PostScript

LETTERS

What brands are US smokers under 25 choosing?

It is well known that the most heavily advertised brands tend to attract the younger smoker market. In the USA the most heavily advertised brands are Marlboro, Newport, and Camel.[1 2] Few analyses have delved into the specific varieties popular among youth. Do ''Lights'' or ''Full Flavors'' predominate? To answer this question, data on the cigarette brand preferences of smokers in the 2002 US National Survey on Drug Use and Health were analysed.

Using the on-line analysis feature of the Substance Abuse and Mental Health Data Archive,[3] cigarette brand used in the last 30 days was cross tabulated with the type of cigarette (Full Flavor, Light, Ultra Light, self reported) used in the past 30 days. Separate analyses were conducted on three age groups: 12–17 years (n = 2290), 18–25 years (n = 7321), and 26+ years (n = 5238). Analyses accounted for survey design characteristics and percentages were weighted to the US population.

Figure 1 shows the top five varieties in each age group. Marlboro Lights were the most popular brand style in all three age categories. The popularity of Marlboro Full Flavor (FF) decreased with age, as did Newport FF. Marlboro Ultra-Light was not as popular with the youngest respondents. Overall, Marlboro brands held 50.6% of the youngest smokers, 53.5% of the young adult smokers, but only 37.8% of the older adult smokers. The relationship of Newport use with age was more striking—24.6% for 12–17 year olds, 17.8% of 18–25 year olds, and 7.0% of 26+ year olds smoked Newports. Camel Lights and Newport Lights varieties were much more popular among youths than among older smokers. Newport was the dominant brand among African American smokers under age 26. Among 12–17 year olds, 54.1% smoked Newport FF and 13.5% smoke Newport Lights, while among 18–25 year olds, 70.6% smoke Newport FF and 9.1% smoke Newport Lights. By contrast, only 36.7% of African Americans over age 26 smoked Newport FF and 4.2% smoked Newport Lights. Doral Lights and Basic FF and Lights together accounted for 9% of the adult market, yet were practically non-existent in the youth market (<1%).

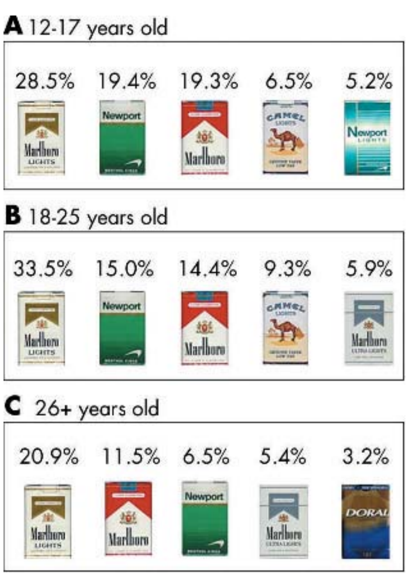

Figure 1 Top five cigarette brands among 12–17, 18–25, and 26+ year olds, National Survey on Drug Use and Health, 2002. Percentages are weighted to the US national population.

It appears that Marlboro Light is the most popular brand style among younger smokers in the USA. Marlboro Full Flavor and Newport Full Flavor are quite popular, with Camel less so. Five of the top nine varieties in all three age categories are Lights or Ultra-Lights, though the specific varieties varied by age. Discounted brands (Doral and Basic) account for a sizable percentage of the adult market but a miniscule percentage of the youth market. The youth market in the USA appears dominated by varieties of the major advertised brands; other products make up a more modest percentage of the market. Conversely, the adult market is much more diffuse, with the major varieties commanding smaller overall percentages of the market. Light varieties appear to be popular choices for younger smokers. Similar investigations in other countries could shed further light on younger smokers' brand choices, particularly in those countries that have banned descriptors such as ''Light'' and ''Mild''.

R J O'Connor

Department of Health Behavior, Roswell Park Cancer Institute, Elm and Carlton Streets, Buffalo NY 14203, USA; richard.oconnor@roswellpark.org

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Cigarette taxes and their proposed uses: support among smokers and non-smokers in different income groups in Texas

The Texas Legislature is considering new taxes, including a proposed $1 per pack tax on cigarettes. In the past, various issues have been raised in debates on this topic.[1 2] Proponents cite evidence that increased taxes deter young people from using tobacco[3–5] and argue that additional revenues can be used to provide health care services for children and to support smoking prevention programmes.[6 7] Opponents argue that higher tobacco taxes place an unfair burden on smokers in low income groups.[8–10]

To gain insight into how Texans view new cigarette taxes, data from a statewide telephone survey (random digit dialling of working residential numbers) of 6345 adults were analysed. The survey was conducted between October and December 2004. Participants were asked whether they support a $1 per pack increase in cigarettes taxes. They were also asked about the use of these taxes to provide funds for children's health care and programmes to prevent tobacco use among young people. To learn how views differed between those who use tobacco and those who do not, as well as between those in different income groups, participants were also asked about their own tobacco use and their household income.

About 6000 usable responses were available for different analyses. Current smokers made up 17% of the sample, and 35% of smokers reported household incomes below $25 000 per year. Among all respondents, 65% favoured a $1 per pack increase in cigarette taxes. Support for the $1 per pack increase grows when the taxes are to be used partly for preventing young people from smoking (77%) or to help provide health insurance for children in low income families (75%). Smokers and non-smokers differed notably in their opinions, and there were also significant differences between income groups, as shown in fig 1. Confidence intervals are ±2% or less except in the low income group of smokers, where they are approximately ±5% because of the smaller sample size.

Among non-smokers, support for a $1 per pack tax rises significantly when its proposed uses include smoking prevention and children's health insurance. When the use is not specified, higher income non-smokers are more likely to favour the tax than low income non-smokers (71% *v* 67%, $p < 0.05$). When a specified use is smoking prevention, the level of support is 82% among non-smokers in both income groups. However, when a specified use is health insurance for children in low income families, support is weaker among higher income non-smokers than among low income non-smokers (77% *v* 83%, $p < 0.01$).

Among smokers, support for the $1 tax was dramatically affected by its proposed use. When the use was not specified, support was low (17% and 23%) among higher and low income groups. However, when smokers considered proposed uses for smoking prevention and children's health insurance, levels of support among the higher and low income groups, respectively, increased to 48% and 59% with prevention use and to 53% and 67% with child health use. Interestingly, when the proposed uses were for prevention or health insurance for children in low income families, support for a $1 tax was significantly greater among smokers in the low income group than among those in the higher income group ($p < 0.01$).