

Research Report:

**Developmental Research for  
New Australian Health Warnings  
on Tobacco Products  
Stage 2**

Prepared for:

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# 1. Executive Summary, Conclusions and Recommendations

There is an international trend towards new, stronger health warnings that more explicitly advise consumers of the health effects of tobacco.

New graphic health warnings were introduced in Canada from January 2001 and the introduction of new health warnings is also underway in Europe. New graphic health warnings were also introduced in Brazil from February 2002.

The current Australian health warnings on tobacco products were introduced in 1995 under the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations made under the Trade Practices Act 1974.

A review of the current health warnings commenced in 2000 and is being conducted jointly by the Department of Health and Ageing and Treasury with the assistance of a Technical Advisory Group.

Elliott & Shanahan (E&S) Research was commissioned to undertake developmental research, **to establish consumer response to proposed new Australian health warnings and explanatory messages on tobacco products.** The research involved two research stages.

The following report details the results of Stage 2 of a two stage research project designed **to assess and evaluate target audience reaction to proposed new health warnings, explanatory messages and graphic options to be used on tobacco products.**

Stage 2 of the research consisted of twenty (20) mini-group discussions (4-5 people in each group) conducted among smokers and non-smokers. Study participants were aged between 15 and 70 years and the study was conducted over three geographical regions: Sydney, Brisbane, and Wagga Wagga (NSW). Fieldwork for the study took place between 26 June and 16 July, 2003.

Smokers comprised “regular” smokers (i.e. smoke everyday or most days and smoke 10 or more cigarettes per day) and, “occasional/social” smokers (i.e. do not smoke everyday and smoke less than 10 cigarettes when they do smoke). However, the main focus of the research was on “regular” smokers.

## 1.1 Executive Summary

**1.1.1** The graphic packs were **more informative about health effects and more effective in general in conveying health information regarding the contents of cigarettes and cigarette smoke than were the “text only” alternatives.** They were also more likely to elicit an emotional response from smokers. They will generate controversy and discussion about smoking and its health and social effects.

The **graphic packs** are more likely to:

- create impact;
- attract attention;
- be confronting and difficult to ignore;
- make it more difficult for smokers to deflect the health message.

Some, notably smokers entrenched in their habit, reacted very strongly to the graphic packs and expressed considerable unfavourable comment. They made some smokers very uncomfortable, raised their anxiety and heightened their anger toward what they saw as unfair tactics toward people using a legal and “heavily taxed” product.

**1.1.2** Overall, the “text only” packs were **not considered as impactful or as effective** in conveying the potential negative health consequences of smoking as the graphic pack alternatives. In general, on those occasions when there was a clear preference expressed for the “text only” packs, it focussed on the fact that the warning label was brief or the graphic pack version was not powerful or evocative.

There were some in the study who stated a preference for the “text only” packs, primarily because they considered them **less confronting, less threatening** and **visually less embarrassing.**

**1.1.3** While some of the packs presented new information to smokers such as the potential for peripheral vascular disease (PVD), meningococcal disease and eye diseases, other packs presented familiar issues in a new and interesting format. This was particularly the case for the graphic packs.

Those packs presenting “new information” tended to also feature some of the more dramatic visual images and as a result, generated the most emotional response (e.g. “PVD”, “meningococcal”, “mouth and throat cancer”, etc).

However, from certain target group segments some graphic packs also generated a strong **personalised and concerned response** and were not just a “shock factor”; for example, those people with babies and young children reacted strongly to those health warnings to do with the effects of smoking on children; young smokers, in general, related to the potential negative social consequences that could flow from health conditions (e.g. the facial appearance that can result from mouth and throat cancer, the disabling effects of stroke and emphysema).

Those graphic packs showing external visual effects appeared to be **the most arresting and memorable** (e.g. PVD, mouth and throat cancer, cataract blindness, meningococcal disease). The least effective were: those with a less clearly defined image (e.g. “quitting”, “blindness” – children); those that were difficult to understand, conceptually obscure or not large enough visually to identify (e.g. lung cancer). Other less effective images included visuals which were not evocative enough or did not adequately portray the health issue concerned (e.g. “addiction”, “emphysema”, “slow and painful death”).

**1.1.4** The main shortcomings with the proposed new packs raised by study participants included:

- **insufficient positive messages** to encourage smokers to quit (or cut down);
- some disbelief was raised by **presenting too many illnesses/diseases** and this could possibly lower credibility overall;
- claims about diseases that could **not easily be linked to** smoking (e.g. meningococcal disease) could potentially reflect on the credibility of the warnings overall.

**1.1.5** There was **mixed reaction to the side of pack information** but young people did respond well to the qualitative nature of the proposed information for the side of the cigarette pack.

**Positive response** focussed on:

- the easy to read tone;
- encouraged some to want to find out more;

- the appeal of the lead into www.; and,
- the main message of '40 dangerous chemicals' was strong and impactful and represented the main "take out".

**Negative response** focussed on:

- too much text, too small in font size, making it difficult to read (particularly for older people);
- too many messages to absorb;
- lack of understanding of chemical names and no explanation of their specific effects;
- a few people suggested that it would be better to explain one chemical only per pack and rotate packs – or alternatively, use this space to offer smokers encouragement to cut down; and,
- wording provided some respondents with an excuse to reject (either, 'will the diseases mentioned definitely affect all smokers and if not, why threaten us?' or, 'it only says 'maybe' so it won't happen to me').

**1.1.6** Three examples of attribution statements were presented to study participants and overall, "**Health Authority Warning**" received the most favourable response. It was felt appropriate for the attribution statement to relate to "health" as the warning labels themselves pertain to health information.

## 1.2 Conclusions

Evidence from this study indicates that:

- overall, the graphic packs are potentially **more noticeable**, more likely to **aid memorability** of the health effects and warnings, **more impactful**, more likely to encourage people to think about their habit, and **encourage contemplators to quit**;
- the graphic packs will **contribute to a growing environment of the unacceptability** of smoking for both health and social reasons;
- the packs and their messages are more likely to be **a contributing factor to quitting** rather than a sole motivating factor;

- the salience of the issue of smoking and health will be **heightened** considerably by the graphic packs. These are also more likely than the “text only” alternatives to elicit an emotional response from smokers and **generate greater controversy** throughout the community;
- for some smokers, the graphic packs will **raise anxiety and anger** at what they see as the unfair targeting of consumers who are using a legal product and doing so of their own accord;
- the graphic packs are more confronting than the “text only” packs with the warnings **less easily deflected** by smokers, more likely to **negate** the pleasure of smoking and, at the same time, make many feel **uncomfortable** about their habit.

Smokers will react to the new packs according to **where they are in the change process**; for example:

- as a result of the new graphic packs, new young smokers are more likely to reconsider their decision to take up smoking;
- those contemplating quitting will be further encouraged to follow a quit process;
- non-smokers will be further dissuaded to consider taking up smoking;
- hardened and long term smokers are more likely to reject the messages and adopt defensive behaviour patterns.

For hardened smokers who were most resistant to the new health warnings there is some risk that the graphics could be the trigger for them to mock the intentions of the campaign. The extent to which such mockery becomes a significant issue cannot be assessed at this early time.

### 1.3 Recommendations

As a result of this second stage of research on the proposed health warning labels, the following recommendations are made:

- consider implementing **the graphic versions** of the proposed new health warning labels (with some modifications – see below);



- further **refine the graphics and visuals** keeping in mind the following guidelines which have emerged from both stages of the Developmental Research:
  - all photos and visuals need to be **clear and recognisable** to enable smokers to easily relate to the health issue concerned;
  - accompanying text messages need to be **brief and as simple** as possible to enable ease of comprehension;
  - if some warnings generate fear, others need to relieve anxiety (i.e. provide solutions). Too much fear is likely to lead to defensiveness and rationalising of the messages. Some warnings and explanatory messages need to **provide support and encouragement** offering smokers a “way out”;
  - include both **factual and personalised messages** in the health warning mix. Personalised messages help generate the perception that smokers themselves are personally at risk;
  - a **variety of images and image styles** (e.g. internal organs, patients, etc) is most likely to be effective in terms of: maintaining “freshness”, retaining smoker attention, minimising wear out;
  - the tone and language of the explanatory messages as proposed seems to be most appropriate: comprising both factual and personal information in an **inviting, authoritative yet reader friendly way**. It is strongly suggested that the tone of the explanatory messages retain the **positive style**;
  - rotate the introduction of the graphic packs and stagger their introduction. This will **maintain interest** and also address the potential credibility issue if too many messages were to be introduced at once;
  - **link warnings**, when possible, to other communication mediums. This is likely to heighten impact and provide reinforcement, support and credibility to the messages;
  - the introduction of the new warnings would also **benefit from** the use of any education and supporting information.
- it is suggested that the following warning labels **be considered** for introduction:
  - Peripheral Vascular Disease (feet), (perhaps hands visual as an alternative);
  - Mouth and Throat Cancer (Lips and Teeth);

- Clogs your arteries;
  - Unborn babies;
  - Blindness (eye);
  - Stroke;
  - Protect Children;
  - Leading cause of death;
  - Addiction;
  - Emphysema;
  - Quitting;
  - Lung Cancer;
  - Heart Attack.
- it is also suggested that **new graphics be developed** for:
    - Quitting;
    - Emphysema;
    - Stroke (consider depicting result of stroke);
    - Addiction;
    - For the “leading cause of death” – the tobacco statistic be more clearly delineated;
    - Protect Children;
    - Lung Cancer;
    - Heart Attack.
- mention of meningococcal cast some doubt on the credibility of all claims. While it is acknowledged that the potential effect of meningococcal is “news” and its credibility as a potential effect would be would be bolstered with accompanying PR and support information, the negative response demonstrates that it would be better to introduce “new diseases” gradually (and with support), rather than appear “cold” on the pack. It should also be noted that introducing too many “diseases” at any one time, is likely to result in disbelief.

However, the positive reaction to the explanatory message and reference to the immune system suggested that problems of credibility may be overcome if the warning emphasises **damage to the immune system**, (e.g. “smoking weakens your immune system”, with meningococcal referred to in the explanatory message as one example of the potential effect of this). The same visual could be retained.

- if “Tobacco Smoke is Poisonous” is a desired warning, then consider replacing the graphic and explanatory message. Stage 1 of the research found that participants responded positively to some of the options for the side of pack warnings that described specific health effects of individual chemicals. Moreover, descriptions of the potential health effects of specific chemicals would complement and reinforce more generalised information about these chemicals on the side of the pack (See below).
- in addition, consideration should be given to developing some alternative (less negative) labels; for example:
  - *“If you smoke two packs a day, quitting will save you \$X in the next year”;*
  - *“Quitting smoking at any age reduces your chance of having a heart attack”;*
  - *“You can quit at any age and reduce your chance of lung cancer”.*
- the “Quitline” in the visual (front panel) needs to be **more clearly defined** to improve the chance of people reading it. Red on black was difficult for some to read. This also applies to the www. reference;
- in regard to the proposed **side of pack information**, the following is suggested:
  - **maintain the qualitative nature** of the message and easy to read tone;
  - **reduce** the amount of copy; or,
  - **reduce** the number of messages; or,
  - consider using **dot points** to enhance readability;
  - **retain mention** of “40 dangerous chemicals”, and the website reference.

An example is as follows:

- “
  - *cigarettes deliver nicotine in a highly addictive form;*
  - *smoking exposes you to more than 40 harmful chemicals which are known to cause cancers, damage lung tissue, and clog up blood vessels;*
  - *your body absorbs dangerous amounts of these chemicals irrespective of the type of product;*
  - *to find out more about these harmful chemicals visit [www.quitnow.info.au](http://www.quitnow.info.au)”.*
  
- in regard to the **back of pack explanatory information**, reaction was nearly always positive. Consider the following:
  - use of **horizontal copy** rather than two columns, where possible;
  - **retain** reference to doctor, pharmacist, www;
  - **retain** visual on rear panel in the case of: blindness (eye), PVD, clogged arteries, lung cancer, blindness (children) if used;
  - for meningococcal, emphasise the effect of smoking on **the immune system**, referring to the risk of meningococcal as one example of the potential effect of this;
  - **reduce** the amount of copy on “slow and painful death” (if used);
  - the word “illicit” (leading cause of death) was not always understood; **consider** “illegal”.
  
- It is suggested that the following explanatory message (whole or in part, from Phase 1 Research) would strengthen understanding and impact of the “tobacco smoke is poisonous” warning:
 

*“The smoke inhaled from each cigarette contains many chemicals dangerous to health. A few of them include:*

***nicotine** – a drug which causes addiction to tobacco products, narrows your veins and arteries and increases the risk of coronary heart disease;*

***formaldehyde** - a dangerous chemical which irritates the eyes, nose and throat of both smokers and non smokers;*

*hydrogen cyanide* – a toxic agent which causes nasal irritation, confusion, headache, dizziness, weakness and nausea;

*nitrosamines* – a group of highly carcinogenic chemicals of which there is no safe level of exposure;

*benzene* – a highly toxic carcinogen which causes leukaemia; and,

*carbon monoxide* – a deadly gas which reduces the ability of blood to carry oxygen.”

- consider using an attribution statement that relates to health. People in the study appeared to derive reassurance from health authority support.

## **2. Introduction**

### **2.1 Background**

The National Tobacco Strategy is a national collaborative strategy involving the Commonwealth government and both government and non-government sectors in all States and Territories.

The overall goal of the National Tobacco Strategy is to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms. The Strategy includes a range of tobacco control initiatives under six key strategy areas:

- Promoting cessation of tobacco use;
- Reducing availability and supply of tobacco;
- Strengthening community action;
- Reducing tobacco promotion;
- Regulating tobacco; and,
- Reducing exposure to environmental tobacco smoke.

The current Australian health warnings on tobacco products were introduced in 1995 under the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations made under the Trade Practices Act 1974. These regulations require that all cigarette, loose tobacco and cigar packaging manufactured from 1 January 1995, carry one of six specified health warnings, a corresponding explanatory message for the warning and contents labelling of the tar, nicotine and carbon monoxide levels of the product. The size, colour and location of these warnings on the packaging are also governed by the Regulations.

A review of the current health warnings commenced in 2000 and is being conducted jointly by the Department of Health and Ageing and Treasury with the assistance of a Technical Advisory Group. This Group consists of representatives of these Departments, the Australian Competition and Consumer Commission (ACCC) and tobacco control experts from the National Expert Advisory Committee on Tobacco and the VIC Health Centre of Tobacco Control.

The first stage of the review evaluated the existing health warnings, and confirmed the need to update the current warnings to include new information on the health effects on tobacco. The second stage saw the release of a discussion paper in May 2001, seeking community views on possible options for change. The discussion paper on health warnings on tobacco products contained 8 examples of possible new health warnings. Graphics for the examples were obtained from the National Tobacco Campaign, an anti-smoking advertising campaign administered by the Department, as well as precedents from Canada and Poland.

Submissions were received from a range of stakeholders including public health organisations, law enforcement agencies, governments, the tobacco industry and the general public. There was generally strong support for change. Inclusion of a range of messages which meet the needs of different target groups, use of graphics, and changes in format to increase noticeability and impact of warnings were particularly supported. There was also support for accurate, concise, readable information on product contents, clarification of misleading descriptors such as 'light' and 'mild' and development of a better method of explaining the tar, nicotine and carbon monoxide messages.

Submissions from the tobacco industry universally opposed changes to existing warnings, including larger or graphic warnings. They argue that larger, pictorial warnings in particular would be an infringement of trademarks, an expropriation of property and breach the intended purpose of the Trade Practices Act, cause economic losses, and encourage consumption of illicit tobacco.

Stage Three of the review is the consideration of public comments on the discussion paper, and the development, market testing and refinement of option for change. As part of this stage, the Department, with advice from the Technical Advisory Group, has developed new warnings covering 19 health effect topics for cigarettes and 7 for cigars.

There is an international trend towards new, stronger health warnings which more explicitly advise consumers of health effects of tobacco. This trend is reflected in the Framework Convention on Tobacco Control (FCTC) which is currently being negotiated by member states of the World Health Organisation. The draft Chair's text for the FCTC includes the use of graphic health warnings as one of its tobacco labelling measures.

New graphic health warnings were introduced in Canada from January 2001 and the introduction of new health warnings is also underway in Europe. New graphic health warnings were also introduced in Brazil from February 2002.

Elliott & Shanahan (E&S) Research was commissioned to undertake developmental research **to establish consumer response to proposed new Australian health warnings and explanatory messages on tobacco products.** The research involved two stages. The results of Stage 2 are detailed in this volume. Stage 1 results appear under a separate cover.

## 2.2 Research Objective

The aim of the research was **to examine consumer reaction to a final set of 17 health warnings and explanatory messages.** Stage 2 research focussed on obtaining consumer reaction to pack mock-ups in two formats – graphic with text (18 packs, there were two graphic options for one warning) and text only (17 packs).

Reaction to the proposed options for the new health warnings and explanatory messages was gauged in terms of:

- Noticeability – messages stand out from surrounding pack design, large enough to be read easily;
- Communication – conveying the potential health effects of smoking;
- Comprehensibility – understandable, readable;
- Believability – truthful, personally relevant;
- Memorability;
- Information – interesting and informative;
- Size of label;
- Persuasiveness – influential upon behaviour, in particular to increase and reinforce awareness of the negative health effects of smoking, to quit smoking or to stay quit.
- An assessment of which health warnings are perceived to be most effective overall in terms of the above; and,
- In terms of disclosing information relating to the performance, composition, contents, methods of manufacture or processing, design, construction, finish or packaging the goods (in this case cigarettes):
  - assess whether graphic health warnings accompanied by text are more effective than text-only health warnings; and,



- assess the effectiveness of the proposed side of pack message (in particular information on chemicals in tobacco smoke and their health effects).

The **desired outcomes of Stage 2** research were to:

- Identify a preferred set and format of 12-16 new health messages (including identification of the most effective warnings and explanatory messages and identification of any warnings that should not be used).
- Provide a list of suggested revisions (if required) to the text, graphic and explanatory messages for each health warning that will maximise effectiveness of the health warnings; and,
- Provide suggested revisions to the side of the pack message (if required).

Some of the **more specific areas of enquiry** included:

- Are participants able to personalise/internalise warnings?
- Do the labels raise the salience of health concerns?
- Do the labels convey the potential health effects of smoking?
- Which graphics/texts are most likely to trigger a response to cut down/quit smoking? Why?
- Reaction to positive/negative message approach (e.g. positive could relate to feeling better by not smoking);
- Does the graphic approach more effectively convey information about the health effects of smoking compared with text only approach? If so, why? If not, why not?

The above areas formed the focus of the research study; however, a consumer oriented approach was adopted. As such, the research approach endeavoured to give all study participants every opportunity to raise the issues they considered important in regard to the text and graphics.

## 2.3 Research Method

### 2.3.1 Research Technique

A series of mini-group discussions was conducted across the target audiences. Our approach to group discussions is to be as non-directive as possible, allowing freedom of discussion, intervening when and where necessary to clarify comments and issues raised. The benefits of the group discussion are that:

- it provides participants with a **relaxed and friendly atmosphere**, in which they can discuss their attitudes and opinions in their own terms;
- it allows them to reveal those aspects of the topic which are of **interest or importance** to them;
- it permits **deeper and more thorough exploration** of attitudes and reactions than do traditional question and answer techniques;
- it is an extremely **flexible** technique allowing for the input of stimulus material in the most appropriate manner for any particular group; and
- it permits the group moderator to focus on the attention of participants on those **specific areas** in the objectives which require detailed probing.

### 2.3.2 Scope of the Study

The earlier stage of research examined consumer response to 19 health warnings, explanatory messages and top of pack warnings with a view to refining these to a workable set of the most effective for further development research. It also explored reaction to a range of graphic images in an attempt to provide direction for the later development and refinement of images and pack visuals.

Stage 2 focussed on obtaining consumer reaction to **health warning designs** on mock up packs (text and graphic visuals) as well as explanatory messages and side of pack information.

A series of **twenty (20) mini-group discussions** was conducted in Stage 2 as follows:

Age	Current Smokers		Non-Smokers		Total
	M	F	M	F	
15-17	2	2	1	1	6
18-24	2	2			4
25-34	2	2			4
35-49	2	2			4
50-70	1	1			2
<b>Total</b>	<b>9</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>20</b>

Stage 2 research was conducted in **Sydney, Brisbane** and **Wagga Wagga** (NSW). The mini-group discussions contained between 4-5 participants representing a range of culturally and linguistically diverse backgrounds and a range of socio-economic strata.

Smokers comprised “regular” smokers (i.e. smoke everyday or most days and smoke 10 or more cigarettes per day) and “occasional/social” smokers (i.e. do not smoke every day and smoke less than 10 cigarettes when they do smoke). However, the main focus of the research was on “regular” smokers.

Group discussions were conducted by the E&S Research team. The fieldwork was conducted between 26 June and 17 July, 2003.

### 2.3.3 Discussion Procedure

A discussion guide (copy appended) was developed in consultation with the Department. Each discussion began with respondents completing a questionnaire to compare the health information conveyed by “text only” packs and “text/graphic” packs.

Packs were then randomly presented in pairs (text and text/graphic) for each health warning and participants encouraged to comment. Further discussion was then held on the explanatory messages and the side of pack information. Three attribution statements (“Health Authority Warning”, “Commonwealth Government Warning”, “Government Health Warning”) were also shown and reactions sought.

The order of presentation of the pack material was rotated and group participants were encouraged to freely discuss any aspect of the stimulus material they wished. The role of the moderator was an important one in this situation. He or she was actively observing, hypothesising, falsifying, and verifying based on his/her skill with the procedures and techniques.

The moderator’s role was to ensure that there was coverage of all relevant issues, and where points were not raised spontaneously to put them forward for consideration. Participants were encouraged to raise those issues most salient to them, and to discuss them in their own terms of reference.

## **2.4 About This Report**

The following report details an analysis and interpretation of the comments made in each of the discussion groups. It should be noted that this phase of research was exploratory and diagnostic in nature. No attempt has been made to attach numbers to the findings; rather, they are indicative of the attitudes held by the target groups to the proposed packs. Verbatim quotations are included to illustrate and support the findings.

### 3. Overall Response to the New Packs

#### 3.1 Reactions Related to Attitudes

Reactions to both the new graphic and text packs and text only packs differed according to the attitudes held by smokers toward their own smoking behaviour and their desire to quit. For example, those **contemplating quitting responded most favourably** to all the material shown to them; while those entrenched in their habit and/or who claimed that they particularly enjoyed smoking and its immediate effects, were far **more resistant** to the health warnings, particularly to the new warnings with graphics.

“Hardened” smokers tended to be more experienced and older (although not always) and frequently maintained that they either did not wish to quit or believed that their addiction was so well entrenched that they were not able to quit.

*“It’s a bit late for me...I always think about quitting...I’ve tried a couple of times...I totally enjoy any cigarette and I really don’t want to give up except when I wake up with a hang over and don’t know whether it’s the wine or cigarettes.” (Male, 50-70 years)*

The graphic packs in particular tended to **reinforce the decision of young non-smokers not to consider or take up smoking**. Some of the packs presented new information to them (e.g. PVD, Meningococcal disease), while others reminded them of well established associations between smoking and disease (e.g. heart attack, lung cancer).

*“The pictures will like turn people off cigarettes...Yeah...especially the teeth ones. I’d rather see pictures on the pack, well I wouldn’t rather see it, but I think it would be better. To stop you getting a packet. Some of the pictures are better than just words. It shows you what happens when you do smoke. Conveys a stronger image. Gets a stronger message across.” (Non-smokers, Males, 15-17 years)*

*“I thought the ones with the pictures were better – most of them.*

*Yeah they had more of an impact.*

*It had more of a visual effect, they didn’t just read through it, you actually saw what it can do. You don’t skim over it as much. Instant shock.*

*I think that the cigarette packets that had the pictures on them, scare me to take something out of the packet myself, especially the one with the gangrene toes.*

*And you'd associate it with smoking, because it's on the box as well.” (Non-smokers, Females, 15-17 years)*

### 3.2 More Dramatic Response to Some Labels

While some of the packs presented new information to smokers regarding the potential negative health consequences of smoking, others covered many health issues familiar to smokers and non-smokers. Familiar issues included: lung cancer, heart attack, the dangers of smoking around children and the addictive properties of smoking. Consumer familiarity with these issues has come about through earlier education and information campaigns, existing pack labelling and general media coverage of smoking and health.

Response generally to the labels relating to the more familiar health effects was not as dramatic as it was to those health issues representing “new” information, or to the issues that had not previously been featured as health warning labels. Consequently, some of the graphic warnings in particular, elicited a very strong, spontaneous and vocal response from study participants (e.g. Peripheral Vascular Disease, Mouth and Throat Cancer, Meningococcal Disease).

While many of the health warning labels received a similar response within and across all the group discussions, some warnings generated a **more personalised and concerned response** from certain sub-segments of the target audience; for example:

- those with **babies and young children** related very strongly to those labels that focussed on health issues to do with smoking around children or indeed to any reference (visual or text) to children;

*“Most of us have kids and it makes you start to think about what you're doing to your kids*

*Yeah – I've got a little bloke., and they make me think.” (Males, 35-49 years)*

*“Anything to do with kids. if you've got kids, it really does affect you. That's when you start to think of your own selfish behaviour, and you are affecting somebody else...” (Female, 25-34 years)*

- **older smokers** (and those with overt symptoms of smoking such as coughing) showed greater concern for some of the long term health consequences (e.g. lung cancer, stroke, emphysema, etc);
- younger smokers in general were more accepting of and reacted to many of the health issues especially those that related to **negative social consequences** (e.g. the unattractive facial appearance that can result from mouth and throat cancer).

*“This is going to tell you that the truth is that if you smoke, you’re probably going to get one of these things. So I think that’s really good.” (Female, 18-24 years)*

### 3.3 New Information and Heightened Interest

As mentioned previously some of the packs contained “new” information (e.g. Peripheral Vascular Disease, Meningococcal Disease, Mouth and Throat Cancer, Blindness, Leading Cause of Death) or familiar information presented in a new context (e.g. lung cancer, clogged arteries, heart attack).

*“An hour ago, I didn’t even know that you could get meningococcal or you could go blind, I knew you could get throat cancer, but I didn’t know your teeth could go black like that.*

*And you can get that footrot thing- that’s disgusting.*

*And now I really want to quit because that’s just wrong. That’s disgusting.” (Females, 15-17 years)*

## 4. Overall Reaction to Graphic Packs

### 4.1 Impactful and Memorable

Without doubt the **most dramatic response was given to the graphic packs**. Smokers were visibly surprised at the graphic packs and they generated an immediate response. They were widely thought to have greater impact than the “text only” alternatives and significantly stronger than existing packs in terms of the way in which health information was conveyed.

*“The fact that they are telling you something is not nearly as effective as somebody showing you something. I think the pictures really kind of speak to you more than the words, proof of what their words are saying. Words bounce off you whereas seeing a picture and, particularly some of the more shocking ones, kind of makes you think and worry more than the words do. Like words don’t mean anything, but seeing a picture will make you start to think ‘Well I don’t want that to happen to me.’ So I think it’s far more effective than the words.” (Female, 35-49 years)*

*“The message is in your face. There’s no need to sit and read it.” (Male, 18-24 years)*

*“I think it’s excellent because on a normal cigarette pack all they have is writing. They don’t have pictures, they don’t tell you what it actually does to your body. They say you can get throat cancer but they don’t say throat cancer is this and you can die from this and this is what happens to your body.” (Female, 15-17 years).*

Overall, and compared to the “text only” packs, comments made about the graphic packs suggested the following:

- they generated more **impact**;
- were **attention getting** (particularly the “more shocking” visuals);

*“The more gross ones everyone’s always going to pick. It just disgusts you what it does – and you don’t want it to happen to you sort of thing.*

*It makes you think what it can do to you.” (Males, 15-17 years)*

- it was **harder for smokers to deflect** the health messages;



*“I found that with most of them I picked the picture just because I’m not used to seeing them. It just reinforces the warning. Otherwise I won’t pay attention to the warning like I have for every packet since I was 14, it’s not going to make me look twice. But (the graphic packs) will – just because it’s not what I’m used to.” (Female, 18-24 years)*

- **confronting** and difficult to ignore;

*“I think the ads are all really good, except this is just a step better because people who don’t watch TV or don’t like it they just flick the channel when the ad is on or something, they have to look at it if they have to buy smokes.” (Male, 15-17 years)*

*“Personally I wouldn’t like my smokes in a packet with a picture like that on it.*

*No, me either.*

*Why? Because it would slow you down in having one?*

*No because it would make me always think I know I shouldn’t be smoking – because look what it can do. And I’d feel guilty every time I had one. I mean I wouldn’t like my smokes in a packet like that.*

*Does it make you feel a bit uncomfortable?*

*It does...even the ones on the TV – I change the channel when they come on – especially when the kids are in the room – I don’t want my kids seeing that.” (Females, 25-34 years)*

- seen as a **strong deterrent** to start smoking;

*“The shocking pictures work...but being a smoker for many years you know all about this anyway...but you don’t want to know...I don’t think it will do much for me because I’ve been smoking for so long but for people who are going to take up smoking, if you show them some of these they might do something...might have an impact on young ones.” (Males, 50-70 years)*

- many believed they would **generate controversy** and community discussion on the issue of smoking and health.

## 4.2 Compared to “Text Only”

In comparison with the “text only” alternatives the **graphic packs** were generally thought more likely:

- to convey potential health effects of smoking and to do so **more effectively**;
- to **increase and reinforce awareness** of the negative health effects of smoking;
- to **aid memorability** of the health effects;
- to **encourage contemplators to quit** and encourage smokers in general, to **think about** their smoking habit.

*“A pack of cigarettes has turned into a TV commercial now. With the picture – the wording on the back could be just someone narrating on the TV.” (Male, 35-49 years)*

*“Most people know most of the stuff, they just need to be kept reminded about it. It’s a big thing at school now – everyone has done an assignment or watched a video on it and it’s been on TV.” (Male, 15-17 years)*

*“Showing me these pictures while I’m sitting here it is actually making me think I’ve got to stop smoking. It is making me think that.” (Female, 35-49 years)*

*“I plan to give up in the very near future and all of these have speeded right up the decision making process. I probably might give up very soon because I had pretty much decided to anyway – so this was good..” (Male, 25-34 years)*

In comparison with the “text only” health warning labels those with graphics were also more likely to:

- evoke an **emotional response** from smokers and non-smokers;
- **reinforce the increasing social embarrassment** of smoking (through the pack visual and the disease or illness depicted);
- **detract** from the pleasure of smoking and make smokers feel uncomfortable;
- **reinforce** similar imagery depicted in TV commercials/posters (e.g. stroke, clogged artery, blindness).

*“The ones with the picture makes you think more about what you’re doing and what effect it has.*

*Turns you off, makes you think twice about putting a cigarette in your mouth, the packs with the pictures.*

*It will get people talking about the side effects with the pictures being so much up front and in your face. It will get people talking a lot more about giving up I would say.*

*You wouldn't like having those ugly pictures on the pack, but it's the truth. I think it would help people give up smoking.*

*With graphic pictures it would encourage you to give it up, moreso than just the warning saying it gives you cancer...you don't take any notice of them but if it's a picture...a picture paints a 1000 words doesn't it?." (Males, 18-24 years)*

*"It wouldn't make you stop but it would make you think a little bit.*

*It does make you think, but I'd rather not think.*

*We don't want to face reality – It can happen to us, but we don't want to face it. That's the whole thing – we don't want to face it even though it could happen to us. Even though we know in the back of our mind that it can, we still smoke." (Females, 25-34 years)*

### 4.3 The More Effective Graphics

Those packs with visuals showing external visual effects and appearances seemed to be the **most dramatic, arresting** and potentially **more memorable**; for example, mouth and throat cancer, peripheral vascular disease, blindness.

The **least memorable and least effective graphics** were:

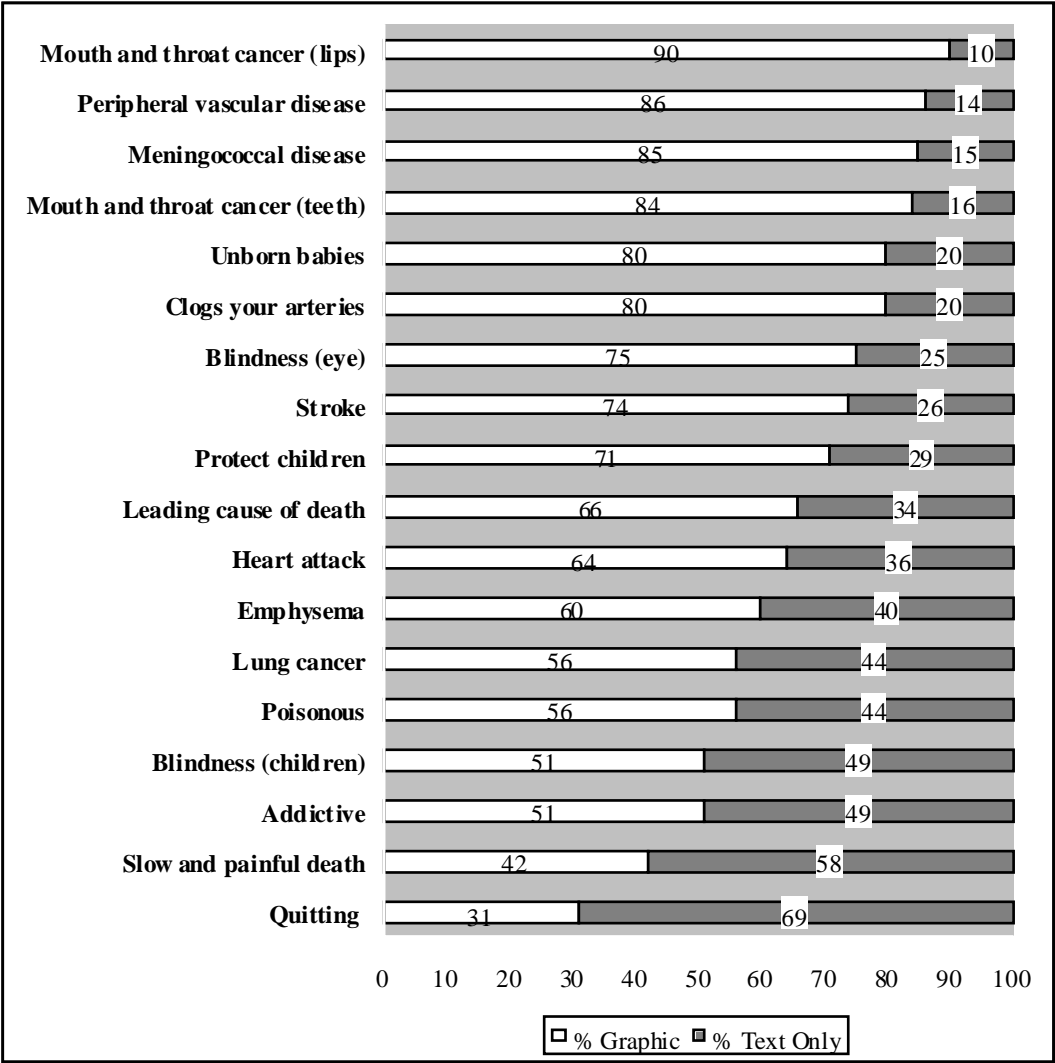
- those with a less clearly defined (or recognisable) image (e.g. “quitting”, “blindness – children”);
- those that were difficult to understand, not large enough to see clearly or conceptually obscure (e.g. “lung cancer”, “blindness – children”, “quitting”, “heart attack”);
- those that were felt to be not particularly powerful or not evocative enough of the health issue (e.g. “slow and painful death”, “emphysema”, “addiction”, “poisonous”, “protect children”).
- when respondents did make suggestions about alternatives to replace less powerful images, these tended to be dramatic:
  - show a paralysed person;
  - show a person breathing through a hole in their neck;

- show a person suffering a heart attack;
- show a comparison between a healthy and unhealthy organ.

## 5. Reaction to “Text Only” Packs

In general the “text only” packs were **not considered to be as impactful or as effective** in conveying the potential negative health consequences of smoking as the graphic packs accompanied by text and as a result, not as meaningful.

The bar chart below indicates that for 16 out of 18 warnings the graphic packs were thought the more effective of the two approaches that best conveys the health effect or health information.



Some smokers in the study openly stated a strong preference for the “text only” version of the packs, primarily because they considered them **less confronting** and **visually less embarrassing** than their graphic counterparts.

Comments from this sub-segment also indicated that they felt the graphic packs were **unfairly targeting smokers** and indicated a degree of hypocrisy on the part of the government who, it was claimed, were on the one hand, taxing smokers and benefiting from their habit, and on the other, through the health warning labels, attempting to discourage them.

*“I wouldn’t choose the picture again. One, the picture is gruesome and two, the most important thing would be the writing. People would look at the picture and think ‘Oh yuk’ and I’d probably rip that picture off but I wouldn’t rip the writing off.”* (Female, 25-34 years)

For others in the study, the “text only” packs had greater impact when:

- the warning was **brief** and **succinct**; or
- the graphic version was not believed to be powerful or evocative (e.g. “quitting”, “slow and painful death”).

*“I found that the most gruesome pictures were the hardest hitting. Otherwise I just thought when the label is just straight without the picture– it’s just in your face, it just says it. If it’s a bad picture like the picture of the teeth and stuff - that’s hard hitting, but if it’s not so much a bad picture, it’s just when it’s straight there, I find it more hard hitting than just a picture.”* (Male, 25-34 years)

*“I think the initial first couple when you look at the picture and look at the actual wording – I think the wording comes to mind straight away, and then the pictures got a bit more gruesome and we seen the teeth and we seen the heart and we seen the artery and then if that doesn’t work you’ve got kids on there as well, and being a father that sort of sends a message home as well.”* (Males, 35-49 years)

Other key findings in regard to the “text only” packs were:

- smokers were familiar with existing text only labels and the new version appeared to be “more of the same”;
- white type on black was thought to have more impact than black on white.

## 6. Behavioural Response and Effect of Graphic Labels

### 6.1 In General

Evidence from this study suggests that the new warning labels particularly in their graphic format will contribute to a growing environment of the **unacceptability of smoking for both health and social reasons**. They will encourage community discussion about the issues, especially among smokers and prompt many to think about their habit and reconsider their health status. They will, undoubtedly **raise the salience of the issue** through the inherent controversial nature of the graphics.

Interestingly, very few felt that the labels alone (in graphic or text only forms) would motivate a smoker to quit rather, they were seen as a part of an overall “quit” information strategy, particularly in terms of reinforcing the text message and supporting similar imagery portrayed through other mediums (e.g. TV, posters, etc).

Although it should be noted that the graphic packs did appear to have **a more motivating effect on those already contemplating quitting**.

### 6.2 Specific Behavioural Response

It is suggested as a result of this study that specific behavioural response to the graphic packs will take a number of forms.

#### **Firstly, in terms of desired behaviour:**

- they will cause many to think about their habit;
- some will be encouraged to seek out ways of quitting; and,
- those contemplating quitting will be further encouraged to take this course.

*“These packets are more effective than not having the writing and not having the picture – I think they will effect people and some people will quit or at least cut down. So I think they are effective – but whether or not they will make people quit is different.*

*Cut down definitely. Yes. You have to first be worried about it and then see the picture and it just reinforces it.*

*Yes – you’ve got to really inside you want to quit. It will be encouraging for people I think.*

*We enjoy it but if I saw that foot on a cigarette packet every morning, it’s not going to make me quit, but it would make me go ‘Hmm’ you know. It might say you don’t need this cigarette.*

*It would break the habit.*

*You might just have the ones you actually need in the day. You sometimes smoke out of boredom or habit.” (Females, 18-24 years)*

*“In all honesty, I think if I walked up to buy a packet of cigarettes and walked up to a counter and see things with the kids on it, I don’t think I’d buy a packet. I’d probably go and get a packet of patches or something.*

*There’s a lot more incentive to stop. I think we’ve probably all tried to stop numerous times, every smoker does, but something like that really drives it in.” (Males, 34-39 years)*

*“You’d try to not look at the picture but if it was one of the more effective pictures, every time you got out a cigarette, you’d just notice some of them. You’d just see it straight away.*

*And if you see it, I’d probably still have a cigarette some of the time, but the other half of the time I probably wouldn’t have it. Therefore I’d be cutting down because of the picture, which could then lead to me quitting – so...*

*I think if I saw that it would make me stop every second cigarette because I would think ‘Err that’s gross...’*

*I think it would actually make me cut down how many I’d buy because I’d go to buy the packet – and just go ‘Oh my god’...” (Females, 18-24 years)*

**Secondly**, young people (both smokers and non-smokers):

- were more likely to admit that the graphics are likely to affect them;
- smokers said they could be less likely to have a cigarette out of boredom – they would think twice;
- smokers appeared to be more affected by images of external disfigurement;
- non-smokers claimed to be even less likely to consider the habit, if the images were to be introduced on packs.



*“If you’re bored or you’re fiddling around you’re just pulling it out because it’s a habit, and it might actually make you think for a second ‘Do I want this cigarette?’” (Female, 18-28 years)*

*“The ones with the pictures makes you think more about what you’re doing and what effect it has.*

*Yeah – what effect it has to us. They made you feel sick about it.*

*And it makes you not want to do it.*

*This is what’s happening to you. If you keep smoking the way you do, you can end up like that.”’ (Females, 15-17 years)*

*“You don’t want to face reality – and a picture like that – it could happen to you.*

*And it shows the stuff that could come out of you once you die. It shows what comes out of you and how disgusting it is.*

*You don’t want to be seen like that.” (Females, 15-17 years)*

**Thirdly**, there was evidence of **denial and anger** among some, especially the more “hardened” smoker; for example:

- some found the graphics **too confronting and too threatening** and as a result may resort to avoidance behaviour (e.g. use a cigarette case, cover up the images – at least initially);
- extreme denial led to challenging the validity of the information;

*“And the other thing is, you’ve got people who have never smoked who still end up with smoking attributed illnesses. I think a lot of asbestosis is misdiagnosed as smoking related. And they did all smoke, but it could be that the asbestos was aggravating their lungs. They took up smoking to counteract what was already annoying them. So while their deaths in the early days were attributed to tobacco, it was actually asbestosis. I think a lot of things get attributed to tobacco falsely.” (Female, 35-49 years)*

*“You can also get gangrene from 100 other things. There are so many other things that can cause stroke and lung cancer and it’s like blaming cigarettes for everything.” (Female 25-34 years)*

- expressions of anger also went along with perceptions of **discrimination against smokers** and issues of freedom, rights and individual responsibility were raised;

*“They’re a bit tough on people who smoke. I don’t know what you class it as – like being racist or whatever, but they don’t put labels on their bottles with alcohol it’s always focussed on smoking. Why is it always smoking?” (Female, 25-34 years)*

*“Do they have the right to scare every single person who picks up a cigarette. They cannot say it (disease) is going to happen to every single smoker” (Female, 50-70 years)*

*“Do these warnings have to be on cigarette packs? Couldn’t we make up our own minds?” (Female, 50-70 years)*

*“I understand that they’re trying to get the message through to people, but that’s really sort of pushing the point ‘don’t smoke at all.’ I think it’s people’s opinion whether they want to smoke or not.*

*I mean it’s good to show pictures but I think that’s gone way past it.” (Females, 25-34 years)*

- there was some evidence that some, notably younger smokers, may react with **defence mechanisms** by treating the images like swap cards;
- entrenched smokers were also more likely to **challenge the entire concept** of using graphic images;

*“I don’t think the shock tactics work. I think for a moment it’s like ‘Oh God that’s terrible’, but then life goes on. And these days we’re faced with so much horrific stuff in your normal everyday news, accidents and things like that. I just don’t think the shock tactics to make people to give up.” (Female, 35-49 years)*

- entrenched smokers were also more likely to challenge or **rationalise** the incidence of lesser known diseases and links to smoking (e.g. meningococcal, gangrene);

*“How extreme are these pictures though? Is everyone going to have that or maybe 1% or smokers are going to have that? It’s not a truthful, truthful picture is it? It doesn’t give you percentages. It doesn’t say this is one person out of 3000 that we looked at.” (Female, 35-49 years)*

*“When they say things like both active and passive smoking you are at greater risk of catching meningococcal, how do they know that? How many people with meningococcal are smokers?”*

*I think that’s a load of crap basically.” (Males, 25-34 years)*

- female smokers were likely to **avoid confronting the health issues** by saying that they will give up smoking later in life (e.g. when pregnant);

*“What we’ve gone through tonight will not make me stop smoking. I enjoy smoking and I’m going to walk outside and spark up, but if I ever fell pregnant or whatever, I know that I don’t plan on smoking until I’m older. I plan on probably stopping in the next 10 or 20 years, when I have kids.”* (Female, 18-24 years)

*“You don’t think about this stuff at our age. By the time I’m that old, they’ll have a cure for that.”* (Female, 15-17 years)

- some conceded that they are addicted to smoking and maintained that they are more likely to be influenced by the **expense of buying cigarettes** than by health warnings;

*“Talking about the cost could have more influence than negative messages.”* (Male, 50-70 years)

- others merely discussed the issue claiming they are still in good health and cited incidences of various similar diseases and illness in non-smokers to justify their decision to continue smoking.

*“I have terrific health. I’m the only one in our group who has not been to the doctor in the past 3 weeks and the others are all non smokers”* (Female, 50-70 years)

*“You also walk around in the world and see a hell of a lot of people that appear perfectly healthy and smoking cigarettes, you know...”* (Male, 25-34 years)

*“My dad is 60 years old and he’s been smoking since he was 10, and he’s fine. None of these have happened to him. It’s just that person’s bad luck I suppose, a whole combination of things, not just cigarettes. This just makes me angry. I don’t have any of those symptoms.”* (Female, 25-34 years)

## 7. Overall Shortcomings with Packs

While many of the graphic warnings were said to be **impactful and confronting** in both the diseases they mentioned and the way in which they were depicted, there were a number of **shortcomings** mentioned with the most frequently raised issues as follows:

- there was criticism of there **not being enough positive messages** or images to encourage smokers to quit or cut down (men in particular requested goal setting, information about anticipated progress or improvement in health after a period of non smoking, etc);
- some respondents assumed that familiarity would lessen the shock impact of graphics so the introduction of new graphics was expected to be **rotated** over a period of time;
- some warnings were considered obvious and had **less impact** (e.g. addiction, lung cancer, heart attack);
- too many warnings covering a large number of diseases/illnesses could possibly **lower credibility** of the claims overall;
- claims about diseases (e.g. meningococcal), which could not be readily linked to smoking were more likely to be **doubted and potentially reflect on the credibility** of all claims.

*“It would be better to give me information on how to cut back or more information about the relative strength of different brands.*

*Instead of bagging smokers all the time, give us statistics, say if you switch to Super Mild what happens or quote the success rate of quitting using various methods.*

*If you quit at any age do you fully recover? They should give us a hand instead of telling us what to do. Don’t just say ‘Quit.’ Tell us after two years are you as good as a non smoker?*

*It’s mainly negative messages, whereas overweight people get told positive messages about how to lose weight” (Males, 35-49 years)*

- some packs appeared cluttered, with too much copy which potentially discourages readership.

## 8. Side of Pack Information

There was a **mixed response** to the side of pack information but young people responded more positively to it.

**Positive** response focussed on:

- easy to read tone;
- encouraged some to want to find out more;
- appeal of lead into www.; and,
- the main message of '40 dangerous chemicals' was strong and impactful and represented the main "take out".

*"That is a good message, it tells you exactly what's going into your body and then it tells you how to quit and how to find out more.*

*And what it does to you – like gives you cancer, damages lung tissue.*

*Powerful words - cancer, harmful chemicals.*

*It is strong. It tells you exactly what's happening every time you smoke." (Males, 15-17 years)*

*"Well it makes you want to find out more information about it – so you go to the website." (Female, 25-34 years)*

*"It's good how it says '40 harmful chemicals'...when it says 40 that's a lot.*

*And they sound terrible – they sound like stuff you know... like cleaner or something." (Females, 18-24 years)*

*"I didn't know there was forty different chemicals. I didn't know the names. I didn't know there was that many and I didn't know the names of them. I know carbon monoxide and tar and stuff, but the others I didn't know." (Male, 15-17 years)*

*"It's effective because it says it's highly addictive –so the shock factor is there for that. It says it's hard for you to control – so because we're living in such a controlled age now, if we can't control it...we're such control freaks. That's a shock factor as well. And then it tells you at least 40 chemicals – that's a shock factor.*

*Then it puts couple of big names there so you get scared of them – nitrosamines and benzopyrines...” (Females, 35-49 years)*

**Negative** response focussed on:

- too much text and too small making it difficult to read (particularly for older people);
- too many messages to absorb;
- lack of understanding of chemical names and no explanation of their specific effects;
- a few people suggested that it would be better to explain one chemical only per pack and rotate packs – or alternatively, use this space to offer smokers encouragement to cut down;
- cynicism about the message being included to protect the government from legislation; and,
- wording provided some respondents with an excuse to reject (either, ‘will the diseases mentioned definitely affect all smokers and if not, why threaten us?’ or, ‘it only says ‘maybe’ so it won’t happen to me’).

*“The writing is too small to start with – no one reads it.*

*I couldn’t be bothered reading it. I don’t buy them to read the packet.” (Males, 15-17 years)*

*“That’s just a whole lot of writing – so you’ve got to take 30 seconds out to sit down and read that – and which smoker is going to do that?” (Male, 25-34 years)*

*“I don’t think putting the names on there is going to do much for your everyday person because who knows what nitrosamines or benzopyrines are.” (Male, 25-34 years)*

*“I am not going to take the pains to read it.*

*“Avoid litigation. Putting a warning on there.” (Males 25-34 years)*

*“I do actually look at the number of mgs because it is relevant to me because I’d like to see that I’m having one (that I want).” (Males, 50-70 years)*

Some did make mention of the absence of reference to the mg. content of chemicals as exemplified on the current pack. There was generally an unfavourable reaction to their omission. There was concern that they would not be able to identify their desired “strength”. The absence of mg. content led some to claim they would look for other identifiable characteristics of their particular strength (e.g. colour of pack).

## 9. Front of Pack Designs and Layout: Overall

Overall the response from study participants to the front of pack designs on the graphic packs was **very favourable in terms of a means of conveying health information**. Older smokers in particular felt that the graphic packs would be effective in discouraging young people from smoking.

*“But if they keep seeing these when they’re younger, it’s got to be built up in them, and they’ll be thinking I don’t want this stuff to happen to me.*

*They’ve got more chance now. When we started smoking you could smoke anywhere you liked. You could smoke in a restaurant, you could smoke anywhere you like. So it’s only going to assist the younger people, not taking it up.” (Males, 35-49 years)*

Smokers and non-smokers **showed surprise** at the graphic packs when they were first presented to them. No one was expecting to see visual images of diseased organs or other associated health information in such graphic detail. Some images were particularly confronting (e.g. PVD, mouth and throat cancer). No one commented on the size of the labels except in regard to legibility.

Even though the colours and general layout of the front of pack designs were generally effective, not all visuals were thought to be sufficiently defined or recognisable. The least recognisable (or identifiable with the warning label) visuals were:

- Blindness (children)
- Lung Cancer
- Quitting
- Emphysema
- Heart Attack
- Slow and Painful Death
- Protect Children
- Poisonous
- Addiction



**Other issues** raised concerning the front of pack designs included:

- some warnings were considered obvious and had less impact (e.g. “addiction”, “lung cancer”, “heart attack”);
- some were not particularly powerful or not evocative enough of the problem or health warning (“slow and painful death”, “smoking causes emphysema”, “protect children”, “addictive”, “poisonous”);
- some graphics or parts of graphics were hard to understand, not big enough to see clearly, or conceptually obscure (“unborn babies”, “lung cancer”, “blindness” – children, “heart attack”);
- some graphics seemed to waste space on the right side of the picture.
- ‘Quitline’ in the picture on the front was sometimes overlooked (either because its too small to attract attention, too difficult to read, or because other graphic elements distract or dominate);
- some older smokers had difficulty in reading red on black and the more clutter on the pack, the less inclined they were to attempt to read the information;
- those who had a family member or friend affected by the disease depicted, personalised the warning, and reacted more emotionally and with greater involvement.

Overall, the “text only” pack front panels were nowhere near as dramatic, effective, or eye catching as their graphic counterparts. While a few considered them easier to read, and more noticeable than the existing pack warning labels, they were not considered significantly different to the current design.

## 10. Back of Pack Layout and Design

Reaction to the rear panel on the graphic packs was **favourable** (other than the inclusion of a small graphic on some packs, the back panel of the graphic pack was the same as that for the “text only” alternatives).

The **key findings** regarding the back panel were as follows:

- **horizontal copy** was generally preferred to two columns for ease of reading;
- strong appeal of reference to **‘you can quit smoking’** and to help from GP, Pharmacist;
- the inclusion of a graphic (on the back panel) acts as a reminder of the disease and complements the information (particularly new info/diseases), although it was not always appropriate because the disease was well known, the front of pack image was strong enough, or the graphic cluttered the back panel making it difficult to read the explanatory message;
- there was some confusion about what actually happens when you call Quitline. (The TV commercial suggests a person at the other end of the line not a machine, this is more reassuring).

*“If you were really contemplating quitting, then that would be the kind of thing that would really help you out.”* (Male, 25-34 years)

*“I think you need a picture on the back, because it’s always in your face.”* (Male, 35-49 years)

*“It tells you what sort of diseases you can get and then how that effects you, and then it shows a picture of what it looks like and that will effect you even more because you just think ‘Ok that’s disgusting.’”* (Female, 15-17 years)

*“If they’ve a got a picture it’s going to have much more effect – ‘cos then they’re going to either have a look at the picture and then read or they’re going to read it and have a look at the picture and then see the effects. Well they’re going to do both. They’re just going to go like ‘Wow.’”* (Male, 15-17 years)

*“I don’t know if I could call a quitline. I’d just feel a bit strange calling a quitline, going ‘Yeah, I’m addicted to smoking.’”* (Female, 18-24 years)

## 11. Reaction to Specific Warning Labels

### 11.1 “Quitting Smoking will improve your health”

Overall the “**text only**” **version** was preferred to the graphic approach. The main reason for this preference centred on the perceived **less cluttered nature** of the “text only” pack and the difficulty many had in deciphering the visual. The right side of the picture was difficult for many to distinguish. While some perceived the visual as “just a man on the phone” others recognised the image as a scene from the Quitline TV commercial.

*“That guy could just be talking to his friends.” (Female, 15-17 years)*

*“Everyone has seen that commercial with the fellow with the phone up to his ear and he’s making a move to quit smoking. The more I look at it, the more I think ‘Maybe I should.’ Then it’s got the number there as well. It’s very, very positive. It’s saying something positive. You know with smoking there is help out there. That’s my opinion, it’s positive.” (Female, 25-34 years)*

*“With the words comes a strong message, the picture you see a guy on the phone – big deal.” (Male, 15-17 years)*

This approach did raise curiosity about Quitline, with the **back panel the most important feature** of this label warning for the following reasons:

- copy on the back is encouraging and contrasts with the perceived ‘negative’, ‘threatening’ tone and content of most other packs;
- encouraged by “at any age benefits your health”;
- health returning (wording torturous);
- appeal of Quitline, GP, Pharmacist, www.;
- difficult to read “red on black”.

*“Actually that’s good...it’s good to hear a positive side...that’s probably more of an incentive...everything else is doom and gloom, you’ll get this, you’ll get that; but if you do quit it can be repaired. That might have an impact on certain people who think that once you get to a certain stage you’re stuck with that.” (Males, 50-70 years)*

*“For me, it’s not dwelling on my mortality but what it is saying is that if I make a positive move in my life by getting rid of these I’ll reap some benefits, so for me it’s all win win.*

*It says cuts the risk instead of telling me - you know...*

*If you quit you might get some benefits out of it.” (Males, 25-34 years)*

*“That’s fantastic. To say all these cancers and heart attacks what it does bring on, that it can reduce after a couple of years back to someone that has never smoked that sounds good, like you can stop smoking.” (Female, 35-49 years)*

Some, notably older smokers, were **more cynical** about claimed improvements to health. Nonetheless, the **more positive nature and tone of the communication was appreciated** and it does represent hope for smokers who claim to find it hard to quit or to motivate themselves to consider quitting.

*“That’s stupid because they tell you it takes 10 years off your life every time you smoke one.*

*“It’s a positive message – it actually gives you something if you want to quit to actually look forward to. They’re actually bringing forward a positive message rather than something disgusting.*

*That would encourage me to quit – like try and set a goal and if you got a packet with that one it you’d think yeah this is my last one because you read that.” (Males, 15-17 years)*

*All the smokes that you’ve had up to that point have all taken years off your life anyway – so what’s the point?.” (Females, 25-34 years)*

## 11.2 “Protect children, don’t let them breathe your smoke”

The graphic pack version was preferred essentially because of the **strong focus on children**, although the visual was not considered as evocative as some felt it could be. It was not always obvious that the child was suffering and a few maintained the image was reminiscent of the depiction of an asthma sufferer. The shadow on the right of the visual was puzzling for many: it was not obvious that it was a person.

However, all study participants were aware of the health issue and the dangers of smoking around children, (although some older mothers were sceptical, claiming their children had not suffered because of their habit). All said they feel **a sense of responsibility not to harm innocent children**.

*“Anything to do with kids and I start to feel really guilty about smoking.” (Female, 25-34 years)*

*“My dad was a smoker and I hated breathing it in. It sort of speaks to me more because of personal experience.*

*I hated smoking when I was little too.” (Males, 15-17 years)*

*“I think most people that smoke are aware that’s it’s not good for children and that most responsible people aren’t going to be doing it around kids.*

*Yeah, I smoke outside.*

*It’s stirring my militant side more than anything, get of my back sort of thing, you know, as if I am going to be blowing smoke around kids.” (Males, 25-34 years)*

The explanatory message on the rear panel was confronting for some mothers who claimed they “don’t smoke near the kids”, and the perceived influence that they might, angered them.

Opinions were divided on the ease of reading the explanatory message. The “text only” version was said to be **easier to read** because of the horizontal layout. Most were appreciative of the positive call to action (i.e. Quitline, doctor, etc).

### 11.3 “Smoking causes Blindness” (Eye)

The graphic pack version was clearly preferred for this health warning. The eye graphic had a **hypnotic effect** in that it appeared to be “watching you”. The graphic was strong on both the front and rear panel and was less confusing than the graphic that appeared for the other eye disease (macular degeneration).

*“I think it’s real dirty as well because it’s like looking at you.” (Male, 15-17 years)*

*“The eye stands out. You can really see what it is and it’s like sort of scary thinking you know – I know they say all these things but when you see that, like that size, and you can clearly see what it is like it does scare me.” (Female, 35-49 years)*

The health warning regarding cataract blindness from smoking was new information for some in the study, although some were sceptical of the link with smoking, believing cataracts were associated with the ageing process and genetic disposition. Some suggested that a “before and after” example may better explain the link.

*“I’ve never actually heard in my whole life of someone getting cataracts from smoking. I know lots and lots of people who have cataract surgery because of old age, so to me it just doesn’t - I’m sure it does, but to me the odds that someone who is blind was caused from smoking...if you know what I mean. The photo there with cataracts to me is more an old age thing not a smoking thing. I’d be interested to know how many people actually get cataracts from smoking.”* (Female, 35-49 years)

The explanatory message was felt to be **simple and straight forward** and **strengthened the meaning and impact of the message**.

*“Again the picture reinforces the message, words are simple, straight to the point, you’ve got the result.”* (Male, 50-70 years)

## 11.4 “Smoking causes Blindness (Children)

This warning label received a fairly even preference for both the graphic and text only versions. It was one of the **least effective graphics** as many spent considerable time trying to work out the meaning of the visual. There was considerable confusion as to whether the children or adults were blind. However, despite the strong initial confusion, when the visual concept was explained (or understood), appeal for the concept increased.

*“When I saw the picture I had to go ‘What is it doing?’ It’s one of the only packets I had to look at the picture and go ‘Oh ok’ There’s the picture of them and then again and it’s blurred. I didn’t get it straight away. I thought it was a bit dumb.”* (Female, 18-24 years)

*“I couldn’t work it out. I don’t see what bearing smoking has on blindness...causing blindness in kids is that from the mother being pregnant!”*

*You keep looking at it, trying to figure out what it means.”* (Males, 50-70 years)

*“It just looks like happy kids, and I don’t know why there’s a bit black dot there.”* (Male, 15-17 years)

*“That pulls at the heart-strings because you miss your kids. You can only see half the world.”* (Female, 25-34 years)

Some were unsure as to what was intended on the right side of the picture. There appeared to be too much copy/clutter on the right. The Quitline stamp ‘red on white’ was easier to read than ‘red on black’.

The explanatory message did facilitate understanding of the visual image and the use of a visual with the explanatory message on the rear of the pack was effective.

*“‘Irreversible’ is a little bit scarier than just ‘damage’. To think you are never going to get it back that’s the more worrying part of it.” (Female, 25-39 years)*

## 11.5 “Smoking clogs your Arteries”

There was a strong preference for the graphic pack version of this health warning. For some the graphic was familiar and recognised as the clogged artery featured in the TV campaign.

*“I’ve seen that picture on the ad and that makes it even better because I’ve seen it for longer and seen it before and it’s just continual recognition – to be actually on the packet.” (Female, 18-24 years)*

The graphic was **impactful and eye catching**, as it “stands out” in the black background, and described as “gruesome” or “graphic”. The visualisation of the clogging was not only dramatic but also personalises the message, and although a few thought it looked like cholesterol, it was hard to challenge.

*“It stands out a lot. The black background and the pink organ sort of thing. Or artery. And mucus or something coming out of it.” (Male, 15-17 years)*

The explanatory message was **straight forward and understood**. It was felt to be “hard hitting” and confronting. A view particularly expressed by older female smokers. The response to impotence was alarming and new information for young men in the study.

*“That’s a good one. It just states the facts: ‘Smoking narrows the arteries causing them to clog and can lead to heart attack, strokes, disease, gangrene...’ You know people who have had strokes.*

*That’s true. I think I will cut down a bit.” (Females, 35-49 years)*

## 11.6 “Smoking harms Unborn Babies”

The graphic pack was preferred. It effectively conveyed the vulnerability and innocence of babies and males were just as moved as females by the visual.

*“The baby is just laying there and can’t do anything about it.”*  
(Male, 15-17 years)

*“I looked at the fact that maybe if it was born prematurely, it’s not fair on the child because the baby hasn’t asked to be smoking.”* (Female, 25-34 years)

*“The baby - you can see it and it’s small and it’s got tubes sticking out and you would never want to do that to a child. That’s a powerful picture that one.”* (Female, 35-49 years)

A few smokers were threatened by the image and argued that many new born babies can have complications and look like the baby depicted in the visual. There was a particularly defensive response from some mothers who had smoked through their pregnancies.

*“Having that baby there, that can happen with smoking or not smoking. There’s a lot of reasons why babies can be born that way and I wouldn’t want to see a picture of a baby on a cigarette packet so the writing would mean more to me than the picture.”*  
(Female, 25-34 years)

The explanatory message was considered interesting and represented new information (i.e. reference to smaller brain) for some young males and females in the study.

*“I think the first sentence was really new. I’ve never really known in what way that it affects the baby and how it reduces the flow of blood and limits the oxygen and nutrients. See I never knew that.”* (Female, 25-34 years)

## 11.7 “Smoking can cause a Slow and Painful Death”

The “text only” pack was preferred as **no study participant was convinced by the visual** that the woman portrayed was experiencing a slow and painful death. She may be sick but was not directly linked to smoking.

*“Lying a hospital bed, it’s pretty horrible but you can’t capture it in one photo what’s it like to have a slow and painful death. They’re almost subjective terms. You can’t capture them really in a photo. You have to be suffering more. Can you really say that photo shows a slow and painful death?”* (Female, 35-49 years)

The explanatory message was confronting for long term smokers in the study, with the copy line “the younger you start smoking the more you smoke” deterring for younger study participants.



The explanatory message together with the smaller version of the visual (on the back of the pack) was too small and too busy and may provide an excuse not to read.

## 11.8 “Smoking causes Peripheral Vascular Disease”

There was a very strong preference for the graphic pack version of this health warning. The graphic was one of the “**most shocking**” and **most confronting**.

The term (“peripheral vascular disease”) was unfamiliar to most study participants but the visual image helped convey meaning to the condition. The disease was not as easily understood in the “text only” version of this health warning.

*“It looks disgusting - like he is missing a toe. The picture tells you what it is. It looks like it is rotting. Disgusting.”* (Male, 15-17 years)

*“I chose the photo on that one because a lot of people haven’t heard of peripheral vascular disease and they’d say ‘What’s that?’ whereas the photo really captures the disease.”* (Female, 35-49 years)

*“The picture has got to grab you because I don’t think half the people would know what peripheral vascular disease is until you see the picture, then people go ‘Oh that’s what it is.’”* (Male, 35-49 years)

The graphic and the explanatory copy provided **new information** for younger participants who did not know that gangrene can be associated with smoking. It was meaningful for older smokers who associated PVD with poor circulation.

The visual on the back panel of the pack acts as **a reminder and complements the explanatory message**. Overall the copy was strong and clearly understood. The ‘red on white’ Quitline stamp was easy to read.

Smokers showed concern at the possible effect of PVD on the hands. Reference to PVD on the hands may increase credibility of the smoking/PVD link as the hands are more strongly associated with smoking and represent a more noticeable body feature.

*“I think a hand would be more of an impact to me*

*That’s how you hold your cigarette isn’t it?”*

*Your hand every time you pick up a cigarette this is what it's doing to your hand. I think a hand would be more appropriate.*" (Females, 25-34 years)

*"The foot one is really disturbing, but it would be worse if it was on your hands, not your feet. You use your hands for everything, you wouldn't be able to hide it."* (Male, 15-17 years)

## 11.9 "Smoking causes Mouth and Throat Cancer" (Teeth)

The graphic pack was clearly preferred over the "text only" version. It was a very confronting graphic: **dramatic, impactful, emotive.**

*"Your husband's not going to want to kiss you if you've got teeth like that.*

*You wouldn't get a job because of your appearance.*

*You'd be an outcast."* (Female, 15-17 years)

*"I could not imagine kissing a girl with teeth like that. You'd have to put a paper bag over her head."* (Male, 15-17 years)

Some reacted angrily to it. For some, notably hardened smokers, the effects were too exaggerated leading to disbelief and some associated the graphic with yellowing of the teeth from smoking, which may detract from the cancer message.

*"I've never seen anything before like that.*

*Pretty shocked.*

*But that could be one in a million that person."* (Males 25-34 years)

*"I've never seen anyone like that and I've known people who smoke who are really old. I've never seen their teeth like that and I think 'Well the odds of someone getting it like that is...' You've probably got more chance of getting hit by a bus. I just don't think it's a realistic photo."* (Female, 35-49 years)

*"It's someone who never brushed their teeth and smoked much more than me"* (Female, 15-17 years)

The explanatory message contained new information and it **highlighted the severity of this form of cancer.** The copy was very impactful and disturbing particularly reference to "problems in eating and swallowing, speech problems and permanent disfigurement".

*“And it’s got here ‘Problems with eating and swallowing’ That’s a daily thing that you do, and it’s more effective in that it’s affecting your life daily.” (Female, 18-24 years)*

*“That’s something that makes me think – if you’re talking about extensive surgery and dental problems, everybody is a little bit sensitive about their smile...” (Male, 25-34 years)*

The Quit message was especially important in this label and the ‘red on white’ easy to read; however, the visual on the rear panel may not be required, as it does not add anything to the communication.

### 11.10 “Smoking causes Mouth and Throat Cancer” (Lips)

The visual used on this graphic pack design was the most preferred overall. It was invariably considered **dramatic and confronting**. For many, this visual of mouth and throat cancer was a more believable depiction than that used for the “teeth” version of this warning.

The facial disfigurement was of considerable concern particularly for young people. A similar positive reaction (to 11.9) was given to the explanatory message.

*“I didn’t go the picture because it grossed me out. I wouldn’t want to open up a pack of smokes and see that on it every day.*

*If my smokes came in that packet I’d have to take them out and buy one of those plastic containers because I just couldn’t look at that.” (Females, 25-34 years)*

*“It’s real. You’re sort of seeing people with lips sort of like that in shows like RPA – it’s realistic to me.*

*That one there (9) looks like rotting teeth on that other pack and it’s not the picture for me, but on this pack it looks like they have got cancer of the mouth.” (Females, 35-49 years)*

*“You don’t want to be seen like that.*

*It makes people think.*

*You don’t want to look like that because it makes you look even worse than you actually are.*

*You wouldn’t want to be seen in public.” (Females, 15-17 years)*

## 11.11 “Smoking causes Lung Cancer”

The graphic design was the preferred design and the message relating to lung cancer was familiar to smokers and the visual image was associated with the TV commercial.

However, despite some recognition of the visual image some had difficulty in identifying the image as that of a lung. It was unfamiliar although considered an unattractive image.

There was a mixed response to the use of the graphic on the back of the pack:

- some thought it was unlikely to aid communication because of the difficulty in identifying the image;

*“I had no idea what that looked like, I’ve never seen the inside of a lung like that. It doesn’t click with me. If you put that picture up and didn’t tell me what it was, I’d...take it back a bit, it might even look like an ear.”* (Male, 25-34 years)

*“I thought it looked really gross.*

*I didn’t really want to know what it really is.*

*You can sort of tell what it is. It doesn’t look healthy.*

*With the words, you associate straight away with what part of the body it is, and it shouldn’t look like that. Definitely.”* (Females, 15-17 years)

- for others, the close up of the tumour was more impactful than the graphic on the front of the pack and strengthened the message.

The explanatory message itself was confronting, with the use of the “9/10” statistic and the assertion that “most people who get lung cancer die from it”, a very strong message, and one which many felt it was difficult to argue against. Again, the strong association already established between smoking and lung cancer is of particular importance in this regard.

*“They’re actually like shocking sort of statements. I mean 9 out of 10 people with cancer is caused by smoking and most of those people die. Like that’s pretty straight to the point. It’s sort of emotional. You think oh death.”* (Female, 25-34 years)

*“9 out of 10 people with lung cancer, get it from smoking’. That’s really bad, terrible. They’re powerful words.” (Male, 15-17 years)*

## 11.12 “Smoking Doubles Your Risk of Stroke”

There was a very strong preference for the graphic pack as an effective means of conveying this health warning. For some the visual of the burst blood vessel in the brain was a familiar image from the TV commercial, even though some referred to it as a sheep’s brain. While it was essentially a strong image some felt that an image depicting the result of stroke would be more effective.

The explanatory message on the back of the pack was confronting and a strong reminder of the consequences of a stroke; notably, paralysis and disability, both of which were feared by young people in the study.

The explanatory copy relates to external effects of a stroke, an alternative visual depicting some of these effects (e.g. paralysis) could also be a consideration.

The proposed “brain” graphic for the rear of the pack did not enhance the message and may not be needed, given widespread familiarity with the condition. The horizontal format for the explanatory message as depicted on the “text only” pack was easier for study participants to read.

*“It’s actually showing a bit of blood on a brain and you probably wouldn’t really associate the implications of a stroke with that. Seeing someone sitting in a wheelchair hanging to one side with a tube out their nose to me that’s really...because that’s the long term effect of a stroke...” (Female, 35-49 years)*

*“It makes it more factual when they bring in paralysis and an inability to speak and the possibility of death and you don’t associate that with a brain, like I wouldn’t think about those things just from looking at a brain. I think if they’re being more medical then the brain picture is appropriate, but if they’re talking about permanent paralysis and an inability to speak, then I think the picture of a half cut brain is not really...well I think there could be better pictures to convey that.” (Female, 18-24 years)*

*“The brain doesn’t really resemble a stroke to me. I more think of someone falling over. The picture and message just don’t go together.” (Male, 15-17 years)*

### 11.13 “Smoking Increases the Risk of Meningococcal Disease”

There was a very strong preference for the graphic version of this health warning and the visual of the baby with meningococcal symptoms was very strong and dramatic. In fact, mention of meningococcal **raised fear** among many (especially young smokers).

*“That got me, it’s a scary disease. It kills you in a day” (Female, 15-17 years)*

*“It’s gross and shocking.*

*It’s something you don’t want to think about – and it would make me not have a cigarette.*

*You don’t want it to happen to you.*

*If you look at it a lot you’d just be like ‘Errr.’*

*If I looked at it every time I opened my pack I’d just be like chuck it in the bin.” (Females, 18-24 years)*

There was **no awareness of a link between smoking and meningococcal disease**. Some saw this link as a “long bow” and as a result it could potentially **affect the credibility** of the claim. Others were openly critical of the claim, maintaining it was opportunistic and “cashing in” on recent media publicity about this disease.

*“When they say things like both active and passive smoking you are at greater risk of catching meningococcal, how do they know that? How many people with meningococcal are smokers?”*

*I have never heard of any one with meningococcal.” (Males, 25-34 years)*

*“It’s something you don’t think about with smoking – you don’t really relate it to meningococcal.” (Female, 18-24 years)*

*“To me - meningococcal is really clutching at straws. We’re that desperate to get an effect that we’re now saying that it causes meningococcal or increases the risk? By how much? Like what are the statistics?” (Female, 35-49 years)*

*“That is just shameful, they should not put that on a packet, it would frighten people.*

*They should not target children like that. It has not been proven. They are grasping at straws.” (Females, 50-70 years)*

*“I think of meningococcal as a recent media extravaganza – whereas lung cancer we’ve all heard about since we were born.”*  
(Female, 18-24 years)

*“But they link smoking with everything.”* (Males, 50-70 years)

Some female smokers were sceptical of the claim, mothers were defensive and males assumed the incidence of meningococcal disease from smoking to be rare.

Scepticism about the link between meningococcal and smoking **adversely affected credibility of all labels**. While it is acknowledged that the potential effect of meningococcal is “news” and its credibility as a potential effect would be bolstered with accompanying PR and support information, the negative response demonstrates that it would be better to introduce “new diseases” gradually (and with support), rather than appear “cold” on the pack. It should also be noted that introducing too many “diseases” at any one time, is likely to result in disbelief.

However, despite some unfavourable response to this health warning, young smokers were receptive to and interested in the **explanatory message and reference to damage to the immune system**. In this context, smokers were more accepting that meningococcal disease is **one example of the potential consequences of having a weak immune system**.

Many smokers also felt that the explanatory message effectively conveyed the dangers of passive smoking and this was a more salient message than the risk of meningococcal disease (with meningococcal one example of the potential health consequences of having a weakened immune system). Once again, the horizontal copy format was easier for most study participants to read.

*“You’re harming your health more overall – and increasing your risk for everything. Just because everyone thinks lung cancer straight away, but you wouldn’t consider normally meningococcal, so it’s just like making you aware.”* (Female, 18-24 years)

## 11.14 “Smoking is Addictive”

There was virtually equal preference for both the “text only” and graphic pack versions of this health warning. However, some considered the graphic “weak” and **not a strong image for addiction**.

For some the dirty ashtray visual conveyed the message that smoking is a dirty habit and bad for the environment. Some did identify with this message and agreed that it is a “dirty and disgusting” habit.

*“It just tells me it’s a full ash-tray. It doesn’t tell me it’s addictive.”* (Female, 25-34 years)

*“It’s just commonsense...You know it’s addictive, you know it’s just so addictive...I mean, it’s obviously addictive.”* (Female, 35-49 years)

*“It’s a joke. We know it’s addictive, we’re addicted to them.”* (Male, 25-34 years)

The “smoking is addictive” message was considered to be very familiar, with many claiming they were addicted and some maintaining they were not and could stop smoking at any time.

The explanatory message for this warning was **well received and the positive tone** of the copy was welcomed, in particular the message that “even long time smokers can quit”. The mention that people don’t realise they are dependent on tobacco until they try and quit rang true for many in the study.

### 11.15 “Smoking is a Leading Cause of Death”

More people in the study stated a preference for the graphic approach than the “text only” version of this claim. The information was considered to be **“new”, surprising, interesting, and factual in nature.**

*“It’s reality: they’re the figures, statistics, facts to a certain extent. I like that one. ‘Smoking is a leading cause of death’ It’s like ‘Oh yeah how many causes of death are there?’ There are heaps of them and you don’t really think of it. (Tobacco) is so far ahead. I mean that speaks to you more... saying how many there are and how far ahead it is of other things like alcohol and that. It speaks to you more than just a generalised statement.”* (Female, 35-49 years)

*‘It’s a clear message and not ambiguous but a bit surprising’* (Male, 35-49 years)

*“It looks interesting. It has like murders and motor vehicle accidents and suicides and all that on it – you would end up reading it.”* (Male, 15-17 years)



However, the chart did confuse some who did not immediately see the reference to “Tobacco” at the bottom of the chart. The **red coloured type was difficult to read and identify**, and did not enhance the communication. Some suggested positioning the tobacco figure at the top of the bar chart.

The explanatory copy at the back of the pack confirmed and clarified the label warning. Reference to the source was an important inclusion giving credibility to the claim (even though “AIHW” was unknown)

Those most likely to dispute the claim were hardened smokers and often older smokers and although some young males did not know the meaning of the word “illicit”, young people in general reacted well to the “new information” about “more years with disabling health problems”.

### 11.16 “Smoking Increases Your Risk of Heart Attack”

Overall there was a preference for the graphic pack but even so, there was a mixed response to the graphic; for example:

- some thought the graphic was not detailed enough to convey heart by-pass; but,
- those who could discern what the graphic was, especially younger smokers, found the visual confronting.

Nonetheless, for many the visual was **small, cluttered and difficult to see**. As well, some felt it was “all too familiar”, reminiscent of any operation. As a result it was not as impactful as it could be.

Most accepted the explanatory message although some female smokers were in denial. However, the visual on the back of the pack **did not enhance** the overall communication. The copy (without visual) was more effective.

*“I can’t see the picture. I mean, I can see that there’s hands there but I can’t really – like if it was right up in your face, like the whole pack was covered, I would say the picture definitely but I can’t see what that is really by looking at it.”* (Female, 35-49 years)

*“There’s too much going on. Too much jammed into that little space.”* (Male, 25-34 years)

## 11.17 “Smoking causes Emphysema”

The graphic pack was preferred especially by male smokers, but many felt it was **not a strong enough visual to adequately depict the severity of emphysema**. While reference to the age of the victim was impactful it was **difficult to read**.

*“You look at it and you go, ‘well maybe it’s just an older person who’s sick not because of smoking’.”* (Female, 18-24 years)

*“It just doesn’t look real. Like I’ve actually seen people with emphysema and she doesn’t look like she’s got emphysema. It doesn’t seem real to me.*

*If I was to pick up a packet I’d notice the writing more than I would notice the picture.”* (Females, 25-34 years)

This warning conveyed “new” information to young smokers, some of whom were unaware of the significance of the respirator. The explanatory information was helpful to young smokers who showed greatest unawareness of and ignorance about emphysema.

The explanatory message was easier to read in the version without the graphic.

*“That’s better – because they’ve got points of view sufferers describe as a living breathing hell’ and you trust that more because they’ve got it and they describe it as that.”* (Male, 15-17 years)

*“It says ‘Nearly all emphysema is caused by tobacco smoking.’ That’s pretty hard-hitting. It’s a big statement and it makes you take note.”* (Male, 25-34 years)

## 11.18 “Tobacco Smoke is Poisonous”

There was **not** a strong preference for either pack option and many felt the visual image was not strong enough. Although, the poison symbol conveyed the notion of danger. (Some felt the symbol should be much larger).

For some in the study the visual was reminiscent of TV commercials, both the National Campaign and the Queensland “blender” commercial.

In general, the horizontal format for the explanatory information was easier to read than the two column approach, but many were critical of the amount of information in the message. This lessened the chance of it being read at all.

Young people responded well to the explanatory information, particularly the reference to many chemicals. Comments made suggested that reference to the side of pack information was **unlikely to be followed up**.

*“I agree with you about the poison symbol. If that bit had a poison symbol on it, I would not touch it. You know because you see on these things about cigarettes, but there’s something in you that doesn’t quite believe it. Whereas if there was a poisonous symbol – you’d have to be crazy.*

*I think if the symbol was bigger and more yellow – it would stand out – with a black background.”* (Females, 18-24 years)

*“If the poison symbol was a lot more prominent the picture would be a lot more effective. But it’s not very prominent and it’s half covered by a person’s hand.”* (Male, 25-34 years)

## 12. Reaction to Attribution Statements

Three examples of attribution statements were presented to study participants: Government Health Warning, Health Authority Warning, and Commonwealth Government Warning. The order of presentation of the statements was rotated.

The **key findings** are as follows:

- there was no specific response to the possibility of having no attribution statement, but it did appear that participants felt more comfortable in knowing that there was support or endorsement from a health body;
- smokers were familiar with “Government Health Warning” and it held some appeal because of this;
- but, mention of ‘government’ reminds smokers that government collects tax revenue from cigarettes (and causes smokers to challenge the sincerity of the government in issuing a health warning when government benefits from tobacco industry taxes);
- “Health Authority Warning” was the most preferred.
- it was acknowledged that ‘authority’ could relate to concerned medical/scientific experts;
- some respondents speculated about citing the ‘Health Department’ as an alternative, but were concerned about the relationship between the health department and government anyway (‘one and the same’);
- “Commonwealth Government Warning” was the least acceptable. It is too long, contains the negative element of ‘government’ and no positive of ‘health’.

*“The Government everyone hates. We all think they’re all crooks but with the Health Authority it’s more – I prefer to have Health on it to be quite honest. Government no.”* (Female, 25-34 years)

*“Health people should know about health than Government.”* (Female, 50-70 years)

*“It’s not the government doing this. They make enough money.”* (Male, 25-34 years)

*“The Government has double standards about the tax on cigarettes and that is the reason they will not say the effects of cutting back. It would affect their revenue.” (Male, 35-49 years)*

*“For me personally putting the word ‘Government’ on stop smoking is just a complete contradiction.” (Female, 35-49 years).*

*“If it’s the government it’s like it’s there because the government is telling them it has to be there. Health Authority Warning sounds like doctor’s are saying ‘This is what...’ It sounds more from a medical point of view.” (Male, 25-34 years)*

## 13. Appendix

- Table
- Discussion Guide
- Labels

**Proportion of people choosing Graphic pack or Text Only pack as best pack to convey health effects**

Health Warning	Graphic			Text Only		
	Male % (n=40)	Female % (n=45)	Total % (n=85)	Male % (n=40)	Female % (n=45)	Total % (n=85)
Mouth and throat cancer (lips)	90	91	90	10	9	10
Peripheral vascular disease	90	82	86	10	18	14
Meningococcal disease	88	82	85	13	18	15
Mouth and throat cancer (teeth)	88	80	84	13	20	16
Clogs your arteries	85	76	80	15	24	20
Unborn babies	78	82	80	23	18	20
Blindness (eye)	83	69	75	18	31	25
Stroke	75	73	74	25	27	26
Protect children	68	73	71	33	27	29
Leading cause of death	63	69	66	38	31	34
Heart attack	68	60	64	33	40	36
Emphysema	68	53	60	33	47	40
Poisonous	53	60	56	48	40	44
Lung cancer	63	51	56	38	49	44
Addictive	55	47	51	45	53	49
Blindness (children)	50	51	51	50	49	49
Slow and painful death	38	47	42	63	53	58
Quitting	30	31	31	70	69	69

*Q. “I am going to show you some cigarette packs. Most have health warning labels that refer to a potential health effect from smoking or to other related health information. For each health warning there will be a pack with a picture and a pack without a picture.*

*As I show you each pair of packs, please choose the pack which you think best conveys the health effect or health information to you. Put a tick in the ( ) under the heading to indicate which of the two packs best conveys that particular health effect or health information to you.”*

## **Discussion Guide: Tobacco Labelling (Job 1175)**

The approach taken will be very much participant directed, so while a number of aspects to do with the research aims will be probed (where relevant), if not raised spontaneously, every attempt will be made to encourage the group participants to express the issues that they feel are important in regard to the pack material.

### **1 Hand out Self Completion Questionnaire on Graphic versus Text only**

“Here is a questionnaire I’d like you to fill out before we discuss today’s topic”

### **2 Introduce packs 2 at a time (Graphic and Text only). ROTATE ORDER.**

Complete questionnaire for all packs before discussion. (Go back to each pair of packs and gain comparative reaction. Section 4 may also be covered at this time).

### **3 Gauge reactions to the proposed graphics and text only options for the new health warnings in terms of:**

- Generate initial reactions and comparison of graphics versus text only.
- Perceived positives and shortcomings of both.
- Reaction to strength, length, tone, content of warning of both.
- What kind of response is generated? (Range of behaviours)
- Overall comprehension – are they easy to understand, is the information readable? Any comprehension difficulties?
- Information – are they interesting and informative? Helpful? Why/why not?
- Are participants able to personalise/internalise warnings?
- Do the labels raise the salience of health concerns?
- Do the labels convey the potential health effects of smoking?
- Which graphics/text are most likely to trigger a response to cut down/quit smoking? Why?
- Reaction to positive/negative message approach (e.g. positive could relate to feeling better by not smoking).
- Does the graphic approach more effectively convey information about the health effects of smoking compared with text only approach? If so, why? If not, why not?



#### **4 Then explore responses to the graphics specifically:**

- What is consumer reaction to the use of graphics?
- Are the graphics realistic? Do they add to the believability of the message?
- Do the packs convey health information?
- How do you feel about the colours used in the warnings – is it easy to read, is it clear? (front, side, back).
- Emotional impact of graphics. Explore: negatives and positives.
- Examine the content of images: e.g. shocking v. non-shocking, attractive v. unattractive.
- Are the packs too attractive?
- Do the graphics support the written messages? Why? Why not?
- Noticeability – Which graphics are most noticeable? Least noticeable? Why?
- Memorability – Most memorable and least memorable? Why?
- Persuasiveness – are they likely to be influential upon behaviour, in particular to increase and reinforce awareness of the negative health effects of smoking, to quit smoking or to stay quit? Most persuasive? Least persuasive? Why? Why not?
- What behaviours do the graphics elicit e.g.: buying stickers to cover them, choosing another pack, discussing graphics with others, removing all cigarettes from the pack and discarding the pack; switching to a light mild cigarette?
- Are there any suggested improvements?

#### **5 Side of Pack information**

Please read the information on the side of the pack (indicate).

- What are your thoughts on what is said there?
- What is it trying to tell you? What does it mean?
- This information is different to what is currently on the side of cigarette packs – what do you think of this change? Will it have any influence on how you choose cigarettes now? If so, in what way?
- Is it easy to read?
- What could be done to improve the side of pack? (if anything)
- Perceived benefits and shortcomings.

- Is the information useful/meaningful in conveying information on chemicals in tobacco smoke and their potential health effects?

**6 Introduce Explanatory Messages (Rotate) (Examine at least 8/9 images in each group – rotate for each group)**

*Gauge reactions to the explanatory messages in terms of:*

- Examine initial reactions
- Reaction to strength, length, tone, content of explanation
- What kind of response is generated? (Range of behaviours)
- Overall comprehension – are they easy to understand, is the information reliable? Any comprehension difficulties?
- Believability – Are they truthful, personally relevant? Explore
- Information – are they interesting and informative? Helpful? Why/why not?
- How likely are they to read the explanatory messages? Is it curiosity? Information seeking?
- Which elements in the explanatory messages are likely to trigger most concern and/or to trigger a desired behavioural outcome?

**7 Show 3 Attribution Statements (Rotate). Discuss:**

- Government Health Warning
- Health Authority Warning
- Commonwealth Government Warning
- Which one is most likely to lend credibility to the health warning information?
- Would the label warning benefit from exclusion of the government attribution?
- Which statement generates the most impact?