

Roll-your-own tobacco, herbal cigarettes, kreteks, bidis and cannabis

If you smoke any kind of plant material you breathe in carbon monoxide and tar, which may harm your health.¹⁻³



Roll-your-own tobacco

Roll-your-own cigarettes (RYO) made from loose tobacco appears to be becoming more popular.^{4, 5} This may be partly because they are cheaper than factory-made cigarettes.^{6, 7} In 2022-23, 41% of Australians aged 18 years and over who smoked used RYO tobacco; 26% used it daily.⁵

Some people who smoke roll-your-own tobacco believe that it is more 'natural' and does not contain additives like factory-made cigarettes do.⁸ Because of this, they believe that RYO tobacco is less harmful.^{4, 9}

None of these beliefs are true.

- Tobacco companies add similar additives to RYO tobacco as they do to cigarettes, often in higher amounts than in factory-made cigarettes.^{8, 10}
- Most of the toxic chemicals in tobacco smoke come from burning the tobacco.¹¹ This
 includes carbon monoxide, nicotine, tar and many other disease-causing substances.¹²
 Even smoking tobacco without any additives would be very harmful.
- Research suggests that RYO tobacco is at least as harmful than smoking factory-made cigarettes.^{6, 13-15}

People who smoke RYO tobacco may smoke their cigarettes more intensely,⁶ and inhale a greater volume of smoke per cigarette.¹⁶ There is limited research on the actual level of exposure to harmful chemicals for people who smoke RYO tobacco. However, a few small studies show that people who smoke RYO tobacco are exposed to similar levels of nicotine, carbon monoxide and certain cancer-causing chemicals as people who only smoke factory-made cigarettes.^{13, 14, 17}

More information on roll-your-own tobacco

Herbal cigarettes

Herbal cigarettes are not safe to smoke. The smoke from cigarettes that have no tobacco or nicotine still deliver similar levels of tar and carbon monoxide compared with tobacco cigarettes.^{1, 2, 18, 19} Exposure to cigarette smoke from tobacco-free and nicotine-free cigarettes can cause damage to cell DNA, which may lead to cancer.² Therefore herbal cigarettes are likely to be harmful to health.^{1, 2, 18}

Herbal cigarettes are common in Asian countries such as China, Korea, Taiwan and Thailand.²⁰ Herbal cigarettes from these countries often contain tobacco.²⁰ The history of using Asian herbs for medicinal purposes may lead to the false perception among Asians who smoke that smoking herbal-tobacco can have health benefits.²⁰

A study conducted in China has shown that people who switch from smoking regular cigarettes to herbal cigarettes increased their consumption. Tests show that herbal cigarette users and regular cigarette users are exposed to similar levels of cancer-causing chemicals. This has discredited a tobacco industry claim that herbal cigarettes are a healthier option to regular cigarettes.²¹

Herbal cigarettes have sometimes been promoted as a aid for quitting tobacco smoking.^{18,}
²⁰ There is little evidence that they have any benefits other than a placebo effect (no physical effect, but may improve some people's confidence at quitting).¹⁸

Most Australian state and territory governments have banned the sale of herbal cigarettes to persons under the age of 18.²²⁻²⁵

More information on herbal cigarettes

Kretek or clove cigarettes

Kreteks are a type of small cigarette that contains tobacco (about 60%), ground clove buds (about 40%) and cocoa.²⁶ They are made in Indonesia where they are the most popular type of cigarette.^{26, 27} A small number of brands are imported into Australia.^{28, 29}

Although kreteks are smaller than regular cigarettes, tests show that they can deliver similar levels of nicotine and carbon monoxide to people who smoke them.³⁰ Compared to regular U.S. cigarettes, clove cigarettes contain up to 60,000 times more eugenol, a natural compound found in high concentrations in clove buds.³¹ Animal testing shows that eugenol is far more toxic when inhaled than when eaten.^{31, 32} Eugenol is classified as possibly causing lung cancer in humans and it also may harm the lungs. However the long term effects of inhaling the high amounts of eugenol found in kretek smoke are not clear.^{31, 33} Eugenol also acts as a numbing agent (local anaesthetic).³¹ After taking effect, it may lessen the harshness of the smoke on the throat, but this does not make it safer.³⁴⁻³⁶



The American Medical Association reviewed the medical evidence concerning clove cigarettes in 1988 and reached the following conclusions:³⁵

- Clove cigarettes are tobacco products. Therefore they possess all the harms associated with smoking tobacco cigarettes.
- Inhaling clove cigarette smoke has been associated with severe lung injury in a few susceptible persons. People with asthma or with a throat or lung infection in its early stages may have an increased risk of harm from inhaling clove cigarette smoke.

Research suggests that clove cigarettes are linked with greatly increased risk of dental disease and heavy use can affect lung function. It may also increase the risk of heart disease, oral cancer and other disease affecting the mouth.³⁷

More information on kreteks

Bidis

Bidis are popular in India, Bangladesh, Nepal, Sri Lanka, Pakistan and the

Maldives.^{26, 37} Bidis are made with locally grown coarse tobacco flakes and hand-rolled in temburni leaf, which is tied up with a thread. Their size varies between 4cm and 8cm.²⁶

Bidis sold in western countries often have a variety of flavours such as clove, mango, chocolate, vanilla or strawberry. ^{26, 32} Certain tobacco flavourings contain toxic chemicals. ^{32, 38} Some evidence supports concerns that flavour-related compounds deemed safe for eating may not necessarily be considered safe when inhaled in cigarette smoke. ^{32, 39}

Bidis cannot be considered less harmful to health than regular cigarettes.²⁶ Bidi smoke delivers similar or higher levels of nicotine and cancer-causing chemicals to smokers, compared to regular cigarettes.^{26, 40} The amount of cancer-causing chemicals found in bidis can vary because they are hand-rolled, which results in different tobacco amounts per bidi.⁴¹

Bidi smoking increases the risk of cancers of the lung, mouth, throat, oesophagus and stomach.^{26, 37, 42} Rates of cancer are related to how many years a person has smoked and the number of bidis smoked per day.^{26, 42} People who smoke bidis have an increased risk similar to people who smoke cigarettes for lung diseases, including chronic bronchitis and chronic obstructive pulmonary disease.⁴³ Bidi smoking also increases the risk for heart disease and heart attack.^{37, 43, 44}

More information on bidis



Cannabis (Marijuana, hashish)

Cannabis is the most frequently used illegal drug in Australia, with a survey in 2022-23 showing that about 12% of Australians had used the drug in the last 12 months.⁴⁵ The main forms of cannabis are marijuana, hashish (cannabis resin) and hashish oil.³ Marijuana is made up of the dried leaves, flowering tops, stems or seeds of the cannabis plant.³

Smoke from marijuana contains a similar range of harmful chemicals as tobacco. These include carbon monoxide, irritants, tar and cancer-causing chemicals.³ Cannabis does not contain nicotine; its main active drugs are cannabinoids. The cannabinoid that causes the user to experience a 'high' is THC (delta-9 tetrahydrocannabinol).⁴⁶ Mixing tobacco with cannabis increases the uptake of THC from cannabis by 45%.⁴⁷

Cannabis increases the risk for:

- cough, phlegm, wheeze and episodes of chronic bronchitis
- lower birth weight following cannabis smoking during pregnancy
- developing schizophrenia and other psychoses, more so in frequent users
- motor vehicle crashes⁴⁸

Cannabis can produce euphoria, but also unpleasant side effects such as anxiety and panic, especially in high doses or in new users.⁴⁹ Cannabis is a depressant drug, which means it slows the activity of the central nervous system and the messages between the brain and the body.⁵⁰ As a result, information processing, attention, motor skills, reaction time and skilled activities such as driving, are impaired while the person is intoxicated.^{51, 52}

Smoking cannabis raises heart rate and blood pressure, and can be dangerous to those with heart or vascular disease.^{53, 54} Regular cannabis smoking can produce chronic inflammation of the lungs in young adults; symptoms include wheeze, cough, phlegm and shortness of breath.⁵⁵ Long term users of both tobacco and cannabis have higher rates of these symptoms than those who smoke either only tobacco or only cannabis.^{53, 56}

There are few reliable long-term studies on the health effects of regular cannabis use. However, smoking cannabis produces pre-cancerous changes in lung cells, which suggests that it may cause cancer.⁵² There is growing evidence that cannabis plays a role in mental illness, including major depression, suicide ideation and social anxiety disorder.⁴⁸ Long-term heavy users of cannabis are more likely to have problems affecting memory and the processing of complex information. It's not clear if these problems reverse after quitting.^{48, 51, 57}

More information on cannabis

March 2024



References

- 1. Groman E, Bernhard G, Blauensteiner D, Kunze U. A harmful aid to stopping smoking. *Lancet* 1999;353(9151):466-467.
- 2. Jorgensen ED, Zhao H, Traganos F, Albino AP, Darzynkiewicz Z. DNA damage response induced by exposure of human lung adenocarcinoma cells to smoke from tobacco- and nicotine-free cigarettes. *Cell Cycle* 2010;9(11):2170-6.
- 3. Ashton CH. Pharmacology and effects of cannabis: a brief review. *The British Journal of Psychiatry* 2001;178:101-6.
- 4. Young D, Yong HH, Borland R, Shahab L, Hammond D, Cummings KM, et al. Trends in roll-your-own smoking: findings from the ITC Four-Country Survey (2002-2008). *Journal of Environmental and Public Health* 2012;2012:406283.
- Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022-2023.
 Tobacco smoking. Chapter 2. Supplementary data tables. Canberra: AIHW; Feb 2024. Report No.: Drug statistics series no. 3? Cat. no. PHE 340. Available from: https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/data.
- 6. Young D, Borland R, Hammond D, Cummings KM, Devlin E, Yong HH, et al. Prevalence and attributes of roll-your-own smokers in the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* 2006;15 (Suppl 3):iii76-iii82.
- 7. Licht AS, Hyland AJ, O'Connor RJ, Chaloupka FJ, Borland R, Fong GT, et al. Socio-economic variation in price minimizing behaviors: findings from the International Tobacco Control (ITC) Four Country Survey. *International Journal of Environmental Research and Public Health* 2011;8(1):234-52.
- 8. Edwards R. Roll your own cigarettes are less natural and at least as harmful as factory rolled tobacco. BMJ 2014;348:f7616.
- Hoek J, Ferguson S, Court E, Gallopel-Morvan K. Qualitative exploration of young adult RYO smokers' practices. *Tobacco Control* 2016.
- 10. Krusemann EJ, Visser WF, Cremers JW, Pennings J, Talhout R. Identification of flavour additives in tobacco products to develop a flavour library. *Tobacco Control* 2017.
- 11. Bates C, McNeill A, Jarvis M, Gray N. The future of tobacco product regulation and labelling in Europe: implications for the forthcoming European Union directive. *Tobacco Control* 1999;8(2):225-35.
- 12. United States. Dept. of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease: a report of the Surgeon General. Rockville, MD: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010.
- 13. Shahab L, West R, McNeill A. A comparison of exposure to carcinogens among roll-your-own and factory-made cigarette smokers. *Addiction Biology* 2009;14(3):315-20.
- 14. Koszowski B, Rosenberry ZR, Viray LC, Potts JL, Pickworth WB. Make your own cigarettes: toxicant exposure, smoking topography, and subjective effects. *Cancer Epidemiology, Biomarkers & Prevention* 2014;23(9):1793-803.
- 15. Young D, Wilson N, Borland R, Edwards R, Weerasekera D. Prevalence, correlates of, and reasons for using roll-your-own tobacco in a high RYO use country: findings from the ITC New Zealand survey. Nicotine & Tobacco Research 2010;12(11):1089-98.







- Shahab L, West R, McNeill A. The feasibility of measuring puffing behaviour in roll-your-own cigarette smokers. *Tobacco Control* 2008;17 Suppl 1:i17-23.
- Koszowski B, Rosenberry ZR, Strasser AA, Pickworth WB. Experimentally Switching from Factory Made to Self-Made Cigarettes: A Preliminary Study of Perceptions, Toxicant Exposure and Smoking Behavior. *Journal of Addiction Research & Therapy* 2014;5(2):179.
- 18. Mattick RP, Baillie A. An outline for approaches to smoking cessation: quality assurance in the treatment of drug dependence project. Canberra: Australian Government Publishing Service; 1992.
- 19. Calafat AM, Polzin GM, Saylor J, Richter P, Ashley DL, Watson CH. Determination of tar, nicotine, and carbon monoxide yields in the mainstream smoke of selected international cigarettes. *Tobacco Control* 2004;13(1):45-51.
- 20. Chen A, Glantz S, Tong E. Asian herbal-tobacco cigarettes: "not medicine but less harmful"? *Tobacco Control* 2007;16(2):e3.
- 21. Gan Q, Yang J, Yang G, Goniewicz M, Benowitz NL, Glantz SA. Chinese "herbal" cigarettes are as carcinogenic and addictive as regular cigarettes. *Cancer Epidemiology, Biomarkers & Prevention* 2009;18(12):3497-501.
- 22. ACT Government. Tobacco Act 1927 S14(1). ACT: 1927. Available from: http://www.legislation.act.gov.au/a/1927-14/default.asp. Accessed 24 March, 2014.
- 23. New South Wales Government. Public Health (Tobacco) Act 2008 S22(1). Sydney: 2008. Available from: http://www.austlii.edu.au/au/legis/nsw/consol act/pha2008178/. Accessed 24 March, 2014.
- 24. Queensland Government. Tobacco and Other Smoking Products Act S10(1). Brisbane: 1998. Available from: http://www.austlii.edu.au/au/legis/qld/consol_act/taospa1998339/. Accessed 24 March, 2014.
- 25. South Australian Government. Tobacco Products Regulation Act 1997 S38A. Adelaide: 1997. Available from: http://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/sa/consol_act/tpra1997293/index.html#s1. Accessed 24 March, 2014.
- 26. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. Tobacco smoke and involuntary smoking. Lyon, France: International Agency for Research on Cancer; 2004.
- 27. Lawrence S, Collin J. Competing with kreteks: transnational tobacco companies, globalisation, and Indonesia. *Tobacco Control* 2004;13 Suppl 2:ii96-103.
- 28. NSW Australian Retail Tobacco Traders' Association. Cigarettes. Australian Retail Tobacconist 2014:12.
- 29. Nichter M, Padmawati S, Danardono M, Ng N, Prabandari Y. Reading culture from tobacco advertisements in Indonesia. *Tobacco Control* 2009;18(2):98-107.
- 30. Malson JL, Lee EM, Murty R, Moolchan ET, Pickworth WB. Clove cigarette smoking: biochemical, physiological, and subjective effects. *Pharmacology, Biochemistry, and Behavior* 2003;74(3):739-45.
- 31. Polzin GM, Stanfill SB, Brown CR, Ashley DL, Watson CH. Determination of eugenol, anethole, and coumarin in the mainstream cigarette smoke of Indonesian clove cigarettes. *Food and Chemical Toxicology* 2007;45(10):1948-53.
- 32. Stanfill SB, Calafat AM, Brown CR, Polzin GM, Chiang JM, Watson CH, et al. Concentrations of nine alkenylbenzenes, coumarin, piperonal and pulegone in Indian bidi cigarette tobacco. *Food and Chemical Toxicology* 2003;41(2):303-17.
- 33. Hurt RD, Ebbert JO, Achadi A, Croghan IT. Roadmap to a tobacco epidemic: transnational tobacco companies invade Indonesia. *Tobacco Control* 2012;21(3):306-12.







- 34. American Academy of Pediatrics Committee on Substance Abuse: Hazards of clove cigarettes. *Pediatrics* 1991;August 88(2):395-6.
- 35. American Medical Association Council on Scientific Affairs. Council Report: Evaluation of the health hazard of clove cigarettes. *Journal of the American Medical Association* 1988;260(24):3641-4.
- 36. O'Connor RJ. Non-cigarette tobacco products: what have we learnt and where are we headed? *Tobacco Control* 2012;21(2):181-90.
- 37. Bellew B, Winnall W, Hanley-Jones S, Greenhalgh E, Winstanley M. 3.27 Health effects of smoking tobacco in other forms. In: Greenhalgh E, Scollo M, Winstanley M, editors. Tobacco in Australia: Facts & issues. Melbourne: Cancer Council Victoria; 2021.Available from: https://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-27-health-effects-of-smoking-tobacco-in-other-fo.
- 38. Stanfill SB, Brown CR, Yan XJ, Watson CH, Ashley DL. Quantification of flavor-related compounds in the unburned contents of bidi and clove cigarettes. *Journal of Agricultural and Food Chemistry* 2006;54(22):8580-8.
- 39. Bates C, Jarvis DM, Connolly DG. Tobacco additives: cigarette engineering and nicotine addiction. A survey of the additive technology used by cigarette manufacturers to enhance the appeal and addictive nature of their product. London: Action on Smoking and Health, UK. Imperial Cancer Research Fund; 1999. Available from: http://ash.org.uk/information-and-resources/tobacco-industry-information-and-resources/tobacco-additives-cigarette-engineering-and-nicotine-addiction/. Accessed 4th April, 2017.
- 40. Malson JL, Sims K, Murty R, Pickworth WB. Comparison of the nicotine content of tobacco used in bidis and conventional cigarettes. *Tobacco Control* 2001;10(2):181-3.
- 41. Wu W, Song S, Ashley DL, Watson CH. Assessment of tobacco-specific nitrosamines in the tobacco and mainstream smoke of Bidi cigarettes. *Carcinogenesis* 2004;25(2):283-7.
- 42. Jayalekshmi PA, Nandakumar A, Akiba S, Gangadharan P, Koriyama C. Associations of tobacco use and alcohol drinking with laryngeal and hypopharyngeal cancer risks among men in Karunagappally, Kerala, India -Karunagappally cohort study. *PLoS One* 2013;8(8):e73716.
- 43. Gupta P, Asma S. Bidi smoking and public health. New Delhi: Ministry of Health and Family Services, Government of India; 2008. Available from: http://mohfw.nic.in/WriteReadData/l892s/file16-29724885.pdf.
- 44. Rastogi T, Jha P, Reddy KS, Prabhakaran D, Spiegelman D, Stampfer MJ, et al. Bidi and cigarette smoking and risk of acute myocardial infarction among males in urban India. *Tobacco Control* 2005;14(5):356-8.
- 45. Australian Insititue of Health and Welfare. National Drug Strategy Household Survey 2022-2023. Illicit drugs Table 5. Supplementary data tables. Canberra: AlHW; Feb 2024. Report No.: Drug statistics series no. 3? Cat. no. PHE 340. Available from: https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/data.
- 46. James A, James C, Thwaites T. The brain effects of cannabis in healthy adolescents and in adolescents with schizophrenia: a systematic review. *Psychiatry Research* 2013;214(3):181-9.
- 47. Van der Kooy F, Pomahacova B, Verpoorte R. Cannabis smoke condensate II: influence of tobacco on tetrahydrocannabinol levels. *Inhalation Toxicology* 2009;21(2):87-90.
- 48. Bellew B, Greenhalgh E, Winstanley M. 3.32 Health effects of smoking other substances. In: Bellew B, Greenhalgh E, Hanley-Jones S, Scollo M, editors. Tobacco in Australia: Facts & issues. Melbourne: Cancer Council Victoria; 2020.Available from: https://www.tobaccoinaustralia.org.au/chapter-3-health-effects-of-smoking-other-substances.







- 49. Sharma P, Murthy P, Bharath MM. Chemistry, metabolism, and toxicology of cannabis: clinical implications. *Iranian Journal of Psychiatry* 2012;7(4):149-56.
- 50. Australian Drug Foundation. Cannabis Facts. Melbourne, Australia: Australian Drug Foundation; 2013. Available from: http://www.druginfo.adf.org.au/drug-facts/cannabis. Accessed 24 March, 2014.
- 51. Hall W, Degenhardt L. Adverse health effects of non-medical cannabis use. *Lancet* 2009;374(9698):1383-91.
- 52. Winstanley M. Chapter 3. The health effects of active smoking. In: Scollo MM, Winstanley MH, eds. Tobacco in Australia: Facts and Issues. 4th ed. Melbourne: Cancer Council Victoria; 2012. Available from: http://www.tobaccoinaustralia.org.au/chapter-3-health-effects.
- 53. Ashton CH. Adverse effects of cannabis and cannabinoids. *British Journal of Anaesthesia* 1999;83(4):637-49.
- 54. Kalant H. Adverse effects of cannabis on health: an update of the literature since 1996. *Progress in Neuro-psychopharmacology & Biological Psychiatry* 2004;28(5):849-63.
- 55. Aldington S, Williams M, Nowitz M, Weatherall M, Pritchard A, McNaughton A, et al. Effects of cannabis on pulmonary structure, function and symptoms. *Thorax* 2007;62(12):1058-63.
- 56. Taylor DR, Hall W. Respiratory health effects of cannabis: position statement of the Thoracic Society of Australia and New Zealand. *Internal Medicine Journal* 2003;33(7):310-3.
- 57. Solowij N, Battisti R. The chronic effects of cannabis on memory in humans: a review. *Current Drug Abuse Reviews* 2008;1(1):81-98.





