

Contraband tobacco use hinders smoking cessation

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People who smoke low-cost contraband cigarettes in Canada are less likely to stop smoking in the short term compared with people who smoke more expensive premium or discount cigarettes, according to a study published in *CMAJ* (*Canadian Medical Association Journal*).

"We posit that the substantial price gap between premium/discount and contraband cigarettes is the reason for this correlation," writes Graham McCreedy, Ontario Tobacco Research Unit, Toronto, Ontario, with coauthors.

Contraband cigarettes are available in Canada through various channels, including smuggling from the United States, illegal production in Canada or diversion from tax-exempt First Nations users. The estimated contraband tobacco market in 2008 in Ontario, the country's largest province, made up to 42% of total [cigarette sales](#). Premium and discount cigarettes cost an average of \$6.30–\$10.30 for 20 cigarettes compared with \$2.50 for contraband cigarettes.

During the first 6 months of the study, 19% of contraband [cigarette smokers](#) tried to quit compared with 30% of the other smokers. Of those who smoked premium/discount cigarettes, 11% quit smoking for at least 30 days compared with only 4% of people who smoked contraband cigarettes.

"Using the consumer demand theory, which suggests that consumption decreases as price increases, and the strong evidence linking high tobacco prices to reduced consumption at the [population level](#), the correlation between the low price of contraband tobacco and poorer smoking cessation is logical," state the authors.

However, the availability of low-cost contraband cigarettes did not prevent people from making a quit attempt, a finding that supports previous studies that indicate that quit attempts and

[smoking cessation](#) are affected by different factors. "Given that smoking contraband cigarettes has a negative influence on cessation outcomes, [tobacco control policies](#) that reduce or eliminate access to contraband tobacco may have a substantial impact on population-level quitting behaviour," write the authors. "To optimize the public health benefits of current and future tobacco control initiatives, innovative solutions that address the accessibility of contraband tobacco are required."

The authors point out that enforcement alone will not solve the problem but that First Nations communities, which are often the entry point for contraband tobacco, should be engaged in helping address this issue.

More information:

www.cmaj.ca/lookup/doi/10.1503/cmaj.111861

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