NSW Smoking & Health Survey 2017

Final report

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NSW Smoking & Health Survey 2017

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1 Executive summary

1.1 Background and objectives

The NSW Smoking and Health Surveys measure tobacco-related knowledge, attitudes and behaviours among NSW adults. The surveys form part of the Cancer Institute NSW’s evaluation of its tobacco control program and assists the NSW Ministry of Health with policy relating to tobacco control measures.

The 2017 survey aimed to understand the following about NSW adults:

(i) Smokers’ use of tobacco, their quit attempts and reasons for considering quitting.

(ii) Knowledge of the health consequences of smoking, including exposure to second-hand smoke.

(iii) Awareness and attitudes to e-cigarettes.

(iv) Knowledge and attitudes towards current and potential tobacco control measures.

Although the survey explores the prevalence of tobacco and e-cigarette use among NSW adults, it should be noted that the NSW Population Health Survey (PHS) is the authority for these particular measures in NSW.

1.2 Methodology

The 2017 survey was conducted via computer-assisted telephone interviewing (CATI). Fieldwork took place from 21 June to 28 August 2017. A total of 3,150 interviews were conducted with people aged 18 years and over living in NSW. This included 1,183 who answered the full survey (i.e. 381 smokers and 802 non-smokers) and 1,967 non-smokers that only needed to provide demographic information for weighting purposes.

The full questionnaire took an average of 17.9 minutes to complete.

As introduced in 2013, a dual (overlapping) sampling frame approach was employed. However, in 2017, 50% of the interviews were conducted via fixed landline sample and 50% were conducted via mobile phone sample (in 2013 and 2015 the landline sample to mobile sample ratio was 80:20).

Respondents were randomly selected from within households (using an nth eldest approach) for the landline sample, whereas the phone answerer was automatically selected for the mobile sample (as long as that person was aged 18 years or over and living in NSW).

An overall response rate of 21% was achieved, based on the AAPOR standards.¹ The data were weighted appropriately by several variables, including telephony status. All findings in this report are based on weighted data from the 1,183 respondents (i.e. 381 smokers and 802 non-smokers) that answered the full questionnaire.

1.3 Main findings

Smoking and quitting behaviours

The average number of cigarettes smoked per day by daily smokers is down significantly from 15.1 in 2015 to 13.6 in 2017. Furthermore, the use of tailor-made or manufactured cigarettes among current smokers (81%) has decreased significantly since 2015 (86%).

Quitting behaviours and intentions were stable from 2015 to 2017. The proportion of current smokers in NSW considering quitting in the next six months (62%) and seriously considering doing so (42%) were not different to those reported in 2015 (61% and 42% respectively).

Health or fitness (73%) and cost (30%) were by far the most dominant reasons for considering quitting. Interestingly, the cost of cigarettes has decreased significantly as a reason for quitting since 2015, particularly for smokers aged 18 to 39 years (16% compared with 38% in 2015).

E-cigarettes

Eighty-five percent (85%) of NSW adults indicated they are aware of e-cigarettes, which was not significantly different from 2015 (87%).

The main reasons for ever using e-cigarettes were curiosity (36%) and to help me quit smoking (29%). It is worth noting that curiosity as a reason for ever using e-cigarettes is down significantly from 2015 (54%), particularly for younger users aged 18 to 39 years (40%, down from 65% in 2015).

As with 2015, community concern with the safety of e-cigarettes is demonstrated by a greater proportion agreeing that e-cigarettes are unsafe to use (46% agree, 29% disagree) and it is unsafe to use e-cigarettes around others (46% agree, 29% disagree). However, over half agreed that e-cigarettes are healthier than smoking tobacco cigarettes (52% agree, 31% disagree). As with 2015, opinions were quite evenly divided on whether e-cigarettes help smokers to quit (38% agree, 40% disagree).

Opinions of those who had ever tried e-cigarettes differed greatly to those who had never tried. For example, those who had ever tried e-cigarettes were significantly more likely to disagree that e-cigarettes are unsafe to use (30% agree, 50% disagree) and are unsafe to use around others (30% agree, 53% disagree). Furthermore, those who had ever tried e-cigarettes were significantly more likely to agree that e-cigarettes are healthier than smoking tobacco cigarettes (63% agree, 25% disagree) and that e-cigarettes help smokers to quit (59% agree, 34% disagree).

There is a great deal of uncertainty about the regulation of e-cigarettes in NSW. Although 64% of those aware of e-cigarettes were aware of the ban on selling e-cigarettes to minors under 18 years of age, the other bans in place, such as the sale of e-cigarettes containing nicotine and the marketing of e-cigarettes as aids for quitting smoking, were not well known (26% and 24% respectively).

At the time of the survey there was not a ban in place on the use of e-cigarettes in public places where smoking is banned. Just under one third (31%, down significantly from 42% in 2015) knew there was no such ban. Support for a ban on e-cigarette use in public places was high at 70%, although this was down significantly on the 2015 result.
(80%). It should be noted, however, that the question asked in 2017 was worded slightly differently to that asked in 2015.²

Knowledge of the health effects of smoking

Unprompted

Unprompted, lung cancer (72%) continues to be the main health condition associated with smoking (72%; 2015: 67%). Other top-of-mind smoking-related illnesses include cancer in general (47%; 2015: 40%), emphysema (41%; 2015: 45%), heart disease (33%; 2015: 35%), throat cancer (19%; 2015: 22%), stroke (11%; 2015: 9%) and lung/breathing disease problems (10%; 2015: 13%). Since 2015, there has been a significant increase in the proportion of NSW adults who, unprompted, mentioned stomach cancer as an illness caused by smoking (5.1%; 2015: 1.1%). Also, since 2015, there has been a significant increase in the proportion of smokers who, unprompted, mentioned pancreatic cancer (3.9%; 2015: 0.1%), cervical cancer (3.8%; 2015: 0.5%) and ovarian cancer (3.8%; 2015: 0.2%) as health conditions caused by smoking. Almost a half (44%; 2015: 37%) of NSW adults named two or more cancers associated with smoking. Interestingly, people under the age of 60 were significantly more likely to mention two or more cancers (unprompted) compared with the 60-plus age group (18–39 years: 49%; 40–59 years: 45%; 60 years and over: 36%). This was noticeable in 2015 too, which suggests information on smoking-related illnesses and diseases is reaching the younger audience.

Prompted

When prompted, virtually everyone was aware that smoking causes lung cancer (98%; 2015: 99%). More than nine in 10 people also believed that smoking causes throat cancer (92%; 2015: 96%), mouth/oral cancer (91%; 2015: 95%) and emphysema (90%; 2015: 92%). Other diseases strongly associated with smoking include heart disease (88%; 2015: 88%), stroke (86%; 2015: 86%), gum disease (86%; 2015: 89%), cancer in general (81%; 2015: 83%) and gangrene (75%; 2015: 77%). Smokers were significantly more likely than non-smokers to believe smoking causes blindness (64% and 47% respectively). This was also the case in 2015 and is likely due to smokers’ exposure to graphic health warnings about such conditions on packaging. Smokers were also significantly more likely to believe smoking causes ovarian cancer (32% and 23% respectively).

Smokers’ attitudes towards their own smoking

A high proportion of NSW smokers aged 18 years or older continue to be conscious of the impact their smoking has on other people, and where they can smoke. Three quarters (75%; 2015: 78%) agreed to some extent that their smoking affects the health of others, including children. More than half (56%; 2015: 50%) agreed to some extent that

² The wording of the 2017 question on the ban on e-cigarette use in public places was “Do you support or oppose the introduction of legislation in NSW that bans the use of e-cigarettes in public places where smoking is banned? And is that strong or just a little”.

The 2015 wording was “In 2014, the Queensland Parliament passed legislation that regulates e-cigarettes in the same way as conventional tobacco cigarettes, including banning the use of e-cigarettes in public places where smoking is banned. Do you support or oppose similar legislation being applied in NSW? And is that strongly or just a little”.

Page 7
they feel uncomfortable smoking in public places. It is encouraging to note that significantly fewer smokers strongly disagreed with this than in 2015 (20%; 2015: 35%). Just 15% of smokers claimed they didn’t care about smoking bans and will smoke wherever they want. Those who believe the health effects of smoking to be exaggerated were significantly more likely to agree to this (26%) than those who did not believe the health effects to be exaggerated (11%).

**Support for policy and legislative changes**

There continues to be majority support for further increasing the price of cigarettes to discourage young people from smoking (69% agree to some extent; 2015: 71%). This support continues to be significantly more likely to come from non-smokers (75%; 2015: 79%) than current smokers (38%; 2015: 37%). There also continues to be majority support for further increasing the price of cigarettes to encourage people to quit smoking (63% agree to some extent; 2015: 67%). This support continues to be significantly more likely to come from non-smokers (68%; 2015: 74%) than current smokers (36%; 2015: 35%).

There was less support for the regulation banning cigarette vending machines in licensed premises. Just over a half (56%; 2015: 63%) of all NSW adults agreed to some extent with such a ban.

Awareness and approval of the new laws banning smoking for some outdoor public places has not changed since 2015. More than nine in 10 (91%; 2015: 93%) are aware of the laws and eight in 10 (82%; 2015: 83%) approve of these laws to some extent. Although non-smokers continued to have a significantly higher level of approval for these bans than current smokers (85% and 67% respectively), approval by current smokers has increased from 50% in 2013 when the ban was first introduced to 67% in 2017.

Support for other potential locations to be made smoke-free by law continues to be high, with at least six of out 10 supporting smoke-free outdoor public shopping malls, beaches, outdoor community events and festivals, workplaces and private gaming areas. Support among NSW adults continues to be divided as to whether all balconies of apartment blocks and multi-dwelling residential buildings should be smoke-free by law (54% agree, 42% disagree). Support for this ban is unchanged from 2015; however, it is worth noting that the proportion of current smokers who strongly disagree to this potential ban in 2017 is significantly lower than 2015 (48% strongly disagree compared with 61% in 2015). As to be expected, non-smokers were significantly more supportive than current smokers to ban smoking across all potential locations.

**Response to plain packaging**

Support for plain packaging was unchanged since 2015. More than seven in 10 (71%; 2015: 74%) of all NSW adults aged 18 years or over support the regulation on plain packaging, including a majority (58%; 2015: 60%) who strongly agree with it. Non-smokers were significantly more likely to support plain packaging (75%) than current smokers who were more polarised on the issue (52% agree, 41% disagree). Almost a half (47%; 2015: 42%) of current smokers reported a positive behavioural impact of plain packaging, including thoughts about quitting (26%; 2015: 20%), smoking less (22%; 2015: 18%) and feeling embarrassed to be a smoker (16%; 2015: 13%).
## 2 Summary table of main results

The following tables show the results for the main questions from the 2017 survey and, where applicable, those from the 2015 and 2013 waves. Significant changes between the 2017 and 2015 waves are denoted in the *Change* column.

### Smoking and quitting behaviour

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NP1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per cent overestimating number of smokers, per 100 adults in NSW</td>
<td>66%</td>
<td>67%</td>
<td>59%</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>2.10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily smokers: Average number of cigarettes, pipes, cigars, per day</td>
<td>15.2</td>
<td>15.1</td>
<td>13.6</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>2.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers: Regular or occasional use of cigarettes</td>
<td>88%</td>
<td>86%</td>
<td>81%</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>2.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers: Regular or occasional use of RYO cigarettes</td>
<td>23%</td>
<td>30%</td>
<td>24%</td>
<td>-</td>
</tr>
<tr>
<td><strong>2.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers: Regular or occasional use of e-cigarettes</td>
<td>4%</td>
<td>8%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td><strong>2.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily smokers: Regular or occasional use of RYO cigarettes</td>
<td>26%</td>
<td>35%</td>
<td>28%</td>
<td>-</td>
</tr>
<tr>
<td><strong>2.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily smokers: Regular or occasional use of e-cigarettes</td>
<td>5%</td>
<td>9%</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td><strong>2.10/211.1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High to very high nicotine dependence</td>
<td>10%</td>
<td>8%</td>
<td>6%</td>
<td>-</td>
</tr>
<tr>
<td><strong>2.13</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of last purchase: Supermarket</td>
<td>46%</td>
<td>48%</td>
<td>43%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.0</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quitting salience (at least daily thoughts about quitting)</td>
<td>39%</td>
<td>27%</td>
<td>33%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considering quitting in the next 6 months</td>
<td>66%</td>
<td>61%</td>
<td>62%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriously considering quitting in the next 6 months</td>
<td>47%</td>
<td>42%</td>
<td>42%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning to quit in the next 30 days</td>
<td>25%</td>
<td>18%</td>
<td>22%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.3b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons for quitting: Health or fitness</td>
<td>79%</td>
<td>75%</td>
<td>73%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.3b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons for quitting: Cost of cigarettes</td>
<td>43%</td>
<td>46%</td>
<td>30%</td>
<td>Decrease</td>
</tr>
<tr>
<td><strong>3.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers who have never made a quit attempt</td>
<td>10%</td>
<td>26%</td>
<td>27%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers who have made a quit attempt: Median quit attempts</td>
<td>3.1</td>
<td>3.3</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.6b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ex-smokers: Median quit attempts</td>
<td>2.0</td>
<td>3.0</td>
<td>3.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.6.6</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smokers: Mean confidence to quit (0-10 scale)</td>
<td>6.2</td>
<td>6.1</td>
<td>6.6</td>
<td>Increase</td>
</tr>
<tr>
<td><strong>3.6.7</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ex-smokers: Mean confidence to stay quit (0-10 scale)</td>
<td>8.4</td>
<td>9.8</td>
<td>9.8</td>
<td>-</td>
</tr>
</tbody>
</table>

### Cessation Supports

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2015</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.7.3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of support services, assistance, methods – unprompted (current and ex-smokers): Quitline name or number</td>
<td>42%</td>
<td>44%</td>
<td>40%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.7.3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of support services, assistance, methods – unprompted (current and ex-smokers): Online information/program</td>
<td>1%</td>
<td>7%</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.7.3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of support services, assistance, methods – unprompted (current and ex-smokers): E-cigarettes</td>
<td>&lt;0.5%</td>
<td>6%</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td><strong>3.7.4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of support services, assistance, methods –prompted (current and ex-smokers): Quitline name or number</td>
<td>N/A</td>
<td>94%</td>
<td>92%</td>
<td>-</td>
</tr>
</tbody>
</table>

### E-cigarettes

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E7[a]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-cigarettes are unsafe to use: Agree strongly/just a little</td>
<td>46%</td>
<td>46%</td>
<td>-</td>
</tr>
<tr>
<td><strong>E7[b]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-cigarettes are healthier than smoking tobacco cigarettes: Agree strongly/agree just a little</td>
<td>56%</td>
<td>52%</td>
<td>-</td>
</tr>
<tr>
<td><strong>E7[c]</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-cigarettes help smokers to quit: Agree strongly/just a little</td>
<td>39%</td>
<td>38%</td>
<td>-</td>
</tr>
</tbody>
</table>
E7[d] It is unsafe to use e-cigarettes around other: Agree strongly/just a little 41% 46% -
E8[i] Ban on sale of e-cigarettes to minors under 18 years: ‘Yes’ 62% 64% -
E8[ii] Ban on use of e-cigarettes in public places: ‘Yes’ 23% 31% -
E8[iii] Ban on sale of e-cigarettes containing nicotine: ‘Yes’ 23% 26% -
E8[iv] Ban on marketing of e-cigarettes as aids for quitting smoking: ‘Yes’ 24% 24% -
E10 Support for applying Queensland legislation on e-cigarettes in NSW: Support strongly/just a little (Note: Question wording slightly different between 2015 and 2017) 80% 70% Decrease

<table>
<thead>
<tr>
<th>Health effects: Knowledge, perceptions and attitudes</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 Smoking already harmed body: Definitely/probably (current and ex-smokers)</td>
<td>65%</td>
<td>68%</td>
<td>65%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 Perceived likelihood of becoming seriously ill if continue to smoke: Definitely/probably (current smokers)</td>
<td>70%</td>
<td>76%</td>
<td>71%</td>
<td>-</td>
</tr>
<tr>
<td>4.1A[1] The medical evidence that smoking is harmful is exaggerate: Disagree strongly/just a little (all)</td>
<td>N/A</td>
<td>83%</td>
<td>81%</td>
<td>-</td>
</tr>
<tr>
<td>4.1A[2] Smoking is no more risky than lots of other things people do: Disagree strongly/just a little (all)</td>
<td>N/A</td>
<td>69%</td>
<td>63%</td>
<td>-</td>
</tr>
<tr>
<td>4.1A[3] You’ve got to die of something, so why not enjoy yourself and smoke: Disagree strongly/agree just a little (current and ex-smokers)</td>
<td>N/A</td>
<td>77%</td>
<td>71%</td>
<td>-</td>
</tr>
<tr>
<td>4.1A[4] If I quit, all the damage smoking has done to my body will be reversed: Disagree strongly/just a little (current and ex-smokers)</td>
<td>N/A</td>
<td>62%</td>
<td>61%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Lung cancer caused by smoking (prompted)</td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Throat cancer caused by smoking (prompted)</td>
<td>94%</td>
<td>96%</td>
<td>92%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Mouth/oral cancer caused by smoking (prompted)</td>
<td>95%</td>
<td>95%</td>
<td>91%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Emphysema caused by smoking (prompted)</td>
<td>95%</td>
<td>93%</td>
<td>90%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Heart disease caused by smoking (prompted)</td>
<td>93%</td>
<td>88%</td>
<td>88%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Blindness caused by smoking (prompted)</td>
<td>62%</td>
<td>54%</td>
<td>50%</td>
<td>-</td>
</tr>
<tr>
<td>4.1 ii Sudden infant death syndrome (SIDS) caused by second-hand/passive smoking (prompted)</td>
<td>55%</td>
<td>49%</td>
<td>44%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support for policy and legislative changes</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7[5] My smoking affects the health of others around me, including children: Agree strongly/just a little (current smokers)</td>
<td>71%</td>
<td>78%</td>
<td>75%</td>
<td>-</td>
</tr>
<tr>
<td>4.2[4] I feel uncomfortable smoking in public places: Agree strongly/agree just a little (current smokers)</td>
<td>50%</td>
<td>50%</td>
<td>56%</td>
<td>-</td>
</tr>
<tr>
<td>4.2[1] There are so few places to smoke these days, that I smoke when I can, rather than when I want to: Agree strongly/just a little (current smokers)</td>
<td>56%</td>
<td>49%</td>
<td>52%</td>
<td>-</td>
</tr>
<tr>
<td>4.2[3] I feel embarrassed to be a smoker: Agree strongly/just a little (current smokers)</td>
<td>42%</td>
<td>36%</td>
<td>42%</td>
<td>-</td>
</tr>
<tr>
<td>4.2[20] I don’t care about smoking bans and will smoke whenever I want (current smokers)</td>
<td>N/A</td>
<td>N/A</td>
<td>15%</td>
<td>N/A</td>
</tr>
<tr>
<td>6.7[1] I believe that passive smoking is fairly harmless: Agree strongly/just a little (all)</td>
<td>12%</td>
<td>15%</td>
<td>12%</td>
<td>-</td>
</tr>
<tr>
<td>6.7[1] I believe that passive smoking is fairly harmless: Agree strongly/just a little (current smokers)</td>
<td>20%</td>
<td>32%</td>
<td>21%</td>
<td>-</td>
</tr>
<tr>
<td>6.1</td>
<td>How bothered about being exposed to second-hand smoke: Bothered a great deal/fair amount (all)</td>
<td>78%</td>
<td>84%</td>
<td>81%</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>6.1</td>
<td>How bothered about being exposed to second-hand smoke: Bothered a great deal/fair amount (non-smokers)</td>
<td>87%</td>
<td>94%</td>
<td>86%</td>
</tr>
<tr>
<td>4.2[7b]</td>
<td>Increase price of cigarettes to discourage young people from smoking: Agree strongly/just a little (all)</td>
<td>69%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>4.2[7e]</td>
<td>Increase price of cigarettes to encourage people to quit smoking: Agree strongly/just a little (all)</td>
<td>63%</td>
<td>67%</td>
<td>63%</td>
</tr>
<tr>
<td>6.7[20]</td>
<td>Banning cigarette vending machines in licensed premises: Agree strongly/just a little (all)</td>
<td>58%</td>
<td>63%</td>
<td>56%</td>
</tr>
<tr>
<td>6.7[21]</td>
<td>Stricter penalties for the sale of tobacco products to the under 18s: Agree strongly/just a little (all)</td>
<td>91%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>6.22</td>
<td>Awareness of NSW laws banning smoking in some outdoor public places (all)</td>
<td>81%</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>6.22a</td>
<td>Approval of NSW laws banning smoking in some outdoor public places: Approve strongly/just a little (all)</td>
<td>68%</td>
<td>83%</td>
<td>82%</td>
</tr>
<tr>
<td>6.22b[1]</td>
<td>Smoking ban within 10 metres of children’s play equipment: Yes</td>
<td>96%</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>6.22b[2]</td>
<td>Smoking ban in public swimming pool complexes: Yes</td>
<td>94%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>6.22b[3]</td>
<td>Smoking ban in spectator areas of sports grounds: Yes</td>
<td>85%</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>6.22b[4]</td>
<td>Smoking ban at public transport stops and stations: Yes</td>
<td>86%</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>6.22b[5]</td>
<td>Smoking ban within 4 metres of a pedestrian entrance or exit to a public building: Yes</td>
<td>78%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>6.22b[6]</td>
<td>Smoking ban in commercial outdoor dining areas</td>
<td>N/A</td>
<td>N/A</td>
<td>88%</td>
</tr>
<tr>
<td>6.7</td>
<td>Support for other potential locations to be made smoke-free by law:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[14]</td>
<td>All open or outdoor public shopping malls</td>
<td>78%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>[16]</td>
<td>All gaming areas in pubs, clubs and bars</td>
<td>73%</td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td>[3]</td>
<td>All beaches</td>
<td>67%</td>
<td>79%</td>
<td>74%</td>
</tr>
<tr>
<td>[13]</td>
<td>All outdoor community events and festivals</td>
<td>71%</td>
<td>77%</td>
<td>74%</td>
</tr>
<tr>
<td>[10]</td>
<td>All workplaces, including outdoor workplaces</td>
<td>71%</td>
<td>74%</td>
<td>74%</td>
</tr>
<tr>
<td>[17]</td>
<td>Private gaming areas at casinos</td>
<td>62%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>[15]</td>
<td>All balconies of apartment blocks and multi-dwelling residential buildings</td>
<td>47%</td>
<td>56%</td>
<td>55%</td>
</tr>
<tr>
<td>6.7[18]</td>
<td>Support for a general non-compliance fine: Agree strongly/just a little</td>
<td>77%</td>
<td>81%</td>
<td>81%</td>
</tr>
<tr>
<td>6.7[19]</td>
<td>Support for a specific fine amount ($550 in 2013 and $300 in 2015/2017): Agree strongly/just a little</td>
<td>69%</td>
<td>77%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Response to plain packaging

| 4.2[16] | Support for plain packaging regulation (all): Support strongly/just a little | 65% | 74% | 71% |

<table>
<thead>
<tr>
<th>4.10</th>
<th>Plain packaging impact on behaviour (current smokers):</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>Thoughts about quitting</td>
</tr>
<tr>
<td>-</td>
<td>Smoking less</td>
</tr>
<tr>
<td>-</td>
<td>Actually tried to quit</td>
</tr>
</tbody>
</table>
3 Introduction

The NSW Government is committed to reducing tobacco-related harm in the community. This is reflected in a range of NSW Government strategies programs, legislation and policy, including the NSW Tobacco Strategy 2012–2017, the NSW Cancer Plan, the Smoke-free Environment Act 2000 and the Public Health (Tobacco) Act 2008.

The NSW Ministry of Health and the Cancer Institute NSW work together on tobacco control; in particular, to reduce smoking prevalence.

These government organisations work in partnership to implement the NSW Tobacco Strategy 2012–2017. This Strategy sets out the actions that the NSW Government will take to reduce the harm associated with tobacco in NSW. The Strategy includes:

- a focus on addressing tobacco smoking in populations with high smoking rates, particularly Aboriginal communities, women smoking in pregnancy, mental health consumers and people in corrections facilities
- enhanced programs to help smokers quit
- measures to protect people from harmful second-hand smoke in outdoor areas.

The Cancer Institute NSW is a NSW Government agency charged with substantially improving cancer control through the NSW Cancer Plan. This is to be achieved by:

- reducing the incidence of cancer in NSW
- increasing the survival rate of people diagnosed with cancer
- improving the quality of life for cancer patients and their carers
- becoming a source of expertise on cancer and providing expert advice to patients, the public, health care professionals and the NSW Government.

A major objective of the NSW Cancer Plan involves reducing smoking prevalence. In 2005, the Cancer Institute NSW commissioned an initial NSW Smoking and Health Survey to establish baseline measures of tobacco-related knowledge, attitudes and behaviour among the NSW community. Further waves of the survey were conducted in 2006, 2007, 2009, 2011, 2013 and 2015 to provide up-to-date measures and monitor changes over time. This research program forms part of the Cancer Institute NSW’s ongoing evaluation of its tobacco control program.

In 2013, 2015 and 2017, the NSW Smoking and Health Surveys were co-funded with the NSW Ministry of Health. These surveys have informed the Cancer Institute NSW’s tobacco control program and the NSW Ministry of Health’s tobacco control policy in NSW, by providing information on community attitudes towards smoking, and current (or potential future) tobacco control measures. These data guide key legislative changes.
4 Objectives

The NSW Smoking & Health Survey 2017 sought to understand the following among the NSW adult population:

- Patterns of tobacco use, quit attempts and motivations for quitting.
- Awareness, perceptions and use of e-cigarettes.
- Knowledge of the health effects of smoking.
- Knowledge and attitudes about the health consequences of smoking/second-hand smoke.
- Attitudes towards smoking and current or potential tobacco control measures (including restrictions on smoking in public places, measures within the retail environment and regulations relating to plain packaging).

Although the survey explores the prevalence of tobacco and e-cigarette use among NSW adults, it should be noted that the NSW Population Health Survey (PHS) is the authority for these particular measures in NSW.
5 Methodology

5.1 Data collection method overview

As for all previous waves, the survey was conducted by computer-assisted telephone interviewing (CATI). Fieldwork took place from 21 June to 28 August 2017.

As with the 2013 and 2015 surveys, an overlapping dual sampling frame approach was used, where interviews were conducted via landline sample and via mobile phone sample (the sampling frames are overlapping in that, those with both a landline and a mobile phone are able to be selected from either frame. The particular benefit of this design is that it provides access to those, particularly younger people, who do not have a fixed landline at home and are mobile only).

The sample design for the 2017 NSW Smoking and Health Survey was substantially revised following a review of the design, which was carried out by Dr Phil Hughes of ORC International. The key recommendations of this design review were:

- moving the mobile/fixed landline split from 20%/80% (as used in both 2013 and 2015) to 50%/50% for 2017
- replacing the previous design, of a random sample followed by a booster sample of smokers, with a design in which the full sample is randomly selected but where the non-smoker sample is capped at 800 respondents (Stage 1). Thereafter, only demographic information is collected from non-smokers which was to be used solely for weighting purposes (Stage 2).

In 2017, a total of 3,150 interviews were conducted among people aged 18 years and over living in NSW. This comprised 1,183 who completed the full survey (381 smokers and 802 non-smokers) and 1,967 non-smokers who provided demographic information for weighting purposes only.

The sample was allocated proportionately to the Sydney metropolitan area, and the rest of NSW.

For the landline sample, interviews were conducted on weekdays between 4:30pm and 8:30pm, and on weekends between 10am and 5pm. For the mobile phone sample, interviews were conducted on weekdays between 1pm and 8:30pm, and on weekends between 1pm and 5pm.

All interviewing was conducted from ORC International’s dedicated CATI facility in Melbourne. The team of interviewers selected were briefed specifically on the project by the ORC International project team prior to the commencement of the fieldwork.

ORC International is a member of the Association of Market and Social Research Organisations (AMSRO) and as such, its staff and interviewers abide by the Australian Market and Social Research Society (AMSRS) Code of Professional Behaviour. This code has been deemed to satisfy all the requirements of the Federal privacy legislation.

In order to provide its clients accurate and professional services, ORC International has developed best practice processes that envelop the provision of market and social research consultancy services, including management, design, analysis and reporting. This enabled ORC International to become one of the first market research organisations to become accredited with the International Standard for Market and Social Research: ISO20252. This commitment to these quality assurance standards ensured the project was carried out in compliance with ISO20252 and membership requirements for AMSRO and AMSRS.
5.2 Questionnaire

The questionnaire for this survey was developed by the Cancer Institute NSW, with input from the NSW Ministry of Health, based on the versions employed in the previous waves of the research. ORC International provided advice on the questionnaire. The questionnaire predominantly contained closed pre-coded questions and statements to be rated using scales.

The questionnaire took an average of 17.9 minutes to complete in Stage 1 of fieldwork. The average length reduced to 5.7 minutes in Stage 2 of fieldwork when non-smokers were only required to answer the demographics needed for weighting purposes, whereas smokers continued to answer the full questionnaire. The following table shows the question topics asked during Stage 2 of fieldwork by smoking status.

Table 1: Questionnaire topics: Stage 2, by smoking status

<table>
<thead>
<tr>
<th>Questionnaire topics: Stage 2</th>
<th>Current smokers</th>
<th>Non-smokers</th>
<th>Never smoked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking status</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Normative perceptions</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking behaviour</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quitting smoking</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health effects of smoking</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitudes to tobacco control policies</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full demographics</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected key demographics (for weighting)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

The selected key demographics needed for weighting for landline respondents were age, gender, location (Sydney/Rest of NSW), phone ownership (landline only or both landline and mobile) and household size (persons 18 years and over). For mobile respondents, it was necessary to collect age, gender, location (Sydney/Rest of NSW), phone ownership (mobile only, or both landline and mobile) and the number of mobile phones used.

A copy of the questionnaire (for mobile and landline respondents) can be found in Appendix D.

5.3 Target population

The target population for this survey was people aged 18 years and over living in NSW.

5.4 Sampling frames and stratification

The sampling frames used for the overlapping dual-frame approach (mobile and fixed landline) were provided by SamplePages.

The SamplePages fixed line RDD (random-digit dialling) sample is derived from a database of all fixed line prefixes in Australia (maintained by the ACMA). Random suffixes are then generated, and the resulting numbers pinged (rung silently at the exchanges) to determine if they are live. These randomly generated phone numbers are then assigned to part-of-state (Sydney/Rest of NSW split) and generated in proportion to their ABS estimated resident population (ERP) count of those areas.
The SamplePages pinged RDD mobile phone samples is obtained in a similar way to the fixed line sample through the ACMA-based list of all possible mobile phone prefixes in Australia, and the generation of random suffixes. Unlike the landline sample, these randomly generated phone numbers can't be assigned to part-of-state (state and capital city/rest of state splits), as there is no geographic information attached to mobile numbers.

Therefore, there were three sample strata (i.e. two sample strata for the landline sample and one for the mobile), as follows:

- **Fixed landline:**
  - Sydney
  - Rest of NSW
- **Mobile:**
  - Australia-wide (with screening required to identify NSW residents).

### 5.5 Sample allocation

A key sample design decision was the allocation of sample to these strata. For the purposes of this survey, the allocation for 2017 was 50% landline and 50% mobile.

For the landline component, the optimal design for a state estimate, as required for this survey, is to allocate the landline sample to its two strata (i.e. Sydney or Rest of NSW) in proportion to the population. Therefore, the number of interviews conducted in each area (or stratum) was determined such that, each stratum’s share of the interviews was approximately equal to that stratum’s share of the total population (in this case, the NSW population aged 18 years and over).

For the single stratum, mobile sample respondents were screened to those living in NSW and within that, the interviews were allowed to fall out randomly for Sydney versus Rest of NSW.

### 5.6 Sample quotas, respondent selection

For the landline sample, the $n^{th}$ eldest person aged 18 years or over was randomly selected in that household.

For the mobile sample, the person who answered the mobile phone (taken as the owner or joint owner of that phone) was automatically selected, as long as they were aged 18 or over and lived in NSW.

The following table shows the sample sizes achieved for the survey ($n=3,150$, including 1,183 who completed the full survey), for the two stages of the fieldwork.
### Table 2: Sample sizes achieved during each fieldwork stage

<table>
<thead>
<tr>
<th>STRATUM</th>
<th>STAGE 1</th>
<th></th>
<th>STAGE 2</th>
<th></th>
<th>TOTAL (Full/Short)</th>
<th></th>
<th>TOTAL (Full only)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smoker completes (Full)</td>
<td>Non-smoker completes (Full)</td>
<td>TOTAL completes (Full)</td>
<td>Smoker completes (Full)</td>
<td>Non-smoker completes (Full)</td>
<td>TOTAL completes (Full/Short)</td>
<td>Smoker completes (Full)</td>
<td>Non-smoker completes (Full)</td>
</tr>
<tr>
<td>Landline: Sydney</td>
<td>29</td>
<td>276</td>
<td>305</td>
<td>60</td>
<td>654</td>
<td>714</td>
<td>89</td>
<td>930</td>
</tr>
<tr>
<td>Landline: Rest of NSW</td>
<td>23</td>
<td>147</td>
<td>170</td>
<td>38</td>
<td>348</td>
<td>386</td>
<td>61</td>
<td>495</td>
</tr>
<tr>
<td>Mobile: NSW</td>
<td>83</td>
<td>379</td>
<td>462</td>
<td>148</td>
<td>965</td>
<td>1,113</td>
<td>231</td>
<td>1,344</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>802</td>
<td>937</td>
<td>246</td>
<td>1,967</td>
<td>2,213</td>
<td>381</td>
<td>2,769</td>
</tr>
</tbody>
</table>
5.7 Third-party interviewing

Given the questions asked of non-smokers during Stage 2 of the fieldwork were quite limited (i.e. some general demographics required for weighting), it was possible for the landline interviews that another household member (aged 18+) could answer the questions on behalf of the randomly selected nth person. This is referred to as ‘third-party interviewing’.

For example, most households with landlines tend to be older in profile and tend not to be shared households. So, the household members should know each other well and therefore, be able to answer some simple questions about the other person, such as whether the selected person has ever smoked, as well as their postcode, age, gender and if they have a mobile phone (i.e. the data required from them for the weighting process).

Third-party interviewing also has the advantage of eliminating the need to make call-backs, trying to talk with the randomly selected person, so it also helps to optimise the response rates. So, if the randomly selected person was not available, the person answering the phone may have been able to help.

A total of 168 out the 1,967 short interviews with non-smokers during Stage 2 were conducted as ‘third party’.

5.8 Weighting

The data for the survey was weighted appropriately. The weighting process was highly complex as it needed to take into account many factors, including the overlapping dual sampling frame approach, the probabilities of selection, as well as ensuring the ‘age, by gender, by location, by phone ownership’ profile matched that of the best available population estimates.

Full details on the weighting approach are outlined in Appendix B.

5.9 Margins of error

A total of 1,183 full interviews were completed with people aged 18 years or over across NSW. The findings in this report are based on these respondents.

A weighting effect (WEFF) adjustment accounts for the added sample error that arises from the variability in the survey weights. The WEFF values can be used to compute the effective sample size. The effective sample size is calculated as the actual sample size divided by the WEFF.

The following table shows the WEFF values for the sample overall, as well as for smokers and non-smokers, along with the resultant effective sample sizes and the maximum margins of error (these are shown for both 2017 and 2015 to allow comparison).
**Table 3: Margins of error (including WEFFs and effective sample sizes)**

<table>
<thead>
<tr>
<th>Sub-group</th>
<th>2017</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>WEFF</td>
</tr>
<tr>
<td>Smokers</td>
<td>381</td>
<td>1.48</td>
</tr>
<tr>
<td>Non-smokers (Ex &amp; Never)</td>
<td>802</td>
<td>1.54</td>
</tr>
<tr>
<td>Smokers &amp; Ex-Smokers</td>
<td>696</td>
<td>1.66</td>
</tr>
<tr>
<td>Ex-Smokers</td>
<td>315</td>
<td>1.44</td>
</tr>
<tr>
<td>Total (All)</td>
<td>1,183</td>
<td>1.71</td>
</tr>
</tbody>
</table>

^Assuming 95% confidence level

As can be seen in Table 3 above, the overall sample size of 1,183 respondents who completed the full survey in 2017 had a WEFF of 1.71. This resulted in an effective sample size (n/WEFF) of 693 and a maximum margin of error of +/-3.7%. For example, if we had a result that 50% of all respondents aged 18+ had a certain view, we could be 95% confident that if we had taken a census of all NSW adults aged 18+, the result would be in the range 50% +/-3.7% (i.e. within the range 46.3% to 53.7%).

The margins of error when analysing by smokers and by ‘non-smokers including ex-smokers’ are higher again, as shown.

The new design adopted in 2017 resulted in a higher effective sample size than in 2015 (n=693 compared with n=473 respectively), and subsequently, a lower margin of error (+/-3.7% compared to +/-4.5% in 2015).
5.10 Response rates

An overall response rate of 21% was achieved for the survey (6.95% for landline, 26.51% for mobile), based on the total estimated number of eligible households/mobile numbers. This was calculated based on the rigorous AAPOR\(^3\) standards (response rate definition 3).

This rate is based on an estimate as it is not always possible to ascertain if a number or household tried was eligible (for example, where someone refused to participate or hung up before the interviewer was able to ascertain their eligibility, etc).

Tables showing the final call outcome for all telephone numbers attempted (landline and mobile), and how the response rate was calculated based on these and the AAPOR standards, are contained in Appendix C of this report.

5.11 Presentation of results

This report contains selected findings to the 2017 NSW Smoking & Health Survey. It focuses on the findings to the following key areas:

- Smoking/quitting behaviour and intentions
- E-cigarettes
- Health effects of smoking
- Smokers attitudes towards their own smoking
- Support for policy and legislative changes
- The response to plain packaging

The findings are based on weighted data throughout, and on the 1,183 respondents (i.e. the 381 smokers plus the 802 non-smokers) who completed the full survey. The full weighted data file (containing the data for all questions, including those not covered in this report) has been provided to the Cancer Institute NSW under separate cover. That file, as well as this report (with the exception of the response rate calculations), does not include the 1,967 non-smokers who provided demographic information for weighting purposes only.

The finding for smokers and non-smokers are compared, where appropriate, in this report. Comparisons with the 2015 (and also with 2013 for certain questions) are also made where relevant, notwithstanding the significant change in survey design in 2017 as described earlier.

To clarify, not all statistically significant differences versus the 2015 or 2013 survey are referred to; only those which were considered pertinent are brought to the readers’ attention. The reason for this is that while differences may be statistically significant, this does not necessarily mean that they are important, meaningful or significant differences in a real sense.

Statistical significance for this report means that we can be 95% confident that the underlying population values are different. Also, for the questions using rating scales, the significance testing is mainly reported for the collapsed bottom two or top two (i.e. nett) ratings, rather than all the individual point ratings.

It should be noted that, throughout the report, the proportion/percentages are rounded to the nearest whole number. Further, when proportions are added together they are also rounded. This would occur, for example, at statements which are rated using a scale when the bottom two or top two ratings are collapsed (e.g. when the proportions that agree strongly and agree a little are combined). Therefore, in places they may be +/-1% different to the simple addition of the two individual proportions due to this rounding.
6 Key findings: Smoking and quitting behaviours

This section of the report describes the findings on the following smoking and quitting, behaviours and intentions:

- Normative perceptions of smoking
- Frequency of smoking
- Amount smoked
- Tobacco products used
- Nicotine dependence
- Quitting thoughts and intentions
- Future quitting intentions and quitting salience
- The reasons for considering quitting
- Number of quit attempts
- Time since, and duration of, last quit attempt
- Awareness of cessation supports

6.1 Normative perceptions of smoking in NSW

All respondents were asked ‘Out of every 100 adults aged 18 years or older in NSW, how many do you think smoke tobacco products?’. Responses were classified as an under-estimate, a correct estimate, or an over-estimate in the following way:

- Under-estimate: 11 or less per 100
- Correct estimate: 12 to 20 per 100
- Over-estimate: 21 or more per 100

A significantly smaller proportion of respondents over-estimated the smoking rate in 2017 (59%) compared with 2015 (67%). One fifth (21%) was able to make a correct estimate, while a minority (12%) under-estimated the rate, and a further 8% indicated Don’t know (see Figure 1).
The 18 to 39 year age group (66%) were significantly more likely to over-estimate the smoking rate than those aged in the 40 to 59 year age group (53%). Among the latter age group, the proportion over-estimating the smoking rate has decreased significantly since 2015 (66%).

6.2 Frequency of smoking

The NSW adult population smoking rate is reported annually by the NSW Population Health Survey (PHS). In 2016, 15% of the NSW adult population were current smokers, which means they reported smoking daily or occasionally.

To understand smoking status in the NSW Smoking and Health Survey sample, respondents were asked ‘Have you ever smoked tobacco products? By this I mean tailor-made or factory cigarettes, roll-your-own cigarettes, cigars, pipes or any other tobacco products’. Those who had ever smoked tobacco products were then asked ‘Which of the following best describes how often you currently smoke: daily, at least once a week, at least once a month, less often than once a month, not at all?’. Results for the present survey are understood by classifying smoking status in the following way:

5 The question used to define the indicator was: "Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?"
- **Current smokers**: Together, regular and occasional smokers are classified as current smokers. Regular smokers comprised daily smokers and those smoking at least weekly, while occasional smokers comprised those smoking less than weekly but at least once a month.

- **Non-smokers**: Together, never-smokers and ex-smokers are classified as non-smokers.

### 6.3 Amount smoked

Daily and weekly smokers were asked how many cigarettes, pipes or cigars they smoke on average, per day.

*Daily smokers* reported smoking an average of **13.6** cigarettes, pipes or cigars per day, which represents a significant drop from 2015 (15.1) (see Figure 2).

More than four in five (84%) daily smokers smoke up to 20 cigarettes, pipes or cigars per day. This includes more than a half (53%) who smoke 10 or fewer, and three in 10 (31%) who smoke 11 to 20 per day. Approximately one in six (16%) smoke either 21 to 30 (13%) or more than 30 per day (2%).

The proportion smoking 10 or less cigarettes, pipes or cigars per day is significantly higher in 2017 (53%) than in 2015 (36%). Further, the proportion smoking 11 to 20 cigarettes, pipes or cigars per day is significantly lower in 2017 (31%) than in 2015 (46%).

**Figure 2: Amount smoked by daily smokers, by survey year**

2.10 How many cigarettes, pipes or cigars per day would you smoke on average?

![Amount smoked by daily smokers, by survey year](image)

*Weekly smokers* reported smoking an average of **14.4** cigarettes, pipes or cigars per week, which represents no significant change from 2015 (14.7).

Ex-smokers were asked how many cigarettes per day they used to smoke on average, regardless of whether they had been regular or occasional smokers. The mean amount smoked was **11.6**, which represents a significant increase from the 2015 and 2013
mean of 10.7 and 10.6 respectively. Approximately one-fifth of ex-smokers (21%) reported having smoked more than 20 cigarettes per day.

6.4 Tobacco products used

Current smokers were read out a list of tobacco products and asked to indicate which they used either regularly or occasionally.

Overall, current smokers’ reported use of tobacco products shows a somewhat similar picture in 2017 as in 2015 (see Figure 3).

More than eight out of 10 current smokers (81%) report using tailor-made or manufactured cigarettes. This, however, represents a significant decrease compared with 2015 (86%).

The next most popular product was roll-your-own (RYO) cigarettes, with 24% of smokers (2015: 30%; 2013: 23%) using these, either regularly or occasionally. Slightly more than one in 20 (6%) current smokers use e-cigarettes, either regularly or occasionally, which is a similar proportion to those using cigars (7%).

Daily smokers make up the vast majority of current smokers. Their use of RYO and e-cigarettes has decreased, although not significantly, since 2015. More than one quarter (28%) of current daily smokers in 2017 reported using RYO, down from 35% of daily smokers in 2015, but similar to levels of RYO usage among daily smokers in 2013 (26%).

Also, 7% of current daily smokers in 2017 reported using e-cigarettes, down (although not significantly) from 9% of daily smokers in 2015.

A minority of current smokers reported using waterpipe tobacco or sheesha, either regularly or occasionally (3.2%, down significantly from 6.5% in 2015). A further question on waterpipe tobacco was presented to non-smokers. The data indicates current usage is 1.4% of ex-smokers and 1.6% of never-smokers. Together with the data from current smokers, an estimate of regular or occasional waterpipe use by NSW adults is 1.8% of the population. This is not significantly different to 2015 (2.3%).
Figure 3: Tobacco products usage, by survey year

2.6 Which, if any, of the following do you currently smoke or use, either regularly or occasionally?

<table>
<thead>
<tr>
<th>Tobacco Product</th>
<th>2017</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailor-made or manufactured cigarettes</td>
<td>81%</td>
<td>86%</td>
</tr>
<tr>
<td>Roll-your-own cigarettes</td>
<td>24%</td>
<td>30%</td>
</tr>
<tr>
<td>Cigars</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Waterpipe tobacco or sheesha</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Pipes</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Chop-chop or illicit tobacco</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Other tobacco products</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Base: NSW current smokers aged 18+

6.5 Nicotine dependence

The short version of the Fagerström test for nicotine dependence takes into account the daily amount smoked and the length of time from waking until the first cigarette.\(^6\) Almost six out of 10 (57%) of all daily smokers have very low dependence (2015: 45%), while just under one in 10 (6%) has high to very high dependence. The results show no significant change from 2015 (see Figure 4).

\(^6\) Question 2.11.1 asks about the time after waking that smokers smoked their first cigarette. Responses are scored in the following manner: within 5 minutes = 3, 5-30 minutes = 2, 31-60 min = 1, >60 min = 0. Question 2.10 asks about the number of cigarettes smoked per day. Responses are scored in the following manner: 10 or less = 0, 11-20 = 1, 21-30 = 2, 31 or more = 3. Their combined score gives the level of dependence, such that 0-2 = very low dependence, 3 = low, 4 = moderate, 5 = high, 6 = very high.
Younger smokers were significantly more likely than older smokers to have very low dependence: 71% of the 18 to 39 year age group has very low dependence compared with just 52% of the 40 to 59 year age group, and 45% of the 60 years and over age group.

**Figure 4: Nicotine dependence, by survey year and age group**

2.10 How many cigarettes, pipes or cigars per day would you smoke, on average?
2.11.1 How soon after waking up do you smoke your first cigarette?

6.6 Quitting thoughts and intentions

Respondents were asked about their quitting thoughts and intentions. Current smokers were asked how often in the past two weeks they have thought about quitting.

**Daily thoughts:** A third (33%) had thought about quitting daily, either several times a day (22%) or once a day (11%) (see Figure 5).

**Occasional thoughts:** Slightly more than one in five (22%) had occasionally thought about quitting, either once every few days (9%) or once or twice in the past fortnight (13%).

**Not at all:** Slightly more than four in 10 (42%) reported not having thought about it at all in the past two weeks.
Quitting salience, the proportion thinking about quitting at least once a day (33%), has increased from 27% in 2015. Conversely, the proportion having occasional thoughts has reduced from 34% in 2015 to 22% as reported above for 2017. These, however, were not statistically significant changes.

In 2017, those significantly more likely to think about quitting on at least a daily basis were:

- daily smokers (42%; weekly smokers: 24%; occasional smokers: 3%)
- those seriously considering quitting (58%; Just a possibility: 28%; Not at all considering: 6%)
- those aged over 40 years (58%; 18 to 39 years: 19%).

### 6.7 Future quitting intentions

Current smokers were asked if they were considering quitting in the next six months. Three in five (62%) reported they were considering doing so, while a third (33%) were not. A minority (5%) reported either Don’t know (4%) or refused to answer (1%). Two in five (42%) were Seriously thinking of quitting, while almost one in five (18%) reported it was Just a possibility. These findings are similar to those in 2015.

The proportion Planning to quit in the next 30 days has increased, although not significantly, from 18% in 2015 to just over one fifth (22%) in 2017.
**Figure 6: Quitting intentions**

3.1 Are you considering quitting smoking in the next six months?
3.2 Are you seriously thinking of quitting, or do you just think it is a possibility?
3.4 And are you planning to quit smoking in the next 30 days?

The proportion of daily smokers seriously considering quitting (44%) is the same as that in 2015 (44%). Further, the proportion of daily smokers considering quitting in the next 30 days (21%) is also no different than in 2015 (20%).

In 2017, the proportion planning to quit in the next 30 days was significantly greater for:
- males (26%) than for females (15%)
- those in the Rest of NSW (28%) than for those in Sydney (17%)
- those who were embarrassed to be a smoker (29%) than for those who were not (17%).

**6.8 The reasons for considering quitting**

Those considering quitting in the next six months were asked for their reasons. The top three reasons in 2017 were:
- health or fitness reasons (73%; 2015: 75%; 2013: 79%)
- cost of cigarettes or tobacco (30%; 2015: 46%; 2013: 43%)
- not enjoying smoking anymore (8%; 2015: 9%; 2013: 8%).

The cost of cigarettes as a reason for considering quitting has reduced significantly since 2015, particularly for younger smokers aged 18 to 39 who are thinking of quitting (16% compared with 38% in 2015).
Figure 7: Reasons for thinking about quitting, by survey year

3.3b What are your reasons for thinking about quitting at this stage?

- **Health or fitness reasons**: 73% in 2017, 75% in 2015
- **Cost of cigarettes or tobacco**: 30% in 2017, 46% in 2015
- **I don’t enjoy it anymore**: 8% in 2017, 9% in 2015
- **The effect of my smoking on my family’s health**: 3% in 2017, 4% in 2015
- **Anti-social/feels ostracised**: 3% in 2017, 5% in 2015
- **Encouragement from my partner/family or friends**: 2% in 2017, 4% in 2015
- **I want to see my kids grow up**: 2% in 2017, 4% in 2015
- **Nagging from my partner/family or friends**: 2% in 2017, 3% in 2015
- **Other**: 2% in 2017, 5% in 2015
- **Don’t know**: 1% in 2017, 2% in 2015
- **Refused**: 1% in 2017, 1% in 2015

**Base:** All NSW current smokers aged 18+ who are considering quitting smoking in the next 6 months
6.9 Number of quit attempts

Current smokers were asked about the number of quit attempts they have made.

Slightly more than a quarter (27%) of current smokers have never tried to quit, which is almost unchanged since 2015 (26%).

In 2017, 18 to 29-year-olds were the most likely to report never having made a quit attempt (52%, significantly higher than all other age groups with 25% or less).

Three-quarters (73%) of current smokers have made at least one quit attempt. The median number of quit attempts was 3.0, which shows no change from the 2015 and 2013 medians of 3.3 and 3.1 respectively. More than a quarter (28%) have made one (15%) or two (13%) attempts (see Table 4).

Table 4: Number of quit attempts

<table>
<thead>
<tr>
<th>Attempts</th>
<th>Current Smoker</th>
<th>Ex-Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017 (%) (n=381)</td>
<td>2015 (%) (n=812)</td>
</tr>
<tr>
<td>No attempt</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>One</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Two</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Three</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Four</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Five</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Six or more</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>At least one attempt</td>
<td>73</td>
<td>74</td>
</tr>
</tbody>
</table>

6.10 Time since last quit attempt

Current smokers who had made at least one quit attempt were asked how long it has been since their most recent quit attempt.

Slightly more than a half (56%) had last tried to quit in the past year, including 10% in the past month or 35% in the past six months. Approximately 15% of smokers who have ever tried to quit last tried five or more years ago (this equates to 11% of all current smokers).

Similarly, ex-smokers were asked how long ago they quit smoking. More than three quarters (76%) of ex-smokers quit smoking five or more years ago.

6.11 Duration of last quit attempt

Current smokers who had made at least one quit attempt were asked for how long they were able to stop smoking on their most recent attempt.

More than four in 10 (42%) were able to stay quit for up to one month, including 25% who stayed quit for up to one week (see Figure 9). These findings are unchanged from 2015.
Figure 8: Duration of last quit attempt

### 3.6.1a When you last tried to quit smoking, for how long were you able to stop smoking?

#### 6.12 Awareness of cessation supports

**Unprompted**

Current and ex-smokers were asked if they could name any particular support services, assistance or methods that were available to help smokers to quit. In 2017, three quarters (76%) were able to name at least one cessation support. The top three named supports were the same as for 2015 (see Table 5):

- Quitline / Quitline phone number (40%; 2015: 42%)
- NRT (39%; 2015: 46%)
- GP/other health professional (19%; 2015: 24%).

#### Table 5: Unprompted awareness of cessation supports, by survey year

<table>
<thead>
<tr>
<th>Support</th>
<th>2017</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quitline name/phone number</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Nicotine replacement therapy (NRT)</td>
<td>39%</td>
<td>46%</td>
</tr>
<tr>
<td>GP/health professional</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Natural therapies</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Online information/program</td>
<td>3%</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Base 2017 = 696 Current and ex-smokers
Base 2015 = 1,151 Current and ex-smokers*

One in eight mentioned prescribed medications (13%; 2015: 14%), while natural therapies were mentioned by 7% (a significant drop since 2015 at 12%).

A minority (5%) named e-cigarettes as a cessation support (unchanged from 2015). A lower proportion (3%; significantly down from 7% in 2015) named either online smoking information (1%) or online quit smoking programs (2%) as a support.
Those who mentioned *online* information or programs were asked to name the website. The responding base is n=21. While five respondents could not recall the name of the website, there were five mentions of iCanQuit, four mentions of My QuitBuddy, two mentions of Quitnow.Info.au and seven other miscellaneous mentions.

**Prompted**

There was very high prompted awareness of the Quitline (either by name or number) (92%; 2015: 94%) and nicotine replacement therapy (NRT), including gum, patches, lozenges or inhalers (94% for 2017 and 2015).

Approximately half (51%; 2015: 52%) were aware of prescribed medication (such as Zyban and Champix) upon being prompted.

A third (33%; 2015: 38%) were aware of iCanQuit, one fifth (19%; 2015: 25%) were aware of Quitnow.info.au and almost one in six (16%; 2015: 15%) were aware of My QuitBuddy.

These findings were not significantly different to those in 2015.
7 Key findings: E-cigarettes

This section of the report describes the findings in relation to:

- awareness of e-cigarettes
- attitudes to e-cigarettes;
- acknowledgement of bans on e-cigarettes in NSW
- level of support for legislation on e-cigarettes.

These results relate only to attitudes and knowledge; they do not reflect the safety of e-cigarettes or their effectiveness as a quit aid.

7.1 Awareness of e-cigarettes

The proportion of the NSW adult population that has tried an e-cigarette is reported annually by the NSW Population Health Survey (PHS). In 2016, an estimated 8.4% of the population had tried an e-cigarette, which means they reported using e-cigarettes either daily, occasionally, previously or reported they had tried them a few times.

The present survey used the same definition of electronic cigarettes or e-cigarettes as for the PHS:

*Electronic cigarettes, or e-cigarettes, are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes, or may resemble other devices such as pens.*

Respondents were read the definition and then asked if they had heard of e-cigarettes before today. Almost nine in ten (85%) reported they had heard of e-cigarettes.

Awareness is significantly greater for:

- current smokers (90%) and ex-smokers (92%) relative to those who have never smoked (79%)
- males (88%) relative to females (82%).

Main reasons for use

Smokers and non-smokers who have ever used e-cigarettes were asked for the main reasons they had used/use them. The top reasons (shown in Figure 9) were:

- *curiosity* (36%; 2015: 54%)
- *to help me quit smoking* (29%; 2015: 31%)
- *to cut down on the number of cigarettes I smoke* (9%; 2015: 6%)

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8 The question used to define the indicator was: “Which of the following best describes how often you use electronic cigarettes?

**IF ASKED:** [Electronic cigarettes are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens].

**[READ OUT]** 1: I’ve never used electronic cigarettes  2: I’ve tried electronic cigarettes a few times but never used them regularly  3: I don’t use electronic cigarettes now, but I used to  4: I use electronic cigarettes occasionally  5: I use electronic cigarettes daily” X: Don’t know R: Refused
- cheaper than cigarettes (5%; 2015: 3%)
- not as bad for your health as cigarettes (4%; 2015: 7%)
- so I can smoke in places where smoking cigarettes is not allowed (4%; 2015: 7%)

Figure 9: Reasons for using/trying e-cigarettes

Despite still being the leading reason for trying e-cigarettes, curiosity has reduced significantly since 2015 as a reason, particularly among those aged 18 to 39 years (40%, down from 65% in 2015).

Furthermore, those aged 60 years and over who have tried e-cigarettes were significantly more likely to indicate to help me quit smoking (54%) as a reason than were those aged under 60 years (26%). However, they were less likely to mention curiosity (8% compared with 24% of those aged under 60 years).

Nicotine content

Those who had ever used e-cigarettes were asked to think about whether the last e-cigarette they used contained nicotine. Almost nine out of 10 (88%) reported knowing whether the last e-cigarette contained nicotine, with 54% indicating that it did and 34% that it did not. There seems to be significantly greater certainty regarding nicotine content since 2015, when one third (35%) were unsure compared with just 12% in 2017.
Place of last purchase

Those who had ever used e-cigarettes were asked to think about where they bought or obtained their last e-cigarette product, whether that was the e-cigarette itself, the cartridge or the e-cigarette liquid.

Almost a half (45%) of those who had ever tried or used e-cigarettes reported they did not obtain their last e-cigarette product themselves: it was most likely a gift or from a friend (35%) or they didn’t buy it (10%) (see Figure 10).

The main places of last purchase were a tobacconist (20%; 2015: 13%), the internet (15%; 2015: 17%) or a market/stall (3%; 2015: 4%).

Figure 10: Place of last purchase of an e-cigarette product

It is interesting to note that the proportion of users mentioning friends/gift is significantly lower than in 2015 (55%). However, non-smokers who have tried e-cigarettes were significantly more likely to mention this source than their current smoking counterparts (49% compared with 26%).

Also, while the internet was the third most popular source overall, it was surprisingly the most popular source among users aged 60 years and over (34%, significantly higher than the 12% of those aged under 60 years).

Furthermore, those from Sydney who have tried e-cigarettes were significantly more likely than their regional counterparts to mention friends/gift as their source (43% compared with 23% respectively).
7.2 Attitudes to e-cigarettes

Several statements regarding e-cigarettes were presented to respondents who were aware of e-cigarettes. They were asked to indicate the extent to which they agreed or disagreed with each. Responses indicate a level of concern with e-cigarettes that varies; particularly with smoking status and use of e-cigarettes.

E-cigarettes are unsafe to use

Almost a half (46%) agreed that e-cigarettes are unsafe to use. This is the same proportion as in 2015. Three out of 10 (29%) disagreed while a further one in four (26%) either don’t know (20%) or reported they neither agree nor disagree (5%) with the statement (see Figure 11). These findings are not significantly different to 2015.

Figure 11: E-cigarettes are unsafe to use

E7.a I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: e-cigarettes are unsafe to use. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].

<table>
<thead>
<tr>
<th>Statement</th>
<th>TOTAL (n=992)</th>
<th>TOTAL 2015 (n=1,374)</th>
<th>Tried E-Cigarettes (n=181)</th>
<th>Not tried E-Cigarettes (n=811)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-cigarettes are unsafe to use</td>
<td>25% 21% 5% 19% 10% 20%</td>
<td>27% 19% 4% 20% 13% 18%</td>
<td>18% 13% 7% 27% 23% 13%</td>
<td>26% 48% 22% 5% 17% 8% 22%</td>
</tr>
</tbody>
</table>

Several variables affect the response to the statement regarding the safety of e-cigarette use.

E-cigarette use: Unsurprisingly, those who have tried e-cigarettes were also significantly more likely to disagree that e-cigarettes are unsafe to use (49%) than were those who have not tried them (26%).
**Smoker status:** Being a current smoker created a more favourable view of e-cigarettes. Non-smokers were significantly more likely to agree that e-cigarettes are unsafe to use (49%) than were current smokers (30%).

**Age:** Those aged 18 to 29 years were significantly more likely to disagree e-cigarettes are unsafe to use (48%) than were those in older age groups (30–39: 20%; 40–59: 24%; 60 years and over: 24%).

**It is unsafe to use e-cigarettes around others**

Almost a half (46%) of those aware of e-cigarettes agreed it is unsafe to use e-cigarettes around others, while three out of 10 (29%) disagreed. One in five (21%) don’t know. There has been no statistically significant change in this since 2015 when 41% agreed and 37% disagreed with this statement (see Figure 12).

**Figure 12: It is unsafe to use e-cigarettes around others**

<table>
<thead>
<tr>
<th>Percentage (%)</th>
<th>Agree strongly</th>
<th>Agree just a little</th>
<th>Neither agree nor disagree</th>
<th>Disagree just a little</th>
<th>Disagree strongly</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL (n=992)</td>
<td>23%</td>
<td>46%</td>
<td>21%</td>
<td>10%</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>TOTAL 2015 (n=1,374)</td>
<td>25%</td>
<td>41%</td>
<td>16%</td>
<td>20%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Tried E-Cigarettes (n=181)</td>
<td>30%</td>
<td>30%</td>
<td>3%</td>
<td>27%</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>Not tried E-Cigarettes (n=811)</td>
<td>27%</td>
<td>40%</td>
<td>22%</td>
<td>15%</td>
<td>11%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+ who are aware of E-cigarettes

**E-cigarette use:** Those who have tried e-cigarettes were significantly more likely to disagree with the statement (53%) than were those who were aware of e-cigarettes but have not tried them (25%).
Smoker status: Almost a half of the non-smokers (49%) agreed it is unsafe to use e-cigarettes around others, which is significantly greater than the one third of current smokers (33%) that agreed.

Age: Those in the 18 to 29 year age group were significantly more likely to disagree that it is unsafe to use e-cigarettes around others (44% compared with 29% of all who are aware of e-cigarettes).

**E-cigarettes are healthier than smoking tobacco cigarettes**

Slightly more than half (52%) agreed that e-cigarettes are healthier than smoking tobacco products. Almost a third (31%) disagreed, which is quite evenly divided between those strongly disagreeing (17%) and those disagreeing just a little (14%). One in six (17%) reported they don’t know (14%) or neither agree nor disagree (3%). There has been no significant change in this since 2015 (see Figure 13).

**Figure 13: E-cigarettes are healthier than smoking tobacco cigarettes**

I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: e-cigarettes are healthier than smoking tobacco cigarettes. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

---

**E-cigarette use:** Those who have tried e-cigarettes were significantly more likely to agree with the statement (63%) than were those who have not (50%). Those who have not tried them were more likely to indicate don’t know (15%) than were those who have tried them (6%).
Smoker status: Non-smokers were significantly more likely to disagree (33%) with the statement than were current smokers (24%).

**E-cigarettes help smokers to quit**

Opinions were quite divided on whether e-cigarettes help smokers to quit. Four out of 10 aware of e-cigarettes disagreed that they helped smokers to quit (40%), while a similar proportion (38%) agreed that they did. These findings were not significantly different to 2015 (see Figure 14).

**Figure 14: E-cigarettes help smokers to quit**

I'm going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here's the first one: e-cigarettes help smokers to quit. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].

<table>
<thead>
<tr>
<th></th>
<th>TOTAL (n=992)</th>
<th>TOTAL 2015 (n=1,374)</th>
<th>Tried E-Cigarettes (n=181)</th>
<th>Not tried E-Cigarettes (n=811)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree strongly</td>
<td>38%</td>
<td>38%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Agree just a little</td>
<td>25%</td>
<td>27%</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>17%</td>
<td>15%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Disagree strongly</td>
<td>23%</td>
<td>31%</td>
<td>15%</td>
<td>24%</td>
</tr>
<tr>
<td>Don't know</td>
<td>18%</td>
<td>14%</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>TOTAL AGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL DISAGREE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Base: All NSW adults aged 18+ who are aware of e-cigarettes*

**E-cigarette use:** Those who have tried e-cigarettes were also significantly more likely to agree that e-cigarettes helps smokers quit (59% compared with 34% of those aware but have not tried).

**Smoker status:** Current smokers were significantly more likely (43%) to agree with the statement than were ex-smokers (31%). It may be that current smokers in particular are hopeful that e-cigarettes will be a cessation aid.
Age: Those aged 18 to 29 years were significantly more likely to agree (48%) that e-cigarettes helps smokers quit (55% compared with 38% of all those aware of e-cigarettes).

7.3 Knowledge of e-cigarette bans

All those aware of e-cigarettes were presented with four bans, and asked whether each ban was currently in place (June to August, 2017). At the time of the survey, there were bans in place for the sale of e-cigarettes containing nicotine, the marketing of e-cigarettes as aids for quitting smoking and a ban on the sale of e-cigarettes to minors (the latter was introduced since the 2015 survey). A ban on the use of e-cigarettes in public places was not in place.

The results show there is a great deal of uncertainty about the bans in place on e-cigarettes in NSW, with at least three out of 10 NSW adults indicating they don’t know for each of the bans presented (see Figure 15).

Figure 15: Knowledge of bans on e-cigarettes

To the best of your knowledge, in NSW, is there currently a ban on:
(i) the sale of e-cigarettes to minors under 18 years of age
(ii) the use of e-cigarettes in public places.
(iii) the sale of e-cigarettes containing nicotine.
(iv) the marketing of e-cigarettes as aids for quitting smoking.

The sale of e-cigarettes to minors under 18 years of age

The majority of NSW adults aware of e-cigarettes (64%) correctly believed there was a ban on the sale of e-cigarettes to minors under 18 years of age (that at the time of the survey). Just under one in ten (7%) incorrectly believed there was no such ban and 29%
did not know. These findings are unchanged since the 2015 survey when the ban was not in place.

Age affects knowledge of this ban. The younger age groups (who were also more likely to use e-cigarettes) were significantly more likely to correctly believe there was a ban on the sale of e-cigarettes to minors (18 to 39 years: 72%; 40 to 59 years: 62%; 60 years and over: 56%).

Knowledge of this ban did not differ significantly between those who had tried and those who have never tried e-cigarettes.

**The sale of e-cigarettes containing nicotine**

Almost three-quarters (74%; 2015: 77%) either incorrectly believed there was no such ban (20%) or indicated *don’t know* (54%). A quarter (26%) correctly believed there was a ban on the sale of e-cigarettes containing nicotine. There has been no significant changes in this since 2015.

Those who had tried e-cigarettes were significantly more likely to believe there was such a ban (39%) than were those aware of e-cigarettes but had not tried them (24%).

Current smokers were significantly more likely to indicate there was such a ban than non-smokers (34% compared with 24%).

**The marketing of e-cigarettes as aids for quitting smoking**

Approximately three-quarters (76%) either incorrectly believed there was no such ban (21%) or indicated *don’t know* (55%). Just under a quarter (24%) correctly believed there was a ban on the marketing of e-cigarettes as aids for quitting smoking, which is unchanged since 2015.

Those who had tried e-cigarettes were significantly more likely to believe there was such a ban (33%) than were those aware of e-cigarettes but had not tried them (23%).

**The use of e-cigarettes in public places**

Seven out of 10 (69%) either incorrectly believed there was such a ban in place (31%; 2015: 23%) or did not know (38%). Three out of 10 (31%) correctly understood that at the time of the survey there was no ban on the use of e-cigarettes in public places. This was significantly lower than in 2015 (42%), indicating a greater level of knowledge about this since 2015.

**7.4 Support for legislation on e-cigarettes**

All respondents were asked if they support or oppose the introduction of legislation that *bans the use of e-cigarettes in public places where smoking is banned*.

Seven out of 10 (70%) NSW adults aged 18 years and over supported the introduction of such legislation in NSW, with a majority (56%) strongly supporting it rather than supporting it *just a little* (14%) (see Figure 16). However, the level of support is significantly lower than in 2015 when 80% of all NSW adults supported such a ban being
introduced. It should be noted, however, the question asked in 2017 was worded slightly differently to that asked in 2015.8

**Figure 16: Support for banning e-cigarettes in public places where smoking is banned**

8 The wording of the 2017 question on the ban e-cigarette usage in public places was: "Do you support or oppose the introduction of legislation in NSW that bans the use of e-cigarettes in public places where smoking is banned? And is that strongly or just a little?"

The 2015 wording was: "In 2014 the Queensland Parliament passed legislation that regulates e-cigarettes in the same way as conventional tobacco cigarettes, including banning the use of e-cigarettes in public places where smoking is banned. Do you support or oppose similar legislation being applied in NSW? And is that strongly or just a little?"

Smoking status affects support for this legislation. Ex-smokers (67%) and those who have never smoked (78%) were significantly more likely to support the legislation than current smokers (49%). Likewise, those who have not tried e-cigarettes were significantly more likely to support such a ban (74%) than those who have tried (37%).
8 Key findings: Knowledge of the health effects of smoking

All respondents were asked about their knowledge of smoking-related diseases and illnesses. They were first asked in an unprompted manner and then in a prompted manner.

8.1 Unprompted

Unprompted, lung cancer continues to be the main illness associated with smoking (72%; 2015: 67%) (Figure 19). Other illnesses linked to smoking include:

- cancer in general (47%; 2015: 40%)
- emphysema (41%; 2015: 45%)
- heart disease (33%; 2015: 35%)
- throat cancer (19%; 2015: 22%)
- mouth/oral cancer (19%; 2015: 17%)
- gangrene (12%; 2015: 12%)
- stroke (11%; 2015: 9%)
- lung/breathing disease problems (10%; 2015: 13%).

Since 2015, there has been a significant increase in the proportion of NSW adults who, unprompted, mentioned stomach cancer as an illness caused by smoking (5.1%; 2015: 1.1%).

Almost a half (44%; 2015: 37%) of NSW adults named two or more cancers associated with smoking. Interestingly, people under the age of 60 were significantly more likely to mention two or more cancers (unprompted) compared with those aged 60 and over (18 to 39 years: 49%; 40 to 59 years: 45%; 60 years and over 36%). This was noticeable in 2015 as well, suggesting that information on smoking-related illnesses and diseases is reaching the younger audience.

Since 2015 a significantly greater proportion of smokers, unprompted, mentioned pancreatic cancer (3.9%; 2015: 0.1%), cervical cancer (3.8%; 2015: 0.5%) and ovarian cancer (3.8%; 2015: 0.2%) as health conditions caused by smoking.

Comparisons between current smokers and non-smokers reveal several differences in (unprompted) knowledge of smoking-related diseases and illnesses:

- Non-smokers were significantly more likely than smokers to recall some form of cancer (92% and 85% respectively).
- Current smokers were significantly more likely than non-smokers to recall emphysema (50% and 40% respectively), mouth/oral cancer (24% and 17% respectively), gangrene (18% and 11% respectively) and, to a lesser extent, gum disease (6% and 2% respectively) and ovarian cancer (4% and 1% respectively). This is most likely due to smokers’ exposure to graphic warnings about such conditions on cigarette packaging.
8.2 Prompted

When prompted, virtually everyone was aware that smoking causes lung cancer (98%; 2015: 99%) (see Figure 17).

More than nine in 10 people also believed that smoking causes throat cancer (92%; 2015: 96%), mouth/oral cancer (91%; 2015: 95%) and emphysema (90%; 2015: 92%). Other diseases strongly associated with smoking include heart disease (88%; 2015: 88%), stroke (86%; 2015: 86%), gum disease (86%; 2015: 89%), cancer in general (81%; 2015: 83%) and gangrene (75%; 2015: 77%).

Smokers were significantly more likely than non-smokers to believe smoking causes blindness (64% and 47% respectively). This was also the case in 2015 and is likely due to smokers’ exposure to graphic warnings about such conditions on cigarette packaging. Smokers were also significantly more likely to believe smoking causes ovarian cancer (32% and 23% respectively).

Interestingly, knowledge of smoking-related illnesses and diseases differs by age. Those under 60 years were significantly more aware of most illnesses associated with smoking than were those aged 60 and over. Emphysema is the only disease that older people (60 years and over) were significantly more likely to associate with smoking than those aged 18 to 39 years (94% and 82% respectively). This also reflects the findings from 2015.

Females were significantly more likely than males to associate sudden infant death syndrome (SIDS) with smoking (49% and 38% respectively). However, unlike in 2015, males are now just as likely as females to associate heart disease (87% and 88% respectively) and asthma (4% and 6% respectively) with smoking. Females are now as likely as males to associate cervical cancer with smoking (25% and 29% respectively).

Location also affects prompted knowledge of smoking-related illnesses and diseases. Those living in the Rest of NSW continue to be significantly more likely than those living in Sydney to associate emphysema (95% and 87% respectively) with smoking, but are no longer significantly more likely to associate stomach cancer (64% and 59% respectively) with smoking.

As might be expected, those who are embarrassed to be a smoker and those who do not believe the health effects of smoking to be exaggerated are significantly more likely to associate all the various health conditions with smoking.
Figure 17: Knowledge of the health effects of smoking

4.1i To the best of your knowledge, what illnesses or diseases do you think are caused by smoking? [Unprompted]

4.1ii I am going to read you a list of illnesses and diseases that may or may not be caused by smoking. Based on what you know or believe, does smoking cause... [Prompted, randomised listing]

<table>
<thead>
<tr>
<th>Illness/Disease</th>
<th>Unprompted</th>
<th>Prompted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>72%</td>
<td>98%</td>
</tr>
<tr>
<td>Throat cancer</td>
<td>19%</td>
<td>92%</td>
</tr>
<tr>
<td>Mouth/oral cancer</td>
<td>19%</td>
<td>91%</td>
</tr>
<tr>
<td>Emphysema</td>
<td>41%</td>
<td>86%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>33%</td>
<td>88%</td>
</tr>
<tr>
<td>Stroke</td>
<td>11%</td>
<td>86%</td>
</tr>
<tr>
<td>Gum disease</td>
<td>3%</td>
<td>86%</td>
</tr>
<tr>
<td>Cancer - NFI</td>
<td>47%</td>
<td>81%</td>
</tr>
<tr>
<td>Gangrene (or peripheral vascular disease)</td>
<td>12%</td>
<td>75%</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>5%</td>
<td>61%</td>
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<tr>
<td>Blindness</td>
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<td>50%</td>
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<tr>
<td>Infertility</td>
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<td>Sudden infant death syndrome (SIDS)</td>
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<tr>
<td>Pancreatic cancer</td>
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<td>42%</td>
</tr>
<tr>
<td>Male impotence</td>
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<td>36%</td>
</tr>
<tr>
<td>Cervical cancer</td>
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<td>27%</td>
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<tr>
<td>Ovarian cancer</td>
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</tr>
<tr>
<td>Hepatitis C</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Lung/breathing disease/problems</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>No Illness or disease</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Refused</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+ (n=1,183)
Figure 18: Knowledge of the health effects of smoking among smokers

4.1i To the best of your knowledge, what illnesses or diseases do you think are caused by smoking? [Unprompted]

4.1ii I am going to read you a list of illnesses and diseases that may or may not be caused by smoking. Based on what you know or believe, does smoking cause...

[Prompted, randomised listing]

<table>
<thead>
<tr>
<th>Illness/Disease</th>
<th>Prompted</th>
<th>Unprompted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
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<td>95%</td>
</tr>
<tr>
<td>Emphysema</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Throat cancer</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>Mouth/oral cancer</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>Stroke</td>
<td>86%</td>
<td>86%</td>
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<td>Gum disease</td>
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<td>83%</td>
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<tr>
<td>Cancer - NFI</td>
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<td>79%</td>
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<td>Gangrene (or peripheral vascular disease)</td>
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<td>64%</td>
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<td>Stomach cancer</td>
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<tr>
<td>Pancreatic cancer</td>
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<td>43%</td>
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<tr>
<td>Infertility</td>
<td>41%</td>
<td>41%</td>
</tr>
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<td>Ovarian cancer</td>
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<td>Male impotence</td>
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</tr>
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<td>No Illness or disease</td>
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<td>0.7%</td>
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<td>4%</td>
<td>4%</td>
</tr>
<tr>
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<td>6%</td>
<td>6%</td>
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<td>1%</td>
</tr>
<tr>
<td>Refused</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Base: All NSW current smokers aged 18+ (n=381)
9 Key findings: Smokers’ attitudes towards their own smoking

Current smokers’ attitudes towards their own smoking were explored by asking them the extent to which they agreed or not with the following statements:

- *My smoking affects the health of others around me, including children.*
- *I feel uncomfortable smoking in public places.*
- *There are so few places to smoke these days, that I smoke when I can, rather than when I want to.*
- *I feel embarrassed to be a smoker*
- *I don’t care about smoking bans and will smoke wherever I want.*

A high proportion of NSW smokers aged 18 years or older continue to be conscious of both the impact their smoking has on other people and where they can smoke.

- Three quarters (75%; 2015: 78%) agreed to some extent with the statement *My smoking affects the health of others around me, including children* (see Figure 19).
- More than a half (56%; 2015: 50%) agreed to some extent that they feel *uncomfortable smoking in public places*. Notably, a significantly lower proportion disagreed strongly with this statement in 2017 (20%) than in 2015 (35%).
- A similar proportion (52%, 2015 49%) agreed to some extent that *There are so few places to smoke these days, that I smoke when I can rather than when I want to.*
- Further, four in 10 smokers (42%; 2015: 36%) agreed to some extent that they *feel embarrassed to be a smoker.*
Figure 19: Smokers’ attitudes towards their own smoking

4.21, 6.7 I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [STATEMENT]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

Attitudes among smokers differed as follows:

- **My smoking affects the health of others around me, including children:**
  - 18 to 39-year-olds continue to be significantly more likely to agree to some extent with this (79%) than were those aged 60 years and over (64%).

- **I feel uncomfortable smoking in public places:**
  - Those embarrassed to be smokers were significantly more likely to agree to some extent with this (76%) than those not embarrassed (42%), as were those considering quitting (66%) compared with those not considering quitting (43%).

- **There are so few places to smoke these days, that I smoke when I can rather than when I want to:**
- 18 to 29-year-olds were significantly more likely to disagree to some extent with this (58%) than those aged 30 years and older (34%).
- Those embarrassed to be smokers were also significantly more likely to agree to some extent (60%) than those not embarrassed (46%), as were those considering quitting (60%) compared with those not considering quitting (38%).

- **I feel embarrassed to be a smoker:**
  - Those considering quitting (51%) were significantly more likely to agree to some extent with this than those not considering quitting (29%).

- **I don’t care about smoking bans and will smoke wherever I want:**
  - Encouragingly, just 15% of smokers claimed they didn’t care about smoking bans and will smoke wherever they want (see Figure 20).
Figure 20: Smokers’ attitudes towards their own smoking - will smoke wherever, regardless of smoking bans

4.21, 6.7 I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. I don’t care about smoking bans and will smoke wherever I want. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

Those who believe the health effects of smoking to be exaggerated are significantly more likely to agree to some extent that they don’t care about smoking bans and will smoke wherever they want (26%). This is compared with 11% who do not believe the health effects to be exaggerated (11%).
10Key findings: Support for policy and legislative changes

This section of the report describes the findings in relation to support for government policy and legislative changes regarding:

- increasing the price of cigarettes
- regulation of the retail environment (i.e. banning cigarette vending machines in licensed premises)
- smoking bans for outdoor and other areas.

10.1 Support for further increasing the price of cigarettes

There continues to be majority support for further increasing the price of cigarettes to discourage young people from smoking (69% agree to some extent; 2015: 71%) (see Figure 21). This support continues to be significantly more likely to come from non-smokers (75%; 2015: 79%) than current smokers (38%; 2015: 37%).
Figure 21: Support for price increase to discourage young people from smoking

I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here's the first one [I support further increasing the price of cigarettes to discourage young people from smoking]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

There continues to be a majority support for further increasing in the price of cigarettes to encourage people to quit smoking (63% agree to some extent; 2015: 67%) (see Figure 22). Again, this support continues to be significantly more likely to come from non-smokers (68%; 2015: 74%) than current smokers (36%; 2015: 35%).

There are some differences evident among current smokers:

- Smokers aged under 40 were significantly more likely than smokers aged 40 and over to agree to some extent (52% and 22% respectively).
- Those embarrassed to be a smoker were more likely to agree to some extent than those not embarrassed by their smoking (50% and 27% respectively).
**Figure 22: Support for price increase to encourage quitting**

> I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [I support further increasing the price of cigarettes to encourage people to quit smoking]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

<table>
<thead>
<tr>
<th></th>
<th>Agree strongly</th>
<th>Agree just a little</th>
<th>Neither agree nor disagree</th>
<th>Disagree just a little</th>
<th>Disagree strongly</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total 2017 (n=615)</strong></td>
<td>48%</td>
<td>15%</td>
<td>13%</td>
<td>21%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td><strong>Total 2015 (n=821)</strong></td>
<td>49%</td>
<td>17%</td>
<td></td>
<td>24%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td><strong>Current Smokers (n=191)</strong></td>
<td>20%</td>
<td>10%</td>
<td>1%</td>
<td>54%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td><strong>Non-smokers (n=424)</strong></td>
<td>52%</td>
<td>10%</td>
<td>1%</td>
<td>20%</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Base: Split Sample - NSW adults aged 18+

---

**10.2 Regulation of the retail environment**

All respondents were asked if they supported a potential change to the retail environment by imposing a ban on cigarette vending machines in licensed premises.

Support was lower for this type of regulation. Slightly more than half (56%) of NSW adults agreed to some extent with such a ban. This was not significantly different than in 2015 (63%) (see Figure 23).

Understandably, non-smokers continue to be significantly more likely to support the ban (61%) than current smokers (33%). However, support among non-smokers has reduced, though not significantly, since 2015 when 71% were in favour.
There are some different attitudes among smokers.

Those embarrassed to be smokers were significantly more likely to agree to some extent with such a ban (46%) than those not embarrassed (22%). This was similar for those considering quitting (42%) compared with those not considering quitting (20%).

Figure 23: Support for a ban on cigarette vending machines in licensed premises

6.720 Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following [I support banning cigarette vending machines in licensed premises, such as pubs and clubs]. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

---

<table>
<thead>
<tr>
<th></th>
<th>TOTAL 2017 (n=774)</th>
<th>TOTAL 2015 (n=1,001)</th>
<th>Current Smokers (n=238)</th>
<th>Non-smokers (n=536)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Agree strongly</td>
<td>Agree just a little</td>
<td>Disagree just a little</td>
<td>Neither agree nor disagree</td>
</tr>
<tr>
<td></td>
<td>56%</td>
<td>63%</td>
<td>53%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>14%</td>
<td>17%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>3%</td>
<td>25%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>10%</td>
<td>38%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Base: Split Sample - NSW adults aged 18+

TOTAL AGREE | TOTAL DISAGREE
10.3 Awareness and approval of laws banning smoking for some outdoor public places

In January 2013, new laws were introduced in NSW banning smoking in some outdoor public places. Respondents were asked whether they:

- were aware of the laws
- approved or disapproved of the laws.

More than nine in 10 (91%) of all NSW adults are aware of the laws. This has not changed significantly since 2015 (93%).

There is also no significant difference in awareness between current smokers (93%) and non-smokers (91%). However, smokers aged 40 years and over are significantly more aware than smokers aged under 40 years (97% and 88% respectively).

Approval of the laws banning smoking in some outdoor public places has also remained unchanged since 2015 (82% in 2015: 83%). Of those aware of the new NSW laws banning smoking in some outdoor public places, 90% approved of the laws to some extent (2015: 89%).

Although non-smokers continued to have a significantly higher level of approval for these bans than current smokers (85% and 67% respectively; see Figure 24), approval by current smokers has increased significantly from 50% in 2013 when the ban was first introduced to 67% in 2017.

Furthermore, those embarrassed to be smokers were also significantly more likely to approve of the laws (75%) than those not embarrassed to be smokers (61%).

**Figure 24: Approval of NSW laws banning smoking in some outdoor public places, by smoker status**

6.22a And do you personally approve or disapprove of these laws? Is that strongly or just a little?

10.4 Support for specific outdoor locations included in ban

Respondents were asked whether they supported the laws which ban smoking in six specific outdoor locations. There was a great deal of support for the ban for smoking within 10 metres of children’s play equipment (97% support; 2015: 98%), indicating that adults in NSW continue to be concerned about the effects of adult smoking on children’s
health. Around nine in 10 people also supported bans in the other five outdoor locations, including commercial outdoor dining areas (88%), which was included for the first time in the 2017 survey.

As shown in Figure 25, support for each of the following bans was generally higher among non-smokers than current smokers:

- In spectator areas of sports grounds (non-smokers: 95%; smokers: 86%).
- At public transport stops and stations (non-smokers: 94%, smokers: 81%);
- Within four metres of a pedestrian entrance or exit to a public building (non-smokers: 89%; current smokers: 76%)
- In commercial outdoor dining areas (non-smokers: 91%; smokers: 75%).

**Figure 25: Support for laws banning smoking in specific locations, by smoker status**

6.22b The tobacco laws in NSW include smoking bans in a number of outdoor public places. Do you support the banning of smoking.....?

The high level of approval among non-smokers has not changed significantly since 2015 for any of the outdoor locations.
10.5 Support for other potential locations to be made smoke-free by law

Seven potential locations to be made smoke-free by law were presented to respondents. The level of support continued to be high for six of the locations, as follows:

- Open or outdoor public shopping malls (85%; 2015: 83%).
- Gaming areas (including indoor poker machines areas) in pubs, clubs and bars (74%; 2015: 80%).
- Beaches (74%; 2015: 79%).
- Outdoor community events and festivals (74%; 2015: 77%).
- Workplaces (including outdoor workplaces) (74%; 2015: 74%).
- Private gaming areas (high roller rooms) at casinos (69%; 2015: 71%).

Support among NSW adults continues to be divided as to whether all balconies of apartment blocks and multi-dwelling residential buildings should be made smoke-free by law: 54% agreed and 42% disagreed. This is unchanged from 2015. It is worth noting that, the proportion of current smokers who strongly disagree with this potential ban in 2017 is significantly lower than in 2015 (48% and 61% respectively).

Non-smokers were significantly more supportive than current smokers of banning smoking across all seven potential locations (Figure 26).
Figure 26: Support for other potential locations to be smoke-free by law by smoker status

6.7  Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Non-smokers (%)</th>
<th>Current Smokers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I support making all open or outdoor public shopping malls smoke-free by law (NS n=540, CS n=220)</td>
<td>67%</td>
<td>87%</td>
</tr>
<tr>
<td>I support making all workplaces (including outdoor workplaces) smoke-free by law (NS n=520, CS n=205)</td>
<td>39%</td>
<td>91%</td>
</tr>
<tr>
<td>I support making all outdoor community events and festivals smoke-free by law (NS n=500, CS n=200)</td>
<td>40%</td>
<td>80%</td>
</tr>
<tr>
<td>I support making all gaming areas (including poker machine areas) in pubs, clubs and bars smoke-free by law (NS n=450, CS n=250)</td>
<td>46%</td>
<td>80%</td>
</tr>
<tr>
<td>I support making all benches smoke-free by law (NS n=490, CS n=220)</td>
<td>50%</td>
<td>78%</td>
</tr>
<tr>
<td>I support making private gaming areas (high roller rooms) at casinos smoke-free by law (NS n=400, CS n=251)</td>
<td>40%</td>
<td>73%</td>
</tr>
<tr>
<td>I support making all balconies of apartment blocks and multi-dwelling residential buildings smoke-free by law (NS n=524, CS n=235)</td>
<td>33%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Note: Split Sample - All NSW adults aged 18+
11 Key findings: Response to plain packaging

This section of the report describes the findings on:

- support for plain packaging on cigarette packets
- the impact of plain packaging on smoking behaviour.

11.1 Support for plain packaging

More than seven in ten (71%) adults in NSW supported the regulation for tobacco products to be sold in plain packaging, with the majority agreeing with it strongly (58%). This level of support remains largely unchanged from the level of support in 2015 (74%, including 60% agreeing strongly with it) (Figure 27).

Non-smokers remain significantly more likely to support plain packaging (75%; 2015: 79%) than were current smokers (52%; 2015: 50%). These findings, however, are not significantly different to 2015.

Figure 27: Support for plain packaging regulation, by smoker status

4.2 16 I’m now going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one [I support the regulation that ensures all tobacco products are sold in plain packaging [IF NECESSARY: Plain packaging means that all brand imagery, including colours and brand logos has been removed. All cigarette packs now look the same, with the only difference being brand name.]? Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

11.2 Impact of plain packaging on behaviour

All current smokers were asked whether plain packaging had any impact on their smoking behaviour. Almost a half (47%) of current smokers reported a positive behavioural impact of plain packaging (Figure 28). This has not changed significantly since 2015 (42%). The top three changes reported remain:

- Thoughts about quitting (26%; 2015: 20%)
● *Smoking less* (22%; 2015: 18%).
● *Hid pack from view* (19%; 2015: 14%)  

**Figure 28: Impact of plain packaging on behaviour by smoker status**

4.10 It is a requirement that tobacco products be sold in plain packaging. As a result of plain packaging have you......

Furthermore, it is notable that:

- those embarrassed to be smokers were significantly more likely to mention each of the impacts than those not embarrassed to be a smoker
- those smokers who believe the damage done to their body is reversible were significantly more likely to mention many of the impacts than those who believe the damage is not reversible
- as in 2015, smokers aged under 40 years were significantly more likely to feel that plain packaging has made them *smoke less* (29% compared with 17% of smokers aged over 40 years)
- smokers aged under 40 years were significantly more likely to have had *thoughts about quitting* than smokers aged 60 years or over (29% and 15% respectively).
Appendix A: Methodology – Age and gender profile of landline and mobile samples

Age and gender profile of fixed landline and mobile phone sample interviews

<table>
<thead>
<tr>
<th>Gender</th>
<th>Landline (n=573)</th>
<th>Mobile (n=610)</th>
<th>TOTAL (n=1,183)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>56%</td>
<td>45%</td>
<td>50%</td>
</tr>
<tr>
<td>Male</td>
<td>44%</td>
<td>55%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Landline (n=573)</th>
<th>Mobile (n=610)</th>
<th>TOTAL (n=1,183)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–24</td>
<td>2%</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>25–29</td>
<td>2%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>30–39</td>
<td>4%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>40–49</td>
<td>12%</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>50–59</td>
<td>18%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>60–69</td>
<td>25%</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>70–79</td>
<td>25%</td>
<td>7%</td>
<td>16%</td>
</tr>
<tr>
<td>80+</td>
<td>12%</td>
<td>1%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
### Age by gender profile of fixed landline and mobile phone sample interviews

<table>
<thead>
<tr>
<th>Age</th>
<th>Landline (n=573)</th>
<th>Mobile (n=610)</th>
<th>TOTAL (n=1,183)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>1%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>30–39</td>
<td>3%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>40–49</td>
<td>7%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>50–59</td>
<td>12%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>60–69</td>
<td>13%</td>
<td>7%</td>
<td>10%</td>
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<tr>
<td>70–79</td>
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<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>80+</td>
<td>7%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>2%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>30–39</td>
<td>3%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>40–49</td>
<td>5%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>50–59</td>
<td>7%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>60–69</td>
<td>10%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>70–79</td>
<td>10%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>80+</td>
<td>5%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Appendix B: Methodology – Weighting calculations

The ABS.Stat module was used to obtain projections of the Estimated Resident Population (ERP) by age, by gender, by the NSW Greater Capital City Statistical Areas (Sydney/Rest of NSW) for June 2017.

The age ranges provided in that publication were 15–19, 20–24, continuing in five-year ranges up to 85+. The age ranges required for weighting, however, were: 18–29, 30–39, 40–49, 50–59 and 60 years and over. The required ERP values by age x gender x Sydney/Rest of NSW were thus available from ABS.Stat with the exception of the 18 to 29 year age range. An additional calculation was thus required to obtain the 18–19 ERP values, by gender, by Sydney/Rest of NSW.

This calculation required the use of ABS release 3101.0 Australian Demographic Statistics, Table 51, Estimated Resident Population By Single Year Of Age, New South Wales, Mar 2017, Released at 11:30 AM 27/09/2017. This table provided the NSW population by gender in single year ranges from 0 to 84, 85–89, 90–94, 95–99 and 100+. From this data the ratio of persons aged 18-19 from the count of persons aged 15-19 (around 40%) was computed for both males and females. These conversion factors for males and females enabled the ERP values for males and females aged 15-18 by Sydney/Rest of NSW to be estimated from the ERP values of males and females 15-19 by Sydney/Rest of NSW. There was a (negligible) degree of approximation in this calculation as this conversion factor was only available at the state (NSW) level and not by Sydney and Rest of NSW.

Phone ownership data (landline only, mobile only, both landline and mobile) for the 12 months to March 2017 by age by gender by Sydney/Rest of NSW was obtained from the Roy Morgan Research Company. This data was used to estimate phone ownership rates by age by gender by Sydney/Rest of NSW. These rates were then applied to the June 2017 ABS ERP values described above to provide the final population-level data set required for weighting: Phone ownership x Age x Gender x Sydney/Rest of NSW (for June 2017).

The use of a dual frame overlapping design, with sample representing the over-lapping populations of people with access to landline and people with access to mobile phones, requires some special weighting approaches to avoid the potential duplication of people with both a landline and mobile phone.

Two aspects of the sample design needed to be accounted for in the weighting: (1) the dual frame overlapping design; and (2) the design, described above, in which in stage 1 of the survey the non-smoker sample was capped at 802 respondents. Stage 2 of the survey commenced after that point was reached. In stage 2 smokers were fully enumerated but non-smokers only provided information for use in weighting.

The stage 1 sample was weighted as follows:

1. The stage 1 sample size of 936 records was made up of the 802 non-smokers and 134 smokers. The first step in the weighting process was to calculate the probabilities of selection for these records from both frames. For the landline sample the initial probabilities of selection were proportional to the inverse of the household size (persons aged 18+) to reflect the fact that the random respondent was selected
from households selected from the landline sample. For the mobile sample the initial probabilities of selection were proportional to the number of active mobile phones used by the mobile phone respondent.

2. For both the landline and mobile sample weighting cells were defined by geographic strata (Sydney/Rest of NSW) x gender x age (18–29, 30–39, 40–49, 50–59, 60+). In order to avoid unduly large weights, weighting cells were collapsed if the sample size was less than 5. Weighting cells were collapsed across adjacent age groups but not across gender or geographic strata.

3. Initially the landline sample was weighted to the landline population counts and the mobile sample was weighted to the mobile phone population counts. These calculations required estimates of the landline population x geographic strata x gender x age, and the mobile population x geographic strata x gender x age. These population counts were estimated by applying phone ownership rates as of March 2017 to the ABS Estimated Resident Population (ERP) projections for June 2017. The phone ownership rates were derived by data from the Roy Morgan Research Centre provided by the Cancer Institute (NSW) for this purpose.

4. Initial weights were calculated by inverting the initial probabilities of selection. These weights were pro-rated by a calibration weighting method so that the revised weights summed to the relevant weighting cell population totals for both the landline and mobile sample.

5. These weights enabled the projection of the stage 1 landline sample to the landline population and the stage 2 mobile sample to the mobile population. A further adjustment was required to enable the full sample (landline plus mobile) to represent the full population. In this adjustment the weights of records from the landline sample with a mobile phone and the records from the mobile sample with a landline were halved to account for the fact that both the mobile sample and the landline sample represented the population of people with both a landline and mobile phone number. In this way the double-counting of this overlap population was accounted for.

6. A rim-weighting process was then used to ensure consistency of the weights with two sets of population data. The first set of population data was the June 2017 ERP values calculated at the geographic strata x gender x age level, and the second set of data was the three phone ownership population totals (Landline only, Dual, Mobile only) for NSW obtained from the previously described RMRC data.

7. The rim weighting was carried out iteratively. The weights were firstly pro-rated so that their sum for the first set of rim weighting cells equalled the population values of those cells. The weights obtained from this process were then pro-rated so that their sum for the second set of rim weighting cells equalled the population values of those cells. This process was repeated three times. At the completion of that process all 936 stage 1 records had been weighted.

8. The weights so computed for the 802 non-smoker records were final. The smoker weights were calculated as follows.

9. The stage 2 dataset was made up of 247 smokers and 1967 non-smokers (who only provided weighting information), a total of 2014 records. The full dataset of 936
stage 1 records and these 2,014 stage 2 records (a total of 3,150) was combined and used to repeat the same weighting process that was applied to the stage 1 sample (as described in steps 1 to 7 above).

10. The above process created weights for all the 3,150 records. Not all these weights were used. The weights for the non-smokers from this second weighting calculation were not used. The weights for the non-smokers providing survey data was obtained from the weighting process applied to the stage 1 data.

11. The weights for the 381 smokers with survey data (134 from stage 1 and 247 from stage 2) were derived from the weights for these records as calculated in the second weighting process. A final calculation was made in which the weights for these the smoker records were calibrated so that the estimated smoker rate by age x gender x geographic strata was equal to the estimated smoker rates from the stage 1 sample.
## Appendix C: Methodology – Call outcomes and response rate calculations

### Final call outcomes: LANDLINE

<table>
<thead>
<tr>
<th>Category</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contact not made / Residential not established (Total)</td>
<td>20,551</td>
</tr>
<tr>
<td>No answer</td>
<td>17,018</td>
</tr>
<tr>
<td>Engaged</td>
<td>971</td>
</tr>
<tr>
<td>Answering machine</td>
<td>2,556</td>
</tr>
<tr>
<td>Incoming call blocks</td>
<td>6</td>
</tr>
<tr>
<td>B. Contact not made / Residential established / Not residential (Total)</td>
<td>2,691</td>
</tr>
<tr>
<td>Invalid number - Telstra recording/Continual fax tone</td>
<td>2,691</td>
</tr>
<tr>
<td>C. Contact made / Residential established / Not residential (Total)</td>
<td>2,925</td>
</tr>
<tr>
<td>Business number</td>
<td>2,925</td>
</tr>
<tr>
<td>D. Contact made / Residential established / Residential / Eligibility not established (Total)</td>
<td>7,832</td>
</tr>
<tr>
<td>Refused - eligibility unknown</td>
<td>6,727</td>
</tr>
<tr>
<td>Language barrier - eligibility unknown</td>
<td>667</td>
</tr>
<tr>
<td>Incapable - eligibility unknown</td>
<td>100</td>
</tr>
<tr>
<td>Call back - not definite</td>
<td>335</td>
</tr>
<tr>
<td>Make appointment - definite</td>
<td>3</td>
</tr>
<tr>
<td>E. Contact made / Residential established / Residential / Eligibility established / Not eligible (Total)</td>
<td>203</td>
</tr>
<tr>
<td>Not eligible - quota fail (failed scoping question)</td>
<td>0</td>
</tr>
<tr>
<td>Not eligible - not aged 18+/no one in household aged 18+</td>
<td>122</td>
</tr>
<tr>
<td>Not eligible - not living in NSW</td>
<td>81</td>
</tr>
<tr>
<td>F. Contact made / Residential established / Residential / Eligibility established / Eligible / Not interviewed (Total)</td>
<td>67</td>
</tr>
<tr>
<td>Refused - eligible</td>
<td>67</td>
</tr>
<tr>
<td>G. Contact made / Residential established / Residential / Eligibility established / Eligible / Interviewed (Total)</td>
<td>1,575</td>
</tr>
<tr>
<td>Completed interview</td>
<td>1,575</td>
</tr>
<tr>
<td><strong>TOTAL NUMBERS ATTEMPTED</strong></td>
<td><strong>35,844</strong></td>
</tr>
</tbody>
</table>

### Calculating the residential rate

- Contact made, Residential established, Not residential [C] | 2,925
- Contact made, Residential established, Residential [D+E+F+G] | 9,677
- **Residential rate** | **76.79%**

### Calculating the eligibility rate given residential rate

- Contact made, Residential, Eligibility established, Not eligible [E] | 203
- Contact made, Residential, Eligible [F+G] | 1,642
- **Eligibility rate** | **89.00%**

### Calculating the response rate

- Known eligible [F+G] | 1,642
- Estimated eligible from contact made, eligibility unknown [D] x eligibility rate | 6,970
- Estimated eligible from Contact not made, residentiality not established [A] x residentiality rate x eligibility rate | 14,045
- Estimated total eligible [H+J+K] | 22,657
- **Response rate [G/M]** | **6.95%**
- **Response rate - based on all known eligible [G/H]** | **95.92%**
## Final call outcomes: MOBILE

<table>
<thead>
<tr>
<th>Outcome Description</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Contact not made / Residential not established (Total)</strong></td>
<td>41,056</td>
</tr>
<tr>
<td>No answer</td>
<td>30,151</td>
</tr>
<tr>
<td>Engaged</td>
<td>186</td>
</tr>
<tr>
<td>Answering machine</td>
<td>10,679</td>
</tr>
<tr>
<td>Incoming call blocks</td>
<td>40</td>
</tr>
<tr>
<td><strong>B. Contact not made / Residential established / Not residential (Total)</strong></td>
<td>746</td>
</tr>
<tr>
<td>Invalid number - Telstra recording/continual fax tone</td>
<td>746</td>
</tr>
<tr>
<td><strong>C. Contact made / Residential established / Not residential (Total)</strong></td>
<td>1,368</td>
</tr>
<tr>
<td>Business number</td>
<td>1,368</td>
</tr>
<tr>
<td><strong>D. Contact made / Residential established / Residential / Eligibility not established (Total)</strong></td>
<td>8,491</td>
</tr>
<tr>
<td>Refused - eligibility unknown</td>
<td>7,001</td>
</tr>
<tr>
<td>Language barrier - eligibility unknown</td>
<td>805</td>
</tr>
<tr>
<td>Incapable - eligibility unknown</td>
<td>22</td>
</tr>
<tr>
<td>Call back - not definite</td>
<td>640</td>
</tr>
<tr>
<td>Make appointment - definite</td>
<td>23</td>
</tr>
<tr>
<td><strong>E. Contact made / Residential established / Residential / Eligibility established / Not eligible (Total)</strong></td>
<td>17,608</td>
</tr>
<tr>
<td>Not eligible - quota fail (failed scoping question)</td>
<td>0</td>
</tr>
<tr>
<td>Not eligible - not aged 18+/no one in household aged 18+</td>
<td>441</td>
</tr>
<tr>
<td>Not eligible - not living in NSW</td>
<td>17,167</td>
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<tr>
<td><strong>F. Contact made / Residential established / Residential / Eligibility established / Eligible / Not interviewed (Total)</strong></td>
<td>140</td>
</tr>
<tr>
<td>Refused - eligible</td>
<td>140</td>
</tr>
<tr>
<td><strong>G. Contact made / Residential established / Residential / Eligibility established / Eligible / Interviewed (Total)</strong></td>
<td>1,575</td>
</tr>
<tr>
<td>Completed interview</td>
<td>1,575</td>
</tr>
<tr>
<td><strong>TOTAL NUMBERS ATTEMPTED</strong></td>
<td>70,984</td>
</tr>
</tbody>
</table>

### Calculating the residential rate

- Contact made, Residential established, Not residential [C] | 1,368
- Contact made, Residential established, Residential [D+E+F+G] | 27,814

**Residential rate** | 95.31%

### Calculating the eligibility rate given residential rate

- Contact made, Residential, Eligibility established, Not eligible [E] | 17,608
- Contact made, Residential, Eligible [F+G] | 1,715

**Eligibility rate** | 8.88%

### Calculating the response rate

- H. Known eligible [F+G] | 1,715
- J. Estimated eligible from contact made, eligibility unknown [D] x eligibility rate | 754
- K. Estimated eligible from contact not made, residentiality not established [A] x residentiality rate x eligibility rate | 3,473
- M. Estimated total eligible [H+J+K] | 5,942

**Response rate [G/M]** | 26.51%
**Response rate - based on all known eligible [G/H]** | 91.84%
### Final call outcomes - TOTAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Numbers attempted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Contact not made / Residential not established (Total)</strong></td>
<td>61,607</td>
</tr>
<tr>
<td>No answer</td>
<td>47,169</td>
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<tr>
<td>Engaged</td>
<td>1,157</td>
</tr>
<tr>
<td>Answering machine</td>
<td>13,235</td>
</tr>
<tr>
<td>Incoming call blocks</td>
<td>46</td>
</tr>
<tr>
<td><strong>B. Contact not made / Residential established / Not residential (Total)</strong></td>
<td>3,437</td>
</tr>
<tr>
<td>Invalid number - Telstra recording/continual fax tone</td>
<td>3,437</td>
</tr>
<tr>
<td><strong>C. Contact made / Residential established / Not residential (Total)</strong></td>
<td>4,293</td>
</tr>
<tr>
<td>Business number</td>
<td>4,293</td>
</tr>
<tr>
<td><strong>D. Contact made / Residential established / Residential / Eligibility not established (Total)</strong></td>
<td>16,323</td>
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<tr>
<td>Refused - eligibility unknown</td>
<td>13,728</td>
</tr>
<tr>
<td>Language barrier - eligibility unknown</td>
<td>1,472</td>
</tr>
<tr>
<td>Incapable - eligibility unknown</td>
<td>122</td>
</tr>
<tr>
<td>Call back - not definite</td>
<td>975</td>
</tr>
<tr>
<td>Make appointment - definite</td>
<td>26</td>
</tr>
<tr>
<td><strong>E. Contact made / Residential established / Residential / Eligibility established / Not eligible (Total)</strong></td>
<td>17,811</td>
</tr>
<tr>
<td>Not eligible - quota fail (failed scoping question)</td>
<td>0</td>
</tr>
<tr>
<td>Not eligible - Not aged 18+/no one in household aged 18+</td>
<td>563</td>
</tr>
<tr>
<td>Not eligible - Not living in NSW</td>
<td>17,248</td>
</tr>
<tr>
<td><strong>F. Contact made / Residential established / Residential / Eligibility established / Eligible / Not interviewed (Total)</strong></td>
<td>207</td>
</tr>
<tr>
<td>Refused - eligible</td>
<td>207</td>
</tr>
<tr>
<td><strong>G. Contact made / Residential established / Residential / Eligibility established / Eligible / Interviewed (Total)</strong></td>
<td>3,150</td>
</tr>
<tr>
<td>Completed interview</td>
<td>3,150</td>
</tr>
</tbody>
</table>

**TOTAL NUMBERS ATTEMPTED**  
106,828

### Calculating the residential rate

- Contact made, Residential established, Not residential [C]  
  4,293
- Contact made, Residential established, Residential [D+E+F+G]  
  37,491

**Residential rate**  
89.73%

### Calculating the eligibility rate given residential rate

- Contact made, Residential, Eligibility established, Not eligible [E]  
  17,811
- Contact made, Residential, Eligible [F+G]  
  3,357

**Eligibility rate**  
15.86%

### Calculating the response rate

- Known eligible [F+G]  
  3,357
- Estimated eligible from contact made, eligibility unknown [D] x eligibility rate  
  2,589
- Estimated eligible from contact not made, residentiality not established [A] x residentiality rate x eligibility rate  
  8,766
- Estimated total eligible [H+J+K]  
  14,712

**Response rate [G/M]**  
21.41%

**Response rate - based on all known eligible [G/H]**  
93.83%
Appendix D: Questionnaire

Cancer Institute - Smoking and health survey questionnaire 2017 (21.6.17 changes)

INTRODUCTION

ALL LANDLINE SAMPLE RESPONDENTS

Good (morning/afternoon/evening). My name is [INTERVIEWER] from ORC International. We’re conducting an important survey on a range of health issues on behalf of the NSW government.

I’d like to speak to someone aged 18 or over would that be you?

IF NO ONE AGED 18 OR OVER LIVING IN HOUSEHOLD. TERMINATE & THANK. CODE IN CALL OUTCOME FILE AS “NO ONE IN HOUSEHOLD AGED 18+”

IF SOMEONE 18 YEARS OF AGE OR OLDER NOT AVAILABLE MAKE APPOINTMENT.

REINTRODUCE AS NECESSARY

[IF NON-SMOKER CAP HAS NOT BEEN REACHED - For most people the survey takes about 15 to 20 minutes depending on your answers. [IF NON-SMOKER CAP REACHED – For the vast majority of people the survey only takes about 3 to 4 minutes, but it could take 15 to 20 minutes depending on your answers. I’ll let you know as we go along]. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis.

IF NECESSARY: (The results will be used by the State government to assist with policy and planning for the health industry).

IF NECESSARY: (I can’t tell you right now what type of health survey as that may influence your answers, however it will become apparent after you answer the first couple of questions).

IF NECESSARY: (Your telephone number has been generated at random by computer from all possible numbers in your area).

ASK ALL

QA. WHEN SPEAKING TO SOMEONE AGED 18 OR OVER
Is it convenient to talk now or would you like to make an appointment?
1 Yes
2 Not available now [MAKE APPOINTMENT]
3 No-one living in household aged 18 years or older [TERMINATE & THANK]
98 Refused [TERMINATE & THANK]
Cancer Institute - Smoking and health survey questionnaire 2017

We would like to randomly select one adult aged 18 years or over in your household to be interviewed.

H1  First of all, including yourself, what is the TOTAL number of people aged 18 or over who live in your household?
   RECORD NUMBER: [ALLOWABLE RANGE 1 TO 16, DK AND REF ALLOWED]
   INTERVIEWER NOTE: DO NOT INCLUDE VISITORS
   IF NONE – THANK & TERMINATE.
   IF DON'T KNOW OR REFUSED – THANK & TERMINATE.

[IF ONLY ONE PERSON IN HOUSEHOLD]
H2  Are you the adult in the household aged 18 or over?

   1   Yes
   2   No

[IF YES]: SKIP RANDOM SELECTION

Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part? Is now a good time?

MAKE APPOINTMENT IF NECESSARY OR CONTINUE [I.E. GO TO 52]
TERMINATE IF REFUSED

[IF NO]: SKIP RANDOM SELECTION AND ASK TO SPEAK WITH THAT PERSON. ASK FOR NAME OF PERSON. MAKE APPOINTMENT IF NECESSARY. REINTRODUCE AS NECESSARY.

[IF MORE THAN ONE PERSON IN HOUSEHOLD]
H3  Now can you tell me if you are the [nth - PROGRAMMER: RANDOMLY GENERATE BASED ON ANSWER TO H1 E.G IF ”4” AT H1 RANDOMLY GENERATE FROM 1-4] oldest adult in the household?

   1   Yes
   2   No
Cancer Institute NSW
NSW Smoking & Health Survey 2017

Cancer Institute - Smoking and health survey questionnaire 2017 (31.6.17 changes)

[IF YES at H3]
H4a. We have done the random selection and we would like to interview you? Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part? Is now a good time?

1 Yes [GO TO X2A]
2 Not now [TAKE NAME AND MAKE APPOINTMENT]
98 Refused [TERMINATE & THANK. ABORT WITH “REFUSED – OTHER (ELIGIBLE)”]

IF code 2
QName2: And could I please have your name or even nickname:

RECORD CONTACT’S NAME:

IF RELUCTANT: The initial will do

[IF NO at H3]
H4. We have done the random selection and we would like to interview the [NTH from H3] oldest adult.

THEN GO TO QNAME1.

IF SELECTED PERSON IS ANOTHER PERSON (Code 2 at H2 or H3),

QName1: Could you please tell me his/her name or nickname?

RECORD SELECTED PERSON’S NAME:

IF RELUCTANT: The initial will do

QName2: And could I just please take your name or even nickname so that we can tell him/her we have spoken with you already?

RECORD INITIAL CONTACT’S NAME:

IF RELUCTANT: The initial will do
<table>
<thead>
<tr>
<th>QR</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes – REINTRODUCE SURVEY WITH FULL INTRO</td>
</tr>
<tr>
<td>2</td>
<td>Not available now (CAP/QUOTA CHECK: IF NON-SMOKER CAP NOT REACHED THEN MAKE APPOINTMENT, IF NON-SMOKER CAP REACHED GO TO 3RD PARTY OPPORTUNITY)</td>
</tr>
<tr>
<td>98</td>
<td>Refused (TERMINATE)</td>
</tr>
</tbody>
</table>
INTRODUCTION

ALL MOBILE PHONE SAMPLE RESPONDENTS

Good (morning/afternoon/evening). My name is [INTERVIEWER] from ORC International. We’re conducting an important survey on a range of health issues on behalf of the NSW government.

I’d like to speak to someone living in NSW, aged 18 or over would that be you?

INTERVIEWER: IF NOT. THANK & TERMINATE

[IF NON-SMOKER CAP HAS NOT BEEN REACHED - For most people the survey takes about 15 to 20 minutes depending on your answers. ] [IF NON-SMOKER CAP REACHED – For the vast majority of people the survey only takes about 3 to 4 minutes, but it could take 15 to 20 minutes depending on your answers. I’ll let you know as we go along]. Please be assured that any information you give us will be strictly confidential and used for research purposes only. Any information that could be used to identify you will be removed prior to analysis. Would you be willing to take part?

IF NECESSARY: (The results will be used by the State government to assist with policy and planning for the health industry).

IF NECESSARY : (I can’t tell you right now what type of health survey as that may influence your answers, however it will become apparent after you answer the first couple of questions).

IF NECESSARY: (Your telephone number has been generated at random by computer from all possible mobile numbers in Australia).

X1. Firstly, may I just check whether or not it is safe for you to take this call at the moment? If not, I am happy to call you back when it is more convenient for you.

1. Yes, safe to take call
2. No, not safe to take call - but OK to call back
3. Refused

[ALL]

X2. And could I just <IF CODES 2-3 AT X1 – quickly> ask, do you live in NSW and are aged 18 years or over?

1. Yes [CONTINUE, MAKE APPOINTMENT OR THANK & CLOSE AS APPROPRIATE]
2. No [TERMINATE & THANK. Sorry that is the group we are interested in for this particular survey]
3. Refused [TERMINATE & THANK]
[ALL i.e. ALL LANDLINE & MOBILE RESPONDENTS]

I just need to let you know that my supervisor may listen in on part of this call to check my work. Is that OK with you?

1. Yes (supervisor may monitor)
2. No (supervisor will not monitor)

[ALL]
To double-check whether you are eligible for this survey, we just have a few initial questions.

X2a. Firstly can I just confirm, <that – IF LANDLINE><do – IF MOBILE> you live in NSW?

1. Yes
2. No [TERMINATE & THANK...Sorry that is the group we are interested in for this particular survey]
3. Refused [TERMINATE & THANK]

[ALL]
S2 RECORD GENDER
1. Female
2. Male

[ALL]
S3a Could you please tell me how old you are today?

1. Response in years [TERMINATE IF <18]
98 Refused

[IF S3a = 98]
S3b Would you mind telling me into which of the following age brackets you fall?

1. Less than 18 years [TERMINATE]
2. 18-24 years
3. 25-29 years
4. In your thirties
5. In your forties
6. In your fifties
7. In your sixties
8. In your seventies
9. 80 years or over
98 Refused [TERMINATE]
Cancer Institute - Smoking and health survey questionnaire 2017

[ALL]
S6a Have you ever smoked tobacco products? By this, I mean tailor-made or factory-made cigarettes, roll-your-own cigarettes, cigars, pipes, or any other tobacco products.

1 Yes
2 No [COUNTS TO NON-SMOKERS' QUOTA]
99 Don’t know
98 Refused [TERMINATE]

[IF S6a = 1 or 99]
S6 Which of the following best describes how often you currently smoke?

[INTERVIEWER NOTE: IF UNSURE PROMPT FOR BEST GUESS]
1 Daily [COUNTS TO SMOKERS' QUOTA]
2 At least once a week [COUNTS TO SMOKERS' QUOTA]
3 At least once a month [COUNTS TO SMOKERS' QUOTA]
4 Less often than once a month [COUNTS TO SMOKERS' QUOTA]
5 Not at all [COUNTS TO NON-SMOKERS' QUOTA]
99 Don’t know [DO NOT READ OUT. TERMINATE]
98 Refused [DO NOT READ OUT. TERMINATE]

[PROGRAMMER NOTE: CREATE DUMMY VARIABLE]
S6DUM Smoking status
1 CURRENT SMOKER (S6 = 1 or 2 or 3 or 4)
2 EX-SMOKER (S6a=1 AND S6 =5)
3 NEVER SMOKED (S6a = 2 OR S6a=99 and S6=5)

PROGRAMMER: CHECK NON-SMOKER QUOTA BASED ON ANSWERS TO S6/S6a.

IF NON-SMOKER CAP REACHED THEN NON-SMOKERS (S6a=2 OR S6= 5) GO TO DEMOGRAPHICS (8.13) WITH THE FOLLOWING TEXT:

In that case, we just need to ask you a few quick demographic questions and we are finished.

IF NON-SMOKER CAP REACHED AND RESPONDENT IS A SMOKER (S6=1, 2, 3 OR 4) CONTINUE WITH THE FOLLOWING TEXT:

Based on your answers so far, we just want to let you know that the survey will take an estimated 15 mins from here and we think you’ll find it interesting. So firstly....
Cancer Institute - Smoking and health survey questionnaire 2017

[ALL]
S7 How many people in your household [IF S6=1-2 – AT LEAST WEEKLY SMOKER: including yourself,] smoke at least once a week?
[INTERVIEWER NOTE: THIS INCLUDES ALL AGES. IF UNSURE PROMPT FOR BEST GUESS]

  1  Record number [ALLOWABLE RANGE 0-20]
  99  Don’t know
  98  Refused

NORMATIVE PERCEPTIONS

[ALL]
NP1 Out of every 100 adults aged 18 years or older in NSW, how many do you think smoke tobacco products?

  1  Record number [ALLOWABLE RANGE 0-100]
  999  Don’t know
  998  Refused

S6DUM = 3, NEVER SMOKED, THEN GO TO S6b.

SMOKING BEHAVIOUR

[IF S6DUM = 1 OR 2, CURRENT SMOKER or EX-SMOKER] – And now some questions about your smoking behaviour

[IF S6DUM = 1 OR 2, CURRENT SMOKER or EX-SMOKER]

2.2.2 Would you describe yourself as a...

  1  Non-smoker
  2  Ex-smoker
  3  Occasional or social smoker
  4  A regular smoker
  99  Don’t know [DO NOT READ OUT]
  98  Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2017 (v1.6.17 changes)

[IF S6DUM = 1, CURRENT SMOKER]

2.6 Which, if any, of the following do you currently smoke or use, either regularly or occasionally? [READ OUT, ACCEPT MULTIPLES]

1. Tailor-made or manufactured cigarettes
2. Roll-your-own cigarettes
3. Pipes
4. Cigars
5. Waterpipe tobacco or shisha tobacco
6. E-cigarettes
7. Chop-chop or illicit tobacco
8. Other tobacco products (Specify)
9. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]

[IF S6 = 1]

2.10 How many cigarettes, pipes or cigars per day would you smoke on average?

1. Record number [ALLOWABLE RANGE 0-200]
999. Don’t know
998. Refused

[IF S6 = 2]

2.11 How many cigarettes, pipes or cigars per week would you smoke on average?

1. Record number of cigarettes/pipes/cigars [ALLOWABLE RANGE 0-100]
2. Record number of packs [ALLOWABLE RANGE 0-10]
999. Don’t know
998. Refused

[IF S6DUM = 2, EX-SMOKER]

2.11a How many cigarettes per day did you used to smoke on average? Was it...

[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1. Less than one [DO NOT READ OUT]
2. 1 to 10 cigarettes per day
3. 11 to 20 cigarettes per day
4. 21 or more cigarettes per day
97. I never smoked cigarettes [DO NOT READ OUT]
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
2.11.1 How soon after waking up do you smoke your first cigarette?

[READ OUT, ACCEPT SINGLE ANSWER ONLY]

1  Within 5 minutes
2  6-30 minutes
3  More than 30 minutes
4  I don’t smoke cigarettes [DO NOT READ OUT]
99  Don’t know [DO NOT READ OUT]
98  Refused [DO NOT READ OUT]

2.13 Where did you buy your last pack of cigarettes or other tobacco products?

[DO NOT READ OUT, ACCEPT SINGLE ANSWER ONLY]

1  Cigarette vending machine
2  Supermarket
3  Tobacconist
4  Petrol station
5  Convenience store
6  Takeaway store or milkbar
7  Newsagency
8  Liquor outlet / bottleshop
9  Airport / duty-free store
10  Internet
96  Other (Specify)
97  I didn’t buy it
99  Don’t know
98  Refused
QUITTING SMOKING

[IF S6DUM = 1, CURRENT SMOKER]
3.0 During the past two weeks, how often have you thought about quitting?
[READ OUT, ACCEPT SINGLE ANSWER ONLY]

1. Several times a day
2. Once a day
3. Once every few days
4. Once or twice in the past 2 weeks
97. Not at all in the past 2 weeks
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]

[IF S6DUM = 1, CURRENT SMOKER]
3.1 Are you considering quitting smoking in the next 6 months?
1. Yes
2. No
9. Don’t know
98. Refused

[IF 3.1=1]
3.2 Are you seriously thinking of quitting, or do you just think it is a possibility?
1. Seriously thinking of quitting
2. Just a possibility
99. Don’t know
98. Refused

[IF 3.2=1]
3.4 And are you planning to quit smoking in the next 30 days?
1. Yes
2. No
3. Maybe
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2017

3.3b What are your reasons for thinking about quitting at this stage?

[DO NOT READ OUT. ACCEPT MULTIPLES] No Code 1

2 Encouragement or advice from a GP or health professional
3 The effect of my smoking on my family’s health
4 I don’t want my smoking to encourage my kids to smoke
5 I want to see my kids grow up
6 Anti-smoking advertising
7 Health or fitness reasons
9 Cost of cigarettes or tobacco
10 Restrictions on smoking in public places
11 I don’t enjoy it anymore
12 Cigarette pack health warnings/plain packaging/changes to packaging
14 Encouragement from my partner, family, or friends
15 Nagging from my partner, family, or friends
96 Other (Specify)
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

3.6 Around how many times have you tried to quit smoking, if at all?

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

1 Record number
99 Don’t know
98 Refused

3.6b Before you stopped smoking, around how many times did you try to quit?

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS, IF THIS WAS THE FIRST ATTEMPT ENTER “0”]

1 Record number
99 Don’t know
98 Refused
[IF S6DUM= 2, EX-SMOKER]

3.6c How long ago did you quit smoking?

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

1 Number of DAYS [ALLOWABLE RANGE 1-2000]
2 Number of WEEKS [ALLOWABLE RANGE: 1-300]
3 Number of MONTHS [ALLOWABLE RANGE: 1-100]
4 Number of YEARS [ALLOWABLE RANGE: 1-120]
99 Don’t know
98 Refused

[IF 3.6>0]

3.6.1 Approximately how long ago did you last try to stop smoking?

[PROGRAMMER NOTE: RECODE TO YEARS IN 3.6.1DUM – RETAIN BOTH ORIGINAL AND CONVERTED RESPONSES IN DATAFILE]

1 Number of DAYS [ALLOWABLE RANGE 1-2000]
2 Number of WEEKS [ALLOWABLE RANGE: 1-300]
3 Number of MONTHS [ALLOWABLE RANGE: 1-100]
4 Number of YEARS [ALLOWABLE RANGE: 1-120]
99 Don’t know
98 Refused

[IF 3.6>0]

3.6.1a When you last tried to quit smoking, for how long were you able to stop smoking?

[PROGRAMMER NOTE: RECODE TO YEARS IN 3.6.1aDUM – RETAIN BOTH ORIGINAL AND CONVERTED RESPONSES IN DATAFILE]

1 Number of HOURS [ALLOWABLE RANGE 1-1000]
2 Number of DAYS [ALLOWABLE RANGE 1-2000]
3 Number of WEEKS [ALLOWABLE RANGE: 1-300]
4 Number of MONTHS [ALLOWABLE RANGE: 1-100]
5 Number of YEARS [ALLOWABLE RANGE: 1-120]
99 Don’t know
98 Refused
Cancer Institute NSW
NSW Smoking & Health Survey 2017

Cancer Institute - Smoking and health survey questionnaire 2017 (31.6.17 changes)

[IF 5SDUM=1, CURRENT SMOKER]

3.6.6  How confident are you that you can quit smoking? Please answer on a scale from 0 to 10 where ‘0’ indicates not at all confident and ‘10’ indicates extremely confident.

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

1  Record number (ALLOWABLE RANGE 0-10)
99  Don’t know
98  Refused

[IF 5SDUM=2, EX- SMOKER]

3.6.7  How confident are you that you can continue to not smoke? Please answer on a scale from 0 to 10 where ‘0’ indicates not at all confident and ‘10’ indicates extremely confident.

[INTERVIEWER NOTE: ENCOURAGE BEST GUESS]

1  Record number (ALLOWABLE RANGE 0-10)
99  Don’t know
98  Refused

[IF 5SDUM=1 or 2 (CURRENT SMOKER OR EX-SMOKER)]

3.7.3  Can you name any particular support services, assistance or methods that are available to help smokers quit?

[DO NOT READ OUT. ACCEPT MULTIPLE ANSWERS]

1.  “Quitline”
2.  Recall of Quitline phone number: “13 7848”, “131 848” or “13 QUiT”
3.  Unspecified telephone number, hotline or helpline
4.  Nicotine replacement therapy/NRT, including gum, patches, lozenges or inhalers
5.  Cold turkey
6.  Cut down on amount smoked
7.  Change to mild, light or low tar tobacco products
8.  GP or other health professional / counsellor
9.  Natural or alternative therapy (eg hypnotherapy, acupuncture, laser therapy)
10.  Prescribed medication (eg Zyban, Champix)
11.  Online quit smoking information
12.  Online quit smoking program (eg register, sign-up, more interactive)
13.  E-cigarettes
14.  NineMSN Quit Smoking Centre
96.  Other (specify______________________________)
97.  None of these/ No
98.  Refused
99.  Don’t know
Cancer Institute - Smoking and health survey questionnaire 2017

[IF 3.7.3=11 or 12]
3.7.3a You just mentioned <<Online quit smoking information – IF 3.7.3 =11 AND NOT 12>>, <<Online quit smoking program – IF 3.7.3=12 AND NOT 11>>, <<Online quit smoking information and Online quit smoking programs – IF 3.7.3 = 11 AND 12>>. What is the name of the website(s) you were referring to for these?

[DO NOT READ OUT. ACCEPT MULTIPLE ANSWERS]
1. ICanQuit.com.au
2. Quitnow.info.au
3. My QuitBuddy
96. Other (Specify __________________________)
99. Don’t know

[IF SG6SUM=1 OR 2, CURRENT SMOKER OR EX-SMOKER]
3.7.4 And which of the following, if any, have you heard of?

[READ OUT. ACCEPT MULTIPLE ANSWERS]
[ONLY PRESENT CODES AT 3.7.4 THAT HAVE NOT BEEN SPONTANEOUSLY MENTIONED AT 3.7.3 OR 3.7.3a. NOTE: IF EITHER CODE 1 OR 2 MENTIONED AT 3.7.3 THEN DO NOT PRESENT CODE 1]
1. The “Quitline” or “13 QUIT” (IF NECESSARY: “13 7848”, “131 848”)
2. Nicotine replacement therapy/NRT, including gum, patches, lozenges or inhalers
3. Prescribed medication such as Zyban, Champix
4. ICanQuit.com.au
5. Quitnow.info.au
6. My QuitBuddy
97. None of the above (DO NOT READ OUT)
98. Refused (DO NOT READ OUT)
99. Don’t Know (DO NOT READ OUT)

[IF SG6SUM=2 or 3 (EX-SMOKER or NEVER SMOKED)]

S6b Do you currently use water pipe or shisha tobacco, either regularly or occasionally?

1. Yes
2. No
99. Don’t know
98. Refused
E-CIGARETTES

The next few questions are about electronic cigarettes, or e-cigarettes.

IF 2.6=7
Electronic cigarettes, or e-cigarettes, are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Electronic cigarettes may be shaped and coloured like cigarettes or may resemble other devices such as pens.

[ALL, EXCEPT THOSE AT 2.6=7]
E.1 Before today had you heard of e-cigarettes? (AUTO-CODE AS 1 BELOW IF 3.7.3 =13)

[DO NOT READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Yes
2. No
99. Don't know
98. Refused

[IF E.1=1]
E.2 Have you ever used or tried e-cigarettes?

[DO NOT READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Yes
2. No
99. Don’t know
99. Refused

[IF 2.6=7 or E.2=1, HAVE USED E-CIGARETTES]
E.3 <<You mentioned earlier that you use e-cigarettes. How often do you use them? – IF 2.6=7>> <<How often do you use e-cigarettes? – IF E.2=1>>

[READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Daily
2. At least once a week
3. At least once a month
4. Less often than once a month
5. Not at all (DO NOT SHOW IF 2.6=7)
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]
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[IF 2.6=7 OR E.2=1, HAVE USED E-CIGARETTES]

E.4  <<And what are the main reasons you use e-cigarettes? – IF E.3=1,2,3 OR 4>> << And what were the main reasons you used e-cigarettes? – IF E.3= 5>>
[DO NOT READ OUT. ACCEPT MULTIPLE RESPONSES]
1. So I don’t have to quit smoking
2. To cut down on the number of cigarettes I smoke
3. To help me quit cigarettes
4. Taste better than cigarettes
5. Not as bad for your health as cigarettes
6. Cheaper than cigarettes
7. I use them exclusively instead of smoking cigarettes
8. So I can smoke in places where smoking cigarettes is not allowed
98. Other (specify)
97. No reason
99. Don’t know
98. Refused

[IF 2.6=7 OR E.2=1, HAVE USED E-CIGARETTES]

E.5 Thinking about the last e-cigarette you used, did it contain nicotine?
1. Yes
2. No
99. Don’t know
98. Refused

[IF 2.6=7 OR E.2=1, HAVE USED E-CIGARETTES]

E.6 And from where did you buy or obtain your last e-cigarette product, whether that was the e-cigarette itself, the cartridge or the e-cigarette liquid?
[DO NOT READ OUT. ACCEPT SINGLE ANSWER ONLY]
1. Cigarette vending machine
2. Supermarket
3. Tobacconist
4. Petrol station
5. Convenience store
6. Takeaway store or milkbar
7. Newsagency
8. Liquor outlet / bottleshop
9. Airport / duty-free store
10. Internet
11. Other retail outlet
12. Stall at a market or fair
13. Friend/it was a gift
96. Other (Specify)
97. I didn’t buy it
Cancer Institute - Smoking and health survey questionnaire 2017 (21.6.17 changes)

99. Don’t know
98. Refused

E.1a 1 OR 2 6=7 [ALL WHO ARE AWARE OF E-CIGARETTES]

E7. I’m going to read out some statements about e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

a) e-cigarettes are unsafe to use
b) e-cigarettes are healthier than smoking tobacco cigarettes
c) e-cigarettes help smokers to quit
d) It is unsafe to use e-cigarettes around others

[RESPONSES]
1. Agree strongly
2. Agree just a little
3. Neither agree nor disagree [DO NOT READ OUT]
4. Disagree just a little
5. Disagree strongly
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]

E.1a 1 OR 2 6=7 [ALL WHO ARE AWARE OF E-CIGARETTES]

E8. To the best of your knowledge, in NSW is there currently a ban on:

[RESPONDS ORDER. READ OUT. ACCEPT SINGLE ANSWER ONLY]

(i) The sale of e-cigarettes to minors under 18 years of age
(ii) The use of e-cigarettes in public places.
(iii) The sale of e-cigarettes containing nicotine.
(iv) The marketing of e-cigarettes as aids for quitting smoking.

1. Yes
2. No
99. Don’t know
98. Refused
Cancer Institute - Smoking and health survey questionnaire 2017

ALL

E10. Do you support or oppose the introduction of legislation in NSW that bans the use of e-cigarettes in public places where smoking is banned? And is that strongly or just a little?

[ACCEPT SINGLE ANSWER ONLY]

[RESPONSES]
1  Support strongly
2  Support just a little
3  Neither support nor oppose [DO NOT READ OUT]
4  Oppose just a little
5  Oppose strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

HEALTH EFFECTS OF SMOKING

[ALL]- Now some questions on beliefs about smoking.

[IF S6DUM=1 OR 2, CURRENT SMOKER OR EX-SMOKER]
4.0 Do you think your smoking has already done harm to your body? Would you say it...
[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1  Definitely has
2  Probably has
3  Probably not
4  Definitely not
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[IF S6DUM=1, CURRENT SMOKER]
4.1 What do you think is the likelihood of becoming seriously ill from your smoking if you continue to smoke? Would you say you...
[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1  Definitely will become seriously ill
2  Probably will
3  Probably won’t
4  Definitely won’t become seriously ill
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
[ALL]

4.1A I’m going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: is that strongly or just a little?]

[STATEMENTS. RANDOMISE]

1. [ALL] The medical evidence that smoking is harmful is exaggerated
2. [ALL] Smoking is no more risky than lots of other things that people do
3. [IF S6DUM=1, CURRENT/EX-SMOKER] You’ve got to die of something, so why not enjoy yourself and smoke
4. [IF S6DUM=1, CURRENT/EX-SMOKER] If I quit, all the damage smoking has done to my body will be reversed

[RESPONSES]

1 Agree strongly
2 Agree just a little
3 Neither agree nor disagree [DO NOT READ OUT]
4 Disagree just a little
5 Disagree strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2017 (31.6.17 changes)

[ALL]

4.1i To the best of your knowledge, what illnesses or diseases do you think are caused by smoking?

[DO NOT READ OUT. ACCEPT MULTIPLES]

1   Heart disease
2   Stroke
3   Emphysema
4   Lung cancer
5   Stomach cancer
6   Pancreatic cancer
7   Cervical cancer
8   Ovarian cancer
9   Throat cancer
10  Mouth/oral cancer
11  Gangrene (or peripheral vascular disease)
12  Blindness
13  Gum disease
14  Sudden infant death syndrome (SIDS)
15  Infertility
17  Cancer – NFI
18  Male impotence
96  Other (SPECIFY)
97  No illness or disease
99  Don’t know
98  Refused
4.1ii I am going to read you a list of illnesses and diseases that may or may not be caused by smoking. Based on what you know or believe, does smoking cause...

[READ OUT ALL EXCEPT THOSE ITEMS SELECTED AT 4.1i. RANDOMISE. ACCEPT MULTIPLES]

1 Heart disease
2 Stroke
3 Emphysema
4 Lung cancer
5 Stomach cancer
6 Pancreatic cancer
7 Cervical cancer
8 Ovarian cancer
9 Throat cancer
10 Mouth/oral cancer
11 Gangrene (or peripheral vascular disease)
12 Blindness
13 Gum disease
14 Sudden infant death syndrome (SIDS)
15 Infertility
16 Hepatitis C
17 Male impotence
99 (Don’t know/Can’t say)
98 (Refused)
Cancer Institute - Smoking and health survey questionnaire 2017 (as of 6.13 changes)

[ALL]
4.2 I’m going to read out some statements. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

[STATEMENTS. RANDOMISE]

1 [IF S6DUM=1, CURRENT SMOKER] There are so few places to smoke these days, that I smoke when I can, rather than when I want to  
3 [IF S6DUM=1, CURRENT SMOKER] I feel embarrassed to be a smoker  
4 [IF S6DUM=1, CURRENT SMOKER] I feel uncomfortable smoking in public places

[PROGRAMMER NOTE: RANDOMLY INCLUDE 7b IN HALF OF INTERVIEWS, AND 7e IN OTHER HALF OF INTERVIEWS]

7b I support further increasing the price of cigarettes to discourage young people from smoking  
7e I support further increasing the price of cigarettes to encourage people to quit smoking

16 I support the regulation that ensures all tobacco products are sold in plain packaging  
[IF NECESSARY: Plain packaging means that all brand imagery, including colours and brand logos, has been removed. All cigarette packs now look the same, with the only difference being the brand name.]  
20 [IF S6DUM=1, CURRENT SMOKER] I don’t care about smoking bans and will smoke wherever I want

[RESPONSES]
1 Agree strongly  
2 Agree just a little  
3 Neither agree nor disagree [DO NOT READ]

4 Disagree just a little  
5 Disagree strongly  
99 Don’t know [DO NOT READ]

98 Refused [DO NOT READ]
[IF S60UM=1, CURRENT SMOKER]
4.10 It is a requirement that tobacco products be sold in plain packaging.

[IF NECESSARY: Plain packaging means that all brand imagery, including colours and brand logos, has been removed. All cigarette packs now look the same, with the only difference being the brand name.]

As a result of plain packaging, have you...
[READ OUT. ACCEPT MULTIPLES]

1  Tried to quit
2  Thought about quitting
3  Smoked less
4  Hid your pack from view
5  Felt embarrassed to be a smoker
6  Used something to cover your pack
7  Changed brands
96  Or anything else [SPECIFY]
97  It’s had no impact [DO NOT READ OUT]
99  Don’t know [DO NOT READ OUT]
98  Refused [DO NOT READ OUT]

SECOND-HAND SMOKE: BEHAVIOURS, ATTITUDES AND KNOWLEDGE

[ALL]- Now some questions about attitudes to smoking

[ALL]
6.1 In general, how do you feel when you are exposed to other people’s smoke in public places?
Would you say you are...[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1  Not bothered at all
2  Bothered a little
3  Bothered a fair amount
4  Bothered a great deal
99  Don’t know [DO NOT READ OUT]
98  Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2017 (31.6.17 changes)

[ALL]  6.22 Are you aware of NSW laws banning smoking in some outdoor public places?

[IF NECESSARY: “Public places included under this ban are swimming pool complexes, spectator areas at sports grounds, railway stations, bus stops, taxi ranks, and ferry wharves. Smoking is also banned within 10 metres of children’s play equipment and within 4 metres of an entrance or exit to a public building”].

1  Yes
2  No
99  Don’t know
98  Refused

[IF 6.22=1]  6.22a And do you personally approve or disapprove of these laws? Is that strongly or just a little?

1  Approve strongly
2  Approve just a little
3  Neither approve nor disapprove [DO NOT READ OUT]
4  Disapprove just a little
5  Disapprove strongly
99  Don’t know [DO NOT READ OUT]
98  Refused [DO NOT READ OUT]

[ALL]  6.22b The tobacco laws in NSW include smoking bans in a number of outdoor public places. Do you support the banning of smoking...

[STATEMENTS]
1  Within 10 metres of children’s play equipment
2  In public swimming pool complexes
3  In spectator areas of sports grounds
4  At public transport stops and stations [IF NECESSARY: This includes railway platforms, light rail stops, light rail stations, bus stops, taxi ranks, and ferry wharves]
5  Within 4 metres of a pedestrian entrance or exit to a public building
6  In commercial outdoor dining areas [IF NECESSARY: This includes seated outdoor areas where there is food available for purchase and consumption]

[RESPONSES]
1  Yes
2  No
99  Don’t know
98  Refused

25
6.7 Ok, here are some more statements. Please tell me how strongly you agree or disagree with each of the following. [INSERT STATEMENT] Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?]

[STATEMENTS. RANDOMISE. PROGRAMMER NOTE: SMOKERS TO BE ASKED STATEMENT 5 PLUS 7 OTHER RANDOM STATEMENTS. EX-SMOKERS AND NON-SMOKERS TO BE ASKED 7 RANDOM STATEMENTS ONLY]

1 I believe that passive smoking is fairly harmless [IF NECESSARY: “Passive smoking is breathing second-hand smoke, or other people’s smoke]
2 I support making all beaches smokefree by law
3 [IF 5GEDUM=1, CURRENT SMOKER] My smoking affects the health of others around me, including children
4 I support making all workplaces (including outdoor workplaces) smokefree by law
5 I support making all outdoor community events and festivals smokefree by law [IF NECESSARY: Community events include markets, concerts e.g. the Big Day Out, festivals etc]
6 I support making all open or outdoor public shopping malls smokefree by law
7 I support making all balconies of apartment blocks and multi-dwelling residential buildings smokefree by law
8 I support making all gaming areas (including poker machine areas) in pubs, clubs, and bars smokefree by law
9 I support making private gaming areas (high roller rooms) at casinos smokefree by law

[PROGRAMMER NOTE: 18 AND 19 NOT TO BE ASKED OF THE SAME PERSON]

10 I support issuing fines to people who fail to comply with new laws banning smoking in outdoor public places
11 I support the government issuing $300 fines to people who fail to comply with laws banning smoking in outdoor public places
12 I support banning cigarette vending machines in licensed premises, such as pubs and clubs
13 I support stricter penalties for the sale of tobacco products to people under 18 years of age

[RESPONSES]
1 Agree strongly
2 Agree just a little
3 Neither agree nor disagree [DO NOT READ OUT]
4 Disagree just a little
5 Disagree strongly
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
Cancer Institute - Smoking and health survey questionnaire 2017 (21.6.17 changes)

DEMOGRAPHICS - ALL NON-THIRD PARTY INTERVIEWS

[ALL SMOKERS & PRE-CAP NON-SMOKERS]

Thanks for that. We’re almost finished. Just a few final questions to make sure we’ve spoken to a good cross-section of people.

[ALL SMOKERS & PRE-CAP NON-SMOKERS]

8.5d How many children aged 17 years or under live in your household?

1 RECORD NUMBER [ALLOWABLE RANGE 0-20]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[ALL SMOKERS & PRE-CAP NON-SMOKERS]

8.6 What is the highest level of education that you have attained?

[DO NOT READ OUT BUT PROMPT AS NECESSARY]

1 No formal schooling
2 Primary school
3 Years 7 to 10 or equivalent
4 Years 11 to 12 or equivalent
5 TAFE or technical college
6 University
7 Another tertiary institution
96 Other (Please specify)
99 Don’t know
98 Refused

[ALL SMOKERS & PRE-CAP NON-SMOKERS]

8.7 Which of the following best describes your employment status?

[READ OUT. ACCEPT SINGLE ANSWER ONLY]

1 Working full-time
2 Working part-time or as a casual
3 Retired
4 Student
5 Home duties
6 Unemployed or looking for work
96 Other [SPECIFY]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
[ALL SMOKERS & PRE-CAP NON-SMOKERS]

8.9 Roughly speaking, is your annual household income (before tax) more or less than $60,000?

[DO NOT READ OUT]
1 $60,000 or less
2 More than $60,000
99 Don’t know
98 Refused

[ALL SMOKERS & PRE-CAP NON-SMOKERS, EXCEPT 8.9=98 or 99]

8.9a And into which of the following ranges would your annual household income fall?

[PROGRAMER NOTE: IF 8.9=1 ONLY DISPLAY 1 TO 4 AND 98 AND 99. IF 8.9=2 ONLY DISPLAY 5 TO 9 AND 98 AND 99. INTEVIWER NOTE: ONLY READ WEEKLY RANGES IF NECESSARY]

1 Up to $15,000 ($290 per week)
2 $15,001 to $30,000 ($291-$580 per week)
3 $30,001 to $45,000 ($581-$860 per week)
4 $45,001 to $60,000 ($861-$1,150 per week)
5 $60,001 to $75,000 ($1,151-$1,440 per week)
6 $75,001 to $90,000 ($1,441-$1,730 per week)
7 $90,001 to $105,000 ($1,731-$2,020 per week)
8 $105,001-$120,000 ($2,020-$2,300 per week)
9 Over $120,000 (Over $2,300 per week)
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[ALL SMOKERS & PRE-CAP NON-SMOKERS]

8.10 What is the main language spoken in your home? [DO NOT READ OUT]

1 English
96 Other (Specify)
99 Don’t know
98 Refused

[ALL SMOKERS & PRE-CAP NON-SMOKERS]

8.11 If you don’t mind me asking, do you identify as an Aboriginal and/or Torres Strait Islander?

1 Yes
2 No
99 Don’t know
98 Refused
8.12 In the past week, on average, how much time have you spent on the internet per day?

RECORD HOURS (ALLOWABLE RANGE 1.0 TO 24.0)
RECORD MINUTES (ALLOWABLE RANGE 1 TO 1440)
None
(Don’t know) [DO NOT READ OUT]
(Refused) [DO NOT READ OUT]

8.13 What is the postcode for the town or suburb where you live?

IF NECESSARY: This is just so we can look at the statistical results by geographic area.

PROGRAMMER: DISPLAY ALLOWABLE RANGES BELOW

M1. Do you have a landline telephone at home, that is, at your usual place of residence?

1. Yes
2. No – mobile only
98. Refused - CONTINUE

M3. Including this one, how many mobile numbers do you have?

RECORD NUMBER [ALLOWABLE RANGE 1-20, D & R]

L1. And, do you also have a working mobile phone?

1. Yes
2. No – landline only
98. Refused CONTINUE

CONSENT TO RE-CONTACT
[SGDUM = 1, CURRENT SMOKER]

9.1 As mentioned earlier, this is an important survey for the NSW government. They also conduct other surveys on health and smoking from time to time. Would you be willing to be re-contacted at some stage in the future for other such important surveys?

[IF NECESSARY: We never send advertising or try to sell anything. We only conduct genuine research.]

1 Yes
2 No
3 Unsure

[IF 3.1 = 1 “CONSIDERING QUITTING IN NEXT 6 MONTHS”]

Quit: You mentioned today that you were considering quitting smoking in the next few months. Would you like me to give you the Quitline number in case you’d like any help in planning your quit attempt?

1 Yes – “THE NUMBER IS 13 7848, OR ’13 QUIT’”
2 No- “OK, NO PROBLEM.”

[ALL]

OUTRO: That’s the end of our survey.

Thank you very much for your assistance. May I just confirm your name and telephone number? Sometimes my supervisor needs to ring back and check my work. We will remove your contact details when all research is completed [CONFIRM DETAILS]

Name <if applicable>:

Landline Phone <if applicable>:

Mobile Number <if applicable>: 
THANK AND CLOSE

This research has been conducted in keeping with the Australian Privacy Principles, the industry Privacy Code and the market research industry’s Code of Professional Behaviour. Our privacy policy is available on our website (www.ORCInternational.com). This policy explains how you can access or correct your personal information, the process for making a privacy related complaint.

If you would like to check any of these details further, I can provide you with the Industry SurveyLine number (1300 364 830) or if you have any queries you can call ORC International on (03) 9935 5788.

[56DUM = 1, CURRENT SMOKER]
Would you like, the <<IF 3.1=1 - website details for iCanQuit?>><<IF 3.1 #1 – the number for Quitline or the website details for iCanQuit?>>&

IF REQUESTED: The Quitline is 13 7848 and/or the website details for iCanQuit is www.iCanQuit.com.au

[ALL]
Thank you, and just in case you missed it, I’m <INTERVIEWER NAME> calling from ORC International and we conducted this survey on behalf of Cancer Institute NSW. Thanks again for your time.
Cancer Institute NSW
NSW Smoking & Health Survey 2017

Cancer Institute - Smoking and health survey questionnaire 2017 (31.6.17 changes)

THIRD PARTY OPPORTUNITY:

IF LANDLINE SAMPLE AND NON-SMOKER CAP HAS BEEN REACHED AND SELECTED PERSON NOT AVAILABLE (CODES 2 AT Q9):

That’s OK, you may be able to answer quickly on behalf of <<INSERT NAME/NICKNAME FROM QNAME1>>:

S6a.3 Has <<INSERT NAME/NICKNAME FROM QNAME1>> ever smoked tobacco products? By this, I mean tailor-made or factory-made cigarettes, roll-your-own cigarettes, cigars, pipes, or any other tobacco products.

1 Yes
2 No [COUNTS TO NON-SMOKERS’ QUOTA]
99 Don’t know
98 Refused

IF YES/DK OR REFUSED AT S6a.3:

In that case we will need to call-back to speak with <<INSERT NAME/NICKNAME FROM QNAME1>>.
MAKE AN APPOINTMENT TO SPEAK WITH SELECTED RESPONDENT.

IF NO, at S6a.3 CONTINUE

In that case, we just need to ask you a few quick demographic questions about <<INSERT NAME/NICKNAME FROM QNAME1>> and we are finished.

X2.3 Does <<INSERT NAME/NICKNAME FROM QNAME1’s NAME >> live in NSW and is aged 18 years or over?

1. Yes
2. No [TERMINATE & THANK... Sorry that is the group we are interested in for this particular survey]
3. Refused [TERMINATE & THANK]

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8.13.3 What is the postcode for the town or suburb where <<INSERT NAME/NICKNAME FROM QNAME1>> lives?

IF NECESSARY: This is just so we can look at the statistical results by geographic area.

[PROGRAMMER: DISPLAY ALLOWABLE RANGES BELOW]

S2.3 CONFIRM <<INSERT NAME/NICKNAME FROM QNAME1>>’s GENDER (ASK IF NECESSARY)

1 Female
2 Male

S3a.3 Could you please tell me how old << INSERT NAME/NICKNAME FROM QNAME1 >> is today?

1 Response in years [TERMINATE if <18]
98 Refused

[IF S3a.3 = 98]
S3b.3 Would you mind telling me into which of the following age brackets <<INSERT NAME/NICKNAME FROM QNAME1>> falls?

1 Less than 18 years [TERMINATE]
2 18-24 years
3 25-29 years
4 In your thirties
5 In your forties
6 In your fifties
7 In your sixties
8 In your seventies
9 80 years or over
98 Refused [TERMINATE]
L1.3 We do not need the actual number, but does << INSERT NAME/NICKNAME FROM QNAME1’S NAME >> also have a working mobile phone? This information is purely for demographic purposes.

1. Yes
2. No – landline only
98. Refused CONTINUE

OUTRO: That’s the end of our survey.

Thank you very much for your assistance. May I just confirm your name and telephone number? Sometimes my supervisor needs to ring back and check my work. We will remove your contact details when all research is completed [CONFIRM DETAILS]

Name <if applicable>:

Landline Phone <if applicable>:

Mobile Number <if applicable>:

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If you would like to check any of these details further, I can provide you with the Industry SurveyLine number (1300 364 830) or if you have any queries you can call ORC International on (03) 9935 5788.

Thank you, and just in case you missed it, I’m <INTERVIEWER NAME> calling from ORC International and we conducted this survey on behalf of Cancer Institute NSW. Thanks again for your time.

INTERVIEWER TO CONFIRM IF INTERVIEW WAS A THIRD PARTY:

1. Yes – third party interview
2. No

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