de cigarettes L/D aux fumeurs de cigarettes ordinaires du point de vue de leur profil démographique, de leurs connaissances en matière de santé et de leur profil de tabagisme, puis examiné leurs perceptions des risques pour la santé des cigarettes L/D et les raisons pour lesquelles ils choisissent ces cigarettes. La consommation des cigarettes L/D est passée de 71 % en 1996 à 83 % en 2000. Les fumeurs de cigarettes L/D étaient plus souvent des femmes; ils étaient aussi proportionnellement moins dépendants de la cigarette et plus près de renoncer au tabac. En 1996, un fumeur sur cinq croyait que le fait de fumer des cigarettes L/D réduirait ses risques de cancer et de cardiopathie. En 1996 et en 2000, respectivement 44 % et 27 % fumaient des cigarettes L/D pour ménager leur santé, 41 % et 40 % le faisaient pour se préparer à renoncer au tabac, et 41 % (les deux années) ont déclaré qu'ils seraient plus susceptibles d'y renoncer s'ils apprenaient qu'avec les cigarettes L/D, ils inhalaient autant de goudron et de nicotine qu'avec des cigarettes ordinaires. Ces données empiriques confirment l'utilité d'interdire les mentions « légères » et « douces » sur les emballages de cigarettes.

'Light' and 'Mild' Cigarettes: Who Smokes Them? Are They Being Misled?

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"Manufacturers are concentrating on the low TPM (total particulate matter) and nicotine segment in order to create brands ... which aim, in one way or another, to reassure the consumer that these brands are relatively more 'healthy' than orthodox blended cigarettes." (British American Tobacco (BAT), 1971¹)

"All work in this area should be directed towards providing the consumer reassurance about cigarettes and the smoking habit. This can be provided in different ways, e.g. by claiming low deliveries, by the perception of low deliveries, and by the perception of 'mildness'." (BAT, 1979¹)

"A minority saw low tar cigarettes as a stage on the way to quitting smoking... However, more common was a sense that low tar was a way of making quitting less urgent or necessary." (Gallaher, 1997¹).

It is now well established that smoking 'light' and 'mild' cigarettes (L/M) does not necessarily reduce the toxic and carcinogenic exposure of the smoker. Machine-smoking tests conducted on Canadian cigarettes show that the tar and nicotine yields of some 'light' cigarette brands equal or even exceed the yields of regular brands.² Even when machine yields are lower, it is clear that smokers compensate by modulating puffing patterns^{3,4} and by blocking ventilation holes in filters^{5,6} in order to maintain nicotine levels. In the

United Kingdom, Jarvis and colleagues⁷ examined nicotine levels by measuring salivary cotinine in a nationally representative sample of 2,031 adult smokers. In multivariate analyses, they showed that salivary cotinine did not correspond with machine-smoked yields at any level of nicotine yield. Compared to machine-smoked readings, actual nicotine intake per cigarette was about 8 times greater for 'low' yield cigarettes and about 1.4 times greater for 'high' yield cigarettes.

These findings, and others like them,⁸⁻¹⁰ show that labels such as 'light' and 'mild' are false in terms of the actual toxic and carcinogenic exposures of many smokers.¹¹ But are they also misleading, in that smokers actually choose these brands because they perceive them as less risky to their health and as a substitute for quitting altogether? As illustrated by the quotes above, the ongoing analysis of tobacco industry documents is clearly showing that the intent of the industry in designing L/M was two-fold: to reassure smokers and to retain smokers who otherwise might have quit because of concerns about health risks.¹

Using data from two representative samples of adult Ontarians, we examined differences between L/M smokers and regular cigarette smokers. We also examined how L/M smokers viewed these brands and why they smoked them. Finally, L/M smokers who said they smoked these brands for health reasons or as a step toward quitting were compared to those who did not indicate these reasons.

METHODS

The surveys

The data were obtained in two population-based telephone surveys of Ontario residents age 18 years and older conducted

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in 1996 (n=1,764)^{12,13} and in 2000 (n=1,607),^{14,15} that were designed to assess knowledge about the health effects of smoking, and attitudes toward tobacco and tobacco control measures. The surveys were essentially similar in design, except that Metropolitan Toronto was over-sampled in the 1996 survey. A two-stage probability selection process was used to identify respondents. In the first stage, households were selected by random digit dialing. In the second stage, a respondent within the household was randomly selected, using the next birthday method.¹⁶ Response rates, calculated by dividing the number of completed interviews by the estimated number of eligible households, were 65% in 1996 and 60% in 2000. Respondents in the 1996 and 2000 surveys were compared to the 1991 and 1996 Ontario censuses, respectively. Our samples were found to be similar in age, sex and marital status, but they under-represented those with less education, a common finding in telephone surveys.¹⁷

The subjects

In the 1996 and 2000 surveys, respectively, 25% and 26% of respondents currently smoked 'every day', 'almost every day' or 'occasionally'. Two questions were used to determine the type of cigarette smoked. The first question (In general, do you smoke light, extra light, mild, extra mild, or regular cigarettes?) allowed for a variety of responses (e.g., ultra lights, special lights, special mild, ultra mild, etc.) in addition to those specified in the question. If the answer was ambiguous to the interviewer for categorization purposes, respondents were asked a clarifying question (Is that more like a light, a mild, or a regular cigarette?). In all but one instance (in the 2000 survey), categorization as a L/M or regular cigarette smoker was possible.

Derived measurements

To assess knowledge about the health effects of smoking, three summative scores were calculated. The overall health knowledge score was based on 8 items in the 1996 survey, and 10 items in the 2000 survey. The active smoking health knowledge sub-score was based on 4 and 6 items in the 1996 and 2000 surveys, respectively.

TABLE I
Proportions of Smokers Currently Smoking 'Light', 'Mild' and Regular Cigarettes, Ontario, 1996 and 2000

Survey	Light		Mild		Regular		All Current Smokers	
	N	%	N	%	N	%	N	%
1996	237	54	80	17	114	29	431	100
2000	259	63	90	20	71	17	420	100

TABLE II
Demographic, Health Knowledge and Smoking Characteristics of 'Light and Mild' and Regular Cigarette Smokers, Ontario, 1996 and 2000

	1996		2000	
	Light and Mild (N=317)	Regular (N=114)	Light and Mild (N=349)	Regular (N=71)
Mean Age (years)	39.5	39.3	38.7** (n=343)	45.4 (n=69)
% Female	49*	34	50*	34
Educational Attainment (%)				
<High school	21	37	15	24
High school	32	34	32	33
Some post-secondary	27	18	34	23
University	19	9	18	17
Health Knowledge Scores†				
Overall	3.3	3.2	4.3*	3.3
Active smoking	2.3	2.2	3.0	2.5
Passive smoking	1.0	1.0	1.3**	0.8
% Who Smoke Less Than Daily	17	14	22	11
Mean Number Cigarettes Smoked per Day (Daily Smokers)	17.2* (n=259)	19.6 (n=93)	15.1 (n=314)	17.0 (n=67)
Mean Nicotine Addiction (HSI) (Daily Smokers)	2.5*** (n=253)	3.3 (n=89)	2.5* (n=284)	3.0 (n=62)
Self-perceived Level of Addiction (% Very Addicted)	Not measured	Not measured	40*	60 (n=63)
Stage of Change (%)			**	
Precontemplation	43	48	41	64
Contemplation	32	36	44	30
Preparation	19	11	15	6

* p<0.05, **p<0.01, ***p<0.001 in bivariate analysis
† Components of the knowledge scores were similar but not identical in the two surveys.

The passive smoking health knowledge sub-score was based on 4 items in both surveys. The Heaviness of Smoking Index (HSI)^{18,19} was calculated to assess mean levels of addiction to nicotine among L/M and regular cigarette smokers who smoked daily. This index combined the number of cigarettes smoked per day and time in minutes to the first cigarette of the day.

Analysis

Observations were weighted, and the complex survey design of the 1996 survey was taken into account using Stata.²⁰ The two surveys were analyzed separately. 'Light' and 'mild' cigarette (L/M) smokers were combined and compared to regular cigarette smokers with respect to: age; sex; educational attainment; knowledge about the health effects of active and passive smoking; proportion who smoke less than daily; mean number of cigarettes smoked per day by daily smokers; HSI; self-perceived level of nicotine addiction

("very" addicted vs. "somewhat" or "not at all" addicted); and stages of change.²¹ Categorical variables were compared using the design-based Pearson F test; continuous variables were compared using design-based estimates of differences in means.²⁰ Logistic regression was used to determine whether the relationships between L/M use and each of the variables above remained after controlling for age, sex, educational attainment and marital status.

L/M smokers were also asked about their perceptions of their cigarettes and their reasons for smoking them. Those who said they smoked L/M for health reasons or as a step toward quitting were compared to those who did not give these reasons, according to demographic, knowledge and smoking characteristics using logistic regression. If a characteristic was found to be statistically significant (p<0.05), a multivariate logistic regression was conducted to control for age, sex, educational attainment and marital status.

TABLE III
Perceptions of 'Light and Mild' (L/M) Cigarettes and Reasons for Smoking Them Among L/M Smokers, Ontario, 1996 and 2000

	1996 (N=317)	2000 (N=349)
% Smoking L/M Decreases Your Risk of Getting Heart Disease	21	Not measured
% Smoking L/M Decreases Your Risk of Getting Cancer	23	Not measured
Smoke L/M to Reduce Risks of Smoking (%)		
Very important reason	14 (n=316)	11
Very/somewhat important reason	44	27
Smoke L/M as a Step Toward Quitting (%)		
Very important reason	13 (n=316)	169
Very/somewhat important reason	41	40
Would be Likely to Try to Quit if Learned that L/M Could Give You the Same Amount of Tar and Nicotine as Regular Cigarettes	(% very/somewhat likely)	(% yes)
	41	41

RESULTS

Proportions of L/M smokers among current smokers

In both 1996 and 2000, the majority of Ontario smokers smoked 'light' cigarettes, 54% and 63% respectively (Table I). In each of these years, an additional one in five smokers smoked cigarettes categorized as 'mild'. Thus 71% and 83% of smokers smoked L/M in 1996 and 2000, respectively.

Demographic, knowledge and smoking characteristics

In both surveys, some differences were found between L/M and regular cigarette smokers in demographic, health knowledge and smoking characteristics (Table II).

Demographic Characteristics

Compared to regular cigarette smokers, L/M smokers were more likely to be women, younger (2000 only), and have higher education (1996 only). Multivariate analysis that controlled for age, sex, educational attainment and marital status confirmed the bivariate findings.

Knowledge of Health Effects of Active and Passive Smoking

In the bivariate analysis, some differences in knowledge scores with regard to the health effects of smoking were found (2000 only). L/M smokers were more knowledgeable than regular cigarette smokers, both on the overall knowledge score and on the passive smoking sub-score. However, the sta-

tistical significance of these differences did not persist in the multivariate analysis that controlled for age, sex, educational attainment and marital status.

Smoking Characteristics

In both years, L/M smokers tended to smoke less than regular cigarette smokers, as measured by less than daily smoking, but none of the differences was statistically significant. In 1996, L/M smokers who smoked daily also smoked fewer cigarettes per day, but this difference was not statistically significant in the multivariate analysis. In both years, L/M daily smokers were less addicted to nicotine as measured by the HSI. However, the differences were statistically significant in the multivariate analysis only in 1996. With regard to self-perceived level of addiction, L/M smokers were less likely to say they were very addicted, and the differences remained in the multivariate analysis. There was also a tendency for proportionately more L/M smokers to be in the preparation stage with regard to quitting smoking, and less likely to be in the precontemplation stage. In this instance, only the 2000 differences were statistically significant in the bivariate and multivariate analyses.

Perceptions of L/M and reasons for smoking them

In 1996, more than one fifth of L/M thought that smoking these cigarettes would decrease the risk of both heart disease and cancer (Table III). Further, 44% and 27% of L/M smokers in 1996 and

2000, respectively, said they smoked these brands to reduce the risks of smoking. As well, 41% and 40% of L/M smokers surveyed in 1996 and 2000, respectively, said they smoked these cigarettes as a step toward quitting. However, 41% of L/M smokers surveyed in both 1996 and 2000 indicated that they would be likely to quit if they learned that L/M could give you the same amount of tar and nicotine as regular cigarettes.

Characteristics of L/M smokers who did or did not smoke these cigarettes for health risk reasons or as a step to quitting

We compared the demographic, knowledge and smoking characteristics of L/M smokers who said they smoked these cigarettes either to reduce health risks or as a step toward quitting with their counterparts who did not indicate these reasons. In a multivariate analysis controlling for age, sex, educational attainment and marital status, we identified two differentiating characteristics. In both years, L/M smokers who said they smoked these cigarettes as a step toward quitting were less likely to be in the precontemplation stage of change. Further, in 2000, L/M smokers who said they smoked these cigarettes to reduce health risk were more knowledgeable about the health effects of active smoking.

DISCUSSION

Our findings indicate that L/M are now the choice of four of five Ontario smokers. This substantial preference is well above the national average of about 63%, as reported in the 2000 Canadian Tobacco Use Monitoring Survey (CTUMS).²² Given the popularity of L/M, it is important to better understand who smokes these cigarettes and what perceptions they may have about them.

As noted earlier, the perception that L/M are less risky is not justified. Our findings show that substantial proportions of Ontario smokers are being misled by these descriptors in that they believe that smoking L/M reduces the risk of heart disease and cancer. Many smokers also report that they smoke L/M to reduce the risks of smoking, and as a step toward quitting. Four in ten L/M smokers say they would

be more likely to quit if they knew that L/M can provide the same tar and nicotine as regular cigarettes. Further research could determine whether these stated intentions translate into behaviour change.

Other studies are in accord with our findings in showing that substantial proportions of smokers harbour misperceptions that L/M are less hazardous. Kozlowski and colleagues²³ studied this issue in national and state (Massachusetts) probability samples of adult smokers in the United States. They showed that many L/M smokers are not aware that these cigarettes can be as toxic as regular cigarettes. Further, they found that many L/M smokers smoked these cigarettes to reduce the risks of smoking, and/or as a step toward quitting. They concluded that beliefs about low-yield cigarettes reduce intentions to quit smoking. In a follow-up study in Massachusetts, Kozlowski and colleagues²⁴ showed that counter-marketing, conducted as part of a comprehensive tobacco control program, reduced misperceptions about the risks of these cigarettes.

Based on similar findings,²⁵⁻²⁷ other jurisdictions are going further by taking steps to ban the use of misleading descriptors in cigarette labelling. Recently, the European Parliament voted to adopt a new directive that will remove descriptors such as 'light' and 'mild' from labelling because they may imply unjustified health claims.²⁸ The WHO Framework Convention on Tobacco Control, now being negotiated, also proposes that these descriptors be banned.²⁹ Regulations banning 'light' and 'mild' and other descriptors like them will come into effect in Brazil in December 2001.³⁰ Our findings provide further empirical support for banning the use of these labels. Clearly, they are misleading substantial numbers of Ontario smokers either by falsely creating the perception that L/M are 'healthier' than regular cigarettes or by promoting the perception that quitting is less urgent.

In a recent letter to the tobacco industry, Canada's Minister of Health called on tobacco companies to voluntarily remove these descriptors from packages of cigarettes. According to the Minister: "The time has come to dispel the myths that exist

around such terms as 'light' and 'mild' on cigarette packages."³¹ Should the industry fail to comply, Bill C-71 (the Tobacco Act)³² appears to provide the Minister with ample scope to ban false and misleading labelling on cigarette packages. The findings of a recently convened international expert panel strongly support such action.³³

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