**NSW Smoking and Health Survey 2019**

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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 assist the NSW Ministry of Health with policy relating to tobacco control measures.

The 2019 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 to current and potential tobacco control measures.

Although the survey explores the prevalence of tobacco and vape/e-cigarette usage among NSW adults, the NSW Population Health Survey is the authority for these measures in NSW.

1.2. Methodology

The 2019 survey was conducted by Computer Assisted Telephone Interviewing. Fieldwork took place from 1 August to 19 September 2019. A total of 3,058 interviews were conducted with people aged 18 years and older living in NSW. This total included 1,159 respondents who answered the full survey (i.e. 359 smokers and 800 non-smokers) and 1,899 non-smokers who only needed to provide demographic information for weighting purposes.

The full questionnaire took an average of 18.4 minutes to complete.

The dual overlapping sampling frame approach introduced in 2013 was employed, with interviews conducted via landline sample and mobile phone sample. Those with both a landline and a mobile phone were able to be selected from either frame, providing access to those—particularly younger people—without a landline. In 2019 (and 2017) 50% of the interviews were conducted via landline sample and 50% were conducted via mobile phone sample (in 2013 and 2015 the landline to mobile sample ratio was 80:20).

Respondents were randomly selected from within households using an nth eldest approach for the landline sample (where n is a number randomly generated by the questionnaire program based on the number of adults aged 18 years and over living in the household). The phone answerer was automatically selected for the mobile sample (as long as that person was aged 18 years and over and living in NSW).
An overall response rate of 12% was achieved, based on The American Association for Public Opinion Research\(^1\) standards. The data were weighted appropriately by several variables, including telephony status. All findings in this report are based on weighted data from the 1,159 respondents (i.e. 359 smokers and 800 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 had reduced significantly over time—15.1 in 2015, 13.6 in 2017, and 11.6 in 2019. Among current smokers, the regular/occasional use of tailor-made or manufactured cigarettes (77%) had not changed significantly since 2017 (81%). The regular/occasional use of roll-your-own had increased significantly (34% of current smokers; 2017: 24%), however, as had the use of vapes or e-cigarettes (12.8%; 2017: 5.9%) and waterpipe or shisha (8.7%; 2017: 3.2%).

Quitting behaviours and intentions were stable from 2017 to 2019. The proportion of current smokers in NSW who were considering quitting in the next 6 months (60%) and seriously considering doing so (45%) were similar to 2017 (62% and 42% respectively).

Health or fitness (80%) and cost of cigarettes (44%) were the main reasons for considering quitting. Cost of cigarettes as a reason for quitting increased significantly (44%; 2017: 30%), particularly for those aged under 40 years (37%; 2017: 16%).

**Vapes/e-cigarettes**

In 2019, the relevant definition and question wordings in this section of the survey were amended to include the word *vapes* and/or the verb *vaping*. This amendment ensured the survey terminology reflected terms used by the general population, and better aligned with the NSW Adult Population Health Survey.

During the survey fieldwork there was a considerable amount of media coverage relating to illnesses and deaths in the United States claimed to be linked to the use of vapes/e-cigarettes. This coverage may have influenced the results.

More than nine in ten (94%) respondents had heard of vapes/e-cigarettes, a significant increase from 2017 (85%), when the previous definition was used.

Curiosity remained the leading reason for trying vapes/e-cigarettes (38%). New reasons also emerged since 2017—particularly among users aged 18–39 years—including enjoyment / for the flavours (21%) and for the look / to look cool (12%).

---

Conversely, helping smokers quit smoking had reduced significantly as a reason (15%; 2017: 29%). Allowing smokers to smoke in places where smoking cigarettes is not allowed (1%; 2017: 4%; 2015: 7%) also reduced significantly as a reason, reflecting new legislation introduced since the last survey.

Community concern about the safety of vapes/e-cigarettes observed in 2017 and 2015 remains. There was significantly more concern in 2019, in light of recent widespread media coverage on deaths in the United States linked to use of these products. Six out of ten (60%) respondents aware of vapes/e-cigarettes agreed they are unsafe to use, including 36% who strongly agreed. These proportions were significantly higher than in 2017 (46% agreed, including 25% who strongly agreed).

Similarly, around six out of ten (59%) respondents aware of vapes/e-cigarettes agreed they are unsafe to use around others, including 37% who strongly agreed. These proportions were also significantly higher than in 2017 (46% and 25% respectively).

While there were mixed views on whether vapes or e-cigarettes are healthier than smoking tobacco products—more than four out of 10 (44%) of those aware of vapes/e-cigarettes agreed they were—significantly lower than in 2017 (52%).

Opinions of those who had tried vapes/e-cigarettes differed greatly to those who had never tried. Those who had tried vapes/e-cigarettes were significantly less likely to be concerned about the safety of these products, for example. Half of those who had tried vapes/e-cigarettes, however, also agreed to some extent that they are unsafe to use (49%) or unsafe to use around others (51%).

Further, those who had tried vapes/e-cigarettes were significantly more likely to agree that vapes or e-cigarettes are healthier than smoking tobacco cigarettes (54% agreed, 32% disagreed) and that vapes or e-cigarettes help smokers to quit (63% agreed, 28% disagreed).

There was still a great deal of uncertainty about regulation of vapes/e-cigarettes in NSW. Many of those aware of vapes/e-cigarettes were aware of the ban on the sale of vapes/e-cigarettes to those under 18 years of age (72%). Other bans, however, were not well known—including the sale of vapes/e-cigarettes containing nicotine (32%), the marketing of vapes/e-cigarettes as aids for quitting smoking (28%), and the new ban on the use of vapes/e-cigarettes in public places where tobacco smoking is banned (43%).

Interestingly, the new ban related to public places was better known than some of the longer established bans. Further, support for the ban on vapes/e-cigarettes use in public places where smoking tobacco is banned was very high at 79%, with a majority (62%) strongly supporting it. This overall level of support was significantly higher than in 2017 (before the ban was introduced), when 70% of all NSW adults supported its introduction.
Knowledge of the health effects of smoking

Unprompted

When unprompted, lung cancer continued to be the main illness NSW adults associated with smoking (70%; 2017: 72%). Other illnesses that NSW adults linked to smoking included cancer in general (44%; 2017: 47%), emphysema (38%; 2017: 41%), heart disease (35%; 2017: 33%), throat cancer (26%; 2017: 19%), and mouth/oral cancer (20%; 2017: 19%). Lung/breathing disease problems (14%; 2017: 10%), gangrene (11%; 2017: 12%) and stroke (8%; 2017: 11%) were mentioned to a lesser extent.

There was no significant change in the proportion of NSW adults who, unprompted, mentioned a particular condition, compared with 2017. Almost half (46%; 2017: 44%) of surveyed NSW adults named two or more cancers associated with smoking, unprompted. Interestingly, people under the age of 60 continue to be significantly more likely to mention two or more cancers (unprompted) compared with those 60 years and over (18–39 years: 54%; 40–59 years: 48%; 60 years and over: 33%). This trend was noticeable in 2017 and 2015 too, and suggests that information on smoking-related illnesses and diseases is reaching the younger audience.

Prompted

When prompted, almost everyone was aware that smoking causes lung cancer (99%; 2017: 98%). More than nine in ten people also believed that smoking causes mouth/oral cancer (97%; 2017: 91%), throat cancer (95%; 2017: 92%), emphysema (91%; 2017: 90%) or heart disease (90%; 2017: 88%). Other diseases strongly associated with smoking include stroke (88%; 2017: 86%), gum disease (88%; 2017: 86%), cancer in general (76%; 2017: 81%), and gangrene (76%; 2017: 75%).

There was no significant change in the proportion of NSW adults who, when prompted, mentioned a particular condition, except for mouth/oral cancer (which increased significantly from 91% in 2017 to 97% in 2019) and throat cancer (95%; 2017: 92%).

Smokers were significantly more likely than non-smokers to believe smoking causes blindness (61% and 47% respectively), as in 2017 and 2015. This result was likely due to smokers’ exposure to graphic warnings about such conditions on plain packs. Smokers were also significantly more likely than non-smokers to believe smoking causes infertility (59% and 51% respectively), and to a lesser extent liver disease (3% and 1% respectively), and blood disease (3% and 0.4% respectively).

Smokers’ attitudes towards their own smoking

A high proportion of NSW smokers aged 18 years and over continued to be conscious of the impact their smoking has on other people and where they can smoke. Three quarters (78%; 2017: 75%) agreed to some extent that their smoking affects the health of others including children. Six in ten (61%; 2017: 56%) agreed to some extent that they feel uncomfortable smoking in public places.
One in ten (10%) smokers claimed they did not care about smoking bans and will smoke wherever they want.

**Support for policy and legislative changes**

There continued to be majority support among NSW adults for further increasing the price of cigarettes to discourage young people from smoking (71% agreed to some extent, i.e. either strongly or just a little; 2017: 69%). This support continued to be significantly more likely to come from non-smokers (78%; 2017: 75%) than current smokers (46%; 2017: 38%, not significantly different). There also continued to be majority support for further increasing the price of cigarettes to encourage people to quit smoking (68% agree to some extent; 2017: 63%). This support continued to be significantly more likely to come from non-smokers (74%; 2017: 68%) than from current smokers (40%; 2017: 36%).

Support was lower—although unchanged from 2017—for the regulation banning cigarette vending machines in licensed premises, than for increasing the price of cigarettes. Six in ten (60%; 2017: 56%) of surveyed NSW adults agreed to some extent with such a ban.

Awareness and approval of the new laws banning smoking for some outdoor public places was also unchanged from 2017. Nine in ten NSW adults (89%; 2017: 91%) were aware of the laws and eight in ten (79%; 2017: 82%) approved of these laws to some extent. Although non-smokers continued to have a significantly higher level of approval for these bans than current smokers (82% and 69% respectively), approval by current smokers increased from 50% in 2013, when the ban was first introduced, to 69% in 2019.

Support for other locations to be made smoke-free by law continued to be high, with at least seven out of ten supporting smoke-free outdoor public shopping malls, beaches, outdoor community events and festivals, workplaces and private gaming areas. Support among NSW adults continued to be divided about whether all balconies of apartment blocks and multi-dwelling residential buildings should be smoke-free by law (53% agreed, 42% disagreed). Non-smokers showed significantly higher support than current smokers for banning smoking across all potential locations, unchanged from 2017.

**Response to plain packaging**

Support for plain packaging was unchanged from 2017. More than seven in ten (73%; 2017: 71%) of all NSW adults aged 18 years and over supported plain packaging regulations, including a majority (61%; 2017: 58%) who strongly agreed with it.

Non-smokers were significantly more likely to support plain packaging (76%) than current smokers (64% agree to some extent). The level of agreement among current smokers significantly increased, however, since 2017 (64%; 2017: 52%).

Four in ten current smokers (38%) reported a positive behavioural impact because of plain packaging—a significant decrease from 2017 (47%). This result may reflect that smokers were more accustomed to the packaging, and its initial impact reduced.
## 2. SUMMARY TABLE OF MAIN RESULTS

The following tables set out the results for the main questions from the 2019 survey and, where applicable, those from the 2017, 2015 and 2013 surveys. The *Change* column lists all statistically significant changes between the 2019 and 2017 surveys.

<table>
<thead>
<tr>
<th>Smoking and quitting behaviours</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.10 Daily smokers: average number of cigarettes, pipes, cigars per day</td>
<td>15.2</td>
<td>15.1</td>
<td>13.6</td>
<td>11.6</td>
<td>Decrease</td>
</tr>
<tr>
<td>NP1 Per cent overestimating number of smokers per 100 adults in NSW</td>
<td>66%</td>
<td>67%</td>
<td>59%</td>
<td>57%</td>
<td>–</td>
</tr>
<tr>
<td>2.6 Current smokers: regular or occasional use of cigarettes</td>
<td>88%</td>
<td>86%</td>
<td>81%</td>
<td>77%</td>
<td>–</td>
</tr>
<tr>
<td>2.6 Current smokers: regular or occasional use of roll-your-own (RYO) cigarettes</td>
<td>23%</td>
<td>30%</td>
<td>24%</td>
<td>34%</td>
<td>Increase</td>
</tr>
<tr>
<td>2.6 Current smokers: regular or occasional use of vapes or e-cigarettes (<em>e-cigarettes</em> in 2017, 2015 and 2013)</td>
<td>4%</td>
<td>8%</td>
<td>6%</td>
<td>13%</td>
<td>Increase</td>
</tr>
<tr>
<td>2.6 Current smokers: regular or occasional use of waterpipe or shisha tobacco (<em>waterpipe tobacco or shisha tobacco</em> in 2017 and 2015, <em>waterpipe tobacco or shisha</em> in 2013)</td>
<td>6.5%</td>
<td>6.5%</td>
<td>3.2%</td>
<td>8.7%</td>
<td>Increase</td>
</tr>
<tr>
<td>2.6 Daily smokers: regular or occasional use of RYO cigarettes</td>
<td>26%</td>
<td>35%</td>
<td>28%</td>
<td>38%</td>
<td>–</td>
</tr>
<tr>
<td>2.6 Daily smokers: regular or occasional use of vapes or e-cigarettes (<em>e-cigarettes</em> in 2017, 2015 and 2013)</td>
<td>5%</td>
<td>9%</td>
<td>7%</td>
<td>12%</td>
<td>–</td>
</tr>
<tr>
<td>2.6 Daily smokers: regular or occasional use of waterpipe or shisha (‘waterpipe tobacco or shisha tobacco’ in 2017 and 2015, ‘waterpipe tobacco or shisha’ in 2013)</td>
<td>3%</td>
<td>6%</td>
<td>2%</td>
<td>6%</td>
<td>–</td>
</tr>
<tr>
<td>2.10/211.1 High to very high nicotine dependence</td>
<td>10%</td>
<td>8%</td>
<td>6%</td>
<td>3%</td>
<td>–</td>
</tr>
<tr>
<td>2.13 Place of last purchase: supermarket</td>
<td>46%</td>
<td>48%</td>
<td>43%</td>
<td>40%</td>
<td>–</td>
</tr>
<tr>
<td>3.0 Quitting salience (at least daily thoughts about quitting)</td>
<td>39%</td>
<td>27%</td>
<td>33%</td>
<td>30%</td>
<td>–</td>
</tr>
<tr>
<td>3.1 Considering quitting in the next 6 months</td>
<td>66%</td>
<td>61%</td>
<td>62%</td>
<td>60%</td>
<td>–</td>
</tr>
<tr>
<td>3.2 Seriously considering quitting in the next 6 months</td>
<td>47%</td>
<td>42%</td>
<td>42%</td>
<td>45%</td>
<td>–</td>
</tr>
<tr>
<td>3.4 Planning to quit in the next 30 days</td>
<td>25%</td>
<td>18%</td>
<td>22%</td>
<td>22%</td>
<td>–</td>
</tr>
<tr>
<td>3.3b Reasons for quitting: health or fitness</td>
<td>79%</td>
<td>75%</td>
<td>73%</td>
<td>80%</td>
<td>–</td>
</tr>
<tr>
<td>3.3b Reasons for quitting: cost of cigarettes</td>
<td>43%</td>
<td>46%</td>
<td>30%</td>
<td>44%</td>
<td>Increase</td>
</tr>
<tr>
<td>3.6 Current smokers who have never made a quit attempt</td>
<td>10%</td>
<td>26%</td>
<td>27%</td>
<td>33%</td>
<td>–</td>
</tr>
<tr>
<td>3.6 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>3.0</td>
<td>–</td>
</tr>
<tr>
<td>3.6b Ex-smokers: median quit attempts</td>
<td>2.0</td>
<td>3.0</td>
<td>3.0</td>
<td>2.0</td>
<td>–</td>
</tr>
<tr>
<td>3.6.6 Current smokers: mean confidence to quit (0–10 scale)</td>
<td>6.2</td>
<td>6.1</td>
<td>6.6</td>
<td>7.0</td>
<td>Increase</td>
</tr>
<tr>
<td>3.6.7 Ex-smokers: mean confidence to stay quit (0–10 scale)</td>
<td>8.4</td>
<td>9.8</td>
<td>9.8</td>
<td>9.8</td>
<td>–</td>
</tr>
<tr>
<td>Cessation supports</td>
<td>2013</td>
<td>2015</td>
<td>2017</td>
<td>2019</td>
<td>Change</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>3.7.3 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>34%</td>
<td>–</td>
</tr>
<tr>
<td>3.7.3 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>7%</td>
<td>Increase</td>
</tr>
<tr>
<td>3.7.3 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>6%</td>
<td>–</td>
</tr>
<tr>
<td>3.7.4 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>89%</td>
<td>–</td>
</tr>
<tr>
<td>3.7.5a Cessation supports likely to use (current and ex-smokers): face to face support from GP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>3.7.5a Cessation supports likely to use (current and ex-smokers): phone support from a quit smoking advisor like Quitline</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>26%</td>
<td>N/A</td>
</tr>
<tr>
<td>3.7.5c Cessation support most likely to use (current and ex-smokers): face to face support from GP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>23%</td>
<td>N/A</td>
</tr>
<tr>
<td>3.7.5c Cessation support most likely to use (current and ex-smokers): phone support from a quit smoking advisor like Quitline</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>3%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Vapes/e-cigarettes**
(Note: question wordings in this section changed in 2019 to include vapes or the verb vaping as appropriate)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>E7[a] Vapes or e-cigarettes are unsafe to use: agree strongly / just a little</td>
<td>46%</td>
<td>46%</td>
<td>60%</td>
<td>Increase</td>
</tr>
<tr>
<td>E7[b] Vapes or e-cigarettes are healthier than smoking tobacco cigarettes: agree strongly / just a little</td>
<td>56%</td>
<td>52%</td>
<td>44%</td>
<td>Decrease</td>
</tr>
<tr>
<td>E7[c] Vapes or e-cigarettes help smokers to quit: agree strongly / just a little</td>
<td>39%</td>
<td>38%</td>
<td>40%</td>
<td>–</td>
</tr>
<tr>
<td>E7[d] It is unsafe to use vapes or e-cigarettes around others: agree strongly / just a little</td>
<td>41%</td>
<td>46%</td>
<td>59%</td>
<td>Increase</td>
</tr>
<tr>
<td>E8[i] Knowledge of ban on sale of vapes or e-cigarettes to minors under 18 years: yes</td>
<td>62%</td>
<td>64%</td>
<td>72%</td>
<td>Increase</td>
</tr>
<tr>
<td>E8[ii] Knowledge of ban on use of vapes or e-cigarettes in public places: yes</td>
<td>23%</td>
<td>31%</td>
<td>43%</td>
<td>Increase</td>
</tr>
<tr>
<td>E8[iii] Knowledge of ban on sale of vapes or e-cigarettes containing nicotine: yes</td>
<td>23%</td>
<td>26%</td>
<td>32%</td>
<td>Increase</td>
</tr>
<tr>
<td>E8[iv] Knowledge of ban on marketing of vapes or e-cigarettes as aids for quitting smoking: yes</td>
<td>24%</td>
<td>24%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>E10 Support for legislation in NSW that bans use of vapes or e-cigarettes in public places where smoking is banned: support strongly / just a little (Notes: where smoking tobacco is banned was added to the question wording in 2019. This ban was introduced in 2018)</td>
<td>80%</td>
<td>70%</td>
<td>79%</td>
<td>Increase</td>
</tr>
</tbody>
</table>
### Health effects—knowledge, perceptions and attitudes

<table>
<thead>
<tr>
<th>4.0</th>
<th>Smoking already harmed body: definitely/probably (current and ex-smokers)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>65%</td>
<td>68%</td>
<td>65%</td>
<td>59%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1</th>
<th>Perceived likelihood of becoming seriously ill if continue to smoke: definitely/probably (current smokers)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>70%</td>
<td>76%</td>
<td>71%</td>
<td>68%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1A[1]</th>
<th>The medical evidence that smoking is harmful is exaggerated: disagree strongly / just a little (all)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>83%</td>
<td>81%</td>
<td>85%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1A[2]</th>
<th>Smoking is no more risky than lots of other things people do: disagree strongly / just a little (all)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>69%</td>
<td>63%</td>
<td>70%</td>
<td>Increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>77%</td>
<td>71%</td>
<td>77%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1A[4]</th>
<th>If I quit, all the damage smoking has done to my body will be reversed: disagree strongly / just a little (current and ex-smokers)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>62%</td>
<td>61%</td>
<td>68%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Lung cancer caused by smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>Increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Throat cancer caused by smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>94%</td>
<td>96%</td>
<td>92%</td>
<td>95%</td>
<td>Increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Mouth/oral cancer caused by smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>95%</td>
<td>95%</td>
<td>91%</td>
<td>97%</td>
<td>Increase</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Emphysema caused by smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>95%</td>
<td>93%</td>
<td>90%</td>
<td>91%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Heart disease caused by smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>93%</td>
<td>88%</td>
<td>88%</td>
<td>90%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Blindness caused by smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>62%</td>
<td>54%</td>
<td>50%</td>
<td>49%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.1 ii</th>
<th>Sudden infant death syndrome (SIDS) caused by second-hand/passive smoking (prompted)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>55%</td>
<td>49%</td>
<td>44%</td>
<td>48%</td>
<td>-</td>
</tr>
</tbody>
</table>

### Smokers’ attitudes to their own smoking

<table>
<thead>
<tr>
<th>6.7[5]</th>
<th>My smoking affects the health of others around me, including children: agree strongly / just a little (current smokers)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>71%</td>
<td>78%</td>
<td>75%</td>
<td>78%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>50%</td>
<td>50%</td>
<td>56%</td>
<td>61%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.2[1]</th>
<th>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)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>56%</td>
<td>49%</td>
<td>52%</td>
<td>44%</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.2[3]</th>
<th>I feel embarrassed to be a smoker: agree strongly / just a little (current smokers)</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>42%</td>
<td>36%</td>
<td>42%</td>
<td>49%</td>
<td>-</td>
</tr>
</tbody>
</table>
### Support for policy and legislative changes

<table>
<thead>
<tr>
<th>Question</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<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>10%</td>
<td>–</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>10%</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>23%</td>
<td>–</td>
</tr>
<tr>
<td>6.1 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>
<td>85%</td>
<td>Increase</td>
</tr>
<tr>
<td>6.1 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>
<td>92%</td>
<td>–</td>
</tr>
<tr>
<td>4.2[7b] 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>
<td>71%</td>
<td>–</td>
</tr>
<tr>
<td>4.2[7e] 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>
<td>68%</td>
<td>–</td>
</tr>
<tr>
<td>6.7[20] Banning cigarette vending machines in licensed premises: agree strongly / just a little (all)</td>
<td>58%</td>
<td>63%</td>
<td>56%</td>
<td>60%</td>
<td>–</td>
</tr>
<tr>
<td>6.7[21] 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>
<td>92%</td>
<td>–</td>
</tr>
<tr>
<td>6.22 Awareness of NSW laws banning smoking in some outdoor public places (all)</td>
<td>81%</td>
<td>93%</td>
<td>91%</td>
<td>89%</td>
<td>–</td>
</tr>
<tr>
<td>6.22a 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>
<td>79%</td>
<td>–</td>
</tr>
<tr>
<td>6.22b[1] Smoking ban within 10 metres of children’s play equipment (all): yes</td>
<td>96%</td>
<td>98%</td>
<td>97%</td>
<td>98%</td>
<td>–</td>
</tr>
<tr>
<td>6.22b[2] Smoking ban in public swimming pool complexes (all): yes</td>
<td>94%</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
<td>–</td>
</tr>
<tr>
<td>6.22b[3] Smoking ban in spectator areas of sports grounds (all): yes</td>
<td>85%</td>
<td>92%</td>
<td>93%</td>
<td>93%</td>
<td>–</td>
</tr>
<tr>
<td>6.22b[4] Smoking ban at public transport stops and stations (all): yes</td>
<td>86%</td>
<td>91%</td>
<td>92%</td>
<td>92%</td>
<td>–</td>
</tr>
<tr>
<td>6.22b[5] Smoking ban within 4 metres of a pedestrian entrance or exit to a public building (all): yes</td>
<td>78%</td>
<td>87%</td>
<td>87%</td>
<td>90%</td>
<td>–</td>
</tr>
<tr>
<td>6.22b[6] Smoking ban in commercial outdoor dining areas (all): yes</td>
<td>N/A</td>
<td>N/A</td>
<td>88%</td>
<td>91%</td>
<td>–</td>
</tr>
</tbody>
</table>
6.7 Support for other potential locations to be made smoke-free by law (all)—agree strongly / just a little:

<table>
<thead>
<tr>
<th>Location</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>[14] all open or outdoor public shopping malls</td>
<td>78%</td>
<td>83%</td>
<td>85%</td>
<td>85%</td>
<td>–</td>
</tr>
<tr>
<td>[16] all gaming areas in pubs, clubs and bars</td>
<td>73%</td>
<td>80%</td>
<td>74%</td>
<td>75%</td>
<td>–</td>
</tr>
<tr>
<td>[3] all beaches</td>
<td>67%</td>
<td>79%</td>
<td>74%</td>
<td>77%</td>
<td>–</td>
</tr>
<tr>
<td>[13] all outdoor community events and festivals</td>
<td>71%</td>
<td>77%</td>
<td>74%</td>
<td>70%</td>
<td>–</td>
</tr>
<tr>
<td>[10] all workplaces, including outdoor workplaces</td>
<td>71%</td>
<td>74%</td>
<td>74%</td>
<td>79%</td>
<td>–</td>
</tr>
<tr>
<td>[17] private gaming areas at casinos</td>
<td>62%</td>
<td>71%</td>
<td>69%</td>
<td>70%</td>
<td>–</td>
</tr>
<tr>
<td>[15] all balconies of apartment blocks and multi dwelling residential buildings</td>
<td>47%</td>
<td>56%</td>
<td>54%</td>
<td>53%</td>
<td>–</td>
</tr>
<tr>
<td>[18] general non-compliance fine</td>
<td>77%</td>
<td>81%</td>
<td>81%</td>
<td>85%</td>
<td>–</td>
</tr>
<tr>
<td>[19] specific fine amount ($550 in 2013 and $300 in 2015/2017/2019)</td>
<td>69%</td>
<td>77%</td>
<td>80%</td>
<td>77%</td>
<td>–</td>
</tr>
</tbody>
</table>

### Response to plain packaging

<table>
<thead>
<tr>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>74%</td>
<td>71%</td>
<td>73%</td>
<td>–</td>
</tr>
</tbody>
</table>

### Plain packaging—impact on behaviour (current smokers):

<table>
<thead>
<tr>
<th>Impact</th>
<th>2013</th>
<th>2015</th>
<th>2017</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total impact</td>
<td>37%</td>
<td>44%</td>
<td>49%</td>
<td>39%</td>
<td>Decrease</td>
</tr>
<tr>
<td>thoughts about quitting</td>
<td>13%</td>
<td>20%</td>
<td>26%</td>
<td>20%</td>
<td>–</td>
</tr>
<tr>
<td>smoking less</td>
<td>9%</td>
<td>18%</td>
<td>22%</td>
<td>19%</td>
<td>–</td>
</tr>
<tr>
<td>actually tried to quit</td>
<td>3%</td>
<td>15%</td>
<td>15%</td>
<td>11%</td>
<td>–</td>
</tr>
</tbody>
</table>

Note: N/A in these tables applies if that particular survey question was not asked in that year’s survey.
3. INTRODUCTION

The NSW Government is committed to reducing tobacco-related harm in the community. This commitment is reflected in a range of NSW Government strategies programs, legislation and policy including the NSW Tobacco Strategy 2012–2019, 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 in partnership on tobacco control and reducing smoking prevalence by implementing the NSW Tobacco Strategy 2012–2021. This strategy sets out the actions 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 goal 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 government.

A major program 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, 2015 and 2017 to provide up-to-date measures and monitor shifts over time. This research program helps the Cancer Institute NSW evaluate its tobacco control program.

In 2013, 2015, 2017 and 2019, the NSW Smoking and Health Surveys were co-funded by the Cancer Institute NSW and the NSW Ministry of Health. These surveys have informed the Cancer Institute NSW’s tobacco control program, as well as the NSW Ministry of Health’s tobacco control policy in NSW, by providing information on community attitudes to smoking and current or potential future tobacco control measures. These data guide key legislative changes.
4. OBJECTIVES

The aim of the NSW Smoking and Health Survey 2019 was to understand the NSW adult population’s:

- patterns of tobacco use, quit attempts, and motivations for quitting
- awareness, perceptions and use of vapes/e-cigarettes
- knowledge of the health effects of smoking
- knowledge and attitudes about the health consequences of smoking / second-hand smoke
- attitudes to 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 explored the prevalence of tobacco and vapes/e-cigarette use among NSW adults, the NSW Population Health Survey is the authority for these measures in NSW.
5. METHODOLOGY

5.1. Data collection method overview

The 2019 survey, like earlier surveys, was conducted by Computer Assisted Telephone Interviewing (CATI). Fieldwork took place from 1 August to 19 September 2019.

As with the 2013, 2015 and 2017 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, without a landline).

The sample design for the 2017 and 2019 NSW Smoking and Health Survey was substantially revised following a consultancy on the design carried out by Dr Phil Hughes of ENGINE. The key recommendations of this design review were:

- moving the mobile:landline ratio from 20:80 (as used in 2013 and 2015) to 50:50 for 2017 and 2019
- replacing the previous design—a random sample followed by a booster sample of smokers—with a design in which the full sample is randomly selected but the non-smoker sample is capped at 800 respondents (Stage 1). After that, only demographic information is collected from non-smokers, which was to be used solely for weighting purposes (Stage 2).

In 2019, 3,058 interviews were conducted among people aged 18 years and over living in NSW. This number comprised 1,159 people who completed the full survey (359 smokers and 800 non-smokers) and 1,899 non-smokers who provided demographic information only for weighting purposes.

The sample was allocated proportionately to the Sydney metro 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 ENGINE’s dedicated CATI facility in Melbourne CBD. The team of selected interviewers were briefed on the project by the ENGINE project team before commencing fieldwork.

ENGINE is a member of the Association of Market and Social Research Organisations (AMSRO), and its staff and interviewers abide by the Australian Market and Social Research Society (AMSRS) Code of Professional Behaviour. This code satisfies all the requirements of federal privacy legislation.
ENGINE has developed best practice processes for providing market and social research consultancy services to provide its clients accurate and professional services—including management, design, analysis and reporting. These processes enabled ENGINE to be one of the first market research organisations accredited with the International Standard for Market and Social Research: ISO20252. This commitment to quality assurance standards ensured the project complied with ISO 20252 and membership requirements for AMSRO and AMSRS.

5.2. Questionnaire

The survey questionnaire was developed by the Cancer Institute NSW, with input from the NSW Ministry of Health, based on the versions employed in the previous surveys. ENGINE 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 18.4 minutes to complete in Stage 1 of fieldwork.

The average length reduced to 6.4 minutes in Stage 2 of fieldwork, when non-smokers only needed to answer the demographics questions used for weighting purposes (smokers continued to answer the full questionnaire). Tables 1 and 2 set out the question topics asked during Stage 1 and Stage 2 of fieldwork by smoking status.

**Table 1: Questionnaire topics—Stage 1, by smoking status**

<table>
<thead>
<tr>
<th>Questionnaire topics—Stage 1</th>
<th>(Current) Smokers</th>
<th>Ex-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>Vapes or 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>
</tbody>
</table>
Table 2: Questionnaire topics—Stage 2, by smoking status

<table>
<thead>
<tr>
<th>Questionnaire topics—Stage 2</th>
<th>(Current) Smokers</th>
<th>Ex-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>Vapes or 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 the demographics needed were age, gender, location (Sydney / Rest of NSW), phone ownership (mobile only, or both landline and mobile) and the number of mobile phones used. (Appendix A provides the age and sex profiles of landline and mobile samples.)

Two new demographic questions relating to sex/gender were included in the 2019 survey:

- What sex were you assigned at birth, on your original birth certificate? Male or Female?
- Do you identify yourself as male, female, transgender or other?

A total of 11 respondents refused to answer the question regarding their sex assigned at birth, and 8 respondents refused the gender identification question (table 3). One respondent identified themselves as a gender other than male or female, while three others had a male or female gender different from that assigned at birth.
### Table 3: Sex assigned at birth versus gender identified as (GEN)

<table>
<thead>
<tr>
<th>Sex assigned at birth (SEX2)</th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
<th>Refused</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>552</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>554</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>590</td>
<td>1</td>
<td>1</td>
<td>594</td>
</tr>
<tr>
<td>Refused</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>558</strong></td>
<td><strong>592</strong></td>
<td><strong>1</strong></td>
<td><strong>8</strong></td>
<td><strong>1,159</strong></td>
</tr>
</tbody>
</table>

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. Other surveys such as the NSW School Student Health Behaviours Survey collect information on the health behaviours of those aged under 18 years in NSW.

### 5.4. Sampling frames and stratification

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

The SamplePages fixed line random-digit dialling (RDD) sample was derived from a database of all fixed line prefixes in Australia, maintained by the Australian Communications and Media Authority (ACMA). Random suffixes were then generated and the resulting numbers pinged (rung silently at the exchanges) to determine if they were live. These randomly generated phone numbers were then assigned to part-of-state (Sydney / Rest of NSW split) and generated in proportion to their Australian Bureau of Statistics Estimated Resident Population count of those areas.

The SamplePages pinged RDD mobile phone samples were obtained in a similar way to the fixed line sample, through the ACMA-based list of all possible mobile phone prefixes in Australia and generating random suffixes. These randomly generated phone numbers, however, could not be assigned to part-of-state (state and capital city / rest of state splits), as there is no geographic information attached to mobile numbers.

There were, therefore, three sample strata (i.e. two sample strata for the landline sample and one for the mobile sample):

- **Landline**: Sydney and Rest of NSW
- **Mobile**: Australia-wide (with screening to identify NSW residents).
5.5. Sample allocation

A key sample design decision was allocating samples to these three strata. The allocation for 2019 was 50% landline and 50% mobile (as in 2017).

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. 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 mobile 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 and respondent selection

For the landline sample, the $n^{th}$ eldest person aged 18 years and over in that household was randomly selected, where $n$ is a number randomly generated by the questionnaire program based on the number of adults aged 18 years and over living in the 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, provided they were aged 18 years and over and lived in NSW.

Table 4 sets out the sample sizes for the survey ($n = 3,058$, including 1,159 who completed the full survey), for each stage of the fieldwork.
<table>
<thead>
<tr>
<th>Stratum</th>
<th>Stage 1</th>
<th></th>
<th></th>
<th>Stage 2</th>
<th></th>
<th></th>
<th>Total (Full/Short)</th>
<th></th>
<th></th>
<th>Total (Full only)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smoker</td>
<td>Non-smoker</td>
<td>Total</td>
<td>Smoker</td>
<td>Non-smoker</td>
<td>Total</td>
<td>Smoker</td>
<td>Non-smoker</td>
<td>Total</td>
<td>Smoker</td>
<td>Non-smoker</td>
</tr>
<tr>
<td></td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
<td>completes</td>
</tr>
<tr>
<td>Landline Sydney</td>
<td>26</td>
<td>259</td>
<td>285</td>
<td>46</td>
<td>605</td>
<td>651</td>
<td>72</td>
<td>864</td>
<td>936</td>
<td>72</td>
<td>259</td>
</tr>
<tr>
<td>Landline Rest of NSW</td>
<td>16</td>
<td>157</td>
<td>173</td>
<td>41</td>
<td>383</td>
<td>424</td>
<td>57</td>
<td>540</td>
<td>597</td>
<td>57</td>
<td>157</td>
</tr>
<tr>
<td>Mobile NSW</td>
<td>86</td>
<td>384</td>
<td>470</td>
<td>144</td>
<td>911</td>
<td>1,055</td>
<td>230</td>
<td>1,295</td>
<td>1,525</td>
<td>230</td>
<td>384</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
<td>800</td>
<td>928</td>
<td>231</td>
<td>1,899</td>
<td>2,130</td>
<td>359</td>
<td>2,699</td>
<td>3,058</td>
<td>359</td>
<td>800</td>
</tr>
</tbody>
</table>
5.7. Third party interviewing

The questions asked of non-smokers during Stage 2 of the fieldwork were limited (i.e. some general demographics needed for weighting), making it possible for landline interviews for another household member (aged 18 years and over) to answer the questions on behalf of the randomly selected nth person. This approach is referred to as third party interviewing.

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

Third party interviewing also reduces the need to make call-backs to talk with the randomly selected person, helping increase response rates. If the randomly selected person was not available, the person answering the phone may have been able to help.

A total of 185 out the 1,899 short interviews with non-smokers during Stage 2 were conducted as third party interviews.

5.8. Weighting

The data for the survey was weighted to take into account many factors, including the overlapping dual sampling frame approach, and the probabilities of selection. Ensuring the age by gender by location by phone ownership profile matched that of the best available population estimates was also necessary.

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

5.9. Margins of error

A total of 1,159 full interviews were completed with people aged 18 years and 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.

Table 5 presents 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 for 2019 and 2017.
Table 5: Margins of error (including WEFFs and effective sample sizes)

<table>
<thead>
<tr>
<th>Sub-group</th>
<th>2019</th>
<th></th>
<th>Margin of error^+ /–%</th>
<th>2017</th>
<th></th>
<th>Margin of error^+ /–%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>WEFF</td>
<td>Effective sample size</td>
<td></td>
<td>n</td>
<td>WEFF</td>
</tr>
<tr>
<td>Smokers</td>
<td>359</td>
<td>1.58</td>
<td>227</td>
<td>+/–6.5%</td>
<td>381</td>
<td>1.48</td>
</tr>
<tr>
<td>Non-smokers (Ex-smokers and Never)</td>
<td>800</td>
<td>1.68</td>
<td>476</td>
<td>+/–4.5%</td>
<td>802</td>
<td>1.54</td>
</tr>
<tr>
<td>Smokers and Ex-smokers</td>
<td>694</td>
<td>1.76</td>
<td>394</td>
<td>+/–4.9%</td>
<td>696</td>
<td>1.66</td>
</tr>
<tr>
<td>Ex-smokers</td>
<td>335</td>
<td>1.66</td>
<td>202</td>
<td>+/–6.9%</td>
<td>315</td>
<td>1.44</td>
</tr>
<tr>
<td>Total (All)</td>
<td>1,159</td>
<td>1.79</td>
<td>646</td>
<td>+/–3.9%</td>
<td>1,183</td>
<td>1.71</td>
</tr>
</tbody>
</table>

^Assuming 95% confidence level

In 2019, the 1,159 respondents who completed the full survey had a WEFF of 1.79, with an effective sample size (n/WEFF) of 646 and a maximum margin of error of +/–3.9%. This means, for example, if 50% of all respondents aged 18 years and over had a certain view, then we could be 95% confident that the results of a census of all NSW adults aged 18 years and over would be in the range 50% +/-3.9% (i.e. within the range 46.1–53.9%).

The margins of error when analysing by smokers, by non-smokers including ex-smokers, were higher than for all respondents.
5.10. Response rates

An overall response rate of 12% was achieved for the survey (5% for landline and 20% for mobile) based on the total estimated number of eligible households / mobile numbers. This response rate was calculated based on the rigorous American Association for Public Opinion Research (AAPOR) standards (response rate definition 3).

The response rate was 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 determine their eligibility).

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 presented in appendix C of this report.

5.11. Presentation of results

This report contains selected findings from the NSW Smoking and Health Survey 2019. It focuses on findings in these key areas:

● smoking/quitting behaviours and intentions
● vapes or e-cigarettes
● health effects of smoking
● smokers’ attitudes to 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 1,159 respondents (i.e. the 359 smokers plus the 800 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 separately to the Cancer Institute NSW. That file, as well as this report (except the response rate calculations), does not include the 1,899 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 2017 are also made where relevant.

Findings that are described as significant throughout this report (for example, significantly different, significantly increased or significantly decreased) are statistically significant. This report refers only to changes (i.e. increases or decreases) that are statistically significant.

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Further, not all statistically significant differences compared with the 2017, 2015 or 2013 survey are referred to—only those considered pertinent are brought to the readers’ attention. While differences may be statistically significant, it does not necessarily mean they are important or meaningful or significant differences in a real sense.

Statistical significance in this report means we can be 95% confident 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 ratings (for example, when the proportions that agree strongly and agree a little are combined), rather than all the individual point ratings.

In this report the proportions/percentages are rounded to the nearest whole number. Further, when proportions are added together, they are also rounded—for example, when the bottom two or top two ratings are collapsed. This rounding approach can mean some proportions are +/−1% different from the simple addition of the two individual proportions.
6. KEY FINDINGS: SMOKING AND QUITTING BEHAVIOURS

This section describes the findings on smoking and quitting behaviours and intentions:

- frequency of smoking
- amount smoked
- normative perceptions of smoking
- 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 and likelihood of using cessation supports.

6.1. Frequency of smoking

The NSW adult (aged 16 years and over) population smoking rate is reported annually by the NSW Population Health Survey.\(^3\) In 2018, 14.8% of the NSW adult population were current smokers—they reported smoking daily or occasionally.\(^3\),\(^4\)

To understand smoking status in the NSW Smoking and Health Survey sample (adults aged 18 years and over), 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, or not at all?.

In the 2019 survey, smoking status was classified in the following way:

- **Current smokers**: regular and occasional smokers were classified as current smokers. Regular smokers comprised daily smokers and those smoking at least weekly. Occasional smokers comprised those smoking less than weekly but at least once a month, and those smoking less than once a month.
- **Non-smokers**: never-smokers and ex-smokers were classified as non-smokers.

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\(^4\) 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?*
6.2. Amount smoked

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

Daily smokers reported smoking an average of 11.6 cigarettes, pipes or cigars per day—a significant drop from 2017 (13.6 cigarettes, pipes or cigars per day) (figure 1).

Nine in ten (91%) daily smokers smoked up to 20 cigarettes, pipes or cigars per day—61% smoke 10 or fewer per day and 30% smoke 11 to 20 per day. Less than one in twenty smoke either 21 to 30 (5%), or more than 30 per day (3%).

The proportion of daily smokers smoking 21 to 30 cigarettes, pipes or cigars per day was significantly lower in 2019 (5%) than in 2017 (13%), which helped reduce the overall average number of cigarettes, pipes or cigars smoked per day.

Figure 1: Amount smoked by daily smokers, by survey year

Weekly smokers reported smoking an average of 8.9 cigarettes, pipes or cigars per week, significantly lower than in 2017 (14.4 cigarettes, pipes or cigars per week).

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 cigarettes smoked among this group was 9.1 cigarettes per day, significantly lower than 2017 (11.6 cigarettes). Three in ten ex-smokers (31%) smoked more than 10 cigarettes per day, including 13% that smoked more than 20 cigarettes per day.
6.3. 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.

Almost six in ten NSW adults over-estimated the smoking rate in 2019 (57%). Slightly under a quarter (23%) provided a correct estimate, while a minority (12%) under-estimated the rate, and a further 8% indicated they didn’t know (figure 2).

**Figure 2: Normative perceptions of smoking in NSW, by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Under-estimated</th>
<th>Correct</th>
<th>Over-estimated</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL (n=1,159)</td>
<td>12%</td>
<td>23%</td>
<td>57%</td>
<td>8%</td>
</tr>
<tr>
<td>18–39 years (n=277)</td>
<td>10%</td>
<td>17%</td>
<td>69%</td>
<td>4%</td>
</tr>
<tr>
<td>40–59 years (n=346)</td>
<td>13%</td>
<td>28%</td>
<td>51%</td>
<td>9%</td>
</tr>
<tr>
<td>60+ years (n=536)</td>
<td>14%</td>
<td>26%</td>
<td>47%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Those in the 18–39 age group (69%) were significantly more likely to over-estimate the smoking rate than those in the 40–59 age group (51%) and the 60 and over age group (47%). Among the latter age group, the proportion over-estimating the smoking rate decreased significantly from 2017 (57%).
6.4. Tobacco products used

Current smokers were read a list of tobacco products and asked to indicate the products they used either regularly or occasionally (figure 3).

Three quarters of current smokers (77%) reported using tailor-made or manufactured cigarettes. This result was not statistically different from 2017 (81%).

The next most popular product was roll-your-own (RYO) cigarettes—34% of current smokers used these either regularly or occasionally, a significant increase from 2017 (24%).

One in eight (13%) current smokers used vapes or e-cigarettes either regularly or occasionally, which was significantly higher than in 2017 (6%). The wording in the 2017 survey, however, related only to e-cigarettes and did not include the word vapes. Current smokers aged 18–39 were significantly more likely to use vapes/e-cigarettes either regularly or occasionally (17%) than current smokers aged 40–59 (6%) or 60 years and over (4%).

A further one in ten current smokers used cigars (10%) regularly or occasionally. Around one in ten (9%) current smokers used waterpipe or shisha—a significant increase since 2017 (3%). In 2017, however, the wording was waterpipe tobacco or shisha tobacco (i.e. the word tobacco was removed for 2019).

Daily smokers made up the vast majority of current smokers, and their use of RYO and vapes/e-cigarettes had increased, although not significantly, since 2015. Four in ten (38%) daily smokers in 2019 reported using RYO, an increase (although not significant) from 28% of daily smokers in 2017, but similar to levels of RYO usage among daily smokers in 2015 (35%).

More daily smokers in 2019 also reported using vapes or e-cigarettes (12%), an increase (although not significant) from 7% of daily smokers in 2017 when the question referred to them as e-cigarettes rather than vapes or e-cigarettes. Findings for the use of vapes/e-cigarettes by the NSW adult population as a whole are set out in section 7.

As mentioned previously, almost one in ten current smokers reported using waterpipe or shisha either regularly or occasionally (9%). Current smokers aged 18–39 were significantly more likely to do so (13%) than current smokers aged 40–59 (2%) or 60 years and over (0%).

Further, 7% of current smokers reported using waterpipe or shisha containing tobacco, which was not a significant increase on the 3% who reported doing so in 2017.

Non-smokers were also asked whether they regularly or occasionally used waterpipes or shisha—around 2% did (unchanged from 2017), including 1% containing tobacco.

These results mean that 3% of all NSW adults used waterpipe or shisha, including 2% containing tobacco. Very few didn’t know if their product contained tobacco (0.2%, which equates to 6% of the users).
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?

Base: NSW current smokers aged 18+
6.5. Nicotine dependence

Nicotine dependence was assessed using the short version of the Fagerström test for nicotine dependence, which takes into account the daily amount smoked and the length of time from waking until the first cigarette.\(^5\) Almost two thirds (63%) of all daily smokers had very low dependence (2017: 57%), while 3% had high to very high dependence. The results showed no significant change from 2017 (figure 4).

Younger smokers were significantly more likely than older smokers to have very low dependence: 71% of the 18–39 years age group had very low dependence compared with 50% of the 40–59 years 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?

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 minutes = 1; >60 minutes = 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.
6.6. Quitting thoughts and intentions

Current smokers were asked how often in the past two weeks they had thought about quitting (figure 5).

**Daily thoughts**: almost a third (30%) had thought about quitting daily, either several times a day (16%) or once a day (14%).

**Occasional thoughts**: slightly more than one in five (23%) had occasionally thought about quitting, either once every few days (11%) or once or twice in the past fortnight (12%).

**Not at all**: almost a half (47%) reported not having thought about it all in the past two weeks.

**Figure 5: Frequency of quitting thoughts, by survey year**

<table>
<thead>
<tr>
<th>Percentage (%)</th>
<th>2019 (n=359)</th>
<th>2017 (n=381)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Once a day</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Once or twice in the past 2 weeks</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Not at all</td>
<td>47%</td>
<td>39%</td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quitting salience, the proportion thinking about quitting at least once a day (30%), remained similar to 2017 (33%). The proportion having occasional thoughts (23%) was also similar to 2017 (22%).

In 2019, those significantly more likely to think at least daily about quitting were:

- daily smokers (40%; weekly smokers: 38%; occasional smokers: 7%)
- those seriously considering quitting (55%; just a possibility: 25%; not at all considering: 4%)
- those aged over 60 years (45%; 18–39 years: 27%).
6.7. Future quitting intentions

Current smokers were asked if they were considering quitting in the next six months (figure 6). Three in five (60%) reported they were considering doing so. Almost a half (45%) were seriously thinking of quitting, while 13% reported it was just a possibility and 2% didn’t know or refused to answer. These findings were similar to those in 2017. The proportion who planned to quit in the next 30 days (22%) was the same as in 2017 (22%).

Figure 6: Quitting intentions

3.1 Are you considering quitting smoking in the next 6 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 (53%) was higher than in 2017 (44%), though not significantly. The proportion considering quitting in the next 30 days (24%) was also higher than in 2017 (21%), but again not significantly.

In 2019, the proportion planning to quit in the next 30 days was significantly higher for:

- those who believed the health effects of smoking to be reversible (31%) than those who did not (18%)
- those who were embarrassed to be a smoker (33%) than those who were not (12%).

6.8. Reasons for considering quitting

Those considering quitting in the next six months were asked for their reasons (figure 7). The top three reasons in 2019 were:

- health or fitness reasons (80%; 2017: 73%; 2015: 75%; 2013: 79%)
- cost of cigarettes or tobacco (44%; 2017: 30%; 2015: 46%; 2013: 43%)
- the effect of smoking on my family’s health (7%; 2017: 5%; 2015: 4%; 2013: 4%).
• Cost of cigarettes as a reason for considering quitting increased significantly since 2017 (30%), particularly for smokers under 40 years of age (37%; 2017: 16%).

Figure 7: Reasons for thinking about quitting, by survey year

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

6.9. Number of quit attempts

Current smokers were asked about the number of quit attempts they had made (table 6). A third (33%) of current smokers had never tried to quit, which was higher than in 2017 (27%), although not significantly.
Younger smokers (aged 18–39 years) were the most likely to report never having made a quit attempt (40%), significantly higher than all other age groups (24% for those aged 40 to 59 years and 13% for those aged 60+ years).

Two thirds (66%) of current smokers had made at least one attempt to quit. The median number of quit attempts was 3.0—no significant change from the 2017, 2015 and 2013 medians of 3.0, 3.3 and 3.1 respectively. A quarter (25%) had made one or two attempts (14% and 11% respectively).

**Table 6: Number of quit attempts, by survey year**

<table>
<thead>
<tr>
<th>Attempts</th>
<th>Current smoker</th>
<th>Ex-smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019 (n=359)</td>
<td>2017 (n=381)</td>
</tr>
<tr>
<td>No attempt</td>
<td>33%</td>
<td>27%</td>
</tr>
<tr>
<td>One</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Two</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>Three</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Four</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>Five</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Six or more</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Refused</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>At least one attempt</td>
<td>67%</td>
<td>73%</td>
</tr>
<tr>
<td>Median attempts</td>
<td>3.0</td>
<td>3.0</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 had been since their most recent quit attempt.

Six in ten current smokers (59%) had last tried to quit in the past year, including 10% in the past month and 35% in the past 6 months. Around 13% of smokers who had ever tried to quit last tried 5 or more years ago (9% of all current smokers).

Similarly, ex-smokers were asked how long ago they quit smoking. Eight out of ten (81%) ex-smokers quit smoking 5 or more years ago.

These findings showed no significant changes since 2017.
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 (figure 8).

Four in ten current smokers (39%) quit for less than one month, including 24% who quit for less than one week.

Almost one in five (19%) current smokers managed to stop smoking for a year or more. These findings were unchanged from 2017.

**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?

![Graph showing duration of last quit attempt](image)

Base: NSW current smokers aged 18+ who have attempted to quit (n=252)

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 (table 7). In 2019, three quarters (74%) were able to name at least one cessation support. The top three named supports were:

- nicotine replacement therapy (NRT) (40% ; 2017: 39%)
- Quitline name/number (34%; 2017: 40%)
- GP / other health professional (18%; 2017: 19%).

One in ten current and ex-smokers mentioned natural therapies (9%; 2017: 7%), prescribed medications (8%; significantly lower than in 2017: 13%), and online information/programs (7%; 2017: 3%). A minority (6%) named e-cigarettes as a cessation support.
Table 7: Unprompted awareness of cessation supports, by survey year

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

<table>
<thead>
<tr>
<th>Support</th>
<th>2019</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRT</td>
<td>40%</td>
<td>39%</td>
</tr>
<tr>
<td>Quitline name/number</td>
<td>34%</td>
<td>40%</td>
</tr>
<tr>
<td>GP / health professional</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Natural therapies</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Prescribed medication</td>
<td>8%</td>
<td>13%</td>
</tr>
<tr>
<td>Online information/program</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*2019 base = 694 Current and ex-smokers
2017 base = 696 Current and ex-smokers*

**Prompted**

Current and ex-smokers were asked if they had heard of the Quitline (either by name or number) or the iCanQuit website.

As in previous years, there was very high prompted awareness of the Quitline (89%; 2017: 92%; 2015: 94%).

A third of current and ex-smokers (34%) were aware of the iCanQuit website in 2019, similar to 2017 (33%). Females were more likely to have heard of the iCanQuit website than males (41%; 2017: 28%).

**6.13. Preferred cessation supports**

Three new questions were asked of current smokers in 2019. The first question asked whether current smokers would be likely to use a pre-defined list of cessation supports to quit smoking. This question was followed by an open-ended question about what other, if any, cessation supports they would be likely to use. Current smokers were then asked which one of these cessation supports they would be most likely to use to quit smoking. The results are presented in figure 9.

**Likely to use**

A half of current smokers were likely to use face to face support from their GP (50%), followed by a third each who were likely to use a quit smoking app or chatbot (34%) or face to face support from a quit smoking clinic (31%).

A quarter of current smokers each mentioned phone support from a quit smoking advisor like Quitline (26%), online support from other smokers such as a forum or chat room (26%) or text message support (25%).
Just under one in five said they would likely use an online live chat with a quit smoking advisor (18%) or group support (16%). The other cessation supports shown in figure 9 were not read out to the respondents but were mentioned by respondents unprompted. The most widely mentioned of these were NRT (16%) and cold turkey (8%).

**Most likely to use**

Face to face support from a GP (23%) was the cessation support most likely to be used by current smokers to help them quit smoking. One in ten current smokers mentioned NRT (10%) as the preferred cessation support, while 7% mentioned cold turkey. A quarter of current smokers (24%) of current smokers reported they would not use a cessation support to help them quit smoking.

Figure 9: Cessation support likely / most likely to use to quit smoking

3.7.5a Which of the following would you be likely to use to quit smoking?
3.7.5b And is there anything else you would be likely to use to quit smoking?
3.7.5c And which one of these would you be most likely to use to quit smoking?
7. **KEY FINDINGS: VAPES/E-CIGARETTES**

This section describes the following findings for vapes/e-cigarettes:

- awareness of vapes/e-cigarettes
- attitudes to vapes/e-cigarettes
- knowledge of bans on vapes/e-cigarettes in NSW
- level of support for legislation on vapes/e-cigarettes.

In previous waves of the survey the definition and question wordings referred to **e-cigarettes**. The relevant definition and question wordings were amended in the 2019 survey to include the word **vapes** and/or the verb **vaping**.

During the 2019 survey fieldwork there was a considerable amount of media coverage relating to illnesses and deaths in the United States claimed to be linked to the use of vapes/e-cigarettes. The comparison of the findings in this section with findings of previous surveys should, therefore, be treated with caution.

Further, the results in this section relate only to attitudes and knowledge—they do not reflect the safety of vapes/e-cigarettes or their effectiveness as a quit aid.

Importantly, only NSW adults aged 18 years and over were included in this survey. Use of e-cigarettes among high school students was, therefore, not captured. Information on their use of e-cigarettes is, however, captured in the NSW School Student Health Behaviours Survey.

7.1. **Awareness of vapes/e-cigarettes**

The proportion of the NSW adult population that had tried vapes/e-cigarettes is reported annually by the NSW Population Health Survey (PHS). In 2018, an estimated 8.1% of the population had ever tried vapes/e-cigarettes—that is, they reported using vapes/e-cigarettes daily, occasionally, previously or had tried them a few times.7

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7 [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

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6 http://www.healthstats.nsw.gov.au/indicator/beh_esmo_age_snap
In the 2019 survey, the definition of electronic or e-cigarettes was revised from that used in previous years to specifically include reference to *vapes, small handheld cylinders* and *USBs*, as follows:

*Vapes, electronic cigarettes, or e-cigarettes, are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Vapes or electronic cigarettes may be small hand-held cylinders, or shaped and coloured like cigarettes or other devices such as pens or USBs.*

While this definition is more aligned to the definition in the PHS than the definition in previous Smoking and Health surveys, the PHS definition also specifies that *Some of the liquids used in these devices may contain nicotine.*

Respondents were read the revised definition, then asked if they had heard of vapes or e-cigarettes before today. More than nine in ten (94%) reported they had heard of vapes or e-cigarettes. This response had increased significantly since 2017 (85%), when the previous definition was used.

Awareness was significantly greater for:

- current smokers (97%) and ex-smokers (96%) relative to those who had never smoked (91%) (awareness was also significantly higher for the latter group than in 2017, when it was 79%)
  - males (96%) relative to females (92%).

*Main reasons for use*

Smokers and non-smokers who had ever used vapes/e-cigarettes were asked for the main reasons they used/use them. The most common reasons (figure 10) were:

- curiosity (38%; 2017: 36%; 2015: 54%)
- enjoy it / for the flavour (17%, not coded in previous surveys)
- to help me quit smoking (15%; 2017: 29 %; 2015: 31%)
- social/casual reasons (11%, not coded in previous waves)
- for the look / to look cool (9%, not coded in previous waves)
- to cut down on the number of cigarettes I smoke (7%; 2017: 9%; 2015: 6%)
- cheaper than cigarettes (5%; 2017: 5%; 2015: 3%)
- not as bad for your health as cigarettes (6%; 2017: 4%; 2015: 7%).
Figure 10: Reasons for vaping

And what are the main reasons you vape?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curiosity/to try it</td>
<td>38%</td>
</tr>
<tr>
<td>I enjoy it/ for the flavours</td>
<td>17%</td>
</tr>
<tr>
<td>To help me quit cigarettes</td>
<td>15%</td>
</tr>
<tr>
<td>Social/casual/someone offered it</td>
<td>11%</td>
</tr>
<tr>
<td>For the look/ to look cool</td>
<td>9%</td>
</tr>
<tr>
<td>To cut down on the number of cigarettes I smoke</td>
<td>7%</td>
</tr>
<tr>
<td>Not as bad for your health as cigarettes</td>
<td>6%</td>
</tr>
<tr>
<td>Cheaper than cigarettes</td>
<td>5%</td>
</tr>
<tr>
<td>So I don’t have to quit smoking</td>
<td>3%</td>
</tr>
<tr>
<td>No smell</td>
<td>2%</td>
</tr>
<tr>
<td>Taste better than cigarettes</td>
<td>2%</td>
</tr>
<tr>
<td>I use them exclusively instead of smoking cigarettes</td>
<td>2%</td>
</tr>
<tr>
<td>Easily accessible/available</td>
<td>1%</td>
</tr>
<tr>
<td>So I can smoke in places where smoking cigarettes is not allowed</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>No reason</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+ who have ever used vapes or e-cigarettes (n=237)

Although curiosity remained the leading reason for trying vapes/e-cigarettes, some new reasons emerged since 2017, including enjoyment / for the flavours (17%) and for the look / to look cool (9%). These two reasons were mentioned in particular by users aged 18–39 years (21% and 12% respectively).

Conversely, helping smokers to quit smoking reduced significantly as a reason (15%) compared with 2017 (29%). Those aged 40 years and over who had tried vapes/e-cigarettes continued to be significantly more likely to indicate quitting as a reason (39%, including 60% of the users aged 60 years and over) compared with those aged 18–39 years (8%).

Being able to smoke in places where smoking cigarettes is not allowed (1%; 2017: 4%; 2015: 7%) reduced significantly as a reason, reflecting new legislation banning vaping in public places where smoking is banned that was introduced since the last survey.
Nicotine content

Those who had ever used vapes/e-cigarettes were asked to think about whether their last vape contained nicotine. More than eight out of ten (82%) reported knowing whether it contained nicotine—44% indicated that it did and 38% that it did not.

There was significantly greater uncertainty regarding nicotine content than in 2017, when 88% claimed to know (including a significantly higher proportion reporting their last e-cigarette contained nicotine (54%)).

Place of last purchase

Those who had ever used vapes/e-cigarettes were asked to think about where they bought or obtained their last vaping product, whether that was the vape, the pod or the e-liquid (figure 11).

Six out of ten (60%) of those who had ever tried or used e-cigarettes reported they did not obtain their last vaping product themselves. It was most likely from a friend (35%), they didn’t buy it (22%; significantly higher than in 2017: 10%), or it was a gift (3%).

For those who bought their last vaping product, the main place of was the internet (16%; 2017: 15%)—predominantly overseas websites (9%). The 2019 survey was the first time location of website was identified.

Tobacconists were the next most common place of purchase (8%), but significantly lower than in 2017 (20%).

Figure 11: Place of last purchase of vaping product

E.6 And from where did you buy or obtain your last vaping product, whether that was the vape itself, the pod or the e-liquid?

<table>
<thead>
<tr>
<th>Place of Purchase</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>35%</td>
</tr>
<tr>
<td>Internet - Overseas website</td>
<td>2%</td>
</tr>
<tr>
<td>Internet - Australian website</td>
<td>6%</td>
</tr>
<tr>
<td>Internet - unsure if Australian/Overseas website</td>
<td>1%</td>
</tr>
<tr>
<td>Tobacconist</td>
<td>8%</td>
</tr>
<tr>
<td>It was a gift</td>
<td>2%</td>
</tr>
<tr>
<td>Stall at a market or fair</td>
<td>1%</td>
</tr>
<tr>
<td>Convenience store</td>
<td>1%</td>
</tr>
<tr>
<td>Other retail outlet</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.4%</td>
</tr>
<tr>
<td>I didn’t buy it</td>
<td>22%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

Total internet: 2019: 16%; 2017: 15%; 2019: 17%
Vapers aged 18–39 years were significantly more likely (40%) than vapers aged 40 years and over to mention friends as their source (17%). Vapers aged 60 years and over were significantly more likely than younger vapers to get their vaping products from tobacconists (34%).

7.2. Attitudes to vapes/e-cigarettes

Several statements regarding e-cigarettes were presented to respondents who were aware of vapes/e-cigarettes. They were asked to indicate the extent to which they agreed or disagreed with each. Responses indicated an increased level of safety concerns with vapes/e-cigarettes, varying particularly with smoking status and usage of vapes/e-cigarettes.

Vapes/e-cigarettes are unsafe to use

Six out of ten (60%) of those aware of vapes/e-cigarettes agreed they are unsafe to use, including 36% who strongly agreed. These proportions were significantly higher than in 2017 (46% and 25% respectively).

Two out of ten (21%) disagreed vapes/e-cigarettes are unsafe to use, significantly lower than in 2017 (29%). The remainder either didn’t know (14%) or reported they neither agreed nor disagreed with the statement (5%) (figure 12).

Several variables affected the response to the statement about the safety of vapes/e-cigarette use.

Vapes/e-cigarette use: unsurprisingly, those who had tried vapes/e-cigarettes were significantly more likely to disagree that vapes/e-cigarettes are unsafe to use (38%) than were those who had not tried them (17%). Half (49%) of those who had used vapes, however, agreed to some extent that they are unsafe to use. Further, those who had not tried vapes/e-cigarettes were significantly more likely to strongly agree (39%) that vapes are unsafe than they were in 2017 (26%).

Smoking status: being a current smoker also created a more favourable view of vaping/e-cigarettes. Non-smokers were significantly more likely to agree that vapes/e-cigarettes are unsafe to use (62%) than were current smokers (52%). Both groups were significantly more likely to have this view than in 2017 (49% and 30% respectively).

Age: those aged 18–39 years were significantly more likely to disagree that vapes/e-cigarettes are unsafe to use (29%) than those in older age groups (40–59 years: 16%; 60 years and over: 15%). These two older age groups were significantly more likely to agree that vapes/e-cigarettes are unsafe to use (65% and 57% respectively) than they were in 2017 (46% and 41% respectively).
**Figure 12: Vapes/e-cigarettes are unsafe to use**

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

![Bar chart showing responses to the statement](chart)

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

Six out of ten (59%) of those aware of vapes/e-cigarettes agreed that they are unsafe to use around others, including 37% who strongly agreed. These proportions were significantly higher than in 2017 (46% and 25% respectively).

Two out of ten (21%) disagreed that vapes/e-cigarettes were unsafe to use, significantly lower than in 2017 (29%). The remainder either didn’t know (15%) or reported they neither agreed nor disagreed with the statement (5%) (figure 13).
Figure 13: It is unsafe to use vapes/e-cigarettes around others

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

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

Vapes/e-cigarette use: unsurprisingly, those who had tried vapes/e-cigarettes were significantly more likely to disagree that vapes/e-cigarettes are unsafe to use around others (37%) than were those who had not tried them (18%). Around half (51%) of those who had used vapes, however, agreed to some extent that they are unsafe to use around others. Further, those that had not tried vapes/e-cigarettes were significantly more likely to strongly agree that vapes are unsafe to use around others (39%) than they were in 2017 (27%).

Smoking status: being a current smoker also created a more favourable view of vaping/e-cigarettes around others. Non-smokers were significantly more likely to agree that vapes/e-cigarettes are unsafe to use around others (61%) than were current smokers.
(52%). Both groups, however, were significantly more likely to be of this view than they were in 2017 (49% and 33% respectively).

**Age:** those aged 18–39 years were significantly more likely to disagree vapes/e-cigarettes are unsafe to use around others (28%) than were those in older age groups (40–59 years: 15%; 60 years and over: 19%). These two older age groups were significantly more likely to agree that vapes/e-cigarettes are unsafe to use around others (65% and 57%) respectively) than they were in 2017 (48% and 43% respectively).

**Vapes/e-cigarettes are healthier than smoking tobacco cigarettes**

Views were mixed on whether vapes or e-cigarettes are healthier than smoking tobacco products. More than four out of 10 (44%) of those aware of vapes/e-cigarettes agreed that they were healthier than smoking tobacco products—significantly lower than in 2017 (52%). Around four out of ten disagreed (38%), while the remaining 18% didn’t know (14%) or neither agreed nor disagreed (4%) (figure 14).

**Figure 14: Vapes/e-cigarettes are healthier than smoking tobacco cigarettes**

E7.b I’m going to read out some statements about vapes or e-cigarettes. Please tell me how strongly you agree or disagree with each one. OK, here’s the first one: vapes or e-cigarettes are healthier than smoking tobacco cigarettes. Do you agree or disagree? [IF NECESSARY: Is that strongly or just a little?].
**Vapes/e-cigarette use:** those who had tried vapes/e-cigarettes were significantly more likely to agree with the statement that these products are healthier than smoking cigarettes (54%) compared with those who had not tried e-cigarettes (2019: 42%; 2017: 50% which was significantly higher than in 2019).

**Vapes/e-cigarettes help smokers to quit**

Opinions were divided on whether vapes/e-cigarettes help smokers to quit. Four out of ten who were aware of vapes/e-cigarettes disagreed that they helped smokers to quit (41%), while a similar proportion (40%) agreed that they did (figure 15). These findings were not significantly different from 2017.

**Figure 15:** Vapes/e-cigarettes help smokers to quit

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

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**Vapes or e-cigarette use:** those who had tried vapes/e-cigarettes continued to be significantly more likely to agree that e-cigarettes help smokers quit (63%) compared with those who had not (35%).
Smoking status: current smokers were significantly more likely (55%) to agree with the statement than were ex-smokers (33%) or never smokers (38%).

Age: those aware of vapes/e-cigarettes aged 18–39 years were significantly more likely to agree (53%) that e-cigarettes help smokers quit, than those aged 40–59 years (34%) or 60 years and over (27%).

7.3. Knowledge of vape/e-cigarette bans

Those aware of vapes/e-cigarettes were presented with four bans, and asked for each whether the ban was currently in place. All bans presented were in place for the last survey in 2017, except for the ban on using vapes/e-cigarettes in public places where smoking tobacco is banned.

The results showed there was uncertainty about the bans in place on vapes/e-cigarettes in NSW. For each of the bans, between one in five and half of NSW adults who were aware of vapes/e-cigarettes indicated they didn’t know whether the ban was in place (figure 16).

**Figure 16: Knowledge of bans on vapes/e-cigarettes**

<table>
<thead>
<tr>
<th>Ban</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sale of vapes or e-cigarettes to minors under 18 years of age</td>
<td>72%</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>Use of vapes or e-cigarettes in public places where smoking tobacco is banned</td>
<td>43%</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>Sale of vapes or e-cigarettes containing nicotine</td>
<td>32%</td>
<td>26%</td>
<td>42%</td>
</tr>
<tr>
<td>Marketing of vapes or e-cigarettes as aids for quitting smoking</td>
<td>28%</td>
<td>23%</td>
<td>49%</td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+ who are aware of vapes or e-cigarettes (n=1062)
The sale of vapes/e-cigarettes to minors under 18 years of age

A majority of respondents who were aware of vapes/e-cigarettes (72%) correctly believed that at the time of the survey there was a ban on the sale of vapes/e-cigarettes to minors under 18 years of age, a significant increase since 2017 (64%). Under one in ten (7%) incorrectly believed there was no such ban, and 21% did not know.

Younger age groups (who were also more likely to use vapes/e-cigarettes) were significantly more likely to correctly believe there was a ban on the sale of vapes/e-cigarettes to minors (18–39 years: 80%; 40–59 years: 70%; 60 years and over: 63%).

Knowledge of this ban, however, did not differ significantly between those who had tried (75%) and those who had never tried vapes/e-cigarettes (71%).

The sale of vapes/e-cigarettes containing nicotine

More than two thirds of NSW adults aware of vapes/e-cigarettes (68%; 2017: 74%, but not significantly different) either incorrectly believed there was no ban on sale of vapes/e-cigarettes containing nicotine (26%) or indicated they didn’t know (42%). A third (32%) correctly believed there was a ban on the sale of vapes/e-cigarettes containing nicotine.

Those who had tried vapes/e-cigarettes were significantly more likely to believe there was a ban on vapes/e-cigarettes containing nicotine (42%) than were those aware of vapes/e-cigarettes but had not tried them (30%).

Current smokers were significantly more likely to indicate there was a ban on vapes/e-cigarettes containing nicotine (43%) than non-smokers (30%), with no significant difference to 2017.

The marketing of vapes/e-cigarettes as aids for quitting smoking

Almost three quarters of NSW adults aware of vapes/e-cigarettes (72%) either incorrectly believed there was no ban on marketing of vapes or e-cigarettes as aids for quitting smoking (23%) or indicated they didn’t know (49%). Slightly more than a quarter (28%) correctly believed there was such a ban, with no significant change since 2017.

Those who had tried vapes/e-cigarettes were not significantly more likely to believe there was a ban on marketing of vapes or e-cigarettes as aids for quitting smoking (33%) than were those who were aware of vapes/e-cigarettes but had not tried them (27%).

Current smokers were significantly more likely to indicate there was a ban on marketing of vapes or e-cigarettes as aids for quitting smoking (35%) than non-smokers (26%).
The use of vapes/e-cigarettes in public places where smoking tobacco is banned

Six out of ten NSW adults aware of vapes/e-cigarettes (57%) either believed there was no new ban on the use of vapes/e-cigarettes in public places where smoking tobacco is banned (23%) or didn’t know (34%). More than four out of ten (43%) correctly understood such a ban was in place.

Current smokers were significantly more likely to indicate there was a ban on the use of vapes/e-cigarettes in public places where smoking is banned (54%) than non-smokers (40%). This result was expected, given the ban covers the same locations as tobacco.

7.4. Support for legislation on vapes/e-cigarettes

All respondents were asked if they supported or opposed the legislation in NSW that bans the use of vapes or e-cigarettes in public places where smoking is banned.

Eight out of ten (79%) respondents supported such legislation in NSW, with a majority (62%) strongly supporting it rather than supporting it just a little (17%) (figure 17). This level of support was significantly higher than in 2017 (70%)—before the ban was introduced, and when the question wording related to public places rather than public places where smoking is banned.

Smoking status affects support for this legislation. Those who had never smoked were significantly more likely to support the legislation (85%) than ex-smokers (74%) or current smokers (71%). Support was, however, very high among current smokers and significantly higher than it was in 2017 (49%).

Those who had not tried vapes/e-cigarettes were significantly more likely to support a ban on the use of vapes or e-cigarettes in public places where smoking is banned (81%) than those who had tried (72%), although support for this legislation among the latter had almost doubled since 2017 (37%).
**Figure 17: Support for banning vapes/e-cigarettes in public places where smoking is banned, by smoking status**

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Support strongly</th>
<th>Support just a little</th>
<th>Neither support nor oppose</th>
<th>Oppose just a little</th>
<th>Oppose strongly</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL (n=1,159)</strong></td>
<td>62%</td>
<td>79%</td>
<td>17%</td>
<td>12%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Current Smokers (n=359)</strong></td>
<td>55%</td>
<td>71%</td>
<td>17%</td>
<td>12%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Ex-Smokers (n=335)</strong></td>
<td>57%</td>
<td>74%</td>
<td>17%</td>
<td>13%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>** never Smoked (n=465)**</td>
<td>68%</td>
<td>85%</td>
<td>17%</td>
<td>0%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Tried vapes or e-cigarettes (n=237)</strong></td>
<td>51%</td>
<td>72%</td>
<td>22%</td>
<td>15%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Not tried vapes or e-cigarettes (n=921)</strong></td>
<td>65%</td>
<td>81%</td>
<td>16%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+
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 continued to be the main illness respondents associated with smoking (70%; 2017: 72%) (figure 18). Other illnesses respondents linked to smoking included cancer in general (44%; 2017: 47%), emphysema (38%; 2017: 41%), heart disease (35%; 2017: 33%), throat cancer (26%; 2017: 19%) and mouth/oral cancer (20%; 2017: 19%). Lung/breathing disease problems (14%; 2017: 10%), gangrene (11%; 2017: 12%) and stroke (8%; 2017: 11%) were mentioned to a lesser extent.

There was no significant change in the proportion of NSW adults who, unprompted, mentioned a particular condition.

Almost a half (46%; 2017: 44%) of NSW adults named two or more cancers associated with smoking. Interestingly, people under the age of 60 continued to be significantly more likely to mention two or more cancers (unprompted) compared with the 60 plus age group (18–39 years: 54%; 40–59 years: 48%; 60 years and over: 33%). This trend was also noticeable in 2017 and 2015, suggesting information on smoking-related illnesses and diseases is reaching the younger audience.

Comparisons between current smokers and non-smokers revealed no differences in (unprompted) knowledge of smoking-related diseases and illnesses, except that current smokers were significantly more likely than smokers to recall gangrene (18% and 9% respectively) (figure 19). This result was most likely due to smokers’ exposure to graphic warnings about these conditions on plain packs.

8.2. Prompted

When prompted, almost everyone was aware that smoking causes lung cancer (99%; 2017: 98%) (figure 18). More than nine in ten people also believed that smoking causes mouth/oral cancer (97%; 2017: 91%), throat cancer (95%; 2017: 92%), emphysema (91%; 2017: 90%) or heart disease (90%; 2017: 88%). Other diseases strongly associated with smoking included stroke (88%; 2017: 86%), gum disease (88%; 2017: 86%), cancer in general (76%; 2017: 81%), and gangrene (76%; 2017: 75%).

There was no significant change in the proportion of NSW adults who, when prompted, mentioned a particular condition, except for mouth/oral cancer (97%; 2017: 91%) and throat cancer (95%; 2017: 92%).
Smokers were significantly more likely than non-smokers to believe smoking causes blindness (61% and 47% respectively) (figure 19), similar to 2017 and 2015, and was again likely due to smokers’ exposure to graphic warnings about such conditions on plain packs. Smokers were also significantly more likely to believe that smoking causes infertility than non-smokers (59% and 51% respectively), and to a lesser extent liver disease (3% and 1% respectively) and blood disease (3% and 0.4% respectively).

Interestingly, knowledge of smoking-related illnesses and diseases differed by age. Those under 60 years were significantly more aware of most illnesses associated with smoking than those aged 60 and over. Emphysema was the only disease older people (60 years and over) were significantly more likely to associate with smoking (96%) than those aged 18–39 years (87%) or 40–59 years (92%). This trend was also reflected in the findings from 2017 and 2015.

Females were significantly more likely than males to associate sudden infant death syndrome (58% and 38% respectively, and reflecting the 2017 findings) and pancreatic cancer (52% and 44% respectively) with smoking.

Location also affected the prompted knowledge of smoking-related illnesses and diseases. Respondents living in Rest of NSW continued to be significantly more likely than those living in Sydney to associate emphysema (97% and 88% respectively) with smoking. This result reflects the older age profile of the Rest of NSW population.

As might be expected, those who did not believe the health effects of smoking to be exaggerated continued to be significantly more likely to associate all the various health conditions with smoking.
Figure 18: 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>Prompted</th>
<th>Unprompted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>70%</td>
<td>99%</td>
</tr>
<tr>
<td>Mouth/oral cancer</td>
<td>23%</td>
<td>97%</td>
</tr>
<tr>
<td>Throat cancer</td>
<td>25%</td>
<td>95%</td>
</tr>
<tr>
<td>Emphysema</td>
<td>38%</td>
<td>91%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>35%</td>
<td>90%</td>
</tr>
<tr>
<td>Gum disease</td>
<td>5%</td>
<td>88%</td>
</tr>
<tr>
<td>Stroke</td>
<td>8%</td>
<td>88%</td>
</tr>
<tr>
<td>Cancer - NFI</td>
<td>44%</td>
<td>76%</td>
</tr>
<tr>
<td>Gangrene (or peripheral vascular disease)</td>
<td>11%</td>
<td>75%</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>4%</td>
<td>63%</td>
</tr>
<tr>
<td>Infertility</td>
<td>2%</td>
<td>52%</td>
</tr>
<tr>
<td>Blindness</td>
<td>5%</td>
<td>49%</td>
</tr>
<tr>
<td>Sudden infant death syndrome (SIDS)</td>
<td>1%</td>
<td>40%</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>3%</td>
<td>48%</td>
</tr>
<tr>
<td>Male impotence</td>
<td>1%</td>
<td>44%</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>3%</td>
<td>29%</td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td>3%</td>
<td>27%</td>
</tr>
<tr>
<td>Lung/breathing disease/problems</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>No Illness or disease</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>0.1%</td>
<td></td>
</tr>
</tbody>
</table>

Base: All NSW adults aged 18+ (n=1,159)
**Figure 19: 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>Unprompted</th>
<th>Prompted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>99%</td>
<td>68%</td>
</tr>
<tr>
<td>Mouth/oral cancer</td>
<td>96%</td>
<td>22%</td>
</tr>
<tr>
<td>Throat cancer</td>
<td>95%</td>
<td>26%</td>
</tr>
<tr>
<td>Emphysema</td>
<td>92%</td>
<td>42%</td>
</tr>
<tr>
<td>Gum disease</td>
<td>89%</td>
<td>5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>89%</td>
<td>7%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>87%</td>
<td>33%</td>
</tr>
<tr>
<td>Cancer - NFI</td>
<td>82%</td>
<td>49%</td>
</tr>
<tr>
<td>Gangrene (or peripheral vascular disease)</td>
<td>75%</td>
<td>18%</td>
</tr>
<tr>
<td>Stomach cancer</td>
<td>65%</td>
<td>3%</td>
</tr>
<tr>
<td>Blindness</td>
<td>61%</td>
<td>7%</td>
</tr>
<tr>
<td>Infertility</td>
<td>59%</td>
<td>1%</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>48%</td>
<td>7%</td>
</tr>
<tr>
<td>Male impotence</td>
<td>48%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Sudden infant death syndrome (SIDS)</td>
<td>43%</td>
<td>7%</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>33%</td>
<td>2%</td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td>31%</td>
<td>2%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Lung/breathing disease/problems</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>No Illness or disease</td>
<td>0.4%</td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>0.2%</td>
<td></td>
</tr>
</tbody>
</table>

Base: All NSW current smokers aged 18+ (n=399)
9. **KEY FINDINGS: SMOKERS’ ATTITUDES TO THEIR OWN SMOKING**

Current smokers’ attitudes to their own smoking were explored by asking them the extent to which they agreed or disagreed with the following statements:

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

A high proportion of NSW smokers aged 18 years and over continued to be conscious of both the impact their smoking had on other people and where they could smoke (figure 20):

- Three quarters (78%; 2017: 75%) agreed to some extent (i.e. either strongly or just a little) that their smoking affects the health of others around them, including children.
- Six in ten (61%; 2017: 56%) agreed to some extent that they feel uncomfortable smoking in public places.
- Half of smokers (49%; 2017: 42%) agreed to some extent that they feel embarrassed to be a smoker.
- Four in ten (44%; 2017: 52%) agreed to some extent that there are so few places to smoke these days, they smoke when they can rather than when they want to.

These findings were not significantly different from 2017.
Attitudes among smokers differed as follows:

- **My smoking affects the health of others around me, including children:**
  - Those aged 18–39 years were significantly more likely to agree to some extent with this statement (85%) than those aged 40–59 years (71%) and 60 years and over (55%)
  - as were those seriously considering quitting (86%) compared with those not considering quitting (70%)
  - and those embarrassed to be a smoker (85%) compared with those not embarrassed (71%).
• **I feel uncomfortable smoking in public places:**
  › Females were significantly more likely to agree to some extent with this statement (75%) than males (49%). Further, the proportion of females who agreed increased significantly since 2017 (57%).
  › Those considering quitting smoking (74%) were significantly more likely to agree to some extent than those not considering quitting (41%).
  › Those not embarrassed to be smokers (59%), however, were significantly more likely than those embarrassed (36%) to disagree to some extent.

• **I feel embarrassed to be a smoker:**
  › Females (58%) were more likely to agree to some extent with this statement than males (41%). The proportion of females who disagreed (36%) decreased significantly since 2017 (51%).
  › Those considering quitting (64%) were significantly more likely to agree to some extent than those not considering quitting (25%).

• **There are so few places to smoke these days, that I smoke when I can rather than when I want to:**
  › Males (58%) were significantly more likely to disagree to some extent with this statement than females (39%). Further, the proportion of males who disagreed increased significantly since 2017 (43%).
  › Those aged 18–39 years were significantly more likely to disagree to some extent (54%) than those aged 60 years and over (38%).
  › Those embarrassed to be smokers (51%) were significantly more likely to agree to some extent than those not embarrassed (38%).
  › Daily (48%) and weekly (59%) smokers were significantly more likely to agree to some extent than occasional smokers (31%). The proportion of daily smokers who disagree to some extent (48%), however, increased significantly since 2017 (36%).

• **I don’t care about smoking bans and will smoke wherever I want:**
  › Encouragingly, 10% of smokers claimed they didn’t care about smoking bans and will smoke wherever they want (figure 21).
  › Females (95%) were significantly more likely to disagree to some extent with this statement than males (85%). Further, the proportion of females that disagreed was significantly higher than in 2017 (85%).
  › Those who were embarrassed to be a smoker (94%, significantly higher than in 2017: 86%) were significantly more likely to disagree to some extent than those not embarrassed (84%) (figure 21).
4.2 [20] 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?]
10. KEY FINDINGS: SUPPORT FOR POLICY AND LEGISLATIVE CHANGES

This section describes the findings relating to support for government policy and legislative changes regarding:

- increasing the price of cigarettes
- regulating 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

Half the respondents were asked if they agreed or disagreed about increasing the price of cigarettes to discourage young people from smoking, while the other half were asked if they agreed or disagreed about increasing the price of cigarettes to encourage people to quit. There were similar findings for both questions.

There continued to be majority support for further increasing the price of cigarettes to discourage young people from smoking (71% agree to some extent; 2017: 69%) (figure 22). This support continued to be significantly more likely to come from non-smokers (78%; 2017: 75%) than current smokers (46%; 2017: 38%).

However, some differences were evident among current smokers:

- those embarrassed to be smokers were significantly more likely agree to some extent with increasing the price of cigarettes than those not embarrassed (52% and 33% respectively)
- as were those who did not believe the effects of smoking to be reversible (53%; reversible: 30%)
- and those who did not believe the health effects of smoking to be exaggerated (53%; exaggerated: 28%).

There also continued to be majority support for further increasing the price of cigarettes to encourage people to quit smoking (68% agree to some extent; 2017: 63%) (figure 23). This support also continues to be significantly more likely to come from non-smokers (74%; 2017: 68%) than current smokers (40%; 2017: 36%).

However, some differences were evident among current smokers:

- smokers aged under 40 were significantly more likely than smokers aged 40 and over to agree to some extent (48% and 24% respectively)
- as were those embarrassed to be a smoker than those not embarrassed by their smoking (50% and 29% respectively)
- and those who did not believe the health effects of smoking to be exaggerated (50%; exaggerated: 18%).
4.2 [7b] 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?]
4.2 [7e] 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?]

**Figure 23: Support for price increase to encourage quitting**

![Graph showing support for price increase](image)

**10.2. Support for regulating 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 than for price increases. Six in ten (60%) respondents agreed to some extent with such a ban, similar to 2017 (56%) (figure 24). Understandably, non-smokers continued to be significantly more likely to support a ban on cigarette vending machines in licensed premises (67%; 2017: 61%) than current smokers (32%; 2017: 33%).
6.7 [20] 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?]

Some differences in support for a ban on cigarette vending machines in licensed premises among current smokers:

- those who smoke occasionally were more likely to agree to some extent than those who smoke at least weekly (49% and 25% respectively)
- as were those from rest of NSW compared with Sydney (44% and 26% respectively).
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; and
- approved or disapproved of the laws.

Nine in ten (89%) NSW adults are aware of the laws. This has not changed significantly since 2017 (91%).

Eight in ten (79%) NSW adults approve of the laws banning smoking in some outdoor public places. This has also not changed significantly since 2017 (82%). Of those aware of the new NSW laws banning smoking in some outdoor public places, 89% approved of the laws to some extent (2017 90%).

There is no significant difference in awareness of the laws between current smokers (88%) and non-smokers (89%).

However, non-smokers continued to have a significantly higher level of approval for these bans than current smokers (82% and 69%, respectively – see Figure 25).

**Figure 25: Approval of NSW laws banning smoking in some outdoor public places, by smoking status**

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

![Approval of NSW laws banning smoking in some outdoor public places, by smoking status](image)

Smokers aged 40 years and over were significantly more aware of these bans than smokers aged under 40 years (94% and 85% respectively).

Smokers aged 40 years and over were also significantly more likely than smokers aged under 40 years to disapprove to some extent with these bans (22% and 9% respectively).
10.4. **Support for specific outdoor locations included in ban**

Respondents were also asked whether they supported the laws that ban smoking in six specific outdoor locations. There was a high level of support for the ban for smoking within 10 metres of children’s play equipment (98%; 2017: 97%). This result suggested that both smokers and non-smokers continued to be concerned about the effects of adult smoking on children’s health, with no significant change since 2017. Around nine in ten NSW adults also supported bans in the other five outdoor locations, again with no significant change since 2017.

Support for each of the following bans was significantly higher among non-smokers than current smokers:

- in public swimming pool complexes (non-smokers: 97%; smokers: 93%)
- in spectator areas of sports grounds (non-smokers: 94%; smokers: 88%)
- within 4 metres of a pedestrian entrance or exit to a public building (non-smokers: 92%; smokers: 84%)
- at public transport stops and stations (non-smokers: 94%; smokers: 82%)
- in commercial outdoor dining areas (non-smokers: 93%; smokers: 81%).

**Figure 26: Support for laws banning smoking in specific locations, by smoking 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 did not change significantly since 2017 for any of the outdoor locations. The level of approval among smokers remained largely unchanged across most of these bans since 2017. Approval among smokers on the ban of smoking within 4 metres of a pedestrian entrance or exit to a public building (84%), however, increased significantly since 2017 (76%).

10.5. Support for other potential locations to be made smoke-free by law

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

- open or outdoor public shopping malls (85%; 2017: 85%)
- workplaces (including outdoor workplaces) (79%; 2017: 74%)
- beaches (77%; 2017: 74%)
- gaming areas (including indoor poker machines areas) in pubs, clubs and bars (75%; 2017: 74%)
- outdoor community events and festivals (70%; 2017: 74%)
- private gaming areas (high roller rooms) at casinos (70%; 2017: 69%).

There were no significant differences in the level of support for any of the above six bans since 2017.

Support among NSW adults continued to be more divided on whether all balconies of apartment blocks and multi-dwelling residential buildings should be made smoke-free by law: 53% agreed and 42% disagreed. This result was not significantly different from 2017.

Non-smokers were significantly more supportive than current smokers of banning smoking across all seven potential locations (figure 27).
Figure 27: Support for other potential locations to be smoke-free by law, by smoking 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>Percentage (current smokers)</th>
<th>Percentage (non-smokers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All open or outdoor public shopping malls smokefree by law</td>
<td>69%</td>
<td>89%</td>
</tr>
<tr>
<td>All workplaces (including outdoor workplaces) smokefree by law</td>
<td>30%</td>
<td>83%</td>
</tr>
<tr>
<td>All beaches smokefree by law</td>
<td>57%</td>
<td>82%</td>
</tr>
<tr>
<td>All gaming areas (including poker machine areas) in pubs/ clubs/ and bars smokefree by law</td>
<td>44%</td>
<td>82%</td>
</tr>
<tr>
<td>All outdoor community events and festivals smokefree by law</td>
<td>42%</td>
<td>77%</td>
</tr>
<tr>
<td>Private gaming areas (high roller rooms) at casinos smokefree by law</td>
<td>46%</td>
<td>75%</td>
</tr>
<tr>
<td>All balconies of apartment blocks and multi-dwelling residential buildings smokefree by law</td>
<td>19%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Base: Split Sample - All NSW adults aged 18+ (CS n=203 to 244, NS n=462 to 526)
11. KEY FINDINGS: RESPONSE TO PLAIN PACKAGING

This section describes the findings relating to:

- 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 (73%) respondents supported the regulation ensuring tobacco products are sold in plain packaging, with the majority agreeing strongly (61%) (figure 28). This level of support remained largely unchanged from 2017 (71%, including 58% agreeing strongly).

Non-smokers remained significantly more likely to support plain packaging (76%; 2017: 75%) than current smokers (64%; 2017: 52%). The level of support among current smokers (64%) did, however, increase significantly since 2017 (52%).

Figure 28: Support for plain packaging regulation, by smoking 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

Current smokers were asked whether plain packaging had any impact on their smoking behaviour. Four in ten (38%) current smokers reported a positive behavioural impact of
plain packaging (figure 29), a significant decrease from 2017 (47%). This result may reflect smokers being more accustomed to the packaging, and its initial impact being reduced.

The predominant changes reported were in the proportion of smokers who:

- felt embarrassed to be a smoker (21%; 2017: 16%)
- thought about quitting (20%; 2017: 26%)
- smoked less (19%; 2017: 22%)
- hid their pack from view (17%; 2017: 19%).

**Figure 29: Impact of plain packaging on behaviour, by smoking status**

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

Further, those embarrassed to be a smoker continued to be significantly more likely to mention many of the behavioural impacts than those not embarrassed to be a smoker. More than half (54%) of those embarrassed to be a smoker reported a positive behavioural impact of plain packaging, compared with 24% of those not embarrassed.

No other significant differences in the impact of plain packaging on behaviour were observed in 2019 compared with 2017.
APPENDIX A: METHODOLOGY—AGE AND SEX (INTERVIEWER RECORDED) PROFILE OF LANDLINE AND MOBILE SAMPLES

Age and sex (interviewer recorded) profile of fixed landline and mobile phone sample interviews

<table>
<thead>
<tr>
<th>Sex (interviewer recorded)</th>
<th>Landline (n=545)</th>
<th>Mobile (n=614)</th>
<th>TOTAL (n=1,159)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>58%</td>
<td>45%</td>
<td>51%</td>
</tr>
<tr>
<td>Male</td>
<td>42%</td>
<td>55%</td>
<td>49%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Landline (n=545)</th>
<th>Mobile (n=614)</th>
<th>TOTAL (n=1,159)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–24</td>
<td>2%</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>30–39</td>
<td>3%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>40–49</td>
<td>7%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>50–59</td>
<td>17%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>60–69</td>
<td>23%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>70–79</td>
<td>30%</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td>80+</td>
<td>15%</td>
<td>1%</td>
<td>8%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Age by sex (interviewer recorded) profile of fixed landline and mobile phone sample interviews

<table>
<thead>
<tr>
<th>Age</th>
<th>Landline (n=545)</th>
<th>Mobile (n=614)</th>
<th>TOTAL (n=1,159)</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>4%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>30–39</td>
<td>1%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>40–49</td>
<td>4%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>50–59</td>
<td>8%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>60–69</td>
<td>14%</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>70–79</td>
<td>18%</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>80+</td>
<td>9%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>1%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>25–29</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>30–39</td>
<td>1%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>40–49</td>
<td>3%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>50–59</td>
<td>9%</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>60–69</td>
<td>9%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>70–79</td>
<td>12%</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>80+</td>
<td>6%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
APPENDIX B: METHODOLOGY—WEIGHTING CALCULATIONS

The ABS.Stat module (available from http://stat.data.abs.gov.au) was used to obtain projections of the Estimated Resident Population (ERP) by age by sex by the NSW greater capital city statistical areas (Sydney / Rest of NSW) for June 2019. These population projections, which are based on the 2016 census, were published by the Australian Bureau of Statistics (ABS) in December 2018.

Phone ownership data by age by sex by Sydney / Rest of NSW by Phone ownership—(1) landline only, (2) mobile only, (3) both landline and mobile—for the 12 months to March 2019 was obtained from the Roy Morgan Research Company. This data was used to estimate phone ownership rates by age by sex by Sydney / Rest of NSW. These rates were then applied to the June 2019 ABS ERP values, described above, to provide the final population-level data set needed for weighting: phone ownership by age by sex by Sydney / Rest of NSW (for June 2019). This dataset is called the Phone ownership ERP totals for the purposes of the weighting documentation.

The use of a dual-frame overlapping design, with sample representing the overlapping populations of people with access to landline and people with access to mobile phones, needs some special weighting approaches to avoid potentially duplicating 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 800 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 928 records consisted of the 800 non-smokers and 128 smokers. The first step in the weighting process was to calculate the probabilities of selecting 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) by sex by age (18–29, 30–39, 40–49, 50–59, 60+). 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 sex 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 used the Phone ownership ERP totals described above. The landline ERP values were obtained by aggregating across (1) landline only and (3) both landline and mobile. The mobile ERP values were obtained by to aggregating across (2) mobile landline only and (3) both landline and mobile.

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

5. These weights allowed projecting the Stage 1 landline sample to the landline population and the Stage 1 mobile sample to the mobile population. A further adjustment was needed to allow 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 overlapping 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 2019 ERP values at the Sydney / Rest of NSW by sex by age level, and the second set of population data was the three phone ownership population totals (Landline only, Dual, Mobile only) for NSW. Both datasets were obtained from the previously described Phone ownership ERP totals.

7. The rim weighting was carried out iteratively. The weights were first pro-rated so 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 their sum for the second set of rim weighting cells equalled the population values of those cells. This process was repeated three times, weighting all 1,159 Stage 1 records.

8. The weights so computed for the 800 non-smoker records were final. The smoker weights were calculated as follows.

9. The Stage 2 dataset was made up of 231 smokers and 1,899 non-smokers (who only provided weighting information)—a total of 2,130 records. The full dataset of 928 Stage 1 records and these 2,130 Stage 2 records (a total of 3,058) was combined and the same weighting process that was applied to the Stage 1 sample was repeated (as described in steps 1 to 7 above).

10. The above process created weights for all the 3,058 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 359 smokers with survey data (128 from Stage 1 and 231 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 smoker records were calibrated so the estimated smoker count by age by sex by geographic strata was equal to the estimated smoker count from the Stage 1 sample.
APPENDIX C: METHODOLOGY—CALL OUTCOMES AND RESPONSE RATE CALCULATIONS

<table>
<thead>
<tr>
<th>Call outcomes—landline sample</th>
<th>Count</th>
<th>% of count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Contact not made / Eligibility unknown</strong></td>
<td>28,259</td>
<td>52.6%</td>
</tr>
<tr>
<td>No answer</td>
<td>15,078</td>
<td>28.1%</td>
</tr>
<tr>
<td>Answer machine</td>
<td>13,181</td>
<td>24.5%</td>
</tr>
<tr>
<td><strong>B. Contact not made / Not eligible</strong></td>
<td>5,946</td>
<td>11.1%</td>
</tr>
<tr>
<td>Invalid number</td>
<td>5,946</td>
<td>11.1%</td>
</tr>
<tr>
<td><strong>C. Contact made / Eligibility unknown</strong></td>
<td>6,264</td>
<td>11.7%</td>
</tr>
<tr>
<td>No answer</td>
<td>5,859</td>
<td>10.9%</td>
</tr>
<tr>
<td>Answer machine</td>
<td>405</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>D. Contact made / Not eligible</strong></td>
<td>4,366</td>
<td>8.1%</td>
</tr>
<tr>
<td>Business number</td>
<td>4,004</td>
<td>7.4%</td>
</tr>
<tr>
<td>Not NSW / Under 18</td>
<td>362</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>E. Contact made / Eligible (interview not complete)</strong></td>
<td>7,386</td>
<td>13.7%</td>
</tr>
<tr>
<td>Refusal</td>
<td>5,923</td>
<td>11.0%</td>
</tr>
<tr>
<td>Language barrier</td>
<td>771</td>
<td>1.4%</td>
</tr>
<tr>
<td>No answer</td>
<td>345</td>
<td>0.6%</td>
</tr>
<tr>
<td>Incapable</td>
<td>286</td>
<td>0.5%</td>
</tr>
<tr>
<td>Not available</td>
<td>48</td>
<td>0.1%</td>
</tr>
<tr>
<td>Answer machine</td>
<td>13</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>F. Contact made / Eligible (completed interview)</strong></td>
<td>1,533</td>
<td>2.9%</td>
</tr>
<tr>
<td>Completed</td>
<td>1,533</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Total landline numbers attempted</strong></td>
<td>53,754</td>
<td>100.0%</td>
</tr>
<tr>
<td>Eligible sample contacted (K=E+F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Landline sample cooperation rate (F/K)</strong></td>
<td></td>
<td>17.2%</td>
</tr>
<tr>
<td>Eligibility rate (G=(E+F)/(D+E+F))</td>
<td></td>
<td>67.1%</td>
</tr>
<tr>
<td>Estimated eligible of contacts/non-contacts with unknown eligibility (H=(G x (A+C)))</td>
<td>23,177</td>
<td></td>
</tr>
<tr>
<td>Estimated total eligible (J=(H+E+F))</td>
<td></td>
<td>32,096</td>
</tr>
<tr>
<td><strong>Landline sample response rate (F/J)</strong></td>
<td></td>
<td>4.8%</td>
</tr>
</tbody>
</table>
### Call outcomes—mobile sample

<table>
<thead>
<tr>
<th>Call outcomes</th>
<th>Count</th>
<th>% of count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Contact not made / Eligibility unknown</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer machine</td>
<td>19,552</td>
<td>26.8%</td>
</tr>
<tr>
<td>No answer</td>
<td>10,187</td>
<td>13.9%</td>
</tr>
<tr>
<td><strong>B. Contact not made / Not eligible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invalid number</td>
<td>10,208</td>
<td>14.0%</td>
</tr>
<tr>
<td><strong>C. Contact made / Eligibility unknown</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>8,473</td>
<td>11.6%</td>
</tr>
<tr>
<td>Answer machine</td>
<td>886</td>
<td>1.2%</td>
</tr>
<tr>
<td>Language barrier</td>
<td>854</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>D. Contact made / Not eligible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not NSW / Under 18</td>
<td>19,213</td>
<td>26.3%</td>
</tr>
<tr>
<td>Business</td>
<td>849</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>E. Contact made / Eligible (interview not complete)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refusal</td>
<td>1,273</td>
<td>1.7%</td>
</tr>
<tr>
<td>Answer machine</td>
<td>17</td>
<td>0.0%</td>
</tr>
<tr>
<td>No answer</td>
<td>11</td>
<td>0.0%</td>
</tr>
<tr>
<td>Language barrier</td>
<td>6</td>
<td>0.0%</td>
</tr>
<tr>
<td>Incapable</td>
<td>3</td>
<td>0.0%</td>
</tr>
<tr>
<td>Not available</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>F. Contact made / Eligible (completed interview)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete</td>
<td>1,525</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Total mobile numbers attempted</strong></td>
<td>73,059</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

- Eligible sample contacted (K=E+F) | 2,837 |
- **Mobile sample cooperation rate** (F/K) | 53.8% |

- Eligibility rate (G=(E+F)/(D+E+F)) | 12.4% |
- Estimated eligible of contacts/non-contacts with unknown eligibility (H=(G x (A+C))) | 4,949 |
- Estimated total eligible (J=(H+E+F)) | 7,786 |
- **Mobile sample response rate** (F/J) | 19.6% |

- Overall landline and mobile response rate | 12.2% |
The response rates observed in this survey are consistent with a global decline in response rates from telephone surveys. A 2017 American Association for Public Opinion Research task force on this topic\cite{1} reported:

*The survey that the Task Force conducted of recent cell phone RDD and landline RDD response rate trends for survey organizations in the United States suggests that DFRDD surveys are continuing to see response rate declines. Landline rates declined from an average of 15.7 percent in 2008 to an average of 9.3 percent in 2015 (a relative decline of 41 percent), and cell phone response rates declined at the same rate, from an average of 11.7 percent to an average of 7.0 percent (a relative decline of 40 percent).*

APPENDIX D: QUESTIONNAIRE

INTRODUCTION

ALL LANDLINE SAMPLE RESPONDENTS

Good (morning/afternoon/evening). My name is [INTERVIEWER] from ENGINE a social research provider. 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 – The survey can take up to 15 minutes depending on your answers.] 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?

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]

E19/03113

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 S2)
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 - Smoking and health survey questionnaire 2019

[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

E19/03113
And could we please talk with <INSERT NAME/NICKNAME FORM QNAME1> now?

1. Yes – REINTRODUCE SURVEY WITH FULL INTRO
2. 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)
98. Refused (TERMINATE)

INTRODUCTION

ALL MOBILE PHONE SAMPLE RESPONDENTS

Good (morning/afternoon/evening). My name is [INTERVIEWER] from ENGINE a social research provider. 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: The survey can take up to 15 minutes depending on your answers.] 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 (TERMINATE & THANK)
Cancer Institute - Smoking and health survey questionnaire 2019-09-19.

[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 this call is being recorded for quality control and training purposes,
and that my supervisor may listen in on part of this call to check my work. Is that OK with you?

1. Yes – OK to record and monitor
2. No – DO NOT record or 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]
18 Refused
Cancer Institute - Smoking and health survey questionnaire 2019

[IF 53a = 98]
53b 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]

[ALL]
56a 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 56a = 1 or 99]
56 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]
58. Refused [DO NOT READ OUT. TERMINATE]

[Programmer Note: Create dummy variable]
56DM Smoking status
1. CURRENT SMOKER (56 = 1 or 2 or 3 or 4)
2. EX SMOKER (56a=1 AND 56 =5)
3. NEVER SMOKED (56a = 2 OR 56a=99 and 56=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,...

[ALL]
57   How many people in your household [IF S5=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]

[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
6. Waterpipe or shisha
7. Vapes or e-cigarettes
8. Chop-chop or illicit tobacco
96. Other tobacco products (Specify)
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]

[IF 2.6=6 (Waterpipe or shisha)]
2.6a Thinking about the waterpipe or shisha you currently use, does it usually contain tobacco?
[DO NOT READ OUT]
1. Yes
2. No
99. Don’t know
98. Refused

[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
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

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

**INTERVIEWER: IF INTERNET/WEBSITE/ONLINE, PROBE WHETHER AUSTRALIAN OR OVERSEAS WEBSITE**

**PROGRAMMER: IN DATASET ALSO COMBINE CODES 16-18 AS CODE 10 “INTERNET”**

[DO NOT READ OUT, ACCEPT SINGLE ANSWER ONLY]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cigarette vending machine</td>
</tr>
<tr>
<td>2</td>
<td>Supermarket</td>
</tr>
<tr>
<td>3</td>
<td>Tobacconist</td>
</tr>
<tr>
<td>4</td>
<td>Petrol station</td>
</tr>
<tr>
<td>5</td>
<td>Convenience store</td>
</tr>
<tr>
<td>6</td>
<td>Takeaway store or milkbar</td>
</tr>
<tr>
<td>7</td>
<td>Newsagency</td>
</tr>
<tr>
<td>8</td>
<td>Liquor outlet / bottleshop</td>
</tr>
<tr>
<td>9</td>
<td>Airport / duty-free store</td>
</tr>
<tr>
<td>16</td>
<td>Internet – Australian website</td>
</tr>
<tr>
<td>17</td>
<td>Internet – Overseas website</td>
</tr>
<tr>
<td>18</td>
<td>Internet – unsure if Australian/Overseas website</td>
</tr>
<tr>
<td>96</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>97</td>
<td>I didn’t buy it</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
</tr>
</tbody>
</table>
QUITTING SMOKING

[IF 56DUM = 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 56DUM = 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]
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
8 Cost of cigarettes or tobacco
9 Restrictions on smoking in public places
10 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”]

[Programmer: Create new variable in datafile for this answer +3 to give “Total quit attempts”]

1 Record number
99 Don’t know
98 Refused
Cancer Institute - Smoking and health survey questionnaire 2019 29-09-19.

[IF S5DUM=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 DATASET]

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 DATASET]

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
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

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

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 or app (eg register, sign-up, more interactive)
13. e-cigarettes or vapes
96. Other (Specify__________________________)
97. None of these/ No
98. Refused
99. Don’t know
Cancer Institute - Smoking and health survey questionnaire 2019

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

3.7.4 And which of these, 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. 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. iCanQuit.com.au
97. Neither of the above (DO NOT READ OUT)
98. Refused (DO NOT READ OUT)
99. Don’t Know (DO NOT READ OUT)

[IF S6DUM=1 (CURRENT SMOKER)]

3.7.5a Which of the following would you be likely to use to quit smoking?

[GRID. READ OUT A TO H. RANDOMISE ORDER WHILE KEEPING THE FOLLOWING PAIRS IN
SEQUENCE: B AND C, D AND E]

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.  Phone support from a quit smoking advisor like Quitline</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>b.  Face to face support from my GP</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>c.  Face to face support from a quit smoking clinic</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>d.  Online live chat with a quit smoking advisor</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>e.  Online support from other smokers such as a forum or chat room</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>f.  A quit smoking app or chatbot</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>g.  Text message (SMS) support</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
<tr>
<td>h.  Group support e.g. quit smoking group</td>
<td>1</td>
<td>2</td>
<td>99</td>
</tr>
</tbody>
</table>

[IF S6DUM=1 (CURRENT SMOKER)]

3.7.5b And is there anything else you would be likely to use to quit smoking?

IF YES: And what would that be?

[INTERVIEWER: ONLY SPECIFY ONE/FIRST ANSWER GIVEN]

1. Yes (Specify)
2. No
99. Don’t know
98. Refused
3.7.3c  And which one of these would you be most likely to use to quit smoking?

[READ OUT IF NECESSARY] [ACCEPT SINGLE ANSWER ONLY]
[PROGRAMMER: ONLY ANSWERS CODED ‘YES’ AT 3.7.5a or 3.7.5b SHOULD APPEAR]

[IF ONLY ONE ANSWER CODED ‘YES’ AT 3.7.5a or 3.7.5b, DO NOT ASK BUT AUTO-CODE THAT ANSWER BELOW]

[IF NO ANSWER CODED ‘YES’ AT 3.7.5a or 3.7.5b, DO NOT ASK BUT AUTO-CODE ANSWER AS ‘NONE OF THE ABOVE’ BELOW]

1. Phone support from a quit smoking advisor like Quitline
2. Face to face support from my GP
3. Face to face support from a quit smoking clinic
4. Online live chat with a quit smoking advisor
5. Online support from other smokers such as a forum or chat room
6. A quit smoking app or chatbot
7. Text message (SMS) support
8. Group support e.g. quit smoking group
9. <<INSERT SPECIFY FROM 3.7.5b>>
97. NONE OF THE ABOVE [PROGRAMMER: DO NOT SHOW - FOR AUTOCODING ONLY]
99. Don’t know [DO NOT READ OUT]
98. Refused [DO NOT READ OUT]

[IF S6DUM=2 or 3 (EX-SMOKER or NEVER SMOKED)]

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

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

[IF S6b = 1 (YES)]

S6bi  Does the waterpipe or shisha you currently use usually contain tobacco?

[DO NOT READ OUT]

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

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

IF 2.6=7
Vapes, electronic cigarettes, or e-cigarettes, are battery-powered devices that heat a liquid to a vapour so that it can be inhaled. Vapes or e-cigarettes may be small hand-held cylinders, or shaped and coloured like cigarettes or other devices such as pens or USBs.

[ALL, EXCEPT THOSE AT 2.6=7]
E.1 Before today had you heard of vapes or 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 vapes or 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 VAPED/ USED E-CIGARETTES]
E.3 <<You mentioned earlier that you vape or use e-cigarettes. How often do you do this? — IF 2.6=7>> <<How often do you vape or 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]

[IF 2.6=7 OR E.2=1, HAVE VAPED/ USED E-CIGARETTES]
E.4  <<And what are the main reasons you vape? — IF E.3=1, 2, 3 OR 4>> <<And what were the main reasons you vaped? — 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
9. For the look/ to look cool
10. I enjoy it/ for the flavours
96. Other (specify)
97. No reason
98. Don’t know
99. Refused

[IF 2.6=7 OR E.2=1, HAVE VAPED/ USED E-CIGARETTES]
E.5  Thinking about your last vape, did it contain nicotine?
1. Yes
2. No
99. Don’t know
98. Refused

[IF 2.6=7 OR E.2=1, HAVE VAPED/ USED E-CIGARETTES]
E.6  And from where did you buy or obtain your last vaping product, whether that was the vape, the pod, or the e-liquid?

INTERVIEWER: IF INTERNET/WEBSITE/ONLINE, PROBE WHETHER AUSTRALIAN OR OVERSEAS WEBSITE

PROGRAMMER: IN DATAFILE ALSO COMBINE CODES 16-18 AS CODE 10 “INTERNET

PROGRAMMER: IN DATAFILE ALSO COMBINE CODES 14-15 AS CODE 13 “FRIEND/IT WAS A GIFT”

[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 milkbarm
7. Newsagency
8. Liquor outlet / bottleshop

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9 Airport / duty free store
16 Internet – Australian website
17 Internet – Overseas website
18 Internet – unsure if Australian/Overseas website
11 Other retail outlet
12 Stall at a market or fair
14 Friend
15 It was a gift
19 Vape / e-cigarette store – not online
96 Other (Specify)
97 I didn’t buy it
99 Don’t know
98 Refused

E.1= 1 OR 2.6–7 [ALL WHO ARE AWARE OF VAPES OR E-CIGARETTES]

E7. I’m going to read out some statements about vapes or 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) Vapes or e-cigarettes are unsafe to use
b) Vapes or e-cigarettes are healthier than smoking tobacco cigarettes
c) Vapes or e-cigarettes help smokers to quit
d) It is unsafe to use vapes or e-cigarettes around others

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

[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.10 1 OR 2.6-7 [ALL WHO ARE AWARE OF VAPES/ E-CIGARETTES]

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

[RANDOMISE ORDER, READ OUT. ACCEPT SINGLE ANSWER ONLY]

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

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

[ALL]

E10. Do you support or oppose the legislation in NSW that bans the use of vapes or 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 S6DU==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 S6DU==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 S6DU==1, CURRENT/EX-SMOKER] You've got to die of something, so why not enjoy yourself and smoke
4. [IF S6DU==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
Cancer Institute - Smoking and health survey questionnaire 2019

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]

[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
16 Cancer – NFI
18 Male impotence
96 Other [SPECIFY]
97 No Illness or disease
99 Don’t know
98 Refused
**Cancer Institute - Smoking and Health survey questionnaire 2019 29-09-19.**

[ALL EXCEPT 4.1i=97]

4.1i 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]

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<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Heart disease</td>
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<td>2</td>
<td>Stroke</td>
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<td>3</td>
<td>Emphysema</td>
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<td>4</td>
<td>Lung cancer</td>
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<td>5</td>
<td>Stomach cancer</td>
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<td>6</td>
<td>Pancreatic cancer</td>
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<td>7</td>
<td>Cervical cancer</td>
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<td>8</td>
<td>Ovarian cancer</td>
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<td>Throat cancer</td>
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<td>10</td>
<td>Mouth/oral cancer</td>
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<td>11</td>
<td>Gangrene (or peripheral vascular disease)</td>
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<td>12</td>
<td>Blindness</td>
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<td>13</td>
<td>Gum disease</td>
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<td>14</td>
<td>Sudden infant death syndrome (SIDS)</td>
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<td>15</td>
<td>Infertility</td>
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<td>16</td>
<td>Hepatitis C</td>
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<td>17</td>
<td>Male Impotence</td>
</tr>
<tr>
<td>99</td>
<td>(Don't know/Can't say) DO NOT READ OUT</td>
</tr>
<tr>
<td>98</td>
<td>(Refused) DO NOT READ OUT</td>
</tr>
</tbody>
</table>

[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 OUT]

4 Disagree just a little

5 Disagree strongly

99 Don't know [DO NOT READ OUT]

98 Refused [DO NOT READ OUT]

[IF S6DUM=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. Hidden 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]
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 [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[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]

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 [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]
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 SEDUM=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]
DEMOGRAPHICS - ALL NON-THIRD PARTY INTERVIEWS

[ALL SMOKERS & PRE-CAP NON-SMOKERS]
We've just got 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 [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

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

### [DO NOT READ OUT]

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<tr>
<td>1</td>
<td>$60,000 or less</td>
</tr>
<tr>
<td>2</td>
<td>More than $60,000</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
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## 8.9a And into which of the following ranges would your annual household income fall?

### [PROGRAME 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. INTERVIEWER NOTE: ONLY READ WEEKLY RANGES IF NECESSARY]

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<tbody>
<tr>
<td>1</td>
<td>Up to $15,000 ($290 per week)</td>
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<tr>
<td>2</td>
<td>$15,001 to $30,000 ($291-$580 per week)</td>
</tr>
<tr>
<td>3</td>
<td>$30,001 to $45,000 ($581-$860 per week)</td>
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<tr>
<td>4</td>
<td>$45,001 to $60,000 ($861-$1,150 per week)</td>
</tr>
<tr>
<td>5</td>
<td>$60,001 to $75,000 ($1,151-$1,440 per week)</td>
</tr>
<tr>
<td>6</td>
<td>$75,001 to $90,000 ($1,441-$1,730 per week)</td>
</tr>
<tr>
<td>7</td>
<td>$90,001 to $105,000 ($1,731-$2,020 per week)</td>
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<tr>
<td>8</td>
<td>$105,001-$120,000 ($2,020-$2,300 per week)</td>
</tr>
<tr>
<td>9</td>
<td>Over $120,000 (Over $2,300 per week)</td>
</tr>
<tr>
<td>99</td>
<td>Don't know [DO NOT READ OUT]</td>
</tr>
<tr>
<td>98</td>
<td>Refused [DO NOT READ OUT]</td>
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## 8.10 What is the main language spoken in your home? [DO NOT READ OUT]

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<tbody>
<tr>
<td>1</td>
<td>English</td>
</tr>
<tr>
<td>96</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
<tr>
<td>98</td>
<td>Refused</td>
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[ALL SMOKERS & PRE-CAP NON-SMOKERS]
8.11 Do you identify as an Aboriginal and/or Torres Strait Islander?
1 Yes
2 No
99 Don’t know
98 Refused

[ALL SMOKERS & PRE-CAP NON-SMOKERS]
SEX 2 What sex were you assigned at birth, on your original birth certificate?
[READ OUT. ACCEPT SINGLE ANSWER ONLY]
1 Male
2 Female
97 None of the above [DO NOT READ OUT]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[ALL SMOKERS & PRE-CAP NON-SMOKERS]
GEN Do you identify yourself as?
[READ OUT UNTIL ANSWER GIVEN, ACCEPT SINGLE ANSWER ONLY]
1 Male
2 Female
3 Transgender
96 Other
97 None of the above [DO NOT READ OUT]
99 Don’t know [DO NOT READ OUT]
98 Refused [DO NOT READ OUT]

[ALL SMOKERS & PRE-CAP NON-SMOKERS]
8.12 In the past week, on average, how much time have you spent on the internet per day?
1 RECORD HOURS (ALLOWABLE RANGE 1.0 TO 24.0)
2 RECORD MINUTES (ALLOWABLE RANGE 1 TO 1440)
3 None
99 Don’t know [DO NOT READ OUT]
98 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]

[MOBILE PHONE SAMPLE RESPONDENTS ONLY]
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

[MOBILE PHONE SAMPLE RESPONDENTS ONLY]
M3.  Including this one, how many mobile numbers do you have?

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

[LANDLINE SAMPLE RESPONDENTS ONLY]
L1.  And, do you also have a working mobile phone?

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

[ALL]
OUTRO:
May I just confirm your name and telephone number? For quality control purposes, my supervisor may need to recontact you just to verify 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>:

E19/03113
THANK AND CLOSE

This research has been conducted with the approval of the University of Sydney Human Research and Ethics Committee, approval number 2017/206. If you would like to contact a research ethics officer you can call (02) 9036 9161.

The research has also been conducted according to the Privacy Act (1988) and 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 (http://www.enginegroup.com/apac). 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 direct you to the Association of Market and Social Research Organisations’ website or if you have any queries you can call Engine directly. Would you like either of those contact details?

If YES, SAY: The website is http://www.amsro.com.au/directory/, or if you have any queries you can call Engine on (03) 8639 5200.

[IF SEQUENTIAL = 1, CURRENT SMOKER]
Would you like me to give you the Quitline number or iCanQuit website address in case you’d like any help in planning a quit attempt?

2. No – “OK, NO PROBLEM.”

[ALL]
Thank you, and just in case you missed it, I’m <INTERVIEWER NAME> calling from ENGINE a social research provider and we conducted this survey on behalf of Cancer Institute NSW. Thanks again for your time.
THIRD PARTY OPPORTUNITY:

IF LANDLINE SAMPLE AND NON-SMOKER CAP HAS BEEN REACHED AND SELECTED PERSON NOT AVAILABLE (CODES 2 OR 3):

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]
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 your S NAME/NICKNAME also have a working mobile phone? This information is purely for demographic purposes.

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

OUTRO:
May I just confirm your name and telephone number? For quality control purposes, my supervisor may need to recontact you just to verify 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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Thank you, and just in case you missed it, I’m calling from [ENGINE a social research provider] 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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