

Research Report:

**Evaluation of the Health Warnings
And Explanatory Health Messages
On Tobacco Products**

Prepared for:

**Tobacco and Alcohol Strategies Section
Department of Health and Aged Care**

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1. Introduction

1.1 Background

The following document details the results of a research project conducted by Elliott & Shanahan (E&S) Research and designed to evaluate the six health warnings and six corresponding explanatory health messages included on tobacco product packaging in Australia under the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations.

The research brief provided the following background information:

“Tobacco is a major health issue of global proportions. It is the single largest preventable cause of premature death and disease in Australia. Many of the diseases associated with smoking are chronic and disabling, placing a large burden on the community. Active smoking alone caused 141,261 hospital separations during 1994-1995.¹ Overall in Australia, cigarette smoking was the cause of 15.3% of all deaths and 3.4% of hospital episodes in 1992.² In addition, it has been estimated that in 1992 smoking caused 88,266 person years of life to be lost before the age of 70 years, at an average of 4.7 years lost per death.³

In 1998, 22.4% of all Australians aged 14 years or over (24.6% of males and 20.2% of females) were smoking on a regular basis (at least daily).⁴ The prevalence of smoking is significantly higher among adults from socio-economically disadvantaged groups, indigenous Australians and some ethnic communities”.

In regard to the health warnings on tobacco products sold in Australia the brief further pointed out:

¹ Williams P 1997. *Progress of the National Drug Strategy: key national indicators*, Commonwealth Department of Health and Family Services: Canberra, pp22-23.

² English DR, Holman CJD, Milne E, Winter MG, Hulse GK, Codde JP, Bower CI, Corti D, de Klerk N, Knuiman MW, Kurinczuk JJ, Lewin GF & Ryan GA 1995. *The Quantification of Drug Caused Morbidity and Mortality in Australia* 1995 Edition, Commonwealth Department of Human Services and Health: Canberra, p 486.

³ Ibid p b. (1,2,3 cited in Ministerial Council of Drug Strategy 1999. *Background Paper: A companion document to the National Tobacco Strategy 1999 to 2002-03*, MCDS: Canberra, p 1).

⁴ Australian Institute of Health and Welfare 1999. *1998 National Drug Strategy Household Survey: First Results*. AIHW cat. No, PHE 15. AIHW (Drug Statistics Series): Canberra, p 12.

“The Australian health warnings are governed by a tight legislative framework. The Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations were introduced on 29 March 1994. These regulations required that all cigarette, loose tobacco and cigar packaging manufactured from 1 January 1995 was to carry one of six specified health warnings along with the corresponding explanatory message for the warnings as well as 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”

The six warnings are:

- Smoking Causes Lung Cancer
- Smoking is Addictive
- Smoking Kills
- Smoking Causes Heart Disease
- Smoking When Pregnant Harms Your Baby
- Your Smoking Can Harm Others

The National Tobacco Strategy 1999 to 2002-03, which was endorsed by the Ministerial Council on Drug Strategy (MCDS) in June 1999, recognises that future successful action in tobacco control hinges upon national action under the Strategy. While policy responsibility for the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations rests with the Consumer Affairs Division of the Department of Treasury, the Department of Health and Aged Care has an essential partnership role with Treasury in maintaining the effectiveness of the tobacco labelling system.

The health warning labels are an important component for communication to the general public of information about the health risks of smoking and they form part of a comprehensive smoking control program.

1.2 Research Objectives

The broad aim of this research project was to **assess the effectiveness and impact of the tobacco health warnings on consumers over time**, to **evaluate the impact** of the content of the warnings, and of the corresponding explanatory messages, and the size, colour, and location of the warnings.

In more specific terms, the study determined:

- *“attitudes towards the presence of health warnings on tobacco packages;*
- *the public’s recall of the six current health warnings;*
- *the public’s awareness of the content of the six current health warnings;*
- *the public’s awareness of the content of the six corresponding explanatory messages for tobacco products;*
- *the attitudes and beliefs of people regarding the information that appears on the health warning labels; for example:*
 - *believability and credibility of the warnings*
 - *believability that the harmful consequences of smoking could/will happen to them*
- *the public approval/opinion with regards to the six health warnings and the six corresponding explanatory messages for tobacco products;*
- *intentions regarding future smoking behaviour;*
- *the effect, if any, of the six health warnings on current and/or previous attempts to quit smoking and/or reduce consumption levels; and*
- *recommendations for change”.*

While the above listed areas formed the focus of the research enquiry, the approach adopted was **target group** directed. As such, the study endeavoured to give all participants every opportunity to raise the issues they deemed to be important in regard to tobacco use and the health warnings on tobacco products.

1.3 Research Method

1.3.1 Overall Research Structure

The methodology employed for this study consisted of two research phases, with both phases compatible and designed to provide a comprehensive evaluation of the health warnings on tobacco products.

Both phases of the research when combined, examined in-depth and measured **attitudes, perceptions, impressions and experiences** of the tobacco labels. In this regard the study focused on:

- **Establishing and diagnosing** the key variables that underpin attitudes and perceptions of the labels;
- **Determining** the role and link between these factors;

- **Ascertaining** the relative importance of the factors to determining eventual ‘smoking’ behaviour and attitudes to smoking;
- **Uncovering** the similarities and dissimilarities in behaviour, perceptions and attitudes that exist between different sections of the Australian community and of the target groups concerned;
- **Providing** an update on current attitudes, perceptions and behaviours to the issue of labelling;
- **Measuring and comparing** results in 2000 with those obtained in the baseline study of 1996;
- **Identifying** any barriers that can affect future communication on tobacco packs; and
- **Examining** possible channels for future improvement of health communication on tobacco packs.

Phase 1: This phase included a **brief recap of recent literature** in this topic area. E&S Research have a considerable amount of literature on health warning labels and this, together with other recent relevant international and Australian material was reviewed. This acted as a starting point for the study.

However, this phase of research primarily involved **qualitative, exploratory research** to establish and examine the prevailing attitudes, perceptions, understanding and behaviours among the target groups of smokers and ex-smokers towards the tobacco health warning labels. This phase allowed us to qualitatively assess changes that have occurred since 1996, and at the same time, provide detailed information to help in the assessment of the findings to emerge from the Phase 2 quantitative survey. Phase 1 consisted of a series of group discussions and individual interviews with consumers. It focused on answering the ‘how’ and ‘why’ of responses to the issue. It was supplemented with interviews with experts/stakeholders in the anti tobacco health field.

Phase 2: A quantitative survey which consisted of **monitoring and assessing** current awareness and attitudes to the health warning labels and any changes that have occurred since the baseline data from the 1996 E&S Research study. In essence, this was a repeat of the 1996 baseline survey.

The 2000 survey established current reactions and attitudes to the labelling issues, measuring change among the key target groups, and establishing, if there are differences, where they are, and if these are statistically significant.

1.3.2 Phase 1: Literature Review and Qualitative Study

This component of Phase 1 consisted of an updating and recapping of knowledge, to provide a firm basis for conducting the qualitative and quantitative research phases. The Elliott & Shanahan Research report, “*Evaluation of the Health Warning Labels on Tobacco Products*” (1996) was used as a starting point. This report included an extensive literature review of published research on health warning labels. As well, we examined recent published research acquired from outside sources.

This first phase of the study was essentially **exploratory and diagnostic** in nature, designed to provide in-depth information on the topic. Accordingly, the **group discussion, and in-depth interview techniques** were recommended and used for this phase of research. This enabled both the rational concerns and emotional considerations of the issue to be comprehensively explored.

Group discussions and in-depth interviews were suggested because of their heuristic nature. The aim of the qualitative phase was **identifying and understanding** rather than enumerating. The group discussion, especially as it is relatively non-directive, allows participants to explore issues raised by any individual. The process also reveals the intensity of feelings about the tobacco warnings. The client’s needs were also important and a discussion and interview guide ensured all aspects not spontaneously discussed were prompted by the moderator or interviewer.

The **affinity mini group discussion** technique was suggested for youth. This technique offers youth a more relaxed and informal situation than do full groups. This technique has the added benefit of allowing us to assess and understand the role and intensity of peer group influences on young people who smoke. In the case of youth we interviewed groups of peers who smoke.

The **paired affinity in-depth interviews with specific ethnic or cultural groups** were recommended to supplement the group discussion component of the study. In-depth interviews allow for a more detailed examination of the specific attitudes, concerns, and needs of smokers, as well as the influences operating in cultural sub-groups.

Based on the Transtheoretical Model of Change, (Prochaska & DiClemente, 1983) the adult group discussions (e.g. 18+ years) were broadly based on the five stages of the change model:

- *Precontemplation*: not thinking about behavioural change;
- *Contemplation*: intending to change but not in the near future;

- *Preparation or ready for action*: intending to change in the near future and may already be making small preparatory changes;
- *Action*: actively attempting behaviour change; and
- *Maintenance*: continuing to make changes but requiring conscious effort to maintain this change.

Elliott & Shanahan Research modified this model to help guide the study structure:

- those in the Precontemplation stage have been described as “**Committed Smokers**”.
- those in the contemplation and ready for action stages have been called “**Contemplators**”. We have deliberately combined short and long term contemplators.
- those in the action and maintenance stages have been called “**Recent Ex-smokers**”.

This phase of research was conducted in **Sydney** and **Toowoomba**. The qualitative group structure consisted of:

- **Eight** (8) group discussions;
- **Two** (2) mini groups; and
- **Six** (6) paired interviews.

In more specific terms, the structure was as follows:

- one (1) full group discussion with male **committed** smokers aged 18-24 years;
- one (1) full group discussion with female **committed** smokers aged 18-24 years;
- one (1) full group discussion with male **committed** smokers aged 25+ years;
- one (1) full group discussion with female **committed** smokers aged 25+ years;
- one (1) full group discussion with female **contemplators** aged 18-24 years;
- one (1) full group discussion with male **contemplators** aged 18-24 years;
- one (1) full group discussion with male **recent ex-smokers** aged 25+ years;
- one (1) full group discussion with female **recent ex-smokers** aged 25+ years; and

- one (1) affinity mini group discussion with **male smokers** aged 15-17 years;
- one (1) affinity mini group discussion with **female smokers** aged 15-17 years;
- six (6) paired in-depth interviews with **smokers**.

The mini group discussions included 4-5 participants and the full groups 8-10 participants. They were representative of people from a range of socio-economic strata, cultural and linguistic backgrounds, and a wide geographic area across each location.

The 6 paired in-depth interviews were conducted with specific cultural segments. This consisted of a mixture of male and female smokers, aged 18+ years incorporating the following: smokers from non-English speaking backgrounds, and smokers from Aboriginal and Torres Strait Islander origin.

As well, the study included seven (7) in-depth interviews with stakeholders in the health arena who focus on developing communication programs and strategies conveying the benefits to health of not smoking and quitting.

Recruitment Procedure

E&S Research recruitment procedures are IQCA (Interviewer Quality Control Australia) accredited and adhere to guidelines detailed by the Market Research Society of Australia (MRSA). A screening questionnaire was devised to ensure study participants met the specifications required.

Group and Interview Procedure

Each discussion and interview began with a general consideration of smoking. This initial “warm up” discussion enabled the researchers to obtain an understanding of the attitudinal context in which the health warning labels operate. At an appropriate point in each discussion or interview, the issue of the health tobacco warnings was raised and probed. Each health warning was then examined in detail. A discussion guide was developed in consultation with the Department. (See Appendix)

Examples of proposed new directions (including the proposed Canadian labels) were also shown to help stimulate further discussion. (See Appendix)

1.3.3 Phase 2: Quantitative Survey

Research Technique

For the quantitative component of the research, a nationwide telephone survey of the Australian community, similar to that used in gathering the baseline data in 1996, was conducted.

The benefits of a telephone survey in a project of this nature are that:

- It offers a **wide and representative coverage** of the population;
- It offers **value for money** in that it has a cost effective measure of reaching a broad cross section of people;
- It enables **comparison** to be made with the data obtained in the 1996 baseline study because of the use of the same technique;
- It provides **national coverage** throughout urban and rural regions, as well as ensuring statistical representation;
- Similarly, the sample options allow for representation of **young people**, an important sub-segment of the population of tobacco smokers;
- The procedure was **consistent with that used in 1996**, a critical consideration if results are to be compared. Reading of the health warnings over the telephone presented no problems in the 1996 survey, whereas prompting with visual stimuli may serve to artificially increase recall.

The telephone survey utilised the CATI (Computer Assisted Telephone Interviewing) procedure. This allows for efficient attempts to be made on each number prior to replacement. This helps ensure inclusion of the young/upwardly mobile in the final sample frame. (An outline of this procedure is appended).

Sample Design 2000

To ensure the sample represented different age and gender groups of smokers in considerable detail and also cover other key categories of interest, the sample was quota'd. The sample design responses achieved for the different smoker status groups was very close to that sought and is shown below. It may be described as a stratified or quota sample.

Table (i): Achieved Sample (15+ age) by Smoker Status		
Smoker Status Strata	Number	%
Current Smokers	822	68
Recent Ex-Smokers (under 12 months)	130	11
Ex-Smokers (over 12 months)	151	13
Non-Smokers	101	8
Total Sample	1204	100

Random phone contact procedures and a total of **5315 contacts were made to achieve these groups**. In most of the reporting, the focus is on these individual strata and “totals” are not the focus of attention. The bulk of the population in the sample is therefore current smokers, both regular and occasional. The other sample characteristics are described below. There is a relatively small sample of 15-17 year olds.

Smoker Status	Gender		Age					Area	
	M	F	15-17	18-24	25-44	45-64	65+	Metro	Rural
	%	%	%	%	%	%	%	%	%
Current Smoker	70	67	64	81	72	64	43	69	68
Recent Ex-Smoker	11	11	21	11	11	11	3	15	9
Ex-Smoker	13	10	-	2	9	15	40	8	15
Non-Smoker	6	10	15	6	7	9	13	9	8
Total Sample	540	664	39	138	583	341	99	736	468

The characteristics of the full sample of those contacted is shown below.

Male	2070
Female	3245
Age	
15-17 yrs	221
18-24 yrs	492
25-34 yrs	920
35-44 yrs	1128
45-54 yrs	868
55-64 yrs	710
65+ yrs	868
Refused	108
Metro	3473
Rural	1842
Smoker	941
Quit > 12 months	1067
Quit < 12 months	130
Never Smoked	3177
Total	5315

Sample Design 1996

The prior study conducted in 1996 had an almost identical composition of the different smoking status strata, although the sample size was larger. To ensure an **identical** basis for comparison between the 1996 and 2000 survey results, the 1996 sample was weighted using the proportions of the 2000 results. This meant that the smoking status categories, age and gender proportions and the location (metro versus rural) proportion are identical in the results presented in the report. The approach removes any bias due to sample variations or differences in the core sample characteristics between the two waves. This means that conclusions about whether or not significant shifts occurred are based on comparison of sub-group responses, where the sub-groups are exactly the same. While the weighting is relatively minor on the 1996 data, this procedure ensures that the basis of comparison is identical and there are no variations because of sample composition.

Comparison 1996 to 2000

The following table details the unweighted sample sizes for both the 2000 and 1996 samples. It shows the samples were very similar in the proportions for each sub-group.

Table (iv): Demographics Surveys 1996-2000 (Unweighted)				
	2000		1996	
	Number	%	Number	%
Male	540	45	896	45
Female	664	55	1118	55
Metro	736	61	1284	64
Rural	468	39	730	36
NSW/ACT	430	36	740	37
VIC	307	25	524	26
QLD	208	17	342	17
WA	117	10	182	9
SA	101	8	161	8
TAS/NT	41	3	65	3
15-17	39	3	75	4
18-24	138	11	245	12
25-44	583	48	987	49
45-64	341	28	496	25
65+ *	99	8	206	10
Base: Total Sample	1204	100	2014	100

(* 4 no response on age)

In terms of the samples for the various smoker sub-groups, the quotas were similar for 2000 and 1996 and the unweighted results are shown below. After weighting, the proportions in the sample were exactly the same in 1996 as for 2000, for precise comparison purposes.

Smoking Status Strata	2000		1996	
	Number	%	Number	%
Current Smokers	822	68	1417	70
Recent Ex-Smokers	130	11	187	9
Ex-Smokers (long term)	151	13	130	6
Non-Smokers	101	8	280	14
Total Sample	1204	100	2014	100

Questionnaire and Interviews

In order to obtain valid comparison with the 1996 baseline data, the same questionnaire was administered (See appendix: some minor changes were made to the questionnaire). As in 1996, the interviews were conducted by NCS Australasia (formerly Wells Australia).

The fieldwork for the 2000 Survey was conducted between June 6-25, 2000. (A copy of the fieldwork report is appended).

Quality control is a particularly important aspect of quantitative survey research and Elliott & Shanahan Research is extremely mindful of this requirement. NCS has strict procedures for the administration and processing of survey questionnaires and data. NCS (like E&S Research) is a member of AMRO (Australian Market Research Organisation) and was instrumental in the establishment of quality control in the market research industry. NCS is a foundation member of the Interviewer Quality Control Accreditation (IQCA) for the Australian Market Research Society. As such, all interviewing standards within NCS are within the framework provided by these bodies.

Data Analysis and Statistical Procedures

Results were tabulated by NCS computer and cross-analysed by demographics (e.g. age, gender, location etc) as well as by the relevant sub-groups (Smokers, Ex-smokers etc).

Mr Bill Callaghan is a senior lecturer in marketing and quantitative methods at the RMIT University. He supervised the sample weighting and statistical procedures used in this study. Bill has over 20 years experience in industry and academia and is well known in the market research industry. He has developed two statistical analytic software packages that are now widely used in Australia and overseas in “data mining” applications.

The key statistics for 1996 and 2000 were compared using a Z test for proportions and a t-test on means. Two sided test results are used in the study. Mean ratings were preferred as a test basis because of their power to detect small differences. Where differences were identified they are shown in the report beside the 2000 results using the following notations:

ns = not significant

+++/-- = significant at the 99% level (i.e. increase/decrease at 1% level)

++/-- = significant at the 95% level (i.e. increase/decrease at 5% level)

+/- = significant at the 90% level (i.e. increase/decrease at 10% level)

Formal statistical testing is a useful guide to determining the extent to which changes have occurred, but it must also be noted that large samples may show relatively small changes to be significant; while, with small samples, large differences may be required before they can be pronounced significant.

As an approximate guide, the error variance for proportions on a sample size of 1200 people is around $\pm 3.0\%$. In practical terms, this means that if 50% of the randomly selected respondents in the sample answered “yes” to a yes/no question, the true answer is between 47% and 53%, 95 times out of 100.

1.4 About This Report

The following report details the key findings of both phases of the research study: the literature review and the qualitative study; and, the nationwide survey.

The qualitative component consists of an analysis and interpretation of the comments made throughout the group discussions and individual interviews. This aspect of the study is diagnostic and impressionistic. These results, where applicable, are combined with the survey results to facilitate understanding of the survey results.

In regard to the survey results, summary tables are provided which highlight the key findings and make reference to the specific computer tables from which they are sourced. A written commentary on those key findings is also included. The computer results appear under separate cover.

2. Executive Summary and Conclusions

Evaluation informs us of what works and what doesn't, what can and can't be achieved. Evaluation is not only about the past but it is also **an important platform for improvements** in the future. E&S Research believe that post exposure evaluation should therefore not only indicate 'what' has been achieved and 'how' and 'why', in regard to the health warnings, but equally importantly, it should provide guidance as to what to do next.

The following report presents the findings of an evaluation of community reaction to the health warning labels and accompanying explanatory information on Australian cigarette and tobacco packs. The evaluation consisted of two specific research phases:

- A brief literature review of research studies conducted on health labelling on tobacco product packs together with a qualitative study consisting of eight group discussions, two mini group discussions and six paired interviews across the market segments: committed smokers, people contemplating quitting, and recent ex-smokers. As well, a series of seven interviews were conducted with experts/stakeholders in the health field;
- A nationwide sample randomly selected of 1204 Australians, 15+ years, with sub-samples quota'd according to smoking behaviour. The subsequent sub-samples resulted in four sub-groups: Smokers, recent ex-smokers (who quit smoking in the last 12 months), ex-smokers who have quit more than 12 months ago, and non-smokers. The results of this survey were compared with those of an earlier benchmark survey administered in 1996.

The 2000 research plan embodied **two distinct research phases**, each of which incorporated specific research components. The two phases of research were compatible and designed to provide an extensive and comprehensive evaluation of the health warnings on tobacco products: together, they measure 'what' has occurred, and 'search out' the reasons, 'how and 'why', reactions and attitudes exist.

2.1 Literature Review

The literature review provided an update of some of the research that has taken place up to and between the time of the benchmark survey of 1996 and the current 2000 survey (See Section 3 of this report). The key findings from the literature review are:

- A number of studies pinpoint the **difficulties in evaluating** the effectiveness of tobacco pack health warning labels (Cox, Hoyer & Krshna, 1995; Elliott & Shanahan Research, 1996; Borland, 1997). Difficulties focus on: problems in measuring change in attitudes and smoking behaviour and attributing the tobacco labels as a factor in any change; the use of different criteria by researchers to measure effectiveness of health warning labels; and, the inherent problem in isolating the role and influence of tobacco labelling from a variety of other media activities and strategies centred on reducing the incidence of smoking within the community.
- Studies have also indicated that there are **a number of characteristics** that are important in evaluating or measuring the effectiveness of health warnings and explanatory information on tobacco packs: format, content, readability, believability, memorability and information processing of the material. (See Section 3)
- Recall of information on **the front of the pack** tends to be greater than recall of information on the side or back of the pack (Elliott & Shanahan Research, 1996; Borland & Hill, 1997; Environics, 1999).
- **Increasing the font size** of health warnings aids communication (Viscusi & Magat, 1986 cited in: Popper & Murray, 1989; Nilson, 1999; Informa Market Research, 1999).
- **Increasing the area** on the pack for messages (Environics Research, 1999) and **contrasting** the message background improves legibility and noticeability. (Bettman, Payne & Staelin, 1986; Liefeld, 1999; Informa Market Research, 1999)
- Use of **plain packaging** is likely to increase reading, and accuracy of recall of warning labels (Beede & Lawson, 1992 cited in Thomas et al, 1997; Cunningham & Kyle, 1995).
- **Manipulating** both content and format simultaneously enhances noticeability and attention (Bhalla & Lastovicka, 1984).
- Fear as an element in message formation has to be **cautiously used** (Shanahan, Elliott & Dahlgren 2000). Messages which potentially create anxiety need to provide help to relieve the anxiety (Kok 1993; Cunningham, 2000).
- **Rotating warnings** and label information and changing them on a regular basis, helps prevent messages becoming stale and retains noticeability and interest. (Andrews, 1995; Elliott & Shanahan Research, 1996; Selin & Sweanor, 1998).

- The need to keep consumers **abreast** of new information as well as make them **aware** of the toxic contents of cigarettes has been addressed by a number of researchers (Henningfield, Kozlowski & Benowitz 1994; Wigand, 1998; Leifeld, 1999; Environics Research, 1999).
- Health warnings on cigarette packs are considered important and play a role in **educating and informing** smokers, especially young smokers, of the health risks of smoking (Elliott & Shanahan Research, 1996; Tandemar Research, 1996).
- However, attention to and recall of messages is governed by the **perceived relevance** of the message (Informa Market Research, 1999). As well, personalising information with different messages for different smokers is also an important consideration (Elliott & Shanahan Research, 1996; Informa Market Research, 1999).
- The inclusion of **graphics and colour** has been a major area of research in Canada. The use of larger more strongly worded warning messages, supported by some emotionally strong photos, was found to increase the relative influence of warning messages on cigarette packs (Informa Market Research, 1999). (See Sections 3,6)

2.2 Attitudes Toward Smoking

Smokers throughout the qualitative phase of research and in particular, committed smokers, spoke of the **pleasure** derived from smoking tobacco and of the benefits they believe it offers in terms of **relaxation and stress relief**. Smokers acknowledged the addictive nature of smoking and many regret the habit and wish they had not taken it up. (See Section 4)

The key problems with smoking focussed on **cost** of the habit and the fear held of the short term and long term **health effects**. The short term health effects (e.g. shortness of breath, coughing etc) tended to be the most noticeable, with the longer term health consequences more likely to be raised by those contemplating quitting or those who have quit. Young smokers (i.e. 15-24 years) were the least concerned about the potential risks to health over the long term. (See Section 4)

In terms of attitudes and behaviours there emerged some notable differences between committed smokers and those who were contemplating quitting or who had quit. The committed smokers tended to be long term and were either proudly defensive of their habit or resigned to smoking, many believing that they can not overcome their addiction. Some of this latter group were reluctantly committed. Some of the more apparent attitudes and behaviours of the committed smoker included:

- **rationalising** their beliefs and **dismissing or disregarding** the negative reports on the consequences of smoking to health;
- **denying** that smoking represents a potential serious health problem;
- more likely to consider that they had become **addicted** both in chemical terms and psychologically and believed they could do little about it;
- tended to **look for support** for their beliefs, by citing examples of people who had smoked for 70 to 80 years without ill effect to their health. They also seemed more comfortable socialising with people who smoke and who hold similar views; and
- most of these people maintained that the only way to quit smoking was to attempt to go “**cold turkey**”. (See Section 4)

Those who were contemplating giving up their smoking habit in the next 12 months or who had tried to give up smoking previously, generally demonstrated **less dogmatic attitudes** than their more heavily committed counterparts. The **key attitudes and beliefs** for this market segment were:

- more likely to **acknowledge** that smoking can be hazardous to health;
- may have **experienced** some significant health problem or been in close contact with friend/relative who has experienced a “serious” smoking related health concern;
- more likely to **consider** cutting down on the number of cigarettes rather than going “cold turkey”; although there were some, even within this segment, who maintained an abrupt curtailment of the habit represents the only effective method of quitting;
- some ‘contemplators’ had previously unsuccessfully attempted to quit smoking; however, this group were far **more predisposed to quitting**, but may procrastinate in their endeavour or need support to quit; and
- some ‘contemplators’ attempted to **create goals or timelines** for quitting (e.g. “when I’m pregnant”). (See Section 4)

2.3 Importance of The Health Warnings

Throughout the 2000 study there was a general view expressed that the health warnings on cigarette packs are **necessary** and represent an **important element** in overall tobacco control. Stakeholders interviewed were of the firm opinion that the health warnings represent one component of the overall marketing mix and work best when **linked to other strategies**, information or communication directed at minimising the use of tobacco. (See Section 7)

For those interviewed in the 2000 survey the claimed importance of the health warnings varied between sub-groups, but overall, the rating of the importance of the health warnings was slightly higher than that recorded in the baseline survey of 1996: **7 out of 10 smokers considered the health warnings “very” or “quite” important.** (See Section 5)

There has been no significant change in the strength of belief in the importance of the health warnings held by recent or long term ex-smokers or non-smokers. But smokers showed **a significant increase** in the proportion saying the labels were “very important”. Young smokers tended to rate the health warnings higher in importance than did their older counterparts. (See Section 5) The labels were generally thought to be more influential for young smokers and those contemplating quitting. (See Section 4)

	2000			1996		
	Total	Very Important	Quite Important	Total	Very Important	Quite Important
	%	%	%	%	%	%
Smokers	71	49	22	67	43	24
Recent Ex-Smokers	78	50	28	76	52	24
Long Term Ex-Smokers	80	58	22	82	62	20
Non-Smokers	86	73	13	85	67	18

2.4 Awareness of Health Warnings

Awareness of the health messages or health information on the front, side or the back of tobacco and cigarette packs was at a very similar level in 2000 to that recorded in 1996. There has been **no significant change in awareness.**

Awareness of the warnings on the front of cigarette packs is virtually universal. In 2000, the same proportion of smokers (98%) as in 1996 were aware of the health warnings on the front of the pack. Smokers, and recent ex-smokers, not surprisingly, were more aware of the warnings than long term ex-smokers or non-smokers. (See Section 5)

Front Label Warning	2000	1996
	% aware	% aware
Smokers	98	98
Recent Ex-Smokers	97	99
Long term Ex-Smokers	83	86
Non-Smokers	80	79

Awareness of the health information on the side of cigarette packs was overall **lower** than awareness of the warning on the front of the pack. Between 1996 and 2000, there was a slight decrease in awareness of the information on the side of the pack among both smokers and recent ex-smokers, but a slight increase in awareness among long term ex-smokers.

Side Information	2000	1996
	% aware	% aware
Smokers	67	72
Recent Ex-Smokers	52	60
Long term Ex-Smokers	38	24
Non-Smokers	20	19

Overall recall of information on the back of the pack tended to be lower for all sub-groups than awareness of information on the front or side of the pack. As well, 2000 awareness levels of information on the back **decreased** for all sub-groups (except long term ex-smokers) on the awareness levels recorded in 1996. (See Section 5)

Back Information	2000	1996
	% aware	% aware
Smokers	62	71
Recent Ex-Smokers	46	53
Long term Ex-Smokers	34	25
Non-Smokers	20	25

Despite an awareness of the health warning labels there was virtually universal agreement throughout the group discussions that the labels have become **less noticeable** over time. Many claimed they have merged “into the background of the pack”. There was a strong belief expressed that the warnings had “worn out”. This belief centred on:

- a perception that the warnings have lost their initial novelty and attraction;
- while many believed the information, much of it was considered “old hat” and does not represent any new information;
- the inclusion of other “marketing” and wording changes to the cigarette packs (e.g. “anyway enjoy the taste”, “extra mild”) has taken smoker attention away from the warnings. Pack imagery generally competes with the health warnings for smoker attention;
- familiarity with the warning labels has resulted in them being taken for granted. (See Section 5)

Experts/Stakeholders interviewed also expressed a strong belief that the labels had **lost impact and needed changing**. (See Section 7)

2.5 Reading of Health Information

In 2000, for both smokers and recent ex-smokers, the proportion reading any of the health information was lower than the proportion claiming to be aware of it. Once again, the front panel of the cigarette pack recorded the highest proportion of people reading the health warning.

The vast majority of smokers (93%) claimed to have read the information on the front of the pack, with 92% of recent ex-smokers claiming likewise. Once again, claimed reading levels in 2000 were **much the same** as those recorded in 1996. (See Section 5)

	Smokers		Recent Ex-smokers	
	Front		Front	
	00 %	96 %	00 %	96 %
Yes	93	95	92	93
No	7	5	8	7
Don't Know	-	-	-	-
BASE	822	1417	130	187

For both smokers and recent ex-smokers there was a **decrease** in the proportion maintaining they had read the information on the side of the pack: 58% of smokers (64% in 1996) and 47% of recent ex-smokers (52% in 1996).

	Smokers		Recent Ex-smokers	
	Side		Side	
	00 %	96 %	00 %	96 %
Yes	58	64	47	52
No	41	35	52	47
Don't Know	-	1	1	1
BASE	822	1417	130	187

In 2000, smokers were more likely than recent ex-smokers to have read the health information on the back of the cigarette packs, 57% to 45%. While there was a **slight decline** in the proportion of smokers reading the back of the pack, the proportion of recent ex-smokers claiming to have read the back remained the same as that recorded in 1996.

	Smokers		Recent Ex-smokers	
	Back		Back	
	00 %	96 %	00 %	96 %
Yes	57	65	45	46
No	42	35	54	54
Don't Know	1	-	1	-
BASE	822	1417	130	187

As noted in 1996, and again in the 2000 study, awareness of the health information on the back of cigarette packs was **poor**. Most group participants assumed that the information on the back of the pack referred to the message relayed on the front of the pack (a finding confirmed in the survey, where 25% claimed the information on the rear of the pack related to the warning on the front); but, **specific recall of the information was vague**. Criticism of the presentation of the health information on the back of the pack focussed on:

- a perception that there was too much information to read; and
- the type size was considered “too small” for older people and those with failing eye sight. (See Section 5). As noted in the literature review type size has an important role in terms of generating awareness, noticeability and readability.

2.6 Recall of Specific Messages

In regard to the six current health warning labels on the front of cigarette packs, for both unaided and aided recall, the results in 2000 were very similar to those obtained in 1996.

In terms of both unaided and aided recall of specific warnings recalled from the front of cigarette packs the three most frequently recalled in 2000 were:

- Smoking causes lung cancer;
- Smoking when pregnant harms your baby;
- Smoking kills. (See Section 5)

The key findings in regard to the health warning labels on the front of the pack indicate that:

- **“Smoking when pregnant harms your baby”**: was one warning which appeared to affect most smokers, irrespective of their smoking status. It was a key warning for females, and people with children or thinking of having children. Its unaided (65%) and aided (93%) awareness among smokers was very high and much the same as that recorded in 1996. This warning has an impact across all sub-groups;

- **“Your smoking can harm others”**: this warning recorded the highest increase in aided recall (71% to 86%). Comments made in the group discussions suggested that the notion of passive smoking was more readily accepted in 2000 than it was in 1996. This acceptance would appear to be in part due to the increase in the media coverage of the passive smoking issue since the baseline survey was completed. Workplace practice and increasing restrictions on where smokers can smoke in public has further influenced the salience of this warning.

Long term committed smokers were the least likely to take notice of this warning and more likely to decry what they saw as the gradual demise of “smokers’ rights”; but even these more strident smokers acknowledged that smoking could harm babies, young children, and those suffering from respiratory and asthmatic conditions.

“Harm” was acknowledged as both the social discomfort of smoke, especially in eating environments, as well as potential physical harm, ranging from the odour of tobacco through to breathing in other people’s smoke, which could possibly result in more serious health problems.

- Smoking was not as strongly linked to heart disease as it was to lung cancer. Among smokers, **“Smoking causes lung cancer”** recorded an unaided awareness score of 50% in 2000 (similar to 48% in 1996) and an aided score of 94% (96% in 1996). **“Smoking causes heart disease”** had an unaided awareness score of 35% in both 2000 and 1996, and an aided score of 88% (90% in 1996).
- Communicating the addictive nature of cigarettes conveys to smokers information they already know. For some, this warning tended to promote feelings of hopelessness and defeat. **“Smoking is addictive”** had an unaided awareness score of 13% in both 2000 and 1996, with an aided awareness score of 87% in both surveys.
- **“Smoking kills”** increased its unaided score slightly, 36% to 41%, and maintained a high aided score of 88% in 2000. Some found this warning easy to remember. (See Section 5)

2.7 Information on Ingredients

Comments made throughout the group discussions on the information contained on the side and back of the cigarette pack suggested that it has more meaning for those deciding to cut down on smoking. Evidence from the 2000 Survey suggests that there has been **an improvement in awareness** of the tar, nicotine, and carbon monoxide content of cigarettes, and in the potentially damaging effects to health of these ingredients. In regard to recall of tar, nicotine, and carbon monoxide content of cigarettes the 2000 study results indicated the following:

- In terms of tar content of their preferred brand, more smokers in 2000 than in 1996 **did not know** the tar content, 24% to 21%; however, of those who did know, the majority were correct in nominating the tar content of their preferred brand. Tar was generally regarded as “building up in lungs and causing damage to them”. Only 27% compared to 42% of smokers in 1996 did not know the health effects of tar; (See Section 5)
- In 2000, 37% of smokers **did not know** the nicotine content of their preferred brand compared with 43% in 1996; one in three were correct in their estimation. Nicotine was known as the addictive component in cigarettes by one in three smokers. 28% (41% in 1996) did not know of the health effects of nicotine; (See Section 5)
- Smokers were **less knowledgeable** of carbon monoxide: 61% (68% in 1996) did not know the carbon monoxide content level of their preferred brand; however, one in five of those who knew the carbon monoxide content were correct in their estimation. One in three did not know what carbon monoxide is and 27% (42% in 1996) were not able to define the health effects of carbon monoxide. (See Section 5)

Some in the study requested that the harmful chemical contents in cigarettes should be **more clearly spelt out** so that they are made aware of them and of the more toxic ingredients. However, discussion of contents raised the issue of “good” and “bad” contents, with most tending to consider ingredients in terms of perceived harm; for example:

- most smokers freely admitted that technical names or chemical terminology is meaningless (e.g. hydrogen cyanide) and even when such contents are made known to them (as in the recent Canadian pack proposals) they cannot easily determine the potential harm;

- it is suggested that mention of the inclusion of “harmless” contents could be misleading, enabling smokers to rationalise their decision to smoke and reinforcing a desired perception that cigarettes may not be that harmful. For example, some smokers in the study maintained that Indonesian cigarettes, although thought to be “stronger”, are healthier because they include cloves and spices in their ingredients.

Stakeholders interviewed expressed strong opinions in favour of listing in a more substantial way the ingredients of cigarettes. (See Section 7)

2.8 Attitudes to The Health Warning Labels/Information

A series of statements reflecting a variety of attitudes toward the health warning labels were rated by survey respondents in terms of their level of agreement with the stated attitudes. The same procedure was adopted in the earlier 1996 baseline survey. (See Section 5)

For the most part response to the attitude statements was similar across all major smoker sub-groups to that obtained in 1996. There does not seem to have been any change **in the extent** to which smokers and recent ex-smokers say that the health warnings have raised their concerns, made them attempt to give up, or improved their knowledge. However, at the same time, some 54% of smokers in 2000 agree that the warnings raised their concerns and 32% that they improved their knowledge “a lot”. The **impact levels suggested are therefore fairly high** even though the significance tests do not show that these increased significantly between 1996 and 2000.

But, importantly, what has occurred is that smokers and recent ex-smokers appear to have **increased** their belief that *“The health warnings on cigarette packs should be stronger”*. This desire was reflected across all major sub-groups. This, in fact, is the only consistent change between the 1996 and the 2000 attitude statement results. There is also acknowledgement among smokers that smoking has affected their health or increased their health risk. In other words, **the perception that they are personally at risk has increased.**

For example, there was a significant difference in the perception of smokers who believe that *“My past smoking probably has increased the risk of a health problem occurring for me”* (42% agreement in 2000, 31% in 1996). As well, a significant decrease in the number of smokers agreeing with the statement, *“Perhaps for some people smoking affects their health, but it hasn’t affected mine”* (34% agree in 2000, 40% in 1996).

These findings are particularly interesting when taken into consideration with the increase in the proportion of smokers who consider the health warning labels to be important (i.e. 71% in 2000, 67% in 1996).

Other key attitude statements that have once again recorded the same high level of agreement in 2000 as they did in 1996 include:

- *“I believe smoking is definitely addictive”* (95% agreement in 2000, and in 1996);
- *“Seeing the health warnings on packs makes me think about quitting”* (50% agreement in 2000, and 48% in 1996);
- *“If I’d known what I know now about the effects of smoking on health I wouldn’t have taken up smoking”* (68% agreement in 2000, and 67% in 1996); and
- *“I have worried more about the effects of cigarettes on my health since the health warnings were put on cigarette packs”* (42% agreement in 2000, and 43% in 1996). (See Section 5)

2.9 Effects of Health Warnings on Knowledge and Behaviour

Six out of ten smokers in 2000 (the same proportion as in 1996) claimed that their knowledge of the health effects of tobacco consumption has improved as a result of the inclusion of health warnings and health information on cigarette packs, with one in three smokers claiming their knowledge has improved “a lot”. This represents a **significant increase** on the 29% nominating “a lot” in 1996.

Improvement of Knowledge	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
A lot	32	29	28	31
A little	28	31	32	30
Made no difference	40	40	40	39
BASE	819	1417	129	187

Over half (54%) of the smokers interviewed indicated that the label warnings had **raised their concern** about smoking; but overall, the results in 2000 were very similar to 1996 regarding the claimed effect of the warnings on their smoking habit. Although in 2000 there were no significant changes on the effect of the warnings on the way smokers felt about their own smoking behaviour, among the recent ex-smokers, 60% (54% in 1996) claimed the warnings had “raised their concerns”, and nearly one in two maintained the warnings had “helped them give up smoking” (44% in 1996).

Smokers	Smokers		Recent Ex-Smokers	
	00 %	96 %	00 %	96 %
Raised your concerns about smoking	54	56	60	54
Helped you smoke less	31	34	47	45
Helped you to switch to a lower tar brand	39	39	33	35
Helped you give up smoking	15	14	49	44
Had no effect on your behaviour	20	21	17	13

However, the results of the 2000 survey show that in terms of the influence of the health warnings there was a **significant increase**, compared with the 1996 results, in the proportions of smokers maintaining that they think about the health effects of smoking at each step in the smoking process.

Think about health effects when	Smokers	
	00 %	96 %
You buy cigarettes	37	33
You take a cigarette from pack	45	38
You smoke a cigarette	50	42
After finishing a cigarette	44	39

In terms of recent changes in smoking behaviour there has been: an increase in the proportion of smokers who have reduced the amount of tobacco smoked in a day: 29% in 2000 compared to 24% in 1996; and, one in five smokers have changed to a lower tar or nicotine brand (28% in 1996). (See Section 5)

	Smokers	
	00 %	96 %
Done nothing different	51	48
Reduced the amount smoked in a day	29	24
Changed to brand with lower tar/nicotine	20	28
Quit smoking (for a period)	14	13

The proportion of females “doing nothing” about their smoking has increased since 1996 and there is now a similar proportion of female to male smokers who have “done nothing different”; and in 2000, fewer female smokers have switched to a lower tar/nicotine brand than was the case in 1996. **Female smokers have emerged as a key target group for future anti-tobacco activity.**

	Male Smokers		Female Smokers	
	00 %	96 %	00 %	96 %
Done nothing different	50	55	52	44
Reduced the amount of tobacco smoked in a day	31	22	27	24
Changed to brand with lower tar/nicotine	19	22	20	32
Quit smoking (for a period)	16	11	11	13

2.10 Quitting

Ex-smokers in the qualitative phase of the study all acknowledged the great difficulty involved in quitting the smoking habit. Those who quit after smoking for many years were especially adamant about the difficulties involved, citing: the pleasures of smoking, the addiction, and the fact that smoking had become so much a part of their daily routine as the key barriers to quitting. (See Section 4, 5)

Overall, the ex-smokers involved in the qualitative phase of the study all claimed that they **feel better for having quit smoking**. This feeling of well being was not however, always immediate: some initially suffered considerable withdrawal symptoms. Nonetheless, despite good intentions, some, especially those who had recently quit, maintained that on occasion they get tempted to start smoking, particularly in social situations involving the consumption of alcohol. (See Section 4, 5)

The **main reasons** given for quitting by those in the group discussions included:

- feeling unwell, or their physical condition had reached a level where they wanted to do something about it;
- pressure to quit from family, friends, partner;
- strong advice from doctor to quit;
- cost of cigarettes;
- for some women, the onset of pregnancy encouraged them to quit; and
- for others, the general “social pressure” to quit, together with the perceived overall increasing anti-social nature of smoking was a motivating influence to try and give up the smoking habit. (See Section 4, 5)

Recent ex-smokers surveyed nominated a variety of factors that had helped them decide to quit smoking. The factors that received most mention were: perceived effects on health; cost of cigarettes; a desire to get fit; health warnings on TV (group discussion participants referred to the “Every cigarette is doing you damage” campaign); and concern at affecting the health of others. A reasonable proportion (16%) nominated the health warnings on cigarette packs as a factor contributing towards them quitting.

Recent Ex-Smokers	
Aided Factors	%
Affecting my health	64
Costing too much	47
Wanted to get fit	38
Health warnings on TV	26
Affecting health of those around me	22
Family/friends requests	18
Health warnings	16

The proportions of smokers who had tried to quit (with varying levels of success) and those who had never tried to quit were similar in 2000 to 1996.

	Smokers	
	00 %	96 %
Never tried to give up	61	57
Tried to give up successful for less than month	21	24
Successful for at least one month	18	19

Similar proportions in 2000 to 1996 demonstrated an intention to quit.

	00 %	96 %
I intend to quit next month	14	12
I intend to quit in the next 6 months	32	27
I do not intend to quit in the next 6 months	51	56

Future intentions in regard to smoking also remained similar to those expressed in 1996.

Future Intentions	Smokers	
	00 %	96 %
Make a definite attempt to quit	47	42
Try and ease up on my smoking	29	30
Smoke just as much as I do now	20	23
Change to a lower tar brand	3	2
Increase my smoking	-	1
Continue not smoking	-	-
Don't know	1	1

2.11 Information Line

There was an increase in awareness of the information line included with the health messages on tobacco packs, but a similar small proportion of smokers (7%) claimed to have ever called the line.

	Aware of Information Line	
	00 %	96 %
Smokers	60	40
Recent Ex-Smokers	52	24
Ex-Smokers	17	5
Non-Smokers	15	6

Some in the group discussions assumed there was an information or quit line number on cigarette packs. Their knowledge was poor in this regard. It's possible that the increased awareness of the information line in the survey results may reflect this assumption.

When probed in the group discussions, smokers, and in particular, those contemplating quitting, hoped that the information line would provide "a real person" offering advice on quitting, not a recorded message. (See Section 5)

2.12 Desired Pack Changes

Participants in the group discussion component of the study spontaneously made mention of a need to increase the noticeability and impact of the health warnings on tobacco packs by **making changes** to not only the current messages, but also **to the pack** itself. The survey results, as mentioned, indicated significant increases in the proportion of smokers agreeing that *“the health warnings on cigarette packs should be stronger”*.

The main pack changes **spontaneously proposed** by study participants included the following:

- Enlarge the warnings or font size;
- Enlarge the amount of space on the pack devoted to the warning;
- Consider changes to the colour of warnings (e.g. red or fluorescent);
- Change the position of the warning (e.g. place in the middle of the pack or diagonally on the pack);
- Remove as much of the branding/imagery/advertising on the pack and make the pack appear more like “generic” packaging;
- Some spontaneously suggested incorporating visuals or photos on the pack (e.g. healthy v. damaged organs, people suffering etc); and
- Some made mention of including either inserts (or outer pack reference) on information on how to quit, support groups, advice, or nicotine patches. (See Section 6)

In regard to the **type and style of messages** either for the label warning itself or as support information, to appear on the back or side of the pack or as a pack insert, the following suggestions were made:

- The introduction of new label warnings on a more regular basis;
- The introduction of more gender and age specific messages (or information);
- The inclusion of more personalised information rather than facts and statistics;
- The inclusion of positive messages of support to quit and of the health benefits that can immediately be obtained; and
- Provide tangible warnings or information (e.g. at 35 most smokers die from xxx, your taste buds will improve in xx days, etc).

Some potential new warnings were shown to participants in the group discussions and to the expert/stakeholders. Response was generally **in favour of updating the warnings** to include new information on the health effects of tobacco and to replace the current warnings that most believed had become outdated. The heavily committed smokers were the least enthusiastic about the proposed new directions for the new warnings.

While this component of the study was not in any way designed as a “test” of the new propositions, it is worth noting that the most meaningful directions related to: “Smoking Causes Blindness”, “Parental Smoking is a Cause of Sudden Infant Death Syndrome”, “Smoking Delays Healing and Can Lead to Infections and Gangrene”. (See Section 6)

2.13 Stakeholder Views

Overall there was a strong desire among the stakeholders interviewed for a more aggressive stance to be taken by governments in terms of introducing “tougher” legislation and an increase in funding for anti-smoking programs, strategies, and campaigns. Programs and campaigns conducted in California and Florida in the United States were cited as examples, where a more proactive and aggressive stance by governments had reaped significant decreases in the incidence of smoking among young people in particular. The recent changes made to tobacco packs by the Canadian Government were also mentioned as an example of a more active stance in tobacco control and one which was favoured by stakeholders for Australia. (See Section 7)

Stakeholders looked upon the health warnings on cigarette packs as one component in an overall anti-tobacco strategy. They maintained that to achieve significant reduction in smoking rates all aspects of tobacco control need to be **integrated** including: continued taxing of tobacco, regulatory guidelines and control, cessation advice, and promotion of health effects through advertising campaigns and marketing strategies.

A number of attitudes emerged from stakeholders towards the current warnings:

- All stakeholders felt that it was time for cigarette labels to **be revised and refreshed**. Some described the current labels as ‘outdated’ and ‘old fashioned’;
- They stressed the presentation of label information requires **urgent updating**, by including a wider variety of messages and introducing new messages each time new health evidence emerges;

- The current warnings were perceived by all stakeholders to have ‘value’, but **were felt to not provide enough information** for smokers to make informed decisions;
- They expressed the need for cigarette packs to have more **substantial labelling of ingredients**;
- There was also a request for labelling to be **changed on a more regular basis** both in terms of the rotation of messages and the introduction of new messages. Allied to this was the desire to link label warnings to current anti-smoking media campaigns. (This suggestion was also raised by ex-smokers in the study).

All stakeholders spontaneously and enthusiastically discussed the Canadian Health Warnings without any prompting. All stakeholders were **aware of and extremely supportive** of the Canada Health Warnings and praised the Canadian government for implementing the dramatic change to their label warnings. A number of beliefs emerged in favour of these health warnings:

- The use of photos was considered appropriate to encourage smokers to re-evaluate their tobacco consumption. Stakeholders stated that the design of these messages would generate discussion and provoke new thoughts about the serious health risks. Stakeholders’ confidence with these warnings was based largely on Canadian research. In the opinion of stakeholders, this research confirmed the significance of these warnings to engage the smoker’s attention more effectively than messages with text only. (See Section 3, 7);
- It should be noted that many stakeholders were excited and genuinely motivated by the Canadian labels. They felt this presented Australia with a great opportunity to adopt a similar style of warning. They were particularly enthusiastic about them, claiming smokers are constantly dismissive and deny the true effects of smoking and that denial would be more difficult with photo evidence. They felt the “more ways you can bring it home”, the more effective the health warnings will be in conveying the magnitude and range of dangers of smoking to health;
- The Canadian style of warning, with graphic image and text, covering a larger percentage (up to 60% -75%) of the pack, was considered a natural progression from the current black and white text only messages. Stakeholders believed that if introduced in Australia these “new visual elements” would have a significant impact on smokers.

Among stakeholders, there was considerable support for a wider range of messages and information to appear on cigarette packs. Messages conveying ‘a range and variety’ of health effects of smoking, ranging from bladder and cervical cancer, through blindness to the effects of smoking on children were believed to be necessary.

There was an acceptance amongst stakeholders of the importance of providing product information to consumers. Stakeholders believe consumers are requesting more detail about contents of all types of products (e.g. listing food ingredients on packets). Some felt inclusion of the Quitline on cigarette packs was necessary and forms the second part of a two step process and role for label warnings: firstly, to warn consumers about the effects of smoking; and secondly, to assist them to quit.

The following suggestions made by stakeholders focus on various presentation methods for health warning messages on cigarette packages:

- Graphic photos, inserts in packs, use of 60% of the pack dedicated to health warning messages, photos and support information (for example: using the current “*Every cigarette is doing you damage*” campaign graphics on packs);
- Use of the cellophane on the cigarette packs, to include quitting advice and upgrade the Quitline, with more counsellors available;
- Include a website address on the pack for smokers who could look up the additives in cigarettes, and calculate their own risk against perhaps the history of cancer in the family, length of smoking etc;
- Information inserts inside cigarette packs with health information or contents etc. However, some were concerned at the possibility of inserts being “thrown away” and causing environmental damage; and
- Inclusion on packs with direct quotes from CEO of Phillip Morris – “Our Company accepts that our cigarettes cause cancer”.

All stakeholders demonstrated a desire to adopt an approach similar to the Canadian health warning examples, believing they ‘have set the standard’ for Australia to follow. There was agreement amongst all for Australia to adopt the same strategies. Despite the insistence for pictorial imagery on cigarette packages, all were determined that conclusive research should be conducted prior to the introduction of any pictorial depiction on cigarette packages.

2.14 Considerations For The Future

Overall the 2000 evaluation of the current health warnings and explanatory health information on tobacco packs indicates the following key findings need to be considered for the future:

- The health warnings are still regarded as important by all segments of the community, with 7 out of 10 smokers regarding them as “very” or “quite” important. They have become an **integral** part of the overall anti-smoking communication strategy and it is suggested should be **retained**;
- However, despite the belief being expressed that the warnings are important, awareness and readership of the warnings has, at best, remained the same as that recorded in 1996, but with decreases in awareness of the information on the side and back of the pack. Recall of the specific warning labels has not varied significantly since 1996. Evidence from this study suggests that **the introduction of new warnings and accompanying explanatory information** needs to be considered to renew interest and increase readership levels.

Some specific areas for consideration in communicating cigarette pack health information in the future are as follows:

- Generally, the health warnings were considered one component in the communication mix of information on the effects of smoking on health. As such, there was felt to be merit in making the information on labels compatible with that conveyed through other mediums and/or programs and strategies directed at maintenance of health. To this end, there would appear to be value in **linking the information on warning labels on tobacco packs with the messages conveyed by current anti-smoking campaigns**;
- Allied to this consideration is the suggestion made by both consumers and stakeholders, for information such as a **quitline phone number and help and advice on quitting** to be included on or in the pack; and
- Other additional information suggested included consideration of detailing information on the **negative damaging ingredients** in cigarettes. Although it should be noted that this information should not be too technical in nature; as well, the mention of any ingredient that could be interpreted positively should be avoided.

There was a desire reflected across all major sub-groups for the health warnings to be **stronger** than they are currently, and in this regard a number of possible pack changes should be considered:

- **enlarging** the size of the warnings and **increasing** the warning coverage area on the pack;
- making the pack design **more generic** in appearance. This would help combat the influence of brand and pack imagery on the warning labels; and
- the **introduction of visuals**, particularly if they could be linked to graphics used in other communication mediums (e.g. *'Every cigarette is doing you damage'*).

In regard to **type and style** of messages for the future, the following emerged:

- the introduction of new warnings on a more regular basis. New warnings which appear to have most potential relate to: blindness, SIDS, delay in healing;
- more warnings, more often (or rotation of messages), to maintain “freshness” in the communication;
- personalise the messages;
- gender and age specific messages for specific brands;
- the use of positive message (although this would need to be carefully tested); and
- linking of messages to anti-smoking campaigns (or possibly to other health promotions).

3. Literature Review

This literature review primarily focuses on some key research findings together with research drawn from the tobacco labelling field, the Elliott & Shanahan Research baseline evaluation report (1996), the research commissioned by Health Canada, and some recent studies in other fields, such as alcohol labelling.

It should be noted that the term “labelling”, in this July 2000 review, refers to health-related information on cigarette packaging. The US General Surgeon’s (1994) report defines package warning labels as including “*either brief statements printed directly on tobacco packages or more detailed information placed on package inserts, similar to the requirements for pharmaceutical products*” (US Department of Health and Human Services, 1994).

3.1 History of Australian Tobacco Health Labelling

In Australia, tobacco use is the major cause of drug-related deaths. Around 18,200 deaths in 1997 were attributed to the use of tobacco, which accounts for 80% of all drug related deaths. The most recent figures in 1998 suggest that tobacco demand has been falling slightly over the past few years. Australia is now ranked 17th in the world (per capita consumption of cigarettes) which is down from 8th position in 1991, although the proportion of adults (14+ years) who regularly smoked remained fairly stable between 1991 – 98 at around 23%, with a small decline in 1998 (Higgins, Cooper-Stanbury & Williams, 2000).

Australia, since the early 1900’s has consistently enforced legislation to reduce the effects on health of tobacco products and smoking (Action on Smoking and Health (ASH), 1999). Currently, Australia is among the top three world leaders in the area of tobacco health labelling, together with Canada and Thailand (Kaiserman, 1993; Mahood, 1995). This is a result of a nationally agreed system of powerful health warnings by the Commonwealth Government in 1994. This produced some of the most prominent health warnings in the world (Ministerial Council on Drug Strategy (MCDS), 1999).

The first warning to appear on tobacco packaging was “Warning Smoking is a Health Hazard” which first appeared in 1973, following legislation introduced in Australia enabling health warnings to appear on cigarette packages. Subsequently, in May 1985 the Australian State health ministers unanimously decided to introduce four different warnings. The four warnings were:

- Smoking Causes Lung Cancer

- Smoking Causes Heart Disease
- Smoking Reduces Your Fitness
- Smoking Damages Your Lungs

Previously, each State and Territory was responsible for legislation on tobacco health warnings. These four rotated warnings appeared on all tobacco packaging (excluding imported products) between 1986 to January 1, 1995. They were required to have contrasting colours, selected at the manufacturer's discretion and to take up 20% of the front of all tobacco packs.

Further changes, from January 1, 1995 were then enforced through the new national regulations under the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations 1994. The new labelling system was to ensure that the consumer is well informed and encourage smokers to quit based on having more informative messages (Borland & Hill, 1997). From this time all tobacco products manufactured in Australia were required to comply with the new system of strengthened health warnings. Under the new system, tobacco products must display *“one of six rotating health warnings printed in black on a white background occupying the top 25% of the front of the pack”*.

The six health warnings are:

- Smoking causes lung cancer
- Smoking is addictive
- Smoking kills
- Smoking causes heart disease
- Smoking when pregnant harms your baby
- Your smoking can harm others

Further detailed health information was required on the back of the pack (corresponding with the front of pack warning), printed in black on a white background occupying the top 33% of the back of the pack. This included an information line telephone number for further information. (See Appendix for detailed information).

In addition, the new legislated changes required the inclusion of information about tar, nicotine and carbon monoxide content of cigarettes, (including the average yields of these substances and an explanation of their health effects) printed in black on a white background and occupying one side of the pack.

The health warnings are an important vehicle for communicating on a regular basis information about the risk factors of smoking to the general public and form part of a comprehensive smoking control program.

3.2 Purpose of Tobacco Labelling

There are two main reasons for the inclusion of health warnings on cigarette packaging:

- the need to increase awareness among the community of the negative health effects of tobacco use; and
- the necessity to bring about further attitudinal and behavioural change in smokers with the prospect of decreasing the number of smokers in Australia, and delay the onset of smoking among those thinking of taking it up.

Acknowledged in the 'National Health Policy on Tobacco' in Australia, the Ministerial Council on Drug Strategy (1999), believes that as a community, Australia needs to be doing more to bring about a reduction in present smoking trends (MCDS, 1999).

The health warnings are intended to alert consumers about the health hazards of smoking and as stated by the Centre for Behavioural Research in Cancer (1992), there are two recognisable groups most likely to be affected by health warnings on tobacco packages:

- those thinking of quitting; and,
- those thinking of taking up the habit, experimenting with smoking or considering trying smoking (This latter group is recognised as being predominantly young adolescents).

The National Tobacco Strategy (1999-2003) believes there is no safe level of tobacco consumption, therefore health warning labels are imperative to reducing the prevalence of smoking in Australia (MCDS, 1999).

The health warning labels placed on cigarette packs has proven to be a reliable and consistent source of information. Tandamar Research (1996) concludes that smokers volunteer cigarette packaging, over any other source, when asked if they have heard or are aware of health warnings.

3.3 Areas For Evaluating The Effectiveness of Tobacco Warning Labels

Previous research by the US Surgeon General (US Department of Human Services and Health, 1994) demonstrates that the effectiveness of tobacco warning labels is dependent on two factors: firstly, “*warning labels must be designed to take into account those factors which may influence consumer response (e.g. a consumer’s previous experience with the product, previous knowledge of the risks associated with the product’s use, and level of education or literacy)*” and, secondly “*the labels should be designed in an attention-demanding format, and the information they bear should be specific rather than general and written in clear, non technical language.*” (US Department of Human Services and Health, 1994, p.262).

Effective health warnings need to be noticed, have persuasion, and provide guidance to smokers for appropriate action (Hill, 1992). The following discusses the literature on tobacco labelling, outlining the problem areas, key factors influencing the effectiveness of health warnings and several measures of effectiveness. These measures include: format (message presentation), content, believability, memorability and more recently, the use of photos and graphics.

Many problem areas were cited in the earlier Elliott & Shanahan Research (1996) report, which impact on the effectiveness of health warnings. The problems mentioned previously are still pertinent and are outlined below together with some recent findings:

- The difficulty in **measuring attitudinal and behavioural change** in relation to smoking behaviours, making it almost impossible for internal and external validity (Cox, Hoyer & Krishna, 1995). There is also difficulty in determining the link between noticing the health warnings and action or thought whilst smoking, “*perhaps because psychological events before and after lighting up a cigarette might be more independent than was expected*” (Borland, 1997, p. 1435);
- the difficulty **in isolating progress** made through other anti-smoking campaigns (e.g. banning sponsorship/advertising from tobacco companies) and tobacco health reforms (e.g. price increases etc.) to that made from health warnings on tobacco packages;
- the **different criteria** used to measure effectiveness (e.g. memorability; format; noticeability etc).

3.3.1 Format – Message Presentation

With the introduction of health warnings on cigarette packaging, many studies have been conducted to investigate how the format of these labels may impact on their potential efficacy. From a public viewpoint it is believed that the warnings on cigarette packs would encourage **appropriate action based on better and more noticeable information about adverse effects of smoking** (Borland & Hill, 1997).

In addition, “*warnings are more likely to be noticed, when the smoker goes to take a cigarette out of a pack*” (Borland & Hill, 1997, p. 25). This is likely to lead a smoker to think about the content of the warning and provoke negative thoughts about smoking. According to Borland & Hill (1997), making health warnings more prominent should increase the frequency of warnings being noticed and frequency of concerns about smoking.

There appears to be **improved noticeability of warnings when health warnings are placed on the front of cigarette packages**, rather than on the side or back of the packet (WA Health Department, 1985 cited in: Centre for Behavioural Research in Cancer, 1992; UK Health Education Authority, 1990 cited in: Centre for Behavioural Research in Cancer, 1992; Hilton, 1993).

In a later study by Elliott & Shanahan Research (1996), it was found that recall of information that appears on the back and side of the packs is lower than recall of the information featured on the front, a finding also supported by Borland & Hill (1997). Initial responses to the Canadian health warning labels found the back of the cigarette pack was overlooked and suggested the front include copy informing the smoker to look for more detailed information on the back. Interestingly, the same Environics Research (1999), shows that apart from the front of the pack, **the second most likely place smokers look is the inside of the flap** (i.e. the flip) , suggesting that perhaps the inside flap should be a consideration for the positioning of new labels and other health information on tobacco products.

Previous studies have shown that **increasing the font size aids** communication (Engel, Blackwell & Miniard, 1986 cited in: Popper & Murray, 1989; Viscusi & Magat, 1986 cited in: Popper & Murray, 1989; Karnes & Leonard, 1986 cited in: Popper & Murray, 1989). In addition, using the **largest letters possible** is recommended by Nilsson (1999) to increase warning effectiveness and was argued by Nilsson to be more important than the size of the warning area.

Recognition that the larger the health warning, depending on its location on the pack, the greater the awareness, has also been reported by Informa Market Research (1999). This study found that the front panel of the pack is the most effective and acceptable for placement of any health messages.

Importantly, Environics Research (1999) found that most participants in their study preferred that 60 per cent of the package be devoted to health information. They felt this made the messages legible and still enabled the smoker to identify the brand. As a result of this finding Ken Kyle, Director of Public Issues for the Canadian Cancer Society, has said:“ *We reiterate our recommendation to Health Canada to increase the size of cigarette warnings to at least 60% of the package exterior...*” (Canada News Wire, 2000)

Another format element of significance is the option of **contrasting the message background**. The increased legibility of health warnings can be improved by using different letters or background colours other than black and white. A letter colour and background colour is widely noted for its ability to attract noticeability (Liefeld, 1999).

This recent research supports Bettman, Payne and Staelin’s (1986) previous research finding for presenting risk information that: an increased size of warning and contrasting colour, positively influences communication. To highlight the message, according to Informa Market Research (1999) the colour of the warning boxes, the headlines, and content of new labels need to be carefully selected to contrast with the background pack colour, which can vary according to brand (Informa Market Research, 1999).

The effectiveness of health warnings based on format changes has not always been established. Popper and Murray (1989) found that no significant increase in awareness resulted from either changing the colour of the message or increasing the size of the message by 40 per cent. “*However, on closer examination of the findings of Popper & Murray’s study, Kaiserman (1993) found that relatively small changes were made in the manipulations of the health warnings for smokeless tobacco products. For example, the font size only increased from 10 point to 14 point and only a subtle colour change was made from white to grey*” (Elliott & Shanahan Research, 1996, p. 28). This is in contrast to the findings of Informa Market Research (1999) which recommends the use of large typefaces that are more easily read by the most incidental onlooker.

Nonetheless, other changes, such as the **use of upper case lettering** has been found to improve the effectiveness of health warnings (UK Health Authority, 1990 cited in: Centre for Behavioural Research in Cancer, 1992). To support the use of larger and more prominent lettering on warnings, research by Borland and Hill (1997) on the 1996 Australian warnings, found there was an increased awareness by smokers due to the health warnings **increased size**.

More recent studies investigated the relationship between the size of the health warning message and its influence on the decision to stop smoking. The **larger the health warning messages then, the more effective** it is to those people contemplating quitting or those starting smoking, with the increase in size of warnings having least effect on established smokers (Nilsson, 1999). Nilsson recommends using the **largest letters possible** to maximise legibility and visual effectiveness.

Despite these findings, previous research has shown that once labels have attained a reasonable level of readability, changes such as greater font size do not enhance the efficacy of the warning label (Magat & Viscusi, 1992 cited in: Viscusi, 1994).

The Elliott & Shanahan literature review in July 1996 detailed an argument for the implementation of plain packaging on tobacco products. Since this time there have been further studies suggesting such a change could play an important part in the likely effectiveness of health warning labels. For example, in identifying the vital role played by the cigarette pack as a vehicle for transferring information to the consumer, a plain cigarette pack would remove much of the image of tobacco products, impacting on the effectiveness of past and present promotional efforts and making the product less attractive (Selin & Sweanor, 1998).

Of particular interest are the results of testing a plain pack on adolescents. Results indicate that use of **plain packaging amongst adolescents, can increase reading, recall and accuracy of warning labels** (Beede & Lawson, 1992 cited, Thomas, et al, 1997). The implications of this suggest that the presentation of cigarettes in plain packs could see an increase in the retention levels of health warnings.

In addition, results demonstrated by Beede & Lawson (1992) suggest brand information is learned and recalled prior to other features on the package, such as the health warning. Plain packs were seen as dull and boring, but respondents were able to recall information more accurately from these packs.

Previous studies by Cunningham & Kyle (1995) **support the implementation of plain packaging** to increase the noticeability of warnings on tobacco products. They define plain packaging as:

“Other than the brand name, trademarks and logos would be prohibited. There would be no extraneous writing, markings, or messages on packs. The base colour of the package, other than health warning messages, would be dull and unappealing. Package sizes, materials, and opening methods would be standardised to minimise marketing efforts to differentiate products. ... Likewise, embossing on the package would not be permitted, with the possible exception of health warning messages, and the texture of the package would be controlled. (A glossy finish, even on an unattractive colour may render the package more enticing.)”
(Cunningham & Kyle, 1995, p.80)

Cunningham & Kyle (1995) argue the need for plain packaging as:

“Tobacco is a unique consumer product. If it were a new product today, it would not be allowed on the market. Tobacco is toxic, carcinogenic, and addictive. No other consumer product legally available on the market kills when it is used exactly as the manufacturer intends, and there is no safe level of consumption. For these reasons, tobacco merits legislative and regulatory treatment different from all other products.” (p.85)

Plain packaging removes the ‘attractiveness’ of the package which gives legitimacy to tobacco products and could imply that the pack is safe. The package appears to be the major source of **misinformation about tobacco products** (Mahood, 1999). The tobacco industry recognises the importance of the package as an advertising medium. The package is at present one of the few remaining means manufacturers in Australia have of communicating to customers.

“Cigarette packaging functions in the same way as promotional advertising material. Packaging is considered to be an important “weapon” in the struggle to win over smokers (Staff Report, 1991 cited in: Cunningham & Kyle, 1995). Implementing plain packaging is one way to eliminate packaging as a form of advertising and plain packaging would reduce the ability of manufacturers to compete with each other (through different packaging) for market share” (Elliott & Shanahan Research, 1996, p. 28).

3.3.2 Message Content

Manipulating both content and format simultaneously enhances noticeability and attention (Bhalla & Lastovicka, 1984). This finding has recently **been supported** by the proposed regulations (at the time of writing) put forward by the Canadian Health Minister who is suggesting that information include, “*hard-hitting graphics with health warning messages, smoking cessation messages and disease specific information*” (Statement of Requirement, 2000, p.11). The new messages would address four significant topics: diseases, addiction, the effect on children, and second-hand smoke (Health Canada On Line, 2000b).

Furthermore these proposed changes, according to Rob Cunningham of the Canadian Cancer Society, **appear to create anxiety**. Cunningham believes cigarette packs need to provide information to help resolve this anxiety (Cunningham, 2000). Therefore, quitting advice, to help users in their decision to quit or reduce their tobacco consumption, will support the proposed images. In addition, the packs would provide further information about the health effects of tobacco use (Buekert, 2000).

However, challenging these more ‘hard hitting tactics’ proposed by Health Canada is evidence to suggest that ‘high fear messages’ may actually inhibit reductions in smoking by decreasing a person’s perceived ability to quit (Leventhal, 1973 cited in Thomas et al, 1999). There is substantial evidence to support the fact that many people do not correctly perceive fear or risk. The perceptions of risk are influenced by: the fear about the severity of damage from an event; vividness and frequency of the risk encountered; the idea of being vulnerable amongst the general population and finally, a tendency to deny low risks as unimportant and insignificant (Denscombe, 1993).

A review of public information campaigns addressing youth risk taking (Shanahan, Elliott & Dahlgren, 2000), has been published by the National Youth Affairs Research Scheme (NYARS). In this review, a section details the use of ‘Fear or Threat Appeals’ and what constitutes an effective message. Outlining some findings of the report is relevant in understanding the possible effectiveness of ‘high fear messages’ for cigarette pack warnings. Shanahan et al (2000) reported three conclusions from persuasion literature:

“(i) use of fear or threat is to be avoided

Recent evidence suggests fear tactics in television messages are generally ineffective (Winett 1986, p.36)

Research suggests that a fear arousing approach is usually not desirable for safety messages (Geller 1989, p.202)

(ii) there are conflicting findings in relation to the level of fear arousal

Mild fear-provoking messages have been shown to be effective in a variety of situations (Egger, Donovan & Spark 1993 p.112)

Fear is a powerful motivator, but research has shown that the level of fear does not necessarily relate to behaviour change. Moderate fear appeals seem effective in inducing behavioural change, but low fear appeals may be ignored, and high fear appeals may be so frightening that they paralyse the individual into inactivity (Weisse et al. 1990, p.25).

(iii) fear is fine - sometimes

Fear is useful under certain conditions, provided a solution to fear reduction is easily available and that the fear is based on a personal likelihood of an event happening rather than simply an exposure to an horrific scene. (Egger et al. 1993, p.113)

Increases in reported fear are reliably unassociated with increases in persuasive effectiveness. The evidence to date gives scant support for the idea that persuasive effectiveness diminishes at high levels of aroused fear. (O'Keefe 1990, p.167)

*Elliott (1996) argues that all three conclusions are justified from the literature but that the prevailing viewpoint amongst behavioural scientists and health promotion professionals and practitioners is to avoid threat appeals or to use them with great caution. This view is supported by the 29 interviews of practitioners and experts reported in Backer, Rogers and Sopory's (1992) *Designing Health Communication Campaigns - What Works?* in which the only conditional generalisation is No (20). 'If fear appeals are used in campaign messages, they should be coupled with mechanisms for reducing the anxiety which is created' (p.31) (Shanahan et al, 2000, p.37).*

To be effective, fear appeals must be executed properly, with numerous research studies showing *"that moderate fear levels are more effective, especially when appearing in conjunction with clear and appropriate advice on preventative action (Kok 1993; Lefler & Clark 1990; DeJong & Atkin 1995)"* (Shanahan et al, 2000,p 41).

Moreover, Shanahan et al (2000) outline four components that have been identified as essential components of fear appeals:

- *“Information about the harmful nature of the problem;*
- *Explaining the high likelihood of suffering negative consequences if behaviour change is not implemented;*
- *Outlining specific steps that can be taken to reverse negative consequences;*
- *Explaining the ability of members of the target group to personally carry out these behaviours (Maddux & Rogers 1983)” (Shanahan et al, 2000, p. 41)*

“Others maintain that provided the fear aroused is relevant for the target audience (Donovan 1991) and provides an effective response (Witte 1994 cited in: Atkin, Smith & Bang 1994), fear is one of the best motivating strategies advertisers have at their disposal” (Shanahan et al, 2000, p. 41 - 42).

Recent European proposals will require the implementation of health warnings to be **rotated and distributed evenly**, to ensure that all smokers are made aware of the risks posed by their habit. In addition, new and **relevant scientific data** will be required on packages with an increase in the size of the warnings coverage on the cigarette packs (Directive of the European Parliament and of the Council, 1999).

To highlight the content of labels, the implementation of **rotating warning label information and presenting new and specific information** is necessary to reduce inattention and processing habituation (Andrews, 1995). This has proven to be positive also for health messages on all alcoholic beverage containers in the US (Greenfield, 1996). Selin & Sweanor (1998) suggest that to improve health messages on packages, they **should be changed on a regular basis** to prevent the messages becoming stale. This was also a key recommendation by Elliott & Shanahan Research (1996).

As suggested, the inclusion of scientific data will ensure consumers are educated and informed about information not readily known (Selin & Sweanor, 1998). This includes **more meaningful toxic constituent information for tobacco packages**. This has been raised as an area for future development by Henningfield et al (1994), in particular, the need to devise more scientific means of measuring the content of cigarettes, so as to adequately inform smokers about their nicotine, tar and carbon monoxide intake.

The inclusion of toxic content information is particularly pertinent for cigarettes that advertise 'Ultra or Extra Mild'. Wigand (1998) found that for many, the general perception of cigarette ingredients is just "*tobacco leaf grown in the ground and wrapped in paper*" (Wigand, 1998 p. 336). The use of advertising identifiers such as 'ultra or extra' creates the impression that the smoker is smoking a less harmful cigarette. This has led to misleading information on cigarette packages (Wigand, 1998). Wigand has recently been appointed as a special advisor on tobacco control strategies and on nicotine and addiction issues in Canada (Health Canada On Line, 2000).

Recently, Action on Smoking and Health (ASH) emphasised the need for government and tobacco companies to disclose more detailed information about the contents and additives in cigarettes, as well as highlighting the misconception smokers have about products labelled 'light' as being less harmful (Jones, 1998).

Subsequently, the smokers who change to a 'lighter' cigarette were found to have the expectation of reduced health risks, but may in fact compensate by smoking more of the reduced cigarette (Wigand, 1998).

"The industry has known since the early 1970s that smoker compensation occurs when a smoker using a low-tar product "compensates" for the low nicotine delivery by smoking more cigarettes, with deeper puff volumes and longer puff durations – an effect not replicated on any machine. The industry researchers were even postulating that 'the effect of switching to a low tar cigarette may be to increase, not decrease, the risks of smoking'" (Wigand 1998, p 337).

ASH Australia is currently calling on the Federal Government and the Australian Consumer Competition Commission to enforce that all misleading information on cigarette packages be removed. "*Despite government demands, tobacco companies still refuse to disclose information on the contents and additives in their products*" (Jones, 1998, media release).

Both Canada and Australia have abolished abbreviated toxic contents on cigarette packages. Manufacturers must now spell out the purpose on the side panel: "Toxic constituents" must appear on Canadian tobacco products and "co" and "nic" are no longer acceptable as abbreviations of carbon monoxide and nicotine respectively (Centre for Behavioural Research in Cancer, 1992a; Mahood, 1995).

In a recent study conducted by Liefeld (1999), many smokers want more of this kind of information, and expressed **the need for the packaging to include longer detailed lists of toxic constituents**. This expanded information about poisonous substances contained in tobacco smoke is believed to educate smokers. It may encourage smokers to reflect on the cancer-causing chemicals they are inhaling. Some smokers mentioned on hearing the fact that there are over '200 toxic additives' in cigarettes, that they would like to have more information about these. In addition to these chemical constituents, some smokers have suggested the inclusion of statistics about death and disease rates (Informa Market Research, 1999).

The inclusion of **new and more detailed information**, as suggested by the Canadian research, was welcomed, in particular by women who were happy to see facts and offers on quitting. According to the Canadian research, this type of information is more useful than listing information about patches or nicotine gum (EnviroNics Research, 1999). As well, the inclusion of statistical information, (e.g. 'Death rates in Canada from smoking compared to incidences of murder') was seen as a positive move to keeping consumers educated (Informa Market Research, 1999).

There is an argument for **stronger content messages** on tobacco packages for the toxic constituents of cigarettes by Henningfield, Kozlowski and Benowitz (1994). They believe that advertised nicotine-yield ratings in the United States currently do not adequately predict nicotine intake by individual cigarette smokers. They have proposed a new system for testing and labelling cigarettes with respect to toxic constituents. Henningfield et al (1994) suggest banning the terms "light" and "ultra light" on cigarette packaging; and, in another study Bettman, Payne and Staelin (1986) suggest using a rating scale to depict visually the amount of hazardous poisons contained in tobacco products.

Wigand (1998) advocates the need to inform consumers of the influence of cigarette design features in facilitating the delivery of toxic components as the following quote illustrates:

“The manufacturers should be required to clearly identify where the ventilation holes are located on the filter or redesign the location of the laser-perforated holes so that they cannot be blocked either by the fingers or lips of the smoker. The industry has long known that the ventilation engineered position of the laser-perforated vents on the filter corresponded to the position where smokers would place their lips when drawing on a cigarette or where they would hold the cigarette with their fingers. At a minimum, the tobacco companies should add this information to their current labelling, either on the pack but preferably on the cigarette. This should not pose a problem given all the logos that have appeared on the cigarette rod. This would assure that consumers are getting the deliveries they expect from labelling and advertising claims, particularly when smokers switch to a lower delivery product because of health concerns.

Smokers’ knowledge could also be enhanced through consumer education. Few consumers are aware of cigarette design features that impact the delivery of toxic components to which they are exposed while smoking an ultra-light product. Smokers who switch to low-delivery products have expectations of reduced risks, but in fact they are not attaining them when ventilation holes are occluded unintentionally or unknowingly.

Smoker compensation is usually associated with a switch to a lower delivery product. Smokers smoke more intensively to satisfy their cravings for nicotine. When compensation is coupled with ventilation blocking, the smoker receives higher deliveries of tar, nicotine, and CO. Repositioning or identifying the location of the ventilation holes would reduce the largest contributor to higher delivery levels. While smoker compensation and smoking behaviour cannot be controlled, elements of cigarette design such as ventilation perforations, which radically affect consumer exposure, need to be addressed”. (Wigand, 1998, p. 337)

The **content of the messages** plays a significant role in influencing behaviour. Findings of research on the proposed Canadian warnings found they advanced the knowledge of smokers about the adverse effects of smoking. These warnings were able to provide a wider range of topics and provide detailed information. These successfully reached people who had “*previously disassociated themselves from the threatened health impacts*” (Informa Market Research, 1999, p.4). These proposed warnings are a metamorphosis from Canada’s 1994 tobacco health warning labels.

In 1994, Canada introduced a subtle change to content for half the messages, from a “blame the victim” approach (e.g. “Smoking causes cancer”) to one which outlines the inherent defects associated with using the product (e.g. “Cigarettes cause cancer”) (Mahood, 1995). The first addiction warning was introduced (e.g. “Cigarettes are addictive”) and the strongest warnings on environmental tobacco smoke (ETS) in the Western tobacco market, (e.g. “Tobacco smoke causes fatal lung disease in non-smokers” and “Tobacco smoke can harm your children”) were also introduced in an attempt to improve the effectiveness of health warnings.

Three of the messages had been personalised (e.g. “Smoking can kill you”) (Mahood, 1995). Since this time, recent studies suggest the need for further personalisation of messages. The Environics Research (1999) observed that participants liked messages that were personalised, such as ‘You Stink’ or ‘Smoking Decreases Your Energy Level’.

Since the 1995 Australian health warnings, several studies have detailed the effectiveness of the different content of health warnings. It has been found that smokers considered the Government health warnings in **Australia to be important** and play a role in educating and informing (particularly young) smokers on the health risks of smoking (Elliott & Shanahan Research, 1996). There were similar attitudinal findings in Canada, where “*Smokers want to be reminded of the health risks associated with smoking*” (Tandemar Research, 1996, p.5).

However, the **different health messages described in health warnings create different responses in smokers**, with most young smokers tending to reject any health threats (Informa Market Research, 1999). Messages containing reference to ‘cancers’ are also rejected as they are effects associated with older smokers (Elliott & Shanahan Research, 1996; Beede & Lawson, 1992). Younger or teen smokers appear to reject many health warnings, as attention to and recall of messages is governed by the salience and perceived relevance of the information (Thomas et al, 1997).

Research such as Thomas et al (1997), Environics Research (2000) and Informa Market Research (2000), has indicated that messages such as lung cancer or heart disease are rejected because people do not relate to them. It is claimed smokers are far more likely to react to warnings that would affect their appearance, such as: when smoking is linked to wrinkles, diseased gums or decaying teeth. Consequently, attention to and recall of messages is governed by the perceived relevance of the information (Informa Market Research, 1999). Therefore, adolescents are usually not influenced by interventions that “*focus on more distal, health-related outcomes*” (Thomas, et al, 1997,p 271).

Younger smokers are far **more concerned with the immediate health effects** of smoking, which may primarily have an impact on their social status. These younger smokers are more likely to mention the effects of shortness of breath, lack of fitness, and bad breath. They are aware of lung cancer and heart disease, but these issues are seen to be a concern for much later in life. Many young smokers believe they will ‘give up’ in the near future, therefore these diseases are unlikely to affect them (Environics Research, 1999).

In contrast, older smokers (31-50 years), have significant regrets about starting smoking and were found to frequently talk about friends or relatives who have died from smoking related illnesses (Liefeld, 1999). Therefore, messages that strike at a smoker’s fundamental fear of dying (e.g. Slow and painful death) or social acceptance fears (e.g. You Stink) have been shown to have far more impact (Environics Research, 1999). Messages with a **strong emotional appeal** have a greater impact on influencing behaviour.

Furthermore, suggested improvements in pack labelling by Selin and Sweanor (1998), called for messages with a **greater variety of themes** and for these themes to be **presented in a creative format** in order to communicate sufficient information for consumers to make informed decisions. Mahood (1999) maintains smokers should understand the benefits of ending or modifying their tobacco use. The range of messages proposed by Health Canada was clearly welcomed by smokers for the variety and range of themes covered (Informa Market Research, 1999).

3.3.3 Graphics

The inclusion of graphics, colour, and photos has been a major area of research in Canada recently. The research tested some warnings designed by Canada's "Tobacco OR Kids" Campaign. The results indicated that smokers want **'larger warnings with pictures, colours, and graphics. They want tough, frank messages outside and inside the package'**. Photos on the front panel have been found to be the most effective position, as well as perhaps placing some on the back (Enviro-nics Research, cited in Mahood, 1999). The photos are able to expose the smoker to 'new evidence' about what happens to the inside of a smoker's body (Informa Market Research, 1999).

There were 35 different images and messages tested in the Canadian research, with the results indicating an appreciation for a variety of themes, including a photo (Informa Market Research, 1999). Some of the key findings of the research are:

- On showing a photo of an emphysema lung, compared to a warning of just text alone, 72% (against 11%) chose the photo-based warning as the most encouraging to quit;
- When a mouth cancer warning, combined with a photo, was shown in four different sizes, 64% of the respondents chose the largest sized warning (80% of the pack) to be the most effective;
- The 'photo based' warnings were found to be more effective among youth than adults (Enviro-nics Research, 1999).

In addition, **warnings with larger pictures** were found to be far more visually effective than those with smaller coloured pictures, but these were more effective than black and white (Liefeld, 1999).

The participants were also very supportive of using graphic images of the health effects of smoking to demonstrate the hazards. Using graphic images was seen as a way to capture the target audiences who were currently ignoring the 'text only' health warnings. Photos with warning messages were on average, 60 times more encouraging to stop or not to start smoking, than messages without photos (Liefeld, 1999).

The Canadian proposal to **use dramatic and vivid images affected different smokers differently**, thus highlighting the need for consideration of a wide variety of warnings. The use of photos reactivated smokers' interest in the cigarette packages and had a significant effect on those interested in quitting. Older smokers felt the images would deter young people from adopting smoking. However, in some cases this type of information was 'very threatening and invited dismissal'. It did not appear to reach all smokers and created defensiveness among some (Informa Market Research, 1999). The president of the Canadian Tobacco Manufacturers' Council, Mr Rob Parker, felt the proposed Canadian warnings would not be effective and may even 'backfire' by igniting a rebellious attitude from adolescents (Canoe Health News, 2000).

Despite some defensiveness, **overall the larger more strongly worded warning messages, supported by some emotionally strong photos**, were found to increase the relative influence of warning messages on cigarette packs. This would increase the general public's "*thinking about smoking compared to other sources of influence such as smoking related illness or death of a family member or friend; or scientific reports of the hazards of smoking in the media*"(Informa Market Research, 1999, p. ii).

The photos, which received a great deal of positive reaction, were **images of cancerous mouths, lungs and brain**. The mouth was viewed to be most significant as, 'everyone can see your mouth'; whereas, the lungs and other organs are inside the body and not visible. The research suggested that placement of these images on packs would also discourage smokers, who would be embarrassed or afraid to let other people view the pack. This could act as a motivating element to quit (Environics Research, 1999).

As mentioned previously, one of the most effective visuals to emerge from the Informa Market Research (1999) was the **mouth cancer photo**. In considering the use of gruesome depictions of organs on cigarette packages, the following factors may contribute to the relative effectiveness of warnings:

- the "shocking" nature of the photos;
- the "largeness" of the photos; and
- the impact on the smoker's personal appearance.

3.3.4 Believability and Memorability

Since the previous Elliott and Shanahan Research Literature Review in 1996, there appears to have been little research internationally conducted in the area of believability. Most of the available research has been conducted in Australia. In understanding how consumers interpret the warnings, it is relevant to revisit some of this research.

The persuasion theory of Fishbein and Ajzen (1975) argues that a critical feature for influencing behaviour is the need for the communication to be believable. If persuasive communication is to be effective, it must ensure that the receiver accepts (or believes) the piece of communication (e.g. the effects of smoking), “*which attempts to link the object and the attribute (e.g. birth defects)*” (Fishbein & Ajzen, 1975, p.389).

Believability, moreover, tends to vary according to the **strength and changeability of one’s attitude** (Beltramini, 1988). For example, those who held firm attitudes about smoking being hazardous to one’s health were more likely to perceive the warning label as more believable. This is further documented by Borland and Hill (1997), who found smokers **were more likely to agree that smoking was addictive** than harmful, and suggested that smokers are underplaying the personal risk associated with smoking.

Why smokers underestimate the effect of Government Health warnings could possibly be explained by the phenomenon known as “psychological reactance” or the “boomerang” effect. This occurs when new information is extremely incompatible to pre-existing knowledge, resulting in an attitude change. This attitudinal change is against that intended by the material. Hyland and Birrell (1979) argue that:

“...the Government health warning introduces an extremely dissonant relation into a smoker’s (and presumably only a smoker’s) belief system, namely, that his actions (which he has freely adopted) are likely to lead to his death. Such highly dissonant information must surely fall at the extreme end of the latitude of rejection.” (p.647)

Despite the small sample size of the Hyland and Birrell (1979) study, they suggest that Government Health Warnings can be interpreted as a threat, and threats are generally linked to ‘boomerang effects’ (Elliott & Shanahan Research, 1996).

Notwithstanding the fact that almost all Australians have heard about the dangers of smoking (Borland & Hill, 1997), does not mean that they believe or know all the information that is crucial to making the decision to smoke. Their findings, also supported by Elliott & Shanahan Research (1996), indicate that the information about the effects of smoking are not very prominent in smokers' minds: they have a **reluctance to admit the reality of the dangers**.

Similar findings were found by Andrews, Netemeyer and Durvasula (1990) on alcoholic beverage labelling. The findings outline that those who need the warnings the most (i.e. regular drinkers) are those most likely not to attend to the messages because of defensiveness. The alcohol warning labels appear to be falling on "blind eyes" and "deaf ears". Comparable with a study by Hankin, Firestone, Sloan, Ager, Goodman, Sokol and Martier (1993) found that while female light drinkers changed their behaviour as a result of the introduction of the alcohol warning labels on the risks of drinking when pregnant, female risk drinkers did not. Other research by Hawks (1999) found strong support for the introduction of standard drink labelling, which would help drinkers moderate their drinking.

More recently, results shown by Les Etudes De Marche Createc (1999) tested the credibility or believability of the Canadian proposed warnings. The results indicate that all messages with reference to the dangers of smoking to babies and children are the most sensitive to smokers. Yet, although many felt the presence of warnings was not effective, the believability of the individual warning messages was a reason for teenagers and those thinking of quitting not to smoke. It was low among committed smokers (Les Etudes De Marche Createc, 1999).

Other messages, such as messages relating to passive smoking were not as believable as general messages, and messages which elicit personal vulnerability were the most believable. (Tuffin, 1990 cited in: Centre for Behavioural Research in Cancer, 1992a)

Preceding research has shown that the credibility of the warnings has been challenged. In testing the new messages proposed by Health Canada, some smokers believed that some forms of cancer are directly related to smoking, while others are not. They believe that many other lifestyle related factors also contribute to certain types of cancers (Informa Market Research, 1999).

Subsequently, with the increased pressure on Governments to change the health warnings on tobacco products, there has been a significant increase in the amount of research **on memorability and noticeability** of health warning labels available.

Prior to 1995 most research on memorability of tobacco health messages had been conducted in Australia; for example, Hill (1988 cited in: Centre for Behavioural Research in Cancer, 1992a) conducted a survey to investigate recall of the health warnings on cigarette packages in 1986. He found that 92% of smokers recalled: "Warning - Smoking is a health hazard". Another survey was conducted following the introduction of the four new health warnings in 1986 (Hill, 1988 cited in: Centre for Behavioural Research in Cancer, 1992a). Recall among smokers was highest for the statement: "Smoking causes lung cancer" (51%), followed by "Smoking reduces your fitness" (33%), "Smoking causes heart disease" (32%) and "Smoking causes lung damage" (17%).

In contrast, the recall of health warnings amongst smokers increased in subsequent years, as demonstrated in the Elliott & Shanahan Research (1996). The study found that 98% of smokers were aware of a health warning appearing on the front of cigarette packages. The most memorable message among all smokers was: "Smoking when pregnant harms your baby" (65%), followed by "Smoking causes lung cancer" (48%), with "Smoking kills" and "Smoking causes heart disease" (37% and 35% respectively).

Elliott & Shanahan Research (1996) found that although awareness and memorability of existing messages was high for all current labels, the **memorability of toxic constituent levels remained low**. A Western Australian study (Stockwell, Rutley & Clark, 1990 cited in: Centre for Behavioural Research in Cancer, 1992) indicated that 77% of smokers were aware nicotine was contained in their cigarettes. Only 12% knew that carbon monoxide was present in cigarettes. Borland (1997) in a follow up study amongst smokers, reports a **lack of knowledge** of the levels of constituents in the cigarettes they smoke.

Interestingly, the most frequently requested information by smokers to appear on cigarette packaging related to the toxic and additive ingredients, together with more fact based information in regard to the risks associated with smoking (Environics Research, 1999). The Canadian proposed labels require the display on all cigarette packages, showing the levels of tar, nicotine, carbon monoxide, benzene, hydrogen cyanide and formaldehyde (Health Canada On Line, 2000b).

The need for new health warnings is in recognition that all current health warnings have ‘worn out’. Elliott & Shanahan Research (1996) raised this as a problem in regard to their effectiveness and was supported by the literature on tobacco health warnings. There is the suggestion of “wear out” by Kaiserman, 1993 and Fischer, Krugman, Fletcher, Fox and Rojas (1993), which must be seriously considered in relation to developing new health warnings on tobacco packages. In addition, Environic Research suggests the need to continually have varying formats and messages to retain smokers’ attention (Environic Research, 1999) on tobacco products.

There is strong evidence to demonstrate that although **health warnings are remembered, they no longer are seen by smokers** (Informa Market Research, 1999). Initially, the warnings were noticed following their introduction (Borland & Hill, 1997); however, more recent research suggests that smokers have “*typically memorised all the current health warning labels and are not paying attention to them since they have seen the same messages for so long*” (Environics Research, 1999 cited in Health Canada On Line, 2000d). The number of people reported in a study by Borland and Hill (1997) who refrained from smoking increased as a result of the introduction of the 1995 Australian warnings. Informa Market Research (1999) found new messages are needed to regenerate a smoker’s interest in the health warning section of cigarette packs.

Elliott & Shanahan Research (1996), suggested that the 1995 health warnings were perceived as **memorable, believable and noticeable**. However, the extent to which labels are noticed seems to depend on smoking behaviour. Heavier smokers tended to see the labels as part of the pack, whereas lighter smokers see them as more relevant. As well, some of the messages were seen as more specific for certain segments or target markets, i.e. pregnancy is more relevant for women. This suggests the need for messages to be specifically targeted, and is discussed later in this literature review.

3.4 Key Factors Influencing Effectiveness of Health Warnings

Several factors were revealed in the Elliott & Shanahan Research (1996) as **influencing reactions** and the **effectiveness** of the health warning labels, such as gender, age and smoking behaviour.

Light smokers or social smokers or those contemplating quitting seemed **more receptive** and **accepting of the health warnings**, whereas heavier, more entrenched smokers were less receptive, and non smokers recognised the most merit in the health warnings.

The health warnings have **influenced people's knowledge and awareness of the issues surrounding the health affects of smoking**, although there is some evidence of 'wear out' (as discussed previously in this review).

The **most recalled** message amongst women was "Smoking When Pregnant Harms Your Baby". "Smoking Causes Lung Cancer", although highly recalled, was seen as a **fact**, but **too removed from the immediate gain young smokers receive from smoking**. Current research suggests using stronger emotional messages which are more effective in prompting current smokers to stop or start smoking (Liefeld, 1999), plus a need to have a wider range of topics.

In developing different messages for different audiences, the different motives for smoking should also be identified. The Canadian research by Les Etudes De Marche Createc (1999) concludes that teenagers are the most sceptical about the effectiveness of the health warnings.

The importance of the information on the side of the pack, was said **to increase when a smoker was attempting to quit**. This information becomes relevant as it allows the smoker to reduce the tar and nicotine content of the cigarettes they smoke.

In conclusion, the perceived effectiveness of the presence of warnings suggest that their presence is not conclusively effective in encouraging people to question their use of tobacco once they have the habit, but could play a role when the decision to quit smoking or to start smoking is being contemplated.

3.5 Targetting Messages

The literature by Krugman et al (1994) suggests the need for health messages to **be marketed to certain segments of the population**. This is also supported by findings from the Elliott & Shanahan Research (1996). Overall, those smokers who appeared to be most likely to be **positively influenced** by the health warnings and health information on cigarette packs were: **women**, people aged **15-17 years**, people who had attempted to quit in the last **12 months**, and those who were **light smokers** (Elliott & Shanahan Research 1996). Krugman et al (1994) point out the need for health warnings to be marketed to certain segments of the population:

“During the long history of cigarette warnings there has never been a comprehensive program to investigate a specific market segment, develop warnings for that segment, and determine if that segment actually attends to the warnings... there is a history of failed attempts, largely due to the fact that most consumers either do not pay attention to the information or fail to interpret the information in a way that affects their behaviour.” (Krugman et al, 1994, p.40)

Many understand that smoking is damaging to their health, but beyond a superficial level of knowledge, the levels of risk are inadequate. There is therefore, a need to have highly visible and specific information (Mahood,1999).

Subsequently, **younger smokers are often dismissive** of the risks and adopt the attitude that ‘everyone dies from something’ (Liefeld, 1999). Older smokers, many of whom have tried to quit are resigned to the fact that they are addicted to smoking and therefore cannot stop. Many are old enough to have friends or relatives who have died as a result of smoking (Environics, 1999). This follows policy objectives set out for the National Tobacco Strategy which highlights the need to “*prevent the uptake of tobacco use in non-smokers, especially children and young people*”(MCDS, 1999, p11).

Thomas (1997) conducted studies on smokers and found more than 90% of adult smokers began smoking when they were teenagers. Of these adolescents, those smokers who were contemplating smoking or experimentation were mostly influenced by health warnings.

In considering the issue of specifically targeting messages to different audiences, it is important to take note of the various motives for smoking. Three motives have been identified by Ho (1994) for influencing adolescents to adopt smoking. These are: **pleasure, social acceptance** and **addictive/ habitual needs**. Whilst the health warnings on tobacco packs have been found to have deterrent effects on adolescents (Environics Research, 1999), the impact of these messages was dependent on their motives for smoking. Smoking for adolescents is often associated with making friends, peer pressure, and the need to fit into the social surroundings, with habit resulting. Older smokers believe smoking is a way to relieve stress (Environics Research, 1999).

Nilsson (1999) suggests that warnings on cigarette packs would have a greater impact on particular groups, if they are **specifically designed to address the concerns** of a variety of ages. This would include designs and themes perceived by young adults, older adults, and even parents to be relevant to them. For example, there is the need to highlight messages which detail the consequences of smoking on one's appearance (earlier demonstrated to be effective on young adults), rather than the consequences that relate to potential 'invisible' health problems that may take years to develop and are perceived to be relevant for older smokers (Nilsson, 1999).

Adolescent motives for smoking also vary according to gender. The benefit gained from smoking was thought to override any potential negative health outcomes for female adolescent smokers. They smoke to fulfil pleasure motives and are more likely to ignore the deterrent health warnings on tobacco packaging. In contrast, male adolescents viewed the warnings as a deterrent, regardless of their motives for smoking (Ho, 1994).

As well, some other studies have shown that many people tend to act in a manner which "*reflect their expectations of benefit rather than costs*" (Eiser et al, 1995, p. 221). The estimation of smokers and non-smokers towards their personal risk is illustrated in the following statement by Bettman et al (1996):

"Empirical evidence indicates that consumers will ignore information which they feel has little benefit. Consequently, if consumers perceive little risk (cost) associated with using a product, they are unlikely to seek out and process information about a product's potential risk" (p. 5)

Many argue they have no control over their addiction and the outcomes are irrelevant.

Donovan, Leivers and Hannaby (1999) investigated whether smokers respond differently to anti-tobacco advertising based on which stage of change they are at on Prochaska and DiClemente's Transtheoretical Model of Change (1983). They found that individuals in the various stages of change do respond differentially to elements of the social marketing mix based on the conclusion that "*call to action messages to pre contemplators could stress cutting down, whereas messages to those in later stages would emphasise quitting outright*" (Donovan et al,1999, p. 63).

Donovan's results suggest research be conducted separately on smokers in the **different stages of change**. The development of anti tobacco campaigns should ensure two aspects of the audience disposition are relevant: involvement in the issue and readiness to change. More involved audience members, especially those contemplating change, are more likely to discuss the issue with others, and be self motivated to change their smoking behaviour (Atkin & Wallack, 1990). The health warnings can have a positive effect on those starting smoking and those contemplating quitting, if they are highly visible and provide detailed not generalised information (Mahood, 1999 cited US Department of Health and Human Services).

Dyer (1983) investigated the effectiveness of different messages on smokers at different stages of change (Shanahan et al, 2000). This study involved smokers response to a TV program called 'Smokers Luck'. A shocking message seemed to be effective for light smokers while the heavy smokers were least persuaded.

"Thus, shocking messages seemed to work, but with lighter smokers who are perhaps already predisposed to cut down on their smoking or give up smoking.

What the Dyer study reveals is that fear messages are likely to impact differently depending on where the audience is at in relation to the behaviour in question. This could equally apply to positive messages.

In accordance with modern communication theory and also 'quitting' theory people are at various stages in the quitting process. The effects of threat messages in terms of generating a fear reaction and in terms of a change response are likely to be influenced by where people are in the change process. Depending on where a viewer is in the process of quitting, their reactions are likely to influence how they perceive the threat and what they will do with the message producing the threat" (Shanahan et al, 2000, p. 38).

While virtually all committed smokers in a study by Informa Market Research (1999) claimed that current warnings will not make them quit, they believe that warnings may act as a **deterrent for new smokers** or help people who are trying to motivate themselves to quit.

3.6 The Canadian Experience

In September 1994, Canada's tobacco warnings set world precedents in informing the general public about the dangers of smoking. In January 1999, Canada's Health Minister Allan Rock proposed a new health warning system. This included new regulations for use of hard hitting graphics in full colour to occupy 50 per cent of the pack. As suggested by Health Canada, the new proposed Canadian health warnings (See Appendix) need to capture and maintain attention, be understandable, memorable, informative and credible. In order to achieve this, the messages should have new attributes that vary, such as the **use of colour, photographs, size of warnings, location and warning words**, which can all play a role in achieving a greater effectiveness for health warnings (Health Canada On Line, 2000b).

The Canadian proposals would require tobacco manufacturers to display health messages and graphics, plus detailed information about diseases and how to quit, on all tobacco packaging.(Health Canada On Line, 2000a). The chosen messages and proposed graphics were selected based on their likely effectiveness following some extensive testing among youth and adult smokers in 1999.

The Canadian proposed changes to health warnings has prompted world wide attention on evaluating the effectiveness of existing health warnings and ultimately, how to improve these labels to ensure consumers constant awareness of the health risks involved in smoking (Canoe Health News, 2000b, Cigarette Label Law Under Fire. Internet Site, www.canoe.ca/health). At present, Europe has put forward its 'Directorate of the European Parliament and of the Council', reviewing the current laws and regulations for the manufacture, presentation and sale of tobacco products. This includes the proposed introduction of new health warning labels similar to Australia and Canada. Furthermore, the Philippines Senate Committee on Health and Demography has prepared a "White paper on tobacco and smoking" (1999) outlining the need for the current labels to have more specific, explanatory, and stronger health messages, in line with other international health warning messages (Philippine Senate Committee on Health and Demography, 1999).

Canada was the first country to propose such strong health warnings, and on June 28, 2000 these proposals became law with regulations that require health warnings, containing both text and graphics to cover 50% of all tobacco products sold in Canada (Health Canada On Line, 2000e). According to Health Canada, the legislation will ensure that all Canadians, particularly the young, are better informed about the health hazards of smoking. For the first time, these new labels require smokers to receive health and cessation information on the inside of the tobacco products (Health Canada On Line, 2000e). The Canadian Health Minister Allan Rock has said that manufacturers will have to reveal the toxic substances they put in their cigarettes and information about how to quit smoking. The industry will be required to produce information about their products, marketing research and its promotional activities and sales.

In response to these new warnings, some Canadian tobacco companies have been quick to criticise the Canadian Government's decision to allow these new warnings to be implemented. They have launched a lawsuit aimed at striking down the federal legislation requiring larger health warnings on cigarette packs. They argue that the new labelling law is unconstitutional as it "infringes on the corporations expression of freedom" (Health Canada On Line, 2000c, p. 1). Mahood (2000) has argued against this, claiming that the lawsuit suggests the industry is hypocritical about the real health dangers caused by tobacco use.

A tobacco industry spokesman from Imperial Tobacco, claims "*these packages belong to us, we believe that for the government to come and seize 50% of the package for their own purposes is an expropriation of our trademarks and our packages*" (Health Canada On Line, 2000c, p. 2)

Not only will these new health warnings cover 50% of the pack, but they will include grotesque and brightly coloured images of cancerous lungs and clogged arteries, and to show smoking can prevent men achieving an erection, the use of a phallic cigarette drooping (Health Canada On Line, 2000c). These new warnings will start appearing on Canadian tobacco products, printed in both English and French by January, 2001.

3.7 Australian Press Coverage

There has been extensive media coverage in Australia recently on tobacco health warnings and other related issues. The following extracts from press articles illustrate some public reaction and opinions on several prominent issues relating to tobacco use and health warning labels. For example:

- the new labelling requirements for tobacco products in Canada;
- proposed legislation in NSW for the banning of smoking in public areas such as restaurants, hotels and club dining areas.;
- the need for new tobacco health warning messages in Australia;
- recent medical findings relating to the effects of tobacco consumption; and
- advocates' opinions on anti- smoking campaigns.

“Australian and British health authorities yesterday called for tougher labels on cigarette packets, including a warning that smoking causes impotence. The British Medical Association called for the impotence warning as it launched a report that said 120,000 British men aged 30 to 49 were impotent because of smoking. Australian health authorities immediately backed the proposal and said greater efforts were needed to stop young men smoking. The Australian Medical Association and the Anti-Cancer Council of Victoria back the impotence warning and called for display of pictures of damaged arteries and other body parts harmed by smoking. The director of the Anti-Cancer Council, Professor Robert Burton, said the link between smoking and impotence was well established years ago. The six warning labels on Australian cigarette packets needed to be revised and expanded, he said.” (The Age, 3 June 1999, p.3)

“Smoking might be responsible for about one in five cases of blindness in Australia, according to new research released yesterday. The research has prompted eye specialists and doctors to call for a label on cigarette packets warning people on the link. A report in the latest Medical Journal of Australia estimates that nearly 20,000 Australians might have advanced age-related macular degeneration due to smoking. It is the leading cause of blindness in Australia. The report’s authors, Associate Professor Paul Mitchell and Associate Professor Simon Chapman, of the University of Sydney, and Mr Wayne Smith, of ANU, have called for the warning “Smoking is a major cause of blindness” to be required on all cigarette packets”. (The Age, 18 August 1999, p.6)

*“Hotel bar patrons will soon be **placing their beers on coasters warning them smoking causes impotence**. A series of beer coasters and stickers with that message and that smoking causes reduced blood flow to an erection will be released next week as part of a drive to debunk the sexy image associated with cigarettes. The move comes as the Federal Government prepares to introduce new cigarette packet warnings as part of a sweeping change to existing warnings. Action on Smoking and Health Australia chief executive Anne Jones said the group produced the coasters and stickers to drive home the message smoking was a health hazard and a social handicap. She said warnings on tobacco product packets were five years old and needed updating. (Courier Mail Tuesday 25 April 2000, p. 2)*

*“Cigar smokers are a third more likely than non-smokers to develop heart disease – the first time the link has been made – according to new United States research. The association between cigarette smoking and heart disease is well established, but cigars have been touted as a healthier alternative. The survey, conducted by doctors from the most aggressively anti-smoking US state, California, also confirms earlier findings that **regular cigar puffers are 50 per cent more likely than non-smokers to develop lung diseases**, and twice as likely to suffer cancers of the mouth, throat and lung....Obviously we’re concerned about the myths associated with cigar smoking – that it’s safer than cigarettes”, said the chief executive officer of Action on Smoking and Health (ASH), Ms Anne Jones, “Some of them have very high nicotine content. Because cigars were frequently sold individually, health warnings were not always included, she said “Cigars have come in under everyone’s guard”. (Sydney Morning Herald, 12 June 1999, p.13)*

*“**Smoking and drinking may increase the risk of the disfiguring skin disease psoriasis**, an Italian study found....this is a common chronic skin disease which often results in visible scaly patches...the study found the psoriasis sufferers were likely to be smokers, ex-smokers and the risk increased with the number of cigarettes smoked and decreased with the length of time since quitting”. (The Daily Telegraph (1st edition), Fri 9 June, 2000, p. 16)*

*“Proposed new laws banning smoking in restaurants and hotel and club dining rooms in NSW should be expanded, the Australian Medical Association said yesterday. Under the proposal, revealed in The Daily Telegraph yesterday, smoking would be banned in restaurants, including dining rooms in hotels and clubs, although smokers may be allowed to light up outdoors. Bars and gaming areas in hotels will also be exempt. Cabinet approval is expected with the legislation likely to be introduced to Parliament this session....But the AMA’s NSW branch yesterday said the bans did not go far enough. Presidents, Dr Kerryn Phelps, said while the laws were a step in the right direction, the bans needed to cover all venues where food or drinks were consumed. **“The AMA (NSW) wants the government to introduce blanket bans in any enclosed area where food or beverages are consumed,”** she said. Earlier this year, the AMA launched a joint campaign with the Restaurant and Catering Industry Association (NSW) and Action on Smoking and Health (Australia) to lobby the government for an across-the-board ban”. (Daily Telegraph, Tuesday May 2, 2000 p, 22).*

“Attempts to scare teenagers into stopping smoking using graphic advertising campaigns has failed, say anti-smoking experts, who believe understanding addiction and why children smoke could be the new keys to prevention. While maintaining a focus on shock-horror messages – which are still seen as essential to the anti-smoking message – experts recognise they are not enough on their own. ...“Trying to develop interventions to stop kids having their first cigarette have become out of date by the secondary school age because by that stage they have usually already experimented in smoking”, Dr Borland said... “We need to understand more about how kids relate and how smoking is embedded in their culture”, he said.... “There has been a lot of work on smoking prevalence and behaviour but the other areas have got a lot less attention in terms of ways we can cut levels of smoking and consumption”, said VicHealth chief executive officer, Dr Rob Moodie. (Publication: The Sunday Age, Publication Date: 7 February 1999).

*“Lung Cancer could soon outstrip breast cancer as the single biggest killer of Australian women as an 11-year study of the disease shows a staggering 67 per cent rise in the cases among females. The study by researchers at Concord Repatriation Hospital and the University of Sydney, also attributed a fall in lung cancer rates among men to anti-smoking campaigns...“But **the rise in incidence rates in older women suggest it is likely to become the biggest killer, overtaking breast cancer.** It certainly is already by a long margin in America where it overtook breast cancer in the early 90’s”...They estimate that without such changes in behaviour there would have been 400 extra cases of lung cancer in 1995...“For women, the news is far from optimistic”, he noted. “Earlier this century, women were relatively protected from lung cancer because of lower smoking rates and later age at smoking initiation...”*

“I think the big message from this is that it is out to focus government on what is achievable because we have cut smoking rates a bit and we know smokers are smoking fewer cigarettes each day and we know that that’s what’s saving young men”. (Publication: The SMH, Publication Date: 19 June, 2000).

4. Underlying Attitudes to Smoking

4.1 General Attitudes to Smoking

4.1.1 Perceived Benefits of Smoking

Smokers throughout the study invariably elicited some strong and favourable comments regarding the **pleasure and enjoyment** they receive from smoking. The pleasures of smoking were experienced by smokers of both genders and across all age groups. If anything, the longer term and more committed smokers were more adamant in their belief that smoking is **a pleasurable activity**.

“But there is no doubt that smoking is an incredibly enjoyable activity. I know that I have done a lot of things that I know are bad for me, like smoking. I got rid of all the other things, but smoking is the only thing that has really got me and I can’t get rid of it”. (Female, 25+ years, Committed Smoker)

“I’ve never bothered trying to give up. I enjoy a smoke. The first thing I do in the morning when I get out of bed is to have a smoke. Coughing, a smoke and have breakfast and then go to work”. (Male, 25+ years, Committed Smoker)

“In 1980 I came to Australia, I came here when I was 19. Smoking for girls in my country was a big no, unless you had your own money. So I started smoking when I came here and I found out that cold weather makes you feel like smoking and I enjoy it”. (Female, 39 years, NESB)

Closely allied to the pleasure obtained from smoking was the benefit of smoking as **a relaxant and stress reliever**. Once again, as noted in the benchmark study of 1996, smokers maintained that in times of high stress and anxiety, their consumption of cigarettes is likely to increase. Cigarettes often become an habitual stress reliever or comforter for everyday activities and living.

“Like at school, at lunch time, we can go out to coffee shops and stuff and we just smoke, but after you eat you always have to have a cigarette”. (Female, 15-17 years)

“It’s so comforting”. (Female, 25+ years, Contemplator)

“I don’t smoke during the day, just at home. If I’ve had an argument then I have a cigarette. I used to use it as a luxury thing but now I do it also as stress relaxing. I associate it with relaxing”. (Female, 25+ years, Contemplator)

Often, in the study, **young smokers** (i.e. under 25 years) in particular, claimed that smoking “helps relieve boredom” and enables them “to do something with their hands”.

“Something to do. I know myself I don’t have a job at the moment and I need something to do with my hands and so, I smoke”. (Female, 15-17 years)

“I used to smoke a lot when I was on the phone. If I was on the phone with my girlfriends I’d have an automatic cigarette and I know I doodle with a pen. I agree it’s the hand nervous thing. Try to choose a more positive way of getting it out. I do believe that we end up with a physical addiction as well and that’s why it’s harder for people to go cold turkey. I couldn’t imagine going cold turkey, I don’t know how people do it”. (Female, 25+ years, Ex-Smoker)

Lifestyle and social needs play an important role in the decision made by young people to smoke. According to many of the young smokers who took part in this study, the lifestyle and social factors that have an influence on their smoking behaviour include:

- Smoking can provide a **sense of belonging** to a peer group with smoking adopted as a symbol of peer acceptance;
- The socialising of young people often finds them in environments in which smoking behaviour is already an accepted activity and part of the social milieu, for example in clubs, hotels, and bars. Cigarettes and smoking act as a social lubricant in these situations. Consumption of alcohol in particular, was frequently mentioned as a trigger to have a cigarette. This, together with a club or pub environment can represent a **very strong influence** on the decision to smoke; and
- Allied to lifestyle, and peer group behaviour in the case of young smokers, as influences on whether or not to smoke, is the glamorisation of smoking and the image projected of smoking and smokers on film. This imagery acts as a backdrop to the decision to smoke and to maintenance of smoking behaviour.

“I used to smoke during the day and then at night, but I hated it, I hate smoking during the day, I use it more as a treat having a drink or a wine or something like that or going out socialising and now what I’m doing is when I go out I have a treat. It’s not good for me so I only smoke say 7 or 10 and then on the weekend if we’re going out. Try and change my pattern from not smoking after 7 o’clock”. (Female, 25+ years, Committed Smoker)

“Sometimes I smoke 30. It depends like if it’s a Monday night or something and only had maybe 3 or 4 during the day and I might have 5 or 6 that night and that’s it. The next time I might be going out somewhere and I might smoke my head off, like 30 in one night”. (Female, 25+ years, Committed Smoker)

“When you start drinking, and if you smoke, it’s hard to stop smoking and I don’t think I could drink and not smoke, I started again after 18 months, when I went out to a party”. (Male, 18-24 years, Contemplator)

“On most social occasions you seem to feel it a lot without a cigarette. You can cut it out because you have to in work situations and after a while it’s quite easy not to do it in that (work) environment, but I think on a social thing it’s a bit more difficult. I used to smoke a lot more than I do now, but I do find in certain situations winding down and relaxation, it’s more like I’m nice and relaxed it’s like a treat (to smoke)”. (Female, 25+ years, Contemplator).

4.1.2 Perceived Problems With Smoking

In all group sessions and interviews, the perceived **high financial cost of smoking** was spontaneously raised by both smokers and ex smokers and unfavourably commented on. Cost was, not surprisingly, of greater concern to those on restricted budgets and limited incomes. Young smokers contended that the cost of smoking was its greatest drawback.

“That’s one thing you notice about smoking now is the money, it’s more money. I actually care about the money”. (Male, 15-17 years)

“I said when they hit \$1 a packet I’ll give up. When they hit \$5 a packet I’ll give them up. When they hit \$10 a packet I’ll give up. Now I’m saying when they hit \$100 I’ll give them up”. (Male, 25+ years, Committed Smoker)

Short term illnesses or health problems were raised by many, for example:

- Lack of fitness;
- Shortness of breath;
- Smokers cough;
- Difficulty in walking up stairs, playing sport, physical activity in general;
- Lowering of resistance to minor ailments/infections; and
- Slowing down recovery rate.

“Money, money, money and coughing up phlegm and short of breath”. (Male, 15-17 years)

*“I’ve been coughing up blood which is a bit of a worry!”
(Male, 25+ years, Committed Smoker)*

“Don’t feel good after too many and a big night. I don’t like that feeling of not tasting things”. (Female, 25+ years, Committed Smoker)

“Tightness in the chest and coughing and then I know leave the cigarettes down the other end of the house. Cut down for three or four days till that tightness goes away”. (Male, 25+ years, Contemplator)

“I stopped, it screwed up my surfing when I started again you can actually notice the difference”. (Male, 15-17 years).

The potential long term health effects of smoking were raised by study participants. The key findings in regard to possible long term health consequences included:

- Smokers acknowledged that there can be serious health problems as a result of smoking. This concern was more likely to be raised by older smokers and, those who have experienced symptoms of possibly a more serious health condition, particularly if the symptoms persist (e.g. tightness in chest);
- Some, notably male committed smokers, denied or challenged the possibility that smoking can result in a serious health condition. These smokers were more likely to adopt an attitude of predetermination regarding their eventual life outcome, voicing the view that “if smoking doesn’t kill me something else will”;
- Long term consequences of smoking were also more likely to be commented on by ex-smokers and “contemplators” (i.e. those considering quitting);
- Lung cancer, stroke, and heart attack/heart disease were the most frequently mentioned potential serious health problems from smoking; and
- Young smokers (i.e. 15-24 years) were the least concerned over possible long term health consequences, primarily because many felt that they would give up smoking well before any serious health concerns arose.

“My Nan died of emphysema and lung cancer. My dad’s Uncle, he had a heart attack or a stroke and my mum had a heart attack, they were smokers, and I think I should quit. I don’t want that to happen to me”. (Female, 15-17 years)

“I am not denying it’s a health thing, I’m just saying everybody’s body is different. I believe there are other factors that trigger these things. ...The link between cervical cancer and smoker...There’s a link between cervical cancer and sex, are you going to give that up!” (Female, 25+ years, Contemplator)

“The health risks, my stepdad’s mother died a couple of years ago from lung cancer. She smoked all her life. It really set me back a bit, but I’m still smoking”. (Female, 15-17 years)

Smokers, especially females, also made mention of **cosmetic concerns** they have as a result of smoking, and of their fear that the cosmetic side effects of smoking (e.g. stained fingers/teeth, smelling of smoke etc) may make them less attractive to others.

“The smell, yeah the smell on your breath... feeling unwell...sometimes I don’t smoke in the mornings so I don’t stink...the smell definitely turns you off smoking”. (Female, 15-17 years)

“Your hair feels disgusting. And your breath stinks. My boyfriend is a very heavy smoker and I don’t like kissing him sometimes, yuck...like licking an ashtray it’s really disgusting”. (Female, 25+ years, Contemplator)

Passive smoking concerns were raised in all discussion groups. The possibility of tobacco smoke affecting young children was of special concern to parents. Parents in the study who smoked frequently stressed their concern for the possible effects of their smoking on their children, as well as the negative role modelling influence of their smoking behaviour. Babies, young children, people with respiratory or asthmatic conditions were all considered vulnerable to “other people’s smoke”.

“A factor for me was I didn’t want my daughter to role model on me”. (Female, 25+ years, Ex-Smoker)

Interestingly, the issue of “passive smoking” was **more frequently raised** in the current study than it was in the earlier benchmark study. This would seem to be due to the increased media publicity given to the issue in the intervening years, as well as, increasing restrictions on smoking in public places. Indeed, the establishment of non-smoking sections in restaurants, the requirement to smoke outside public buildings, and other environmental restrictions, were spoken of in terms of smokers being treated as **social outcasts** and more and more being alienated from other members of society.

“That’s one of my reasons for giving up. You feel a lot of ostracism towards smoking”. (Female, 25+ years, Ex-Smokers)

Chemical addiction to nicotine and psychological or emotional addiction to smoking and to the use of tobacco, were other concerns raised by smokers. The habitual use of tobacco was often thought to be a symptom of the chemical addiction.

“For me smoking is more a craving than anything else, the addiction. Like a habit-forming thing you know, you sit down and smoke. After dinner you smoke, after breakfast you have a smoke, in between you have a smoke”. (Male, 25+ years, Contemplator)

“I think we all know it’s a real bad health issue, but the addiction just overrides it possibly until something happens to you, then you tend to think about giving up. (Male, 25+ years, Contemplator)

4.2 Attitudinal Differences

4.2.1 Gender, Age and Cultural Background

In regard to age, gender, and cultural background, the attitudinal and behavioural findings from the qualitative component of the 2000 study were similar to those detailed in 1996.

The **key attitudinal findings** in regard to gender and age were:

- **Male smokers** overall exhibited a more aggressive attitude and were far more defensive of their smoking behaviour than were females. Older males were especially adamant in their beliefs;
- **Older smokers** (i.e. over 40 years) tended to be far more fatalist and defeatist in their beliefs, with some maintaining they will never be able to quit because “it’s too late for them” to quit;
- **Young smokers** (especially under 20 years) tended to think they were “going through a phase”, and that they will be able to quit when they want to. This was a view expressed by young female smokers in particular. The tendency for some young smokers to look upon their smoking as a short term behaviour relates in part, to linking smoking as a “trendy” or “fashionable” activity associated with specific peer group behaviour at that time;

“People are doing that to help you, but it’s something you already know, and by now you are old enough to make your own decisions if you are going to smoke or not. You know what the effects are though. You probably are going through a phase, like you know, we know we are going to quit one day. You can always quit if you want to”. (Female, 15-17 years).

- As mentioned previously, **female smokers** exhibited far greater concern than did their male counterparts over the cosmetic health side effects (e.g. clothing and hair smelling of tobacco, stained fingers/teeth, wrinkles, tobacco breath, tobacco taste).

Those of **non-English speaking background** (born outside Australia) often maintained that smoking was more prevalent in their country of birth than in Australia. Australian laws regarding smoking in public places, on public transport, smoking in the workplace were thought to be more prohibitive than the laws of most other countries. The prevalence of smoking in their country of birth was said to be the main reason for those of non-English speaking background taking up the habit.

4.2.2 Attitudes and Behaviours of The Committed Smoker

In general terms, study participants who described themselves as **“heavy” smokers** tended to have more entrenched attitudes and beliefs about smoking and seemed to be more committed to smoking; **“lighter” smokers**, some of whom regarded themselves as “social smokers” (i.e. only smoke on “social occasions”), were less dogmatic about their beliefs and were more likely to elicit **concern or guilt** over smoking and its potential consequences to their health.

The committed smokers tended to be long term and were either proudly defensive of their habit or resigned to smoking, many believing that they can not overcome their addiction. Some of this latter group were reluctantly committed and did show some concern and display anxiety.

“I don’t have a come back when confronted by non smokers. I am such a hypocrite, but when I see school kids on the street smoking I want to go and say get that out of your mouth. Looks terrible when kids smoke. I do worry sometimes and think I hope this isn’t the cigarette that’s going to cause the problem”. (Female, 25+ years, Committed Smoker)

“The problem is right in my face, my father has a lung tumour from cancer, but it still doesn’t seem to change me. You think in the back of your head, it won’t happen to me. Let’s face it, it’s poison. I need to get myself to the point where I want to give up, psych myself up to doing it, I have to be in that like, pre contemplation stage. I go through that”. (Male, 25+ years, Committed Smoker)

Some of the more apparent attitudes and behaviours of the committed smoker included:

- **rationalising** their beliefs and **dismissing or disregarding** the negative reports on the consequences of smoking to health;
- **denying** that smoking represents a potential serious health problem;
- more likely to consider that they had become **addicted** both in chemical terms and psychologically and believed they could do little about it;
- tended to **look for support** for their beliefs, by citing examples of people who had smoked for 70 to 80 years without ill effect to their health. They also seemed more comfortable socialising with people who smoke and who hold similar views; and
- most of these people maintained that the only way to quit smoking was to attempt to go **“cold turkey”**.

“I have to get to the stage where I WANT to give up, not for John not for the kids, but for me, I think I have to say I am so over this, but then first thing in the morning I am ready to have another one”. (Female, 25+ years Committed Smoker)

“It is just a bad habit and if you really want to quit you will, whether people are smoking around you or not, it’s up to the individual”. (Female, ATSI, 30+ years, Committed Smoker)

“It is your responsibility if you smoke, not the government they don’t care they just don’t want to be sued. It is not a matter of caring, it is just a matter of adhering to the policies of the land .It is your choice to smoke, therefore you must suffer the consequences”. (Male, 40+ years, NESB, Committed Smoker)

“I wouldn’t say I was addicted, I enjoy it and if you don’t have any other vices in life that’s one of them, some people drink, I don’t drink, but I smoke. Whether you like it or not we are all going to die, some sooner than others, you die from something, there is always a reason for dying. If you didn’t smoke and you still die I would say what a boring life. Anything that you do in excess will one day take its toll”. (Male, 40+ years, NESB, Committed Smoker)

“I am quite happy smoking, I haven’t even thought about giving up smoking, I weigh up the pleasures up against the risks and for me, pleasure comes out on top. So long as I feel that it does not have a profound impact on my lifestyle and I’m in control. If it has a tangible effect on my life then I will give it up”. (Male, 25+ years, Committed Smoker)

“It would have to be an illness. That would be about the only time that I would probably get serious to give it away”. (Male, 25+ years, Committed Smoker)

4.2.3 Attitudes and Behaviours of Those Contemplating Quitting Smoking

Those who were contemplating giving up their smoking habit in the next 12 months or who had tried to give up smoking previously, generally demonstrated **less dogmatic attitudes** than their more heavily committed counterparts.

The **key attitudes and beliefs** for this market segment were:

- more likely to **acknowledge** that smoking can be hazardous to health;
- may have **experienced** some significant health problem or been in close contact with friend/relative who has experienced a “serious” smoking related health concern;
- more likely to **consider** cutting down on the number of cigarettes rather than going “cold turkey”; although there are some, even within this segment, who maintained an abrupt curtailment of the habit represents the only effective method of quitting;
- some in this segment had previously unsuccessfully attempted to quit smoking; however, this group were far more predisposed to quitting, but may procrastinate or need support to quit; and
- some contemplators attempted to **create goals or timelines** for quitting (e.g. “when I’m pregnant”)

“It’s very difficult I think to give up. I’ve tried giving up at one stage and I can’t say I’ve been successful because I’m still smoking. It’s that easy to come back to it. It’s so comforting”. (Female, 25+ years, Contemplator)

“To give up you’ve got to make up your own mind to do it. If you’re half hearted you’ll never make it. I’ve tried to give it up when I was half hearted and a week and a half later I was back”. (Male, 25+ years, Contemplator)

“I’m giving up next year anyway. When I reach 40 definitely. I want to have children as well that’s another reason. I believe it will kill me, heart disease and lung cancer, but I haven’t thought that far ahead. Stop a year before I have children”. (Female, 25+ years, Contemplator)

“I’m 38 and I’ve been smoking since I was 13 and they say after 30 years that’s when these effects start happening. So I’m within the danger period, but I sort of put it off to tomorrow. But it is heavy on my mind. (Male, 25+ years, Contemplator)

“I broke my leg last January and I broke it that bad that I thought I was going to lose my leg and that to me was just so terrifying. When I was in hospital I had a week where I was just sitting there and looking out a window, I promised myself that I would never smoke again. It just showed me that life, that my life is worth living. I actually thought that I could and that I would give it up. I gave up for 6 weeks then it wasn't until I actually got back out into the social scene and smoking all around, the drinks were there, and that's when I found it hard. I had the right intentions but I just couldn't do it. I don't know, I want to, but I honestly think I probably won't until I have children”. (Female, 25+ years, Contemplator)

4.2.4 Attitudes of Ex-Smokers

Ex-smokers in the study all acknowledged the **great difficulty** involved in quitting the smoking habit. Those who quit after smoking for many years were especially adamant about the difficulties involved, citing: the pleasures of smoking, the addiction, and the fact that smoking had become so much a part of their daily routine as the key barriers to quitting.

“I honestly believe it's one of the hardest addictions. They say it's harder than giving up heroin, the nicotine. It's harder for the body”. (Male, 25+ years, Ex-Smoker)

“I gave up through the hypnotist. I don't think I could have done it without it”. (Female, 25+ years, Ex-Smoker)

“I've been off cigarettes now for 6 months and to me it was more like a health thing. I found it really hard to kick it. Then I went overseas because I was going away I thought I'd get myself together and I just stopped”. (Female, 25+ years, Ex-Smoker)

“I went to a doctor and said one day I wouldn't mind stopping. But the thing is I get bored and if I get bored I start ... something to do with my fingers ... that's all it is”. (Female, 25+ years, Ex-Smoker)

“I think it's both. I think if you can physically wear off then emotionally and psychologically you have a better chance. That's my opinion anyway from friends I've observed and my own experience”. (Male, 25+ years, Ex-Smoker)

“I think everyone has a different way of doing it ... you need the motivation. Sort of weaning myself down with the milligrams ... I found with the weaning off too. (Males, 25+ years, Ex-Smokers)

Overall, the ex-smokers involved in the study all claimed that they **feel better for having quit smoking**. This feeling of well being was not however, always immediate: some initially suffered considerable withdrawal symptoms.

Nonetheless, despite good intentions, some, especially those who had recently quit, maintained that they sometimes get tempted to start smoking, particularly **in social situations** involving the consumption of alcohol.

“I quit for a month and then when you get drunk everyone is smoking and you think you would like a cigarette because you don’t worry when you’re drunk. I don’t know what it is”. (Male, 15-17 years)

“I was a casual smoker as well. I was alright during the day and if I didn’t go out for a couple of months I’d be alright, as soon as I started going out again and have a few drinks, and light up, and felt pretty ordinary the next day”. (Female/Male, 25+ years, Ex-Smoker)

“More or less weaned down. I wasn’t really addicted went down to maybe 10 a day. The drinking was probably the hardest. Drinking on Friday nights ... hangover was getting worse ... consciously didn’t smoke, the hangovers were not there at all and felt healthier”. (Male, 25+ years, Ex-Smoker)

“I gave it up twenty two months ago, and gave up smoking and drinking for almost a year. Basically gave up for almost two years and was handling stress and the social circle. I can do without it but I do like to have a cigarette and some alcohol. I’ve been taking St Johns wart (to help me)”. (Female, 25+ years, Ex-Smoker)

The main reasons given for quitting included the following:

- Feeling unwell, physical condition reached a level where the smoker wanted to do something about it;
- Pressure to quit from family, friends, partner etc;
- Strong advice to quit from doctor;
- Cost of cigarettes;
- For some women, the onset of pregnancy encouraged them to quit; and
- As mentioned previously, the “social pressure” to quit was a motivating influence for some to try and give up the smoking habit.

“Mine was sort of a preconception to get healthy to conceive and to start a family. I just weaned myself off it gradually. I cut down. I worked in environments where I couldn’t smoke anyway and I was a social smoker”. (Female, 25+ years, Ex-Smoker)

“Friends around me , like heavier smokers, were always getting bronchitis and I sort of looked at it that way. Had a really bad cough and stuff like that so I just went cold turkey”. (Male, 25+ years, Ex-Smoker)

“I was quite a heavy smoker and my husband’s children were coming to stay with us for a while, so we both decided to quit. I am the one who quit and he ended up taking up smoking again”. (Female, 25+ years, Ex-Smoker)

“...that’s another one of my reasons for giving up. You feel a lot of ostracism towards smoking. Now it’s anti-social , where as years ago it was social”. (Male, 25+ years, Ex-Smoker)

“...another factor for me was I didn’t want my daughters to role model on me”. (Female, 25+ years, Ex-Smoker)

“I was a pretty healthy person but then all of a sudden like I went out for a really big night drinking and smoking and then like for two weeks it was hard to even run 100 or 200 metres. That’s what made me know it’s not going to get any better or no good waiting till you feel a bit better and then going back to cigarettes, and that’s why I just stopped altogether, and knowing I was going on holidays I just felt I had to. Purely for health reasons”. (Male, 25+ years, Ex-Smoker)

5. Reaction to and Evaluation of Health Labels

5.1 An Overview of Smoking Incidence and Attitudes in The Australian Population

The survey component of the 2000 Evaluation of the Health Warning Labels consisted of a nationwide telephone survey of 1204 people. The sample consisted of: current smokers (822); recent ex-smokers, those who had quit in the last 12 months (130); ex-smokers, those who had quit more than 12 months ago (151); and, non-smokers (101).

While this study used a quota sample design to ensure it covered key groups of interest, such as current smokers, it also allows estimates to be made about smoking behaviour in the wider Australian population. In contacting respondents for the quota sample, all those contacted were asked for basic information. Thus, some 5315 potential respondents (15+ years) were contacted (3245 female and 2070 males) and questioned about their smoking/non smoking behaviour. This sample covered rural and metropolitan areas and respondents aged 15 years and over. To remove any sampling biases, the sample was post weighted to accurately reflect the **overall** Australian population. The results indicate that around one in five of all 15 years plus persons currently smoke, with the incidence higher for males than females. The results are shown below.

E&S Research 2000	Total	Male	Female
	%	%	%
Never Smoked	57	52	62
Ex-Smoker (not smoking for years)	19	21	17
Ex-Smoker (at least 12 months)	2	2	2
Ex-Smoker (in last 12 months)	3	3	2
Current Smoker (regular and occasional)	20	23	17
Sample Size – 5315 (aged 15+ years)	100	100	100

5.1.1 Comparison With Other Surveys

The results are fairly consistent with the **1998 National Drug Strategy Household Survey** which used slightly different definitions but suggested at that time, that some 26% of the population were current (regular or occasional) smokers. This is compared with 20% in the 2000 E&S Survey.

	Total	Male	Female
	%	%	%
Current Regular Smoker (daily or most days)	22	25	20
Current Occasional smoker (less often)	4	4	4
Total current	26	28	24
Ex-smoker (less than 100 in life)	16	na	na
Ex-smoker (100 or more in life)	24	na	na
Total ex-smoker	40	43	36
Never smoked	34	28	40

*Sample for 14 plus years of age.

The “never smoked” group was smaller in the NDS survey but this was because ex-smokers included a high proportion who smoked, but less than 100 cigarettes in their life. While the sample coverage and definitions are slightly different, the comparison with the current E&S survey and the NDS results suggests the incidence of smoking may have reduced in the last 2 years. The comparison for the individual age groups is given below for males and females separately, where “the regular” in the 1998 NDS survey are compared with the “regular and occasional” smoking incidence in the E&S 2000 survey.

It is difficult to draw definite conclusions from the results, but they do suggest that there may have been, in the last 2 years, some reduction in the incidence of smoking overall. However, the evidence is inconclusive and the incidence of smoking clearly remains at substantial levels across most age groups.

	Males*		Females*	
	NDS 1998	E&S 2000	NDS 1998	E&S 2000
Age	%	%	%	%
14-19 *	16	32 +	16	19 +
20-29	33	29	30	24
30-39	28	27	25	23
40-49	29	22	22	20
50-59	22	21	15	13
60+	15	12	10	5
Total	25	23	20	17

*Age 15 plus for E&S study, 14 plus and regular smokers for NDS study. +Small sample sizes included.

Statistics given by the Anti Cancer Council of Victoria suggested that in May 1997, 23.5% of Australians smoked, while in mid 1999 the level was around 21.8%. The sample details were not available from these studies at the time of this report but are noted because they indicate a trend that would tend to validate the 2000 E&S Research results.

5.1.2 Smoking Incidence in the Population – E&S 2000 Survey

The detailed results for smoking incidence in the Australian Population by the age breaks used in the E&S study, and by location, are shown in the following tables. These results suggest that the incidence for males is higher in non-metro areas. The highest incidence of smoking for males is the 18-34 years group, where around 30% are current smokers, and for females 18-44 years, where around 20% are current smokers.

Table (ix): Population Incidence Males – E&S 2000 Survey										
	Age								Location	
	Tot	15-17	18-24	25-34	35-44	45-54	55-64	65+	Met	Rur
	%	%	%	%	%	%	%	%	%	%
Never Smoked	52	82	62	53	53	52	38	44	54	47
Ex-Smoker	21	2	3	8	20	25	36	42	20	22
Ex-Smoker (for at least 12 months)	2	1	1	1	2	2	1	3	2	2
Ex-Smoker (in last 12 months)	3	1	1	6	4	2	2	1	3	4
Current Smoker	23	13	32	31	21	19	22	10	21	25

(Reference: Computer Table 1 – Total Set)

Table (x): Population Incidence Females – E&S 2000 Survey										
	Age								Location	
	Tot	15-17	18-24	25-34	35-44	45-54	55-64	65+	Met	Rur
	%	%	%	%	%	%	%	%	%	%
Never Smoked	62	77	67	57	55	62	62	74	63	62
Ex-Smoker	17	3	5	12	21	19	20	22	15	19
Ex-Smoker (for at least 12 months)	2	1	2	3	2	1	3	2	2	2
Ex-Smoker (in last 12 months)	2	5	4	4	2	2	3	-	3	1
Current Smoker	17	14	22	24	21	16	12	3	17	16

(Reference: Computer Table 1 – Total Set)

Most smokers can be regarded as “regular” rather than “occasional” smokers. Around 86% of current smokers say they smoke “everyday” or “most days”. There is a slightly higher level of occasional (i.e. not everyday) smokers in the younger 15-17 age group, with 35% of females smokers in this group, categorised as “occasional” smokers. For 15-17 year old male smokers however, only 10% smoke occasionally.

Table (xi): Regular Versus Occasional Smokers (Base Smokers)			
	Total	Male	Female
	%	%	%
Smoke everyday/most days	86	86	85
Occasional at least once a week but not everyday	10	9	11
Occasional but less than once a week	4	5	4
Base: Smokers	100	100	100

(Reference: Computer Table 2 – Total Set)

The average number of cigarettes smoked per day is shown in the following tables, and while females are slightly lighter smokers, this difference is very small.

Table (xii): Number Smoked Per Day (Base Smokers)			
	Total	Male	Female
	%	%	%
5 or less cigarettes per day	18	19	18
6-10 cigarettes per day	19	16	23
11-20 cigarettes per day	33	32	35
21-30 cigarettes per day	22	26	17
31+ cigarettes per day	7	7	6
Base: Smokers	100	100	100
Mean	15.2	15.9	14.2
Standard Deviations	9.4	9.6	9.0

(Reference: Computer Table 3 – Total Set)

The heaviest level of smoking appears to be around 45-64 years of age for males, and 45-54 years of age for females, where the mean number smoked is around 20 cigarettes per day. The base in this table includes occasional smokers, so regular smokers would have a higher level.

Table (xiii): Mean Number Cigarettes Smoked by Age + (Base Smokers)		
	Male	Female
15-17 years	11.2	9.0
18-24 years	12.9	10.1
25-34 years	13.6	13.0
35-44 years	16.5	15.1
45-54 years	19.8	18.9
55-64 years	20.3	16.7
65+ years	17.1	11.6
Total	15.9	14.2

5.2 Awareness of Health Information on Cigarette Packs Among Key Population Segments

In this and subsequent sections the focus is on the four sample strata groups: smokers, recent ex-smokers, ex-smokers and non-smokers.

As in 1996, respondents in 2000 were asked: “*Are you aware of any health messages or health information on the front, side or back of a tobacco pack?*” Awareness among all survey respondents of the health messages and health information on cigarette packs **remains high**, although there have been some **slight decreases** across some of the sub-groups.

In 2000, among smokers, the same proportion (98%) as in 1996, were aware of the health warnings on the front of the pack. Among recent ex-smokers, 97% (99% in 1996) were aware of the front panel warnings, as were 80% of non-smokers (79% in 1996) and 83% of long term ex-smokers (86% in 1996).

Awareness of health information on the side of the pack was overall **lower** than that for the front of the pack. However, awareness levels of health information on the side of the pack decreased slightly among smokers and recent ex-smokers over the two survey periods (67% smokers, 52% recent ex-smokers). Non-smokers recall of the information on the side of the pack, not surprisingly, remained low at 20%, with long term ex-smokers showing a slight increase in awareness at 38% (24% in 1996).

Awareness of the health information on the back of the cigarette pack dropped for all smoking status groups, except long term ex-smokers, at 34% (an increase of 9 percentage points). Overall recall of information on the back panel tended to be lower than recall of information on either the front or side of the pack. (See Summary Tables 1 and 2)

Summary Table 1: Awareness of Health Information on Tobacco/Cigarette Packs (by smokers/recent ex-smokers)

Q3. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack?

	Smokers						Recent Ex-smokers					
	Front		Side		Back		Front		Side		Back	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
Yes	98	98 ns	67	72 ns	62	71 ---	97	99 ns	52	60 -	46	53 ns
No	2	2	33	28	37	28	2	1	47	38	50	45
Don't Know	-	-	-	1	1	1	-	-	2	2	4	2
BASE	822	1417	822	1417	822	1417	130	187	130	187	130	187

(Reference: Computer Tables 16)

Summary Table 2: Awareness of Health Information on Tobacco/Cigarette Packs (by non/ex-smokers)

	Non-smokers						Ex-smokers					
	Front		Side		Back		Front		Side		Back	
	00	96	00	96	00	96	00	96	00	96	00	96
	%	%	%	%	%	%	%	%	%	%	%	%
Yes	80	79	20	19	20	25	83	86 ns	38 -	24	34 ns	25
No	19	21 ns	75	79 ns	75	70 ns	16	14	59	71	62	70
Don't Know	1	-	5	2	5	3	1	-	3	5	4	4
BASE	101	280	101	280	101	280	151	130	151	130	151	130

(Reference: Computer Tables 89)

Awareness of information on the side and back of the pack tended to be greater for younger smokers; for example:

	15-17	18-24	25-44	45-64	65+
Side	80%	78%	67%	61%	56%
Back	64%	68%	60%	60%	60%

5.3 Reading of Health Information on Cigarette Packs

In 2000, for both smokers and recent ex-smokers, the proportion reading any of the health information was **lower** than the proportion claiming to be aware of it. (See Summary Table 3).

Once again, the front panel of the cigarette pack recorded the highest proportion of people reading the health warning. The vast majority of smokers (93%) claimed to have read the information on the front of the pack, with 92% of recent ex-smokers claiming likewise.

For both smokers and recent ex-smokers, there was a **decrease** in the proportion maintaining they had read the information on the side of the pack: 58% of smokers (64% in 1996) and 47% of recent ex-smokers (52% in 1996).

In 2000, smokers were more likely than recent ex-smokers to have read the health information on the back of the cigarette packs: 57% to 45%. While there was a slight decline in the proportion of smokers reading the back of the pack, the proportion of recent ex-smokers remained the same as that recorded in 1996. (See Summary Table 3).

**Summary Table 3: Read Health Information on Tobacco/Cigarette Packs
(by smokers/recent ex-smokers)**

Q4. Have you read any health messages or health information on the front, side or back of the tobacco/cigarette pack?

	Smokers						Recent Ex-smokers					
	Front		Side		Back		Front		Side		Back	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
Yes	93	95 ns	58	64 ns	57	65 -	92	93 ns	47	52 ns	45	46 ns
No	7	5	41	35	42	35	8	7	52	47	54	54
Don't Know	-	-	-	1	1	0	-	-	1	1	1	-
BASE	822	1417	822	1417	822	1417	130	187	130	187	130	187

(Reference: Computer Tables 19-21 - Total Set)

5.4 Reactions to the Current Health Warning Labels

5.4.1 Overall

Throughout the qualitative research component of this evaluation study there was **high awareness** of the existence of the health warnings, with most maintaining they had read them, at least once. However, according to study participants, any detailed attention given to them occurred when the labels first appeared or when they first began to smoke.

Despite an awareness of the health warning labels, there was virtually universal agreement that **the labels have become less noticeable** over time. Many claimed they have merged “into the background of the pack”. There was a strong belief expressed that the warnings had “worn out”. This belief centred on:

- a perception that the warnings have lost their initial novelty and attraction;
- while many believed the information, much of it was “old hat” and does not represent any new information;
- the inclusion of other “marketing” or wording changes to the cigarette packs (e.g. “anyway enjoy the taste”, “extra mild”) has taken smoker attention away from the warnings;
- familiarity with the warning labels has resulted in them being taken for granted.

“Yeah, but you are not looking at it (warnings) look at how big the writing is saying Peter Jackson or Holiday or whatever. That is what you pay attention too, that is what catches your eyes. And that is what they are trying to do I think”. (Female, 15-17 years)

“I am aware of all those dangers, so why keep looking at it as far as I’m concerned really”. (Female, 25+ years, Contemplator)

“I am aware that they can do all of that so there is nothing new. Just blend in with the packets...you just accepted it....they become part of the pack”. (Male, 25+ years, Ex-Smoker)

“You see the warning, look at it and think, ‘oh yeah’, and light one up anyway. I look at the pregnancy one and then think, its okay I am not pregnant yet, so I don’t worry. It is the first thing you see, but the impact of it has gone, you become immune to it, they need to do new stuff”. (Female, 30+ years, Contemplator)

“When you see it (warnings) it seems hypothetical. It’s when you see someone die that you know, that’s when it hits you”. (Male, 18-24 years, Contemplator)

“It is your choice to smoke, therefore you must suffer the consequences....MSG has been served in food for years, and linked to cancer so who are you going to sue, implants for women etc. It all originates in the States everyone sues someone for something, it just filters down due to globalisation....It is totally up to me, the messages aren’t going to mean anything to me”. (Males, 25+ years, Committed Smokers)

“I don’t know it’s got it on the packet. ‘Smoking Kills’. Like I read it every time and you still open it up”. (Male, 25+ years, Committed Smoker)

“Read it and forget about it. That’s what I do. I read the cover everytime I open the packet, but it doesn’t catch my eye”. (Female, 15-17 years)

5.4.2 Who is Influenced?

The labels were not regarded as a single influencing factor but rather, most in the study looked upon them as **supportive of an array of information aimed at discouraging smoking** (e.g. TV advertising, Quit Line etc). Many made mention of the recent anti-smoking TV campaign (*“Every Cigarette is doing you damage”*) as reinforcing the pack warning labels and vice versa, with the labels contributing to promoting an environment where smoking is becoming less and less acceptable.

Smokers in the study tended to consider that the labels would have most affect on the behaviour of **new, young smokers, “light” or “social” smokers (self described) and those contemplating quitting**. Indeed, in the study, these groups appeared to be more conscious of the labels.

“I think they are more effective for non smokers who are thinking of taking it up, more than people who do smoke or maybe younger ones”. (Female, 30+ years, Contemplator)

Heavy and more committed smokers were quick to denounce the labels as having little or no effect on their smoking behaviour or on their attitudes to smoking. Response from heavy committed smokers, in particular males, tended to be categorised into one of the following attitudinal groups:

- Some considered the labels of **no consequence** whatsoever;
- Others adopted the attitude that if cigarettes are legal then it was up to **the individual to decide** whether or not they wanted to smoke;
- Some maintained that if cigarettes are “really” dangerous to health then they would be banned and their sale made illegal in the interest of community health and well being; allied to this belief was the claim that **the profit** made by the Government from the sale of cigarettes was more significant than any concerns for community health;

“As I said the Government make the company do that (place warnings on packs)... it all comes back to the almighty dollar, I still believe that. They tell you it’s only \$2 when it walks out of the factory – where’s the other \$10 going, to the Government”. (Female, 25+ years, Contemplator)

“Tobacco companies have interests in other companies anyway. They’re not going to lose out on the tobacco in the long run, the Governments are the only ones that are”. (Female, 25+ years, Contemplator)

- Some were not so sure and chose packs which have warnings that have **less personal relevance** to them (e.g. male smokers choosing packs with warnings focussing on harm to pregnant women);

“I’ve got a really strong policy, I only buy my packs that say ‘Pregnant’ because it (the warnings) doesn’t dud the pleasure, like ‘Smoking Kills’ or ‘Smoking Causes Lung Cancer’ duds the pleasure. So I only buy that one. I have a newsagent that puts them aside for me”. (Male, 25+ years, Committed Smoker)

- Some, and these tended to be younger smokers, adopted the **“it won’t happen to me”** stance, claiming that the incidence of health problems is too low to warrant any significant concern;
- Some committed smokers maintained the warnings are **“old hat”** or of little personal relevance; and
- Some warnings (e.g. “Smoking is Addictive”) appeared to **promote a defeatist attitude** among older committed smokers, reinforcing the notion that there is little that can be done to combat the addiction.

As mentioned, those **contemplating quitting** were inclined to take a little more notice of the warning labels on tobacco packs, primarily because they were more predisposed to accepting the health messages. Their nagging concern about smoking makes them **more vulnerable to health messages**. Committed smokers also maintained that for the pack warning labels to have any effect they would need to be contemplating quitting the smoking habit.

“More like ‘oh yeah I think if I was in the mood for stopping smoking’; at the moment I am not 100% keen so I’m not paying attention. I think if I was ready to stop I’d be really interested. Like I’m stopping tomorrow so I better get all the information I can”. (Female, 25+ years, Committed Smoker)

5.5 Unaided Recall of Health Information on Cigarette Packs

5.5.1 Front of Pack

For smokers and recent ex-smokers the unaided recall of the health warning labels on the front of cigarette packs was similar, both in terms of the content recalled and the proportions recording that content. (See Summary Table 4)

Summary Table 4: Unaided Recall of Health Information on Front of Cigarette Packs (by smokers/recent ex-smokers)

Q5. What health message or information is on the front of the cigarette pack?

Recall	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Smoking when pregnant harms your baby	65	66	73	59
Smoking causes lung cancer	50	48	55	51
Smoking kills	41	36	34	34
Smoking causes heart disease	35	35	37	42
Smoking can harm others	22	23	23	12
Smoking is addictive	13	13	13	6
Smoking reduces your fitness	4	9	4	13
Information/help line	-	7	1	6
Smoking is a health hazard	-	2	-	6
Smoking is dangerous/harmful/bad to your health	-	2	-	5
Smoking damages your lungs	4	2	6	4
Don’t know	2	3	3	5
BASE*	763	1343	120	177

(Reference: Computer Table 24) (Partial Table) *NB: Base includes respondents who had read health information on the front of the cigarette pack

“Smoking When Pregnant Harms Your Baby” once again, as in 1996, was the most frequently recalled warning. There was an increase in the proportion of recent ex-smokers recalling this label to 73% (59% in 1996). Among smokers, two thirds of the sub-sample recalled the warning similar to that in 1996.

Among smokers in 2000, “Smoking when pregnant harms your baby” was most likely to be recalled by:

- Women more so than men, (71% to 58%); and
- Those aged 15-17 years (83%), 18-24 years (71%), 25-39 years (72%).

“**Smoking Causes Lung Cancer**” was recalled without prompt by one out of two smokers in the 2000 survey, slightly more by recent ex-smokers (55%). This warning, once again, was the second most frequently recalled warning. Interestingly, among smokers, as age increased, the proportion recalling this message decreased, for example 18-24 years (59%); 25-44 years (49%); 45-64 years (47%); 65+ years (39%).

“**Smoking Kills**” was recalled without prompt by 41% of smokers and one in three recent ex-smokers. Among smokers, it was more likely to be recalled by: those in NSW (45%), young smokers (15-17 years = 58%, 18-24 years = 54%). Older smokers were less likely to mention it (45-64 years = 38%, 65+ years = 31%).

“**Smoking Causes Heart Disease**” was recalled by the same proportion of smokers in 2000 as in 1996 (35%). It was less likely to be recalled by young smokers, 15-17 years (25%) and by those aged 65+ years (19%).

“**Smoking Can Harm Others**” was recalled by equal proportions of smokers and recent ex-smokers. Interestingly, while the proportion of smokers has remained the same over the two survey periods, the proportion of recent ex-smokers recalling this warning has doubled. Recall of this message decreased as age decreased.

“**Smoking is Addictive**” was recalled by 13% of both smokers and recent ex-smokers.

In regard to unaided recall of the warning labels on the front of cigarette packs and compared to unaided recall by smokers and recent ex-smokers, non-smokers and long term ex-smokers demonstrated lower recall overall. For non-smokers, the proportion recalling “**Smoking Kills**” and “**Smoking Causes Lung Cancer**” were similar, 33% and 30% respectively. Ex-smokers were more likely to recall, “**Smoking Causes Lung Cancer**” (36%) above any other message. (See Summary Table 5).

Summary Table 5: Unaided Recall of Health Information on Front of Cigarette Packs (by non/ex-smokers)

Q5. What health message or information is on the front of the cigarette pack?

Recall	Non-smokers		Ex-smokers	
	00 %	96 %	00 %	96 %
Smoking causes lung cancer	30	32	36	39
Smoking kills	33	22	23	19
Smoking when pregnant harms your baby	21	18	23	23
Smoking is dangerous/harmful/bad to your health	6	21	5	16
Smoking is a health hazard	31	19	31	22
Smoking causes heart disease	12	9	13	18
Don't know	11	11	12	9
BASE	81	218	126	106

(Reference: Computer Table 92)

(Partial Table)

5.5.2 Side of Pack

As in 1996, in 2000 nearly one half (49%) of smokers interviewed could recall information regarding nicotine content from the side of cigarette packs. Similarly, 52% (45% in 1996) of smokers could recall that there was information relating to tar content on the side of cigarette packs. There was an increase in the proportion of smokers recalling that there was information about carbon monoxide on the side of cigarette packs, 29% compared with 19% in 1996.

Summary Table 6: Unaided Recall of Health Information on Side of Cigarette Packs (by smokers/recent ex-smokers)

Q6. What health message or information is on the side of the cigarette pack?

Recall	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Information on nicotine content	49	48	39	39
Information on tar content	52	45	44	38
Information on carbon monoxide content	29	19	20	14
Information/helpline	1	3	2	5
Ingredients/contents	-	2	-	3
Don't know	19	26	26	28
BASE*	480	913	61	100

(Reference: Computer Table 25)

(Partial Table)

*NB: Base includes respondents who had read health information on the side of the cigarette pack

Recall of information regarding tar, nicotine or carbon monoxide tended to be higher among the younger smokers than their older counterparts.

Summary Table 7: Message on Side of Pack Recall (Base Smokers)

	Recall		
	Tar	Nicotine	Carbon Monoxide
15-17	79%	79%	42%
18-24	57 %	59%	34%
25-44	51%	50%	31%
45-64	46%	38%	22%
65+ years	53%	26%	11%

(Reference Computer Table 25)

Interestingly, non-smokers showed greater unaided recall in 2000 of nicotine, tar and carbon monoxide, although their recall was much lower than that of smokers or recent ex-smokers. (Although it should be noted the base of non-smokers recalling messages on the side of the packs is very small).

Summary Table 8: Unaided Recall of Health Information on Side of Cigarette Packs (by non/ex-smokers)

Q6. What health message or information is on the side of the cigarette pack?

Recall	Non-smokers		Ex-smokers	
	00 %	96 %	00 %	96 %
Information on nicotine content	20	15	19	24
Information on tar content	30	5	21	17
Information on carbon monoxide	25	2	2	7
Smoking is a health hazard	15	5	12	6
Don't know	35	57	48	44
BASE*	20	56	58	33

(Reference: Computer Table 94)

(Partial Table)

*NB: Caution must be exercised when interpreting this data due to small sample size.

Awareness of the existence of information/warnings on the side of cigarette packs was high but recall of the specific content other than the tar value was not strong. Comments from the group discussions suggested that the information on the side of the pack tends to have more impact for those **cutting down on smoking**, as it can give them a guide to controlling their smoking behaviour.

In the group discussions when commenting on the side pack information, some in the study requested that the chemical content in cigarettes should be **more clearly spelt out** so that they are made aware of them and of the more toxic ingredients. However, discussion of contents raised the issue of “good” and “bad” contents. Most tended to consider ingredients in terms of perceived harm; for example:

- most freely admitted that technical names or chemical terminology is meaningless (e.g. hydrogen cyanide) and even when such contents are made known to them they cannot easily determine the potential harm;
- the inclusion of “harmless” contents could be misleading, enabling smokers to rationalise their decision to smoke and reinforcing a desired perception that cigarettes may not be that harmful. For example, some smokers of non-English background in the study maintained that Indonesian cigarettes, although stronger, are healthier because they include cloves and spices in their ingredients.

“They read them and don’t take them in. (Male, 25+ years).

The terms “ultra” and “extra mild” were thought to be descriptions of the **strength of the cigarette**, with ultra mild being the weakest or potentially less damaging. There was confusion as to whether the lower milligrams could be interpreted as “better for you” or “less harm to you”, but clearly some regard the content measures as **potentially less harmful to health**.

“It’s truthful, it’s fact, but it’s not terribly profound or life altering”. (Females, 15-25 years, Committed Smoker)

“I always look at this. I have always believed that the lower the milligrams the better the cigarettes are for you, but now they have done surveys to show that it doesn’t matter if you smoke a 1 or a 12 milligram they are all the same”. (Female, 30+ years, Contemplator)

“Apparently, the less milligrams the more chemicals they put in”. (Female, 25+ years, Contemplator)

“That’s why I have cut down, I used to smoke 12 milligrams but now I smoke 4 milligrams. But now I am going down. So I am on 4 milligrams and I hope to quit smoking soon. I don’t want to smoke forever”. (Female, 15-17 years)

“I am trying to smoke less now. Like I have started buying 4 milligrams as well. They are better. Because like I feel better”. (Female, 15-17 years)

5.5.3 Back of Pack

Unaided recall of the health message content on the back of cigarette packs was much lower than that for the front or side of packs. For smokers, the unprompted recall was very similar to that recorded in 1996. (See Summary Table 9).

Most recall by smokers focussed on repeating the three main label warnings: “Smoking causes lung cancer”, “Smoking causes heart disease”, “Smoking when pregnant harms your baby”. A further one in four claimed the back of the cigarette pack contained **more detail** about the warning label on the front. Results were similar for the recent ex-smoker sub-sample. (See Summary Table 9).

Only 9% of smokers and 7% of recent ex-smokers recalled, without prompt, that there was an information line. A decrease on the figures for 1996.

Summary Table 9: Unaided Recall of Health Information on Back of Cigarette Packs (by smokers/recent ex-smokers)

Q7. What health message or information is on the back of the cigarette pack?

Recall	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Smoking causes lung cancer	13	13	8	18
Smoking when pregnant harms your baby	10	13	15	10
Smoking causes heart disease	12	11	14	17
Information help line	9	12	7	14
Smoking kills	9	8	7	10
Smoking is addictive	6	6	2	-
Smoking can harm others	5	6	7	3
More details relating to the front	25	6	31	6
Don't know	25	38	39	49
BASE*	469	919	59**	86

(Reference: Computer Table 26)

(Partial Table)

*NB: Base includes respondents who had read health information on the back of the cigarette pack

**NB: Caution must be exercised when interpreting this data due to small sample size

Non-smokers and long term ex-smokers were more likely to claim they “don't know” what messages or health information are on the back of the cigarette pack. (See Summary Table 10)

Summary Table 10: Unaided Recall of Health Information on Back of Cigarette Packs (by non/ex-smokers)

Q7. What health message or information is on the back of the cigarette pack?

Recall	Non-smokers		Ex-smokers	
	00 %	96 %	00 %	96 %
Smoking causes lung cancer	10	14	14	14
Smoking is dangerous	5	12	4	11
Don't know	60	54	55	61
BASE*	20	74	58	36

(Reference: Computer Table 95)

(Partial Table)

*NB: Caution must be exercised when interpreting this data due to small sample size.

As noted in 1996, and again in the 2000 study, awareness of the health information on the back of cigarette packs was **poor**. Most group participants assumed that the information referred to the message relayed on the front of the pack, but **specific recall of the information was vague**. This finding tends to be confirmed by the survey results.

“The information on the back is new to me. I didn’t realise that it actually went into more detail on the back ... you don’t buy it to read it”. (Female, 30+ years, Committed Smoker)

“I’ve been buying cigarettes for ages and I didn’t know it was on the back it should be on the front. Nobody thinks to read the back”. (Female, ATSC, 30+ years, Committed Smoker)

“Oh yes, but it is not like the information you read on food packages for the family, it is not very interesting”. (Female, 30+ years, NESB, Committed Smoker)

“Very harsh I feel guilty now.

Maybe if they didn’t spend so much money advertising the brand of the cigarettes and instead be able to allocate more attention to these things. Like look at this, on the back of the packets they are so little that not everyone ends up reading them anyway”. (Female, 15-17 years)

“And also how it reduces the ability of blood to carry oxygen I am not saying people under 18 are stupid, but it’s like that’s great. Like do you know what I mean if you look at the attitude, the general attitude I see from people I know who are under 18 that smoke, its that’s great we really don’t care”. (Female, 15-17 years)

Criticism of the presentation of the health information on the back of the pack focussed on:

- a perception that there was too much information to read; and
- the type size was considered “too small” for older people and those with failing eye sight.

“Too much writing to read”. (Female, 18-25 years, Committed Smoker)

“I can read the front, everywhere the fonts are getting smaller, and the older you get it is harder and harder to read”. (Male, 40+ years, NESB, Committed Smoker)

“I think the information on the back of the pack the layout could be better. Could be bolder, you just kind of think, ‘oh yeah that’s just the blurb’.” (Female, 25+ years, Contemplator)

“It’s really hard to read that little writing. It should be bigger”. (Female, 15-17 years)

5.6 Aided Recall of Health Information on Cigarette Packs

5.6.1 Among Smokers

Smokers in the 2000 survey were read a number of message/information statements and asked if such information appears at all. When prompted in this way, the four most frequently recalled health messages said to appear on cigarette packs were:

- “Smoking causes lung cancer”;
- “Smoking when pregnant harms your baby”;
- “Smoking causes heart disease”; and
- “Smoking kills”.

In regard to the six main health label warnings, aided recall in 2000 was not substantially different to that of 1996. Messages such as “Smoking Reduces Your Fitness” and “Smoking Damages Your Lungs” received less recall in 2000, while reference to cigarette packs containing information on Carbon Monoxide was higher (57%, 49% in 1996). The increase in recall of carbon monoxide was significant.

Summary Table 11: Aided Recall of Health Information (Base Smokers)

Q9. I’m going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the pack or does not appear at all or if you are uncertain?

Message/Information Recall	Yes		No		Uncertain	
	00 %	96 %	00 %	96 %	00 %	96 %
Smoking causes lung cancer	94	96	5	3	1	1
Smoking when pregnant harms your baby	93	92	7	7	-	1
Smoking causes heart disease	88	90	11	8	1	2
Smoking kills	88	88	11	11	1	2
Smoking is addictive	87	87	12	12	2	2
Smoking can harm others	85	82	14	16	2	2
Information on nicotine content	84	84	15	15	1	2
Smoking damages your lungs	82 -	87	16	10	2	3
Information on tar content	82	83	17	15	1	1
Smoking reduces your fitness	61 ---	82	37	16	2	2
Information on carbon monoxide content	57 ++	49	38	43	4	8
Smoking causes throat cancer	28	25	69	71	3	5
Smoking causes kidney problems	10	10	87	86	2	4
BASE	822	1417	822	1417	822	1417

(Reference: Computer Table 41) Current messages in **bold** NB: Question allowed multiple responses

5.6.2 Among Recent Ex-Smokers

The same list containing message/information statements was read to recent ex-smokers. The main messages/information recalled by this sub-group, as with current smokers, related to the main warning labels:

- “Smoking causes lung cancer”;
- “Smoking when pregnant harms your baby”;
- “Smoking kills”; and
- “Smoking is addictive”.

Interestingly, for this sub-group there have been significant increases in recall of information relating to: smoking and pregnancy, smoking harming others, smoking and addiction and smoking and carbon monoxide. (See Summary Table 12).

Summary Table 12: Aided Recall of Health Information (Base Recent Ex-Smokers)

Q9. I’m going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the pack or does not appear at all or if you are uncertain?

Message/Information Recall	Yes		No		Uncertain	
	00 %	96 %	00 %	96 %	00 %	96 %
Smoking causes lung cancer	95	95	5	5	1	1
Smoking when pregnant harms your baby	95 ++	84	4	14	1	2
Smoking kills	91	87	8	10	1	3
Smoking is addictive	88 ++	79	11	16	2	5
Smoking causes heart disease	86	92	12	6	2	2
Smoking can harm others	86 +++	71	12	23	2	5
Smoking damages your lungs	83	86	13	12	4	2
Information on nicotine content	81	77	17	22	2	1
Information on tar content	73	78	23	19	4	3
Smoking reduces your fitness	67 ---	82	31	17	2	2
Information on carbon monoxide content	48 ++	35	43	56	8	9
Smoking causes throat cancer	28	21	68	70	5	9
Smoking causes kidney problems	5	7	91	89	5	4
BASE	130	187	130	187	130	187

(Reference: Computer Table 41) Current messages in **bold** NB: Question allowed multiple responses

5.6.3 Attitudes to Warnings on Front of Packs

Among the group participants in Phase 1 research there was quite **high awareness** of the health warning labels on the front of cigarette packs. Study participants irrespective of their smoking status were familiar with all six of the warnings, with many able to recall, without prompt, the wording. While smokers generally were familiar with the labels there was **greater recall of some** more than others (again, reflected in the survey results); for example:

- Smoking when pregnant harms your baby;
- Smoking causes lung cancer;
- Smoking kills; and
- Smoking is addictive.

Opinion as to the noticeability of the health warning labels varied. On some brands the warnings were felt to be more obvious, but for the most part, as mentioned previously, familiarity with them, and the failure of messages to have changed for many years, resulted in most smokers maintaining the labels have **lost their impact**.

“Smoking When Pregnant Harms Your Baby”

This was one of the **most frequently recalled** warnings and one which appeared to affect most smokers, but especially female smokers, and people with children or those thinking of having children.

Smokers in the study were conscious of the possible harm tobacco can cause pregnant smokers, as well as the harm tobacco smoke can cause new born babies and infants. Many smokers contended quite strongly that they avoid smoking when near young children.

“Most people know that smoking is harmful when pregnant, have to have a low intellectual functioning not to realise that. Even years ago I think women tried not to smoke when they were pregnant”. (Female, 25+ years, Ex-Smoker)

Once again, as in the 1996 study, many young female smokers in the study maintained that when they fall pregnant they will give up smoking; indeed, as mentioned earlier in the report for some, the onset of pregnancy is the time when they intend to stop smoking.

“Smoking Causes Lung Cancer”

All but the very committed smokers accepted that there is a possibility of smoking causing lung cancer. Committed smokers in general felt they would “take the chance”; those contemplating quitting were more concerned about this health consequence possibility. Young smokers tended to see the possibility of lung cancer as too removed and a potential long term health problem associated with older aged people.

“Everybody has cancer, it could be smoking, could be food, could be anything. My father smoked for 24 years and he got cancer and it wasn’t smoking that did it to him”. (Male, 25+ years, Committed Smoker)

“It’s pretty obvious that smoking causes lung cancer. It’s scary but we are at an age where we do not really pay much attention to it.

Like at our age, it’s hard to believe we could end up with something like lung cancer. Just because it says so on a box, you know we are not really going to pay that much attention to it”. (Females, 15-17 years)

“Smoking Kills”

This warning label was well known to all study participants. While some appreciated the brevity and succinctness of the message, it was a message more likely to have greater impact on contemplators than those more committed to the habit.

Committed smokers tended to react negatively to it, denying the claim, and challenging it with counter claims like: “lots of things can kill you” and “you’re going to die anyway”. This “psychological reactance” or “boomerang” effect results in the message having the opposite effect to that intended, with smokers not accepting the inherent suggestion that they are taking a decision that could kill them.

“I think that’s the only thing about those labels. If it stops a child from having the first packet that’s good. If they look at ‘Smoking Kills’, if it can stop them buying the first one, well then it’s done its job”. (Female, 25+ years, Contemplator)

“You just look at it and you just go, ‘yes, Smoking Kills’, yeah like so I’m going to die – been smoking since he was six years old for like ninety years”. (Male, 15-17 years)

“Smoking Kills, yeah you know it, it’s not going to kill you today or tomorrow, maybe in 50 or 60 years, but you will deal with it then, or you might live to 80 years of age and it won’t bother you”. (Female, 18-25 years, Committed Smoker)

“Most concerned ‘Smoking Kills’ it’s point blank, it’s not talking about cancer, possibly of one in ten chances, it is effective, I tend to look at the wording when it is fresh and nice, but then after a while don’t notice, when you peel the plastic off you read it”. (Male, 35+ years, Committed Smoker)

“I think ‘Smoking Kills’ is pretty stupid because it’s stating the obvious”. (Female, 15-17 years)

“I’d be more concerned about ‘Smoking Kills’ but you don’t see yourself as dying”. (Female, 18-24 years, Contemplator)

“Your Smoking Can Harm Others”

The notion of passive smoking and people being affected by other peoples’ smoke appeared to be more readily accepted by study participants this time than was noticed in 1996. This acceptance would appear to be in part due to the increase in the media coverage of the passive smoking issue since the baseline survey was completed. Again, as mentioned previously, workplace practice and increasing restrictions on where smokers can smoke in public has further influenced the salience of this warning.

Long term committed smokers were the least likely to take notice of the warning and more likely to decry what they saw as the gradual demise of “smokers’ rights”; but even these more strident smokers acknowledged that smoking could harm babies, young children, and those suffering from respiratory and asthmatic conditions.

“Harm” was acknowledged as both the social discomfort of smoke, especially in an eating environment, as well as potential physical harm, ranging from the odour of tobacco through to breathing in other people’s smoke, which could possibly result in more serious health problems.

“I like that, it doesn’t harm me it harms others. Or you go outside and smoke somewhere you’re totally alone. I’m not hurting anyone. (Female, 25+ years, Contemplator)

“Yeah I have looked at that one and I was at a bus stop, an old lady was next to me, and I was smoking and it said that on my thing and I looked at that and I put it out”. (Female, 15-17 years)

“That is a big thing, SIDS and parents who smoke. If you have the baby in the same room with you up to two hours after you’ve had a cigarette still breathing out toxic fumes. A new born baby it can affect them and they have connected it to the reasons of over heating but also subjected to cigarette smoke”. (Female, 25+ years, Ex-Smoker).

“Smoking Causes Heart Disease”

As noted in the 1996 study, smoking was not as strongly linked to heart disease as it was to lung cancer, but nonetheless, the link was known. Once again, comments made by study participants indicated that causes of heart disease were thought to be many and varied (e.g. genetic, diet, lack of exercise etc) and not solely related to smoking.

Again, heart disease was a health condition more easily associated with **older Australians**. Young smokers could not readily relate to it and saw it as something that could only occur after 30 years of smoking.

“People who don’t smoke have strokes. I mean everyone can have one”. (Males, 25+ years, Contemplator)

“That’s for old people. I don’t really think about that”.
(Male, 15-17 years)

“Smoking is Addictive”

This warning message was seen as a statement of fact by smokers in the study. Most acknowledged that smoking is addictive. This was a belief especially held by the older committed smoker, some of whom used “addiction” as the reason why they can’t quit (even if they wanted to).

The message involved very little emotional response from study participants even though knowledge of the strength of tobacco as an addictive substance was strong and widespread.

Two key issues emerged in regard to this message:

- it conveys to smokers information they already know and have experienced;
- it tends to promote feelings of defeatism and hopelessness among some.

“It always strikes me as being really comical, Smoking is Addictive. It’s stupid. Hello something new!” (Female, 25+ years, Contemplator)

“I used to smoke pot with my friends at home and someone said that if you smoke marijuana without tobacco in it you won’t die from lung cancer. If you smoke it with it you’ll die from lung cancer. Some studies have shown that tobacco can be harder to quit than heroin or cocaine. That’s fair enough”. (Male, 15-17 years)

“Instead of ‘Smoking is Addictive’ they should say if you smoke like 10 cigarettes or something then you will be hooked for life. When I was starting I was just going yeah I’m not addicted, I’m not addicted and just got to a stage where I was”. (Male, 15-17 years)

5.7 Information on Tar Content

5.7.1 Recall of Tar Content

For both smokers and recent ex-smokers, the most popular tar content was 8mg. In 2000, the proportion of smokers nominating this level of tar was the same proportion as noted in 1996. Similarly, among recent ex-smokers, the proportion of this sub-group nominating 8mg remained the same in 2000 as 1996. The next most frequently claimed tar content was 12mg, followed by 4mg. (See Summary Table 13).

Interestingly, in 2000 compared with 1996, a slightly higher proportion of both current smokers and recent ex-smokers **could not recall** the tar content of the brand of cigarettes they smoke (or smoked) most often.

Summary Table 13: Tar Content (in milligrams) of Brand Smoked

Q10a. You said you smoke (brand) most often. Can you tell me the tar content of that brand in milligrams. If **ex-smoker**: What was the tar content in milligrams of the brand you smoked most often?

Tar Content (in mg)	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
One	4	4	5	5
Two	5	8	3	9
Four	12	11	11	9
Eight	27	26	21	20
Twelve	16	18	13	13
Sixteen	5	8	5	5
Other	7	4	8	6
Don't know	24	21	35	33
BASE	822	1417	130	187

(Reference: Computer Table 41 - Total Set)

5.7.2 Correctness of Recall of Tar Content

Smokers and recent ex-smokers were asked the brand of cigarettes they smoke(ed) most often before they were asked to nominate the tar content. Given knowledge of the preferred brand, the survey was able to ascertain the correctness of their response relating to tar, nicotine, and carbon monoxide.

In the 2000 survey, a majority of smokers (57%) and a substantial proportion of recent ex-smokers (39%) correctly nominated the tar content of their preferred brand of cigarette. In 2000, there was a greater proportion in both sub-groups correctly recalling the tar content. This was statistically significant (99% level) and suggests **an increased awareness of tar content** level amongst many. There was however, also a slightly higher **proportion** of people claiming not to know the tar content which suggests a polarisation in regard to knowledge of tar content.

Summary Table 14: Correctness of Tar Content Response

Correctness	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Correct	57 +++	42	39 +++	25
Incorrect	12	20	18	26
Unspecified brand mentioned	1	25	2	26
Don't know tar level*	18	11	29	20
Other mentions	10	1	8	2
BASE	822	1417	130	187

(Reference: Computer Table 6) (Partial Table) *NB: As mentioned in Q2c.

5.7.3 Definition of Tar

Current smokers and recent ex-smokers were asked if they knew what tar is. The verbatim and non-verbatim responses help differentiate those who might have read off the pack at the time of interviewing (verbatim) from those who had a general knowledge or awareness of what tar is.

In 2000, there was a similar proportion of both smokers and recent ex-smokers not knowing what tar is, about one in two. Responses from both sub-groups were very similar. (See Summary Table 15).

Summary Table 15: Definition of Tar

Q10b. Can you tell me what tar is?

Correctness	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Yes (verbatim)	11	2	11	2
Yes (non-verbatim)	36	46	38	43
No	52	51	50	54
BASE	822	1417	130	187

(Reference: Computer Table 43)

In the group discussions, tar was described as the “gluggy” substance that can form on the lungs, with some recalling advertisements depicting tar build up (e.g. “sponge” commercial). Tar was known to contain a number of chemicals, some of which are toxic, but consideration of this was not dwelt on.

5.7.4 Health Effects of Tar

In 2000, there was a lower proportion of both current smokers and recent ex-smokers claiming not to know the health effects of tar compared to the findings of the 1996 survey. In 2000, 27% of smokers and 30% of recent ex-smokers did not know the health effects.

Summary Table 16: Health Effects of Tar

Q10c. And what, if any, are the health effects of TAR?

Health Effects	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Damages your lungs/builds up in your lungs	35	35	43	44
Causes cancer	5	9	6	8
Reduces fitness/slows you down	3	7	3	7
Causes lung cancer	5	6	6	5
Affects your breathing	9	6	9	11
Damages health	5	5	7	4
Causes artery damage/hardens arteries	7	4	5	3
Causes of Heart Disease	5	4	3	2
Don't know	27	42	30	42
BASE	822	1417	130	187

(Reference: Computer Table 44)

(Partial Table)

As in 1996, the most frequently mentioned response was “damages your lungs, builds up in your lungs”. All other responses were much fewer and included: “causes cancer”, “affects breathing”, “damages heart”, etc. (See Summary Table 16).

5.8 Information on Nicotine Content

5.8.1 Recall of Nicotine Content

In the 2000 survey, 37% of smokers did not know the nicotine content of the brand of cigarettes they smoked most often compared with 43% in 1996. The proportion of recent ex-smokers who did not know was similar to that recorded in 1996 (67% in 2000, 65% in 1996).

For smokers, 0.8mg was the most frequently nominated nicotine content, followed by 1.2mg and 0.4mg. Results on this issue were virtually identical to that obtained in 1996. (Summary Table 17)

Summary Table 17: Nicotine Content (in milligrams) of Brand Smoked Q10d. And what is the nicotine content in milligrams?

Nicotine Content (in mg)	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
0.2	4	5	4	4
0.3	2	2	1	-
0.4	10	9	6	8
0.8	20	17	9	9
1.2	11	10	1	3
1.5	2	1	1	-
Other	14	13	12	10
Don't know	37	43	67	65
BASE	822	1417	130	187

(Reference: Computer Table 45)

5.8.2 Correctness of Recall of Nicotine

In 2000, one in three smokers correctly nominated the nicotine content of their preferred brand, compared with 23% in 1996.

Summary Table 18: Correctness of Nicotine Content Response

Correctness	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Correct	33	23	12	8
Incorrect	24	21	17	18
Unspecified brand mentioned	1	26	2	26
Don't know nicotine level*	29	29	58	46
Other mentions	10	1	8	3
BASE	822	1417	1309	187

(Reference: Computer Table 7)

(Partial Table)

*NB: As mentioned in Q2c. ** note response basis altered across studies

5.8.3 Definition of Nicotine

A total of 24% could define nicotine verbatim (i.e. a poisonous and addictive drug), which represented an increase on that obtained in 1996. A further 41% defined nicotine non-verbatim. One in three smokers could not define nicotine. (See Summary Table 19).

Summary Table 19: Definition of Nicotine

Q10e. Can you tell me what nicotine is?

Correctness	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Yes (verbatim)	24	8	16	1
Yes (non-verbatim)	41	55	48	58
No	34	38	31	40
BASE	822	1417	130	187

(Reference: Computer Table 45 - Total Set)

Nicotine was considered to be the ingredient that is responsible for generating an addiction. The higher the nicotine content, the stronger the cigarette and **potentially the more addictive it could be.**

Smokers tend to read the tar content to establish the strength of the cigarette. The tar and nicotine content, become an important guide when choosing a new or unfamiliar brand. Smokers equate **the higher the nicotine content with the stronger the “hit”**. Strength tends to be associated with likely enjoyment or smoking pleasure.

Some smokers contended that lower nicotine levels can encourage “you to smoke more” in order to obtain a “sufficient hit”. As well, there was a perception that the lower the tar content, the more chemicals the cigarette contains (i.e. chemicals to replace the tar).

“Look at the number of milligrams, but I think you either smoke or you don’t. I think the damage is being done with an 8, 12 or 16 milligram stick and I find the lower dosage doesn’t (nicotine level) I found I either smoke the higher or don’t smoke at all. I can read the front, everywhere the fronts are getting smaller, and the older you get it is harder and harder to read”. (Male 35+ years, Committed Smoker)

“It’s all about the hit really, whether you’re getting any”. (Male, 25+ years, Committed Smoker)

5.8.4 Health Effects of Nicotine

Knowledge about nicotine has increased since the baseline survey of 1996. Nearly one in three smokers stated that nicotine is addictive and the proportion of smokers claiming not to know the health effects of nicotine has decreased from 41% in 1996 to 28% in 2000.

Summary Table 20: Health Effects of Nicotine

Q10f. And what, if any, are the health effects of Nicotine?

Health Effects	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Addictive	32	26	34	35
Damages your lungs/builds up in your lungs	6	8	8	5
Causes heart disease	6	6	5	3
Causes cancer	5	6	6	3
Reduces fitness/slows you down	3	5	2	5
Poisonous	6	5	3	4
Damages health	6	4	3	7
Causes lung cancer	4	5	-	2
Drug	4	-	4	-
Don't know	28	41	28	40
BASE	822	1417	130	187

(Reference: Computer Table 47)

(Partial Table)

5.9 Information on Carbon Monoxide

5.9.1 Recall of Carbon Monoxide Content

There was less knowledge about carbon monoxide content of cigarettes than there was for either tar or nicotine. This lack of knowledge was apparent for both smokers and recent ex-smokers and echoed the findings of the earlier 1996 survey.

Overall, 10mg was the most frequently nominated carbon monoxide content, with 18% of smokers choosing this level of carbon monoxide for their preferred brand. (Summary Table 21)

Summary Table 21: Carbon Monoxide Content (in milligrams) of Brand Smoked

Q10d. And the carbon monoxide content in milligrams?

CO Content (in mg)	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Two	3	4	2	1
Three	2	1	1	-
Five	6	4	1	-
Ten	18	13	3	2
Fifteen	5	5	-	-
Twenty	-	0	-	1
Other	5	4	2	5
Don't know	61	68	92	91
BASE	822	1417	130	187

(Reference: Computer Table 48)

5.9.2 Correctness of Recall of Carbon Monoxide

There was a significant increase in 2000 in the number of smokers who correctly identified the amount of carbon monoxide in their most frequently smoked brand. Now, one in five smokers correctly identified the carbon monoxide level.

Summary Table 22: Correctness of Carbon Monoxide Content Response

Correctness	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Correct	21 +++	13	2 ns	2
Incorrect	14	12	5	4
Unspecified brand mentioned**	1	26	2	26
Don't know CO level*	51	49	80	66
Other mentions	10	1	8	3
BASE	822	1417	130	187

(Reference: Computer Table 8) (Partial Table)

*NB: As mentioned in Q2c. ** Basis of response altered

5.9.3 Definition of Carbon Monoxide

There was only a slight change in the proportion of people defining carbon monoxide but the proportion of people who claimed not to know the health effects has decreased slightly.

Summary Table 23: Definition of Carbon Monoxide

Q10h. Can you tell me what carbon monoxide is?

Correctness	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Yes (verbatim)	22	11	13	3
Yes (non-verbatim)	44	53	38	55
No	32	36	47	42
BASE	822	1417	130	187

(Reference: Computer Table 49)

Carbon Monoxide and its role in cigarettes was **less known** than either Nicotine or Tar. While it was generally acknowledged as a toxic gas, the amount of carbon monoxide in cigarettes was not thought as serious or as harmful as the carbon monoxide from car exhausts or that inhaled from city pollution.

“I think if you work or live in the City or somewhere there is a log of traffic you’re more likely to be getting those pollutants whether you smoke or you don’t smoke or whatever just by putting your head out of the window or waiting at the bus stop”. (Female, 25+ years, Contemplator)

“If you compare a smoker’s lung in the country to a non smoker in the city, a non smoker from the city lungs were worse”. (Female, 25+ years, Contemplator)

5.9.4 Health Effects of Carbon Monoxide

Evidence suggests that while there is a vague awareness of carbon monoxide as one of the contents of cigarettes, specific knowledge about it remains poor, although smokers and ex-smokers appear more likely to have an opinion.

Summary Table 24: Health Effects of Carbon Monoxide

Q10i. And what, if any, are the health effects of Carbon Monoxide?

Health Effects	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Reduces ability of blood to carry oxygen	15	19	9	13
Kills you	13	17	18	19
Affects your breathing	9	7	11	9
Poisonous	10	7	15	6
Damages your lungs/builds up in your lungs	7	6	10	6
Reduces fitness level	2	5	2	6
Damages health	3	3	7	7
Don’t know	27	42	31	44
BASE	822	1417	130	187

(Reference: Computer Table 50)

(Partial Table)

5.10 Importance of Government Health Warnings

Overall, the majority of people in the 2000 survey considered that the Government health warnings were important. The strength of importance varied between sub-groups, with non-smokers being most adamant about the importance of the warnings; but for all sub-groups, **at least half of those interviewed considered the warnings “very important”**.

Compared to 1996, it appeared that there has been an increase in the proportion of people claiming the warnings were “very” or “quite” important: among smokers (71%, 67% in 1996), recent ex-smokers (78%, 76% in 1996), and non smokers (86%, 85% in 1996). However, the increases are not statistically significant overall. But, what is **significant statistically** is the proportion of smokers claiming the warnings are “very important” (49% in 2000, 43% in 1996).

Summary Table 25: Importance of Government Health Warnings (by smokers/recent ex-smokers)

Q11. How important is it that the Government has health warnings on packs of tobacco and cigarettes. Would you say...

Importance of Health Warnings	Smokers Total		Recent Ex-smokers Total	
	00 %	96 %	00 %	96 %
Very important	49 +++	43	50 ns	52
Quite important	22	24	28	24
Neither important nor unimportant	10	11	4	4
Quite unimportant	10	11	13	15
Very unimportant	9	10	5	5
BASE	822	1417	130	187

(Reference: Computer Table 51)

Summary Table 26: Importance of Government Health Warnings (by non/ex-smokers)

Importance of Health Warnings	Non-smokers Total		Ex-smokers Total	
	00 %	96 %	00 %	96 %
Very important	73 ns	67	58 ns	62
Quite important	13	18	22	20
Neither important nor unimportant	4	5	5	4
Quite unimportant	8	5	12	8
Very unimportant	2	5	3	5
BASE	101	280	151	130

(Reference: Computer Table 96)

Interestingly, as age increased the proportion of smokers and ex-smokers who considered the health warnings important decreased. For example, those in the 15-17 year age group were more likely than those in the 65+ year age group (88% to 63%) to consider the health warnings “very” or “quite” important. (See Summary Table 27)

Similarly, “light” smokers were more likely than “heavy” smokers to regard the health warnings as important. For example, 75% of those who smoked 0-10 per day compared to 65% of those who smoked 20+ cigarettes per day considered the health warnings important. (Summary Table 28)

Summary Table 27: Importance of Government Health Warnings by Smokers’ and Recent Ex-Smokers’ Age (in years)

Importance of Warnings	Total		15-17		18-24		25-44		45-64		65+	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
Very important	49	45	44	55	49	41	48	47	52	44	44	34
Quite important	22	24	44	21	29	28	22	27	16	22	19	23
Neither important nor unimportant	10	10	4	9	9	10	10	10	11	10	9	11
Quite unimportant	10	11	4	9	7	11	9	8	12	10	19	15
Very unimportant	9	9		6	5	10	11	8	9	13	9	15
Mean Ratings	3.93 +++	3.84	4.24 +	3.84	4.09 ++	3.82	3.90 ns	3.94	3.91 ns	3.72	3.67 ns	3.53
BASE	822	1598	25	49	112	209	419	833	220	378	43	125

(Reference: Computer Table 50 - Smoker Set)

Summary Table 28: Importance of Government Health Warnings by Cigarettes Smoked per Day

Importance of Warnings	Total		0-10		11-20		20+	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
Very important	49	44	52	51	48	41	46	39
Quite important	22	24	23	27	23	26	19	20
Neither important nor unimportant	10	11	9	7	9	13	11	14
Quite unimportant	10	11	8	7	12	11	11	14
Very unimportant	9	10	7	8	9	9	13	14
Mean Ratings	3.93 +++	3.84	4.05 ns	4.06	3.89 ns	3.78	3.76 ++	3.57
BASE	822	1417	298	459	286	505	235	442

(Reference: Computer Table 50 - Smoker Set)

5.11 Attitudes Toward Smoking and Government Health Information

5.11.1 Overall

A series of attitude statements relating to labelling and health were read to respondents. The order in which the statements were read was rotated to offset any order effect that can influence response.

Smokers and recent ex-smokers appear to have increased their belief that **“the health warnings on cigarette packs should be stronger”**. This, in fact, is the only consistent change between the 1996 and 2000 results. There is also a suggestion that smokers themselves, are slightly more likely **to acknowledge that smoking has affected their health or increased their health risk**.

Table 29 shows the overall mean ratings for each of the attitude statements. The higher the mean the greater the agreement with the statement and the lower the mean the lower the level of agreement. Means are compared for both the 2000 and 1996 surveys. For smokers, the most interesting shifts relate to increased agreement in 2000 with the following:

- “The health warnings on cigarette packs should be stronger”;
- “I think that my past smoking probably has increased the risk of a health problem occurring for me”.

There has been a significant decrease in agreement in 2000 with the following:

- “I think the health warnings on cigarette packs take up too much space on the pack”;
- “Perhaps for some people smoking affects their health but it hasn’t affected mine”.

There does not seem to have been any change in the extent to which smokers and recent ex-smokers say that the health warnings have raised their concerns, made them attempt to give up, or improved their knowledge. However, at the same time, some 54% of smokers in 2000 agree that the warnings raised their concerns and 32% that they improved their knowledge “a lot”. The impact levels suggested are therefore fairly high even though the significance tests do not show that these have increased between 1996 and 2000.

Summary Table 30: Impact of Warnings

Impact of Warnings	2000		1996	
	Smokers	Recent Ex-Smokers	Smokers	Recent Ex-Smokers
	%	%	%	%
Raised your concerns YES	54 ns	60 ns	56	54
Helped you smoke less YES	31 ns	47 ns	34	45
Switch to lower tar	39 ns	33 ns	39	35
Helped you give up	15 ns	49 ns	14	44
Had no effect	20 ns	17 ns	21	13
Sample Base	822	130	1417	187

5.11.2 “The Health Warnings on Cigarette Packs Should be Stronger”

The detailed significance tests for the “*health warnings on cigarette packs should be stronger*” are shown in the following tables for some key sub-groups. These are mainly the attitudes of smokers (and some ex-smokers) and show a strengthening of attitudes in this area that is definitely significant across all major sub-groups.

Summary Table 31: Mean ratings – “The Health Warnings on Cigarette Packs should be Stronger” (Agree scale, base total sample)

	2000			1996		
	Mean	Std error	Sample	Mean	Std error	Sample
Male	3.11	(.08)	433 +++	2.70	(.08)	722
Female	2.99	(.07)	517 +++	2.65	(.07)	875
15-17	3.48	(.25)	33 ns	3.25	(.27)	49
18-24	3.50	(.14)	127 +++	2.74	(.13)	209
25-44	3.00	(.07)	486 +++	2.70	(.07)	830
45-54	2.95	(.10)	257 +++	2.56	(.10)	379
65+	2.59	(.23)	46 ns	2.47	(.22)	126
Male <25	3.27	(.17)	83 +++	2.57	(.16)	139
>25	3.08	(.09)	351 +++	2.74	(.08)	580
Female <25	3.59	(.15)	97 +++	3.04	(.15)	171
>25	2.85	(.08)	418 +++	2.55	(.08)	703

+ standard error ++ 5=agree a lot 1= disagree a lot

The key findings in regard to this statement were:

- in 2000, smokers tended to disagree with this statement but not to the extent that they did in 1996 (47% in 2000, 57% in 1996);
- “agree a lot” with the statement has increased among smokers (21% to 29%);
- similarly among recent ex-smokers, there has been a decrease in the level of disagreement (51% to 38%) and an increase in agreement (41% to 54%);
- non-smokers continue to display strong agreement with the statement (68% in 2000); and

- long term ex-smokers also continue to show strong agreement (58%). (See Summary Tables 28-32).

Among smokers, those most likely to agree “a lot” (29%) with the statement relating to the warnings on cigarette packs being stronger were: 18-24’s (39%), South Australians (34%). (See Computer Table 53 Smokers).

Among recent ex-smokers, 42% agreed “a lot” with this statement. Among this sub-group there was a higher proportion of younger ex-smokers in strong agreement than was the case with the older ex-smokers. (See Computer Table 52 Ex-Smokers).

5.11.3 “I Believe Smoking is Definitely Addictive”

Again in 2000 as in 1996, all sub-samples strongly held the belief that smoking is addictive. A total of 88% of both smokers and recent ex-smokers “agreed a lot” with the statement (86% in 1996). Non-smokers (92%) and long term ex-smokers (91%) were also very strongly in agreement with it. (Summary Table 32-35)

Interestingly among smokers, those aged 15-17 years, although strong in their agreement with the statement in terms of agreeing “a lot”, were not as strong as other age groups; for example, 72% agreed “a lot” compared with: 18-24’s (87%), 25-44’s (90%), 45-64’s (89%), 65+ (79%). However, the sample size of 15 to 17 year olds is small and so this conclusion must be qualified.

5.11.4 “Seeing The Health Warnings on Packs Makes Me Think About Quitting”

Some minor word changes were made to this statement in order to make it relevant to each of the four main sub-groups. (See Questionnaire in Appendix).

The key findings in regard to this statement were:

- one in two smokers agreed with it (48% in 1996);
- 55% of recent ex-smokers agreed (57% in 1996); and
- one in three long term ex-smokers agreed with the statement. (Summary Table 32-35)

Agreeing “a lot” were 28% of smokers and 35% of recent ex-smokers. Among smokers, those from NSW (35%) and younger smokers were more likely than those from other states and older smokers to agree “a lot” (e.g. 15-17’s = 32%, 18-25’s = 31%).

5.11.5 “If I’d Known What I Know Now About The Effects of Smoking On Health I Wouldn’t Have Taken Up Smoking”

In regard to this statement:

- smokers, recent ex-smokers and ex-smokers were asked, “*If I’d known what I know now about the effects of smoking on health I wouldn’t have taken up smoking*”; and
- non-smokers were asked, “*Knowing what I know about the effects of smoking on health I wouldn’t take up smoking*”. (Summary Table 32-35)

More than two-thirds (68%) of all current smokers in the survey agreed with the statement, with over one half (55%) agreeing “a lot”. As well, there was strong agreement among both sub-samples of ex-smokers, with 47% of recent and 58% of long term ex-smokers agreeing “a lot” with the statement. Among non-smokers, the vast majority (95%) said that knowing what they know about the effects of smoking on health, they would not take it up. These findings are virtually identical to those obtained in 1996.

There was a greater tendency for smokers aged 25-64 years to choose “agree a lot” when rating this statement. This middle aged group was more likely than younger or older smokers to nominate “a lot” in terms of their agreement with the statement (25-44’s = 54%; 45-64’s = 65%).

5.11.6 “I Don’t Think Smoking Has Any Real Negative Effect On Your Health At All”

For all main sub-groups there was an increase in the proportion disagreeing with this statement, particularly in terms of disagreeing “a lot”:

- in 2000, 74% compared to 65% of smokers in 1996 disagreed “a lot”;
- 83% of recent ex-smokers disagreed “a lot”, compared with 78% in 1996; and
- non-smokers were even stronger in this disagreement in 2000 than they were in 1996, 95% to 89%; as were, long term ex-smokers, with 89% in 2000 in strong disagreement compared to 73% in 1996. (See Summary Table 32-35)

5.11.7 “You’re Going to Die of Something, So Why Not Cigarettes”

For current smokers response to this statement in 2000 was very similar to that given in 1996. There was widespread disagreement with it:

- 57% of smokers (53% in 1996);

- 80% of recent ex-smokers (76% in 1996);
- 86% long term ex-smokers (82% in 1996); and
- 91% of non-smokers (90% in 1996). (See Summary Table 32-35)

Interestingly, while smokers remain the least likely to disagree with the statement, there was still 43% who disagreed “a lot”. (See Summary Tables 28-32). Older smokers were the most likely to agree “a lot” (35%) with this statement.

5.11.8 “I Think That Smoking Probably Does Increase The Risk of a Health Problem Occurring For Me”

Again for this statement there were some minor word changes for each of the main sub-groups. These changes were made for the 1996 survey as well.

The main findings were:

- in 2000, 8 in 10 smokers agreed with the statement (70% in 1996);
- 76% of recent ex-smokers agreed (71% in 1996);
- 97% of non-smokers agreed, similar to the 1996 figure (98%); and
- 54% of long term ex-smokers agreed (52% in 1996). (See Summary Table 32-35)

5.11.9 “I Believe That Most People Don’t Take Any Notice of The Health Warnings On Cigarette Packs”

As in 1996, there tended to be agreement with this statement:

- 77% of smokers agreed (74% in 1996); and
- 71% of recent ex-smokers agreed (72% in 1996);
- 82% of long term ex-smokers agreed compared to 73% in 1996;
- 74% of non smokers agreed compared with 66% in 1996. (See Summary Table 32-35)

5.11.10 “I Have Worried More About The Effects of Cigarettes on My Health Since The Health Warnings Were Put on Cigarette Packs”

In regard to this question:

- **smokers** were asked, “*I have worried more about the effects of cigarettes on my health since health warnings were put on cigarette packs*”;

- **recent ex-smokers and ex-smokers** were asked, *“I worried more about the effects of cigarettes on my health since the health warnings were put on cigarette packs”*; and
- **non-smokers** were asked, *“I am more aware of the effects of cigarettes on my health since the health warnings were put on cigarette packs”*. (See Summary Table 32-35)

In 2000, results were again similar to those in 1996. Over half of current smokers interviewed (53%) disagreed with the statement. Agreement with the statement also remained the same as in 1996. (See Summary Table 32)

Among recent ex-smokers disagreement was higher than agreement, 55% to 40%; similarly, with long term ex-smokers (disagreement 42% to 40% agreement).

5.11.11 “I Think The Health Warnings On Cigarette Packs Take Up Too Much Space On The Pack”

The majority of people in each of the main sub-groups disagreed with this statement; for example:

- 73% of smokers (69% in 1996);
- 82% of recent ex-smokers (76% in 1996);
- 72% long term ex-smokers (76% in 1996); and
- 82% of non-smokers (76% in 1996). (See Summary Table 32-35)

5.11.12 “Perhaps For Some People Smoking Affects Their Health But it Hasn’t Affected Mine”

The above statement was read to smokers and ex-smokers; non-smokers were read: *“If I was to take up smoking I doubt that it would affect my health”*.

The key results were:

- most smokers (60%) disagreed with the statement (58% in 1996);
- 68% of recent ex-smokers disagreed (67% in 1996); and
- 57% of long term ex-smokers disagreed (42% in 1996). (See Summary Table 32-35)

5.11.13 “I think That Cigarettes Should Be Sold in Plain (Generic) Packs, Specifying Only Brand Name and Government Information Such as Health Warnings and Information to Assist Smokers to Quit”

This statement was not included in the 1996 survey, so results only relate to 2000.

The main findings were:

- 42% of smokers agreed with the statement, and 47% disagreed. Among smokers, males were slightly more likely than females to agree (48% to 44%);
- 53% of recent ex-smokers agreed and 36% disagreed;
- 66% of long term ex-smokers agreed, only 17% disagreed; and
- 66% of non-smokers agreed and 19% disagreed. (See Summary Tables 22-35).

5.12 Effects of Health Warnings on Knowledge and Behaviours

5.12.1 Reactions to Warnings

Smokers and recent ex-smokers were asked: *“When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind?”*

In the 2000 survey, only 14% of smokers claimed they ignore the warning compared to 33% in 1996 who claimed to ignore the warnings. One in five maintained they thought about quitting, with females more likely than males to think of quitting, 21% to 17% (See Computer Table 27). In 2000 there was a greater spread of comments than was observed in 1996.

Summary Table 36: Reactions to Health Information by Smokers

Q8. When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind?

Reaction	Total	
	00 %	96 %
Ignore it/it's my choice to smoke	14	33
I should quit	19	20
Nothing	-	13
Smoking is bad for your health	9	11
I already know/aware of risks	4	6
Can't stop I'm addicted	4	5
Why do I do it/I'm idiot	3	-
I know it's true	2	5
It's a warning/good to warn you	2	4
BASE	822	1417

(Reference: Computer Table 27)

(Partial Table)

Some other comments made by **current smokers** included:

Messages not strong enough	4%
Some impact initially, now used to them	3%
Reminds me of other ads	2%
Feel guilty	2%
If they're so bad why not banned	1%
Scares me	1%
Smoking too long	1%

(See Computer Table 27).

Recent ex-smokers also displayed a similar response to that of smokers. (See Summary Table 37).

Summary Table 37: Reactions to Health Information by Recent Ex-smokers

Reaction	Recent Ex-Smokers	
	00 %	96 %
Ignore it/it's my choice to smoke	20	32
Smoking is bad for your health	10	20
I should quit	18	16
Nothing	-	10
I already know/aware of risks	4	6
It's a warning/good to warn you	2	6
I know it's true	2	5
BASE	130	187

(Reference: Computer Table 27)

(Partial Table)

5.12.2 Improved Knowledge as a Result of Health Information on Cigarette Packs

Six out of ten smokers maintained that their knowledge of the health effects of tobacco consumption has improved as a result of the inclusion of the health warnings on cigarette packs. **One in three smokers contended that their knowledge had improved “a lot”.** This represents a significant increase. Similar results were obtained among recent ex-smokers. (See Summary Table 38).

Smokers most likely to claim their knowledge has improved “a lot” were: 15-17 year olds (52%) (although small base); and rural Victorians (47%).

Summary Table 38: Improved Knowledge as a Result of Health Information on Tobacco/Cigarette Packs

Q13. Would you say the inclusion of health warnings and health information on cigarette packs has improved your knowledge of the health affects of tobacco consumption...

Improvement of Knowledge	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
A lot	32 +	29	28 (ns)	31
A little	28	31	32	30
Made no difference	40	40	40	39
BASE	819	1417	129	187

(Reference: Computer Table 65)

5.12.3 Effects of Health Information on Behaviour

When prompted about the effects on their own behaviour, results from the 2000 survey were much the same as those recorded in 1996, for both the smokers and recent ex-smoker sub-groups. (See Summary Table 39). The changes were not statistically significant.

Summary Table 39: Effects of Health Labels on Behaviour (Prompted)

Q14. In terms of the way you feel about your own smoking behaviour would you say the health warnings on packs of cigarettes and tobacco have...

Statement	Smokers				Recent Ex-smokers			
	Yes		No		Yes		No	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
Raised your concerns about smoking	54 ns	56	46	44	60 ns	54	39	46
Helped you smoke less	31 ns	34	68	66	47 ns	45	53	54
Helped you to switch to a lower tar brand	39 ns	39	60	61	33 ns	35	67	64
Helped you give up smoking	15 ns	14	85	86	49 ns	44	50	56
Had no effect on your behaviour	20 ns	21	79	78	17 ns	13	83	87
BASE	822	1417	822	1417	130	187	130	187

(Reference: Computer Table 71)

Over half (54%) of the sample of smokers and 6 out of 10 recent ex-smokers said the warnings had **raised their concerns**. Those most likely to think this were: those from NSW (58%) and 15-17 years olds (64%). (See Computer Table 67).

Three out of ten smokers and 47% of recent ex-smokers mentioned that the health information on cigarette packs “had helped them smoke less”. Older smokers, 65+ years, were most likely to think this (42%) and metro South Australians (41%). (See Computer Table 68).

Overall, 39% of smokers stated that the warnings had helped them “switch to a lower tar brand”, a point generally more likely to be made by metro smokers than rural smokers. (See Computer Table 69).

Nearly one in two of the recent ex-smokers claimed that the health information had helped them give up smoking. (See Computer Table 70).

One in five smokers and 17% of recent ex-smokers maintained that the warnings had no effect on their behaviour. Those most likely to think this were people smoking 20+ cigarettes a day (27%).

5.12.4 Effect of Health Warnings on Actual Smoking

In terms of thinking about the health effects on smoking, the 2000 survey shows that among smokers there was a **significant increase since 1996 in the proportion nominating that they thought about the health effects at each stage of smoking** (i.e. when they buy, take from the pack, smoke and post-smoking). Recent ex-smokers also showed an increase in the number who thought about the health effects at each stage of the smoking process. (See Summary Table 40).

Summary Table 40: Thinking About the Health Effects of Smoking

Q15. Please tell me if you ever think of the health effects of smoking when...

	Smokers				Recent Ex-smokers			
	Yes		No		Yes		No	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
You buy cigarettes	37 +	33	63	66	42 ns	42	58	58
You take a cigarette from the pack	45 +	38	54	62	47 ns	41	53	59
You smoke a cigarette	50 +++	42	50	58	57 ++	44	43	55
After finishing a cigarette	44 +	39	56	61	56 ++	43	44	56
BASE	822	1417	822	1417	130	187	130	187

(Reference: Computer Table 70 - Total Set)

Those most likely to think about the health effects when they buy cigarettes were: younger smokers, 40% females (39%), rural Victorians (40%), rural NSW (40%) and rural WA (48%). (See Computer Table 73).

Those most likely to think about the health effects when they take a cigarette from the pack were: those from NSW (47%), Queenslanders (49%), metro South Australia (55%), young smokers (52%). (See Computer Table 74).

“Thinking about the health effects of smoking” was most evident when smoking the cigarette, with one in two smokers thinking about health at this time.

Those who think about the health effects when smoking were: metro NSW (56%), rural WA (57%), (See Computer Table 75); and those, who thought about the health effects after smoking were: those from WA (48%), metro South Australia (53%), younger smokers (56%). (See Computer Table 76).

5.12.5 Recent Changes in Smoking Behaviour

Table 41 below details the response to a question about smoking behaviour over the last 12 months. In regard to this question, the main findings were:

- the significant increase in the proportion of smokers compared to the 1996 survey results who have reduced the amount of tobacco smoked in a day;
- one in five smokers had changed to a brand with lower tar or nicotine content (A significant decrease on 1996 results);
- female smokers were now more likely than males to have “done nothing”; and
- recent ex-smoker behaviour has remained relatively unchanged since 1996.

Summary Table 41: Recent Change in Smoking Behaviour (Smokers/Ex-Smokers) Q2e. In the past 12 months have...

Change in Smoking Behaviour	Smokers						Recent Ex-smokers					
	Tot		M		F		Tot		M		F	
	00	96	00	96	00	96	00	96	00	96	00	96
	%	%	%	%	%	%	%	%	%	%	%	%
Changed to brand with lower tar or nicotine content	20 ---	28	19	22	20	32	9 ns	11	11	14	8	9
Reduced the amount of tobacco you smoke in a day	29 ---	24	31	22	27	24	15 ns	13	12	13	18	12
Quit smoking	14 ns	13	16	11	11	13	95 ns	93	93	93	96	95
Done nothing different	51 ns	48	50	55	52	44	6 ns	4	9	5	4	2
Increased the amount of tobacco you smoke in a day	4	3	3	3	6	3	1	1	-	3	-	-
Changed to brand with higher tar or nicotine content	3	2	2	2	4	1	-	-	-	-	-	-
BASE	822	1417	378	648	444	769	130	187	57	80	73	107

(Reference: Computer Table 12 – Total Set; Computer Table 12 – Smoker Set; Computer Table 11 – Recent Ex-smoker Set) NB: Question allowed multiple responses

5.13 Quitting

5.13.1 Factors to Help Decide to Quit

In the 2000 Survey additional questions were asked of both recent ex-smokers and longer term ex-smokers in regard to what factors had helped them decide to quit smoking. A list of possible factors was read to them and respondents were asked to chose the factors they felt had helped them decide to quit.

There was reasonable support for a number of factors that ex-smokers (both short and long term) nominated as helping them quit smoking. The most frequently mentioned focussed on: **self perception of effects on health and fitness**, as well as the **cost of smoking**. The health warnings on cigarette packs were mentioned by 11% of ex-smokers (16% of recent ex-smokers).

The health warnings on TV at the time of the survey also received strong support (26%) among recent ex-smokers.

Summary Table 42: Factors to help quit

Q2c. Please tell me which, if any, of the following factors helped you decide to quit smoking.

	Total	Recent Ex-Smokers	Ex-Smokers
	%	%	%
I think it was affecting my health	56	64	50
It was costing too much	37	47	28
I wanted to get fit	33	38	30
I was worried it was affecting the health of those around me	23	22	25
Family/friends asked me to give it up	19	18	21
Health warnings on TV	19	26	13
My doctor advised me	13	11	15
Health warnings on cigarette packs	11	16	7
Pregnant or planning a family	10	9	11
Quit Line	4	6	2
Tobacco Information Line	3	4	2
Base	265	114	151

(Reference Computer Table 86. Total Set) Partial Table

5.13.2 Main Reasons for Quitting

The two main reasons given by both recent ex-smokers and the longer term ex-smokers were a belief that smoking was **affecting their health**, and the **cost** of cigarettes.

Summary Table 43: Main Reasons for Quitting*

Q2d. And what was the main reason you quit?

	Total	Recent Ex-Smokers	Ex-Smokers
	%	%	%
I think it was affecting my health	31	41	24
It was costing too much	12	15	10
I wanted to get fit	9	12	7
Family/friends asked me to quit	8	7	9
My doctor asked me to give it up	7	4	9
I was worried it was affecting the health of those around me	7	4	10
I'm pregnant or planning on starting a family	6	4	8
Health warning advertising on TV	3	4	3
Health warning on cigarette packs	1	-	1
Don't know	15	10	19
Base:	265	114	151

(Reference Computer Table 87)

* Not asked in 1996

5.13.3 Recent Attempts to Quit

In regard to attempts to quit smoking in the last 12 months, response given in the 2000 survey was virtually the same as that given in the 1996 survey. (See Summary Table 44).

Overall, 18% had unsuccessfully tried to give up smoking, about one in five had tried to give it up and were successful for less than a month but 6 out of 10 had not tried to give up smoking.

Summary Table 44: Recent Attempts to Quit

Q2e. In the last 12 months have you...

Attempts to Quit	Smokers					
	Tot		Male		Female	
	00 %	96 %	00 %	96 %	00 %	96 %
Tried to give up and been successful for at least one month	18	19	17	19	19	19
Tried to give up and successful for less than one month	21	24	22	23	20	24
Never tried to give up	61	57	61	58	61	57
BASE	822	1417	378	648	444	769

(Reference: Computer Table 12 - Total Set; Computer Table 12 - Smoker Set; Computer Table 10 - Recent Ex-smoker Set)

5.13.4 Intentions to Quit

Similarly, in terms of intentions to quit, the findings of the 2000 survey were not dissimilar to those obtained in 1996: 14% of smokers intended to quit in the next month, about one in three intended to quit in the next 6 months, and about one in two do not intend to quit. This question was asked of smokers early in the questionnaire (Q2). Overall 46% displayed an intention to quit. This finding accords with a question on future intentions asked later in the questionnaire (See Section 5.13.5).

Summary Table 45: Intentions to Quit

Q2f. In terms of quitting which statement best describes your feelings?

Intentions to Quit	Smokers						Recent Ex-smokers					
	Tot		Male		Female		Tot		Male		Female	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
I intend to quit next month	14	12	14	11	14	12	-	-	-	-	-	-
I intend to quit in the next 6 months	32	27	30	27	34	26	-	-	-	-	-	-
I do not intend to quit in the next 6 months	51	56	53	58	50	56	-	-	-	-	-	-
I quit more than 6 months ago	-	-	-	-	-	-	48	48	42	46	53	50
I quit less than 6 months ago	-	-	-	-	-	-	51	52	56	54	47	50
Don't know	3	5	3	4	2	6	1	-	1	-	-	-
BASE	820	1417	378	648	444	769	130	187	57	80	73	107

(Reference: Computer Table 13 - Total Set; Computer Table 14 - Smoker Set; Computer Table 12 - Recent Ex-smoker Set)

5.13.5 Future Smoking Intentions

About half (47%) of smokers interviewed maintained that they will make a definite attempt to quit in the future. This is a slightly higher proportion than indicated this intention in 1996 (42%). Similar proportions of smokers to those obtained in 1996 demonstrated an intention to “try and ease up” and “smoke as much as they do currently.” (See Summary Table 46).

Summary Table 46: Future Smoking Intentions of Smokers and Recent Ex-smokers

Q20. Thinking about your future smoking do you think you will...

Future Intentions	Smokers	
	00 %	96 %
Make a definite attempt to quit	47	42
Try and ease up on my smoking	29	30
Smoke just as much as I do now	20	23
Change to a lower tar brand	3	2
Increase my smoking	-	1
Continue not smoking	-	-
Don't know	1	1
BASE	822	1417

(Reference: Computer Table 81 - Total Set)

5.14 Information Line

In 2000 there was greater awareness of the Information Line, the telephone number of which is included with the health messages on tobacco packs. There was an increase in awareness across all main sub-groups. (See Table 47). Those smokers most likely to be aware of the information line were : those in NSW (67%), younger smokers (18 to 24 years, 75%). (See Computer Table 77).

Summary Table 47: Aided Awareness of Information Line (Total Sample)

Q16. Are you aware of an information line telephone number which is included with the health messages on tobacco packs?

Awareness	Smoker		Recent Ex-smoker		Ex-smoker		Non-smoker	
	00 %	96 %	00 %	96 %	00 %	96 %	00 %	96 %
Yes	60	40	52	24	17	5	15	6
No	40	60	48	76	83	94	84	94
BASE	822	1417	130	187	151	130	101	280

(Reference: Computer Tables 77)

The proportion who claimed to have used the information line remained at 7%, and 27% of smokers claimed they will call the information line in the future.

Summary Table 48: Use of Information Line (Total Sample)

Q17. Have you ever called this information line?

	Smoker		Recent Ex-smoker	
	00 %	96 %	00 %	96 %
Yes	7	7	10	9
No	93	93	90	91
BASE**	492	560	68	45*

(Reference: Computer Tables 78)

*NB: Caution must be exercised when interpreting this data due to small sample size.

**NB: Base includes any respondents aware of the information line.

Summary Table 49: Intentions to Call Information Line

Q18. Do you think you will call this information line in the future?

<i>Intend to Call Info Line</i>	Smokers		Recent Ex-smokers	
	00 %	96 %	00 %	96 %
Yes	27	23	10	9
No	69	70	90	84
Don't know	3	6	-	7
BASE	492	560	68	45*

(Reference: Computer Table 79)

(Partial Table)

In the group discussions conducted in Phase 1 of the 2000 study, there was even less spontaneous comment made on the inclusion of an information line in the 2000 survey than there was in 1996. Many were **unsure** as to whether or not there was an information line and some thought it was a “quit line”, offering advice and support on how to quit.

In the opinion of the researchers the response given to the survey question denoting awareness is perhaps indicative of a consumer assumption that there would be a quit or information line number on the pack.

What was apparent was that smokers and, in particular, those contemplating quitting, hoped that the “information line” would provide “a real person” offering advice on how to quit, and on what courses of action are available. Those who displayed interest in a quit line desired the opportunity to talk directly with a counsellor.

“I rang the information line, I can’t remember what they said. I remember it being really pathetic. I went through to the Quitline. Quite a few years ago when they first came out I rang by the time you got past from one person to another you needed a cigarette. A recorded message I remember. I thought it could be somebody I could talk to”. (Female, 25+ years, Contemplator)

6. Desired Pack Changes

6.1 Warning Label

Participants in the group discussion component of the study spontaneously made mention of a need to increase the noticeability and impact of the health warnings on tobacco packs by **making changes** to not only the current messages, but also **to the pack** itself. As mentioned previously the current health warning labels were thought to have “merged into the pack”.

The main pack changes **spontaneously proposed** by study participants included the following:

- Consider changes to the colour of warnings (e.g. red or fluorescent);
- Enlarge the warnings or font size;
- Enlarge the amount of space on the pack devoted to the warning;
- Change the position of the warning (e.g. place in the middle of the pack or diagonally on the pack);
- Remove as much of the branding/imagery/advertising on the pack and make the pack appear more like “generic” packaging;
- Some spontaneously and without prompting suggested incorporating visuals or photos on the pack (e.g. healthy v. damaged organs, people suffering etc);
- Some made mention of including Quit line and/or inserts (or outer pack reference) on information on how to quit, support groups, advice, or even including nicotine patches;

“Don’t make the packets so appealing, they are too appealing, no sun or blue colours... it shouldn’t be relatively pretty.”

Colours on different packs, like red or vivid green or something that is going to jump out because none of us are reading them anymore”. (Females 25+ years, Contemplator)

“Change the print and print the letters bigger so they understand what it does to them. What their body is going through when they light another smoke”. (Male, 15-17 years)

“They should put a coloured background behind it (the message) and put the letters bigger ... have the logo down the bottom”. (Male, 15-17 years)

“They need to change the warnings because you get use to it, so you need to change them every 6 months or something to get the impact”. (Female, 15-17 years)

“(Having pictures) ... what it can lead to and what it causes and how bad it can get sometimes. I reckon they should just do the pictures on the bottom of the cigarette packets. (Male,15-17 years)

“They need to take another step. They should have a visual as well as a warning ... children relate more to the visuals than the words. A good impact”. (Male, 25+ years, Ex-Smoker)

“The packs need pictures, OF WHAT? People dying, I think children, something that would embarrass, a picture of a lung”. (Female, 25+ years, Contemplator)

“You know what I think they should put on them, you know the ads they have the pictures, that’s what they should put on them. Everytime I smoked and I saw those pictures I would be so turned off smoking”. (Female, 15-17 years)

“Got to have a visual I think. If you want to shock them for that long. It’ll only last for a year or two ... make them feel guilty as they purchase them ... limit sales to the chemist or limit the hours of sales”. (Female, 25+ years, Ex-Smoker)

“Maybe they should put some patches in there or some chewing gum. If you want to give up, try these”. (Male, 25+ years, Committed Smoker)

“Smoking Kills should be 99.9% of the pack. I don’t know whether the companies would agree to do that. People are making too much money out of cigarettes”. (Female, 25+ years, Ex-Smoker)

“A card inside might work better. You can’t really put anything on the cigarette ... maybe a card stuck on the inside they can pull out give the more information about what it says on the front”. (Female, 15-17 years)

“Just put a picture of a lung tumour on the front or back of the pack, that would affect me ... want a cigarette? (demonstrating the pack with the picture) See look at what it does to you? Yeah. Why make it worse? Because I enjoy it. They should put a patch in the packet of cigarettes. (Female, 25+ years, Committed Smoker)

6.2 Message Content

In regard to the type and style of message either for the label warning itself or as supportive information to appear on the back or side of the pack or as a pack insert, the following suggestions were made:

- The introduction of **new label warnings** on a more regular basis;
- The introduction of messages (or information) **more gender and age specific**;
- The inclusion of **more personalised** information rather than facts and statistics;
- Consider the inclusion of positive messages of support to quit and of the health benefits that can immediately be obtained;
- Provide **tangible warnings** or information (e.g. at 35 most smokers die from xxx, your taste buds will improve in xx days, etc).

“Instead of ‘Smoking is Addictive’ they should say if you smoke like 10 cigarettes or something, then you will be hooked for life. When I was starting I was just going, ‘yeah I’m not addicted’, I’m not addicted and just got to a stage where I was”. (Male, 15-17 years)

“Need something (suggestions for labels) like have you noticed a difference in your running it’s because you’re smoking or something like that or feel breathless. Something you can feel rather than, ‘oh yeah you’re going to have a heart attack’”. (Male, 15-17 years)

“Say every cigarette takes about ten minutes off your life ... they should have something that gets more to like personal”. (Male, 15-17 years)

“They should give you something more realistic. Like an ad saying we could show you extreme causes but here’s an 18 year old who has been smoking for two years”. (Male 15-17 years)

“I think they should list what age a person dies from smoking, like when a smoker is blah, blah they will have this or that. Because unless you know someone that has died from it, you don’t really think about it. I am 40 years and I only know one person, that shook me up a bit. I am starting to think it could happen sooner than later. I am addicted”. (Female, 25+ years, Contemplator)

“If they want to be effective, they should put, ‘you just spent \$7.50 or something on this pack and people would probably sit up and notice’. (Male, 15-17 years)

“I would look forward to the positive things that would happen to me once I had stopped smoking”. (Female, 25+ years, Contemplator)

“The effect it has on children I think. That’s my opinion the effect it has on children because why you think about it, you are really influencing kids. Kids see you smoke. Like how did you start smoking you saw other kids smoking and you started”. (Female, 15-17 years)

“Tell us what is in it .. is it tobacco? Be straight out and honest. All they have to do is tell us the bloody truth. Is it the tobacco or the stuff that makes us keep going back to the cigarettes. They put a chemical in cigarettes in Australia that’s suppose to be harmful for you”. (Male, 25+ years, Committed Smoker)

“A deadline is needed, a time limit, a number needs to stare me in the face to let me know when it will be all over. This could be the last cigarette you smoke”. (Male, 25+ years, Committed Smoker)

“Maybe a list of the things people could try, not just one thing (reference to quitting advice)”. (Male, 25+ years, Ex-Smoker)

“(Quit Line number on pack).... Yes, it does help. It might help some people and the Quitline number on it, but I didn’t find them to be any help for me. All they did was sent me an envelope with a couple of books in it about smoking and couple of magnets and stickers”. (Female, 15-17 years)

6.3 Reaction to Proposed Warnings

6.3.1 Overall

To facilitate further comment about the issue of health warnings on cigarette packs, a number of potential warnings were developed and shown to study participants in the qualitative phase of research.

Response generally was in favour of updating the warnings to include new information on the health effects of tobacco and to replace the current warnings that most believed had **become outdated and lost their impact**.

The heavily committed smokers were the least enthusiastic about the proposed new warnings, tending to reject them because they had not (at the time of the study) seen other reference to the alleged health consequences. Committed smokers tended to argue that the warnings would be ignored. However, those **contemplating quitting, ex-smokers**, and many of the **new, younger smokers** were interested in them.

6.3.2 Smoking Causes Blindness

This proposed warning label was accompanied by the following:

“Tobacco Smoke causes macular degeneration, an irreversible and leading cause of blindness in Australia. Smokers are also more likely to develop cataracts”.

This message was viewed as new information, and for those **who already suffer from problems with their vision**, there was considerable concern. Potential loss of sight was invariably considered serious and debilitating.

“I am so short-sighted now and I am scared that I am going to go blind, so that would personally concern me.

I am loosing my eyesight NOW, it's not like I have lung cancer NOW and am seeing myself die from it”. (Females 18-25 years, Committed Smokers)

“Everyone of us is totally different, we probably have different metabolisms, different heart beat, pulse rate and all those sort of things, so cigarette smoking may not make me blind”. (Male, 25+ years, Committed Smoker)

“I've never heard of anybody going blind from smoking .. never heard of it before”. (Male, 25+ years, Committed Smoker)

6.3.3 Parental Smoking is a Cause of Sudden Infant Death Syndrome

This warning was accompanied by the following:

“Parental smoking is a risk factor for SIDS particularly if the mother has smoked during the pregnancy”.

Women in particular, were most concerned about possible harm to babies and children. This particular warning had strong impact on young mothers in the study. In fact, children generally were a trigger for concern.

“If I was a mum, like we had a baby show at our house a couple of weeks back and I couldn't believe how many kids were running around and how many of the women were smoking. One of the women there who was pregnant and I saw her walk away to have a cigarette and I nearly died”. (Female, 25+ year, Ex-Smoker)

“I think if you were a parent you would pay more attention to it I think it important people should be made aware of it”. (Male, 25+ years, Committed Smoker)

6.3.4 Smoking Causes Impotence

This label was accompanied by the following:

“Smoking may cause sexual impotence due to decreased blood flow to the penis. This may prevent an erection”.

Response to this warning was **polarised**. Some, notably young males in the study, were most concerned at this possibility; while others, because they smoke and had not experienced this problem found the claim unbelievable. It lacked credibility for a significant segment. Importantly, some younger smokers were unfamiliar with the word impotence.

“There’s always something you can do to fix that.

I’ve got four kids, I know I work”. (Male, 25+ years, Contemplator)

“What’s impotence?” (Male, 15-17 years)

“Young people would look at this and go, ‘oh that’s an old person’s disease’. Or something that is not relevant to them.
(Male, 25+ years, Ex-Smoker)

“That’s not true... not true.. no it’s not”. (Female, 15-17 years).

“My father had 10 children, he was a heavy smoker and he also had many lovers and was very sexually active”.
(Female, 40+ years, NESB)

6.3.5 Smoking Causes Wrinkles

This label was accompanied by the following:

“Smoking causes premature ageing of the skin and also kills the natural process that makes skin grow by reducing collagen levels in the skin by up to 40%”.

This claim was not regarded as particularly disconcerting although female smokers were aware that wrinkles around the mouth can develop as a result of smoking.

The onset of wrinkles was generally considered inevitable and linked to the ageing process. While wrinkles were never welcomed as a health consequence of smoking, they were regarded as not that great a concern. As well, many argued that anti-wrinkle creams could help overcome the problem.

“Just use a good face cream”. (Female, 30+ years, Committed Smoker)

“Everyone gets wrinkles it’s part of getting old”. (Female, ATSI, 30+ years, Committed Smoker)

“If you can afford to pay \$2000 a year to smoke you can afford to have a collagen shot for a hundred dollars”.
(Female, 25+ years, Ex-Smoker)

6.3.6 Smoking Delays Healing and Can Lead to Infections and Gangrene

This warning label was accompanied by the following information:

“Smokers have an increased risk of infection and take longer to recover from illness and injury. Blood flow is reduced by smoking and wounds are more likely to progress to infection, gangrene and amputation”.

This potential warning had most impact among **older smokers**. Some maintained that they had observed that smoking does appear to **slow down recovery rate from illness** and there was some awareness of smoking contributing towards infection and gangrene.

“I have a sore on my knee and I put so many things on it, but it won’t clear up. I think they would make me cut down, I wouldn’t give up. I would buy one pack and say they should last me this long. I mean half the time people don’t even know what they smoke, they have been smoking the same brand for years and wouldn’t even know what milligrams they smoke. I have been thinking when is it going to start to happen”. (Female, 30+ years, Contemplator)

“That caught my eye because I have got a scar, it happened two weeks ago and like it should of healed like a week ago”. (Female, 15-17 years)

“I’ve heard that, very heavy smokers, when the doctors refuse to operate”. (Male 25+ years Committed Smoker)

6.3.7 Reactions to Positive Approaches

While this study was not specifically designed as a means of ascertaining community response to proposed new warning labels, a number of possible labels (or directions) emerged or were included as stimulus material to help assess response to the current warning labels. These included the following:

- Quit. You’re worth it
- Quit. It’s never too late
- Quitting smoking now reduces serious risk to health
- You will feel better tomorrow if you quit today
- Quit today breathe more easily tomorrow
- Quit today more energy tomorrow

Most felt the notion of creating positive and encouraging messages was useful. Committed smokers in particular, appreciated the more positive approach, particularly those messages that had **a more supportive and personal tone to them.**

Contemplators also reacted well to the more positive approach, claiming that such messages offer support and encouragement to quit without being condemning.

“I like the Quit You’re Worth it. I think that sends a positive message about quitting. It’s short and sweet. (Male/Female, 25+ years, Ex-Smokers)

“A lot of them are positive, it’s good to have reinforcement rather than negative ones all the time, especially ‘Quit you’re worth it’ gives you a pat on the back and it doesn’t make you feel like a loser and it gives you a carrot to say, like you’re a winner”. (Male, 25+ years, Committed Smoker)

“Your lungs regenerate I think every twelve weeks or every six. That’s what they should tell us, a bit of hope. Got you really going and think ok, why not...make you feel enthusiastic”. (Female, 25+ years, Committed Smoker)

However, others in the study maintained that display of the more negative consequences of smoking was more likely to affect them.

“They should hit you as soon as you read them. Just start thinking”. (Female, 15-17 years)

“Can’t deliver a death message to someone, it can’t be flowery. Why are they trying to make it nice when dead isn’t nice”. (Male, 40+ years, NESB, Committed Smoker)

6.4 Reaction to Canadian Proposals

As mentioned previously in this report, at the time of the study the Canadian Government was considering the implementation of a series of new health warnings for tobacco products sold in Canada. These proposed warnings were unique in that they include visuals (or photos) depicting a variety of negative images associated with smoking. These images included photos of damaged organs, people with smoking related illnesses, and graphics comparing the cost in lives as a result of smoking versus death from other causes (See Appendix). Since the fieldwork for this study was completed, the Canadian proposals have passed through the Canadian Parliament and are now approved for implementation in 2001. (See Section 3 of this report).

The Canadian warning labels (as proposed) together with a proposed warning label from Poland (See Appendix) were shown to participants in the qualitative component of this study. Again, this material was used as stimulus to help explore reaction to the topic of health warnings on tobacco packs. **The study was not designed as “a test” of this material.**

6.4.1 Overall Reaction

Across the group sessions some participants had already suggested, without prompt, the possibility of including visual reference to the negative side effects of smoking. These people were not overly surprised to see the Canadian proposals and for them, the use of visuals to convey health messages was **a logical and welcomed progression**. On the other hand, there were some in the study for whom the proposed visuals were very impactful and who found them extremely disturbing.

In regard to the Canadian labels, the key findings are:

- The inclusion of new and more detailed information was welcomed by those **contemplating quitting and by ex-smokers** in particular;
- Visuals have **strong impact** initially. They generated considerable discussion among study participants;
- Reaction tended to be **polarised**, with those least likely to react favourably to them being male committed smokers;
- Some of the photos exposed smokers to “new evidence” about “what is happening inside them” as a consequence of smoking. This appeared to be **an effective way** of arresting the attention of smokers who might ordinarily not consider “text only” messages. (This is a similar finding to research conducted in Canada, See Section 3);
- Study participants were adamant that photos/visuals need to be **clear and recognisable** and that there are accompanying text messages that are brief and simple;
- Those messages that were likely to be more meaningful or to which a smoker could more easily relate appeared to be the **more effective** (e.g. pregnancy effects with female smokers);
- Conversely, those messages that smokers could not readily identify with appeared less effective; and there was **least appeal** for messages/information that contained jargon or technical language;
- The Polish “mouth cancer” visual was generally regarded as “too extreme” in its pictorial reference.

6.4.2 Canadian Proposals With Most Impact

A total of sixteen (16) proposals for the Canadian tobacco packs were shown to study participants. Those which appeared to have most potential included the following:

- Warning: Cigarettes Cause Lung Cancer – *Graphic Detail Of a Lung Tumour*
- Warning: Cigarettes Are A Heart Breaker – *Heart Tumour*
- Warning: Cigarettes Cause Strokes – *Brain Sliced To Show Stroke Effect*
- Warning: Tobacco Smoke Hurts Babies - *Baby Asleep*
- Warning: Cigarettes Hurt Babies – *Pregnant Women Smoking*
- Warning: Cigarettes Cause Mouth Diseases – *Diseased Mouth*
- Warning: Children See, Children Do – *Smoking Adult In front of Children*
- Warning: Cigarettes Can Cause A Slow And Painful Death. Deaths Each Year In Canada – *Comparative Statistics Given for Murder Etc.*
- Warning: Tobacco Use Can Make You Impotent – *Limping Cigarette*
- Warning: Cigarettes Leave You Breathless – *Coughing Man Smoking*

The following verbatim quotes from the group and interview sessions illustrate some of the key points:

Damaged Organs Visual

“My lungs, I suppose you would think about it for a little while but, you can’t picture it inside you.

I can. I can and that’s what worries me, because it’s probably exactly what has happened. (Female, 15-17 years)

“The picture on the front would make me think about quitting a lot more than these warnings would”. (Female, ATSIIC, 30+ years, Committed Smoker)

“I know it is inside of me, but I don’t want it to be true. (Female 15-17 years)

“Those ads make me feel sick and you know exactly what it is doing to your body”. (Female, 35+ years, ATSIIC)

Teeth/Mouth Cancer Visual

“They can’t do that, they wouldn’t do that. I think that is going a bit overboard, it will turn people off and there would be a big stink about it, they would never do this. It would be great if they did though. For the people who want to smoke it isn’t fair to them. You would be dreaming about it, on your mind all the time. You would say do you really want this cigarette now?” (Female, 30+ years, Contemplator)

“I have to see something for myself to stop doing it. The pictures are good for me, if effects me more”. (Male, 18-25 years, Committed Smoker)

“I would be embarrassed sitting down with a non smoker having that in front of me, thinking, ‘oh God what am I doing to myself’”. (Female, 18-25 years, Committed Smoker)

“Oh yuck, that would work if you put that on the front and the back, imagine sitting at the pub with that on the table. There aren’t as many smokers around as there use to be, so I tend not to smoke as much at the pub anymore ‘cause the pack isn’t out as much. When it is in my bag I don’t think about it as much”. (Female, 30+ years, Contemplator)

“They are half way there to getting rid of the total advertising of the company. So you know it’s half way there”. (Male, 25+ years, Ex-Smoker)

“Like you know how you said do you think your lungs are like that, well at the moment I think, ‘oh I have got like ages to live you know’. I don’t think my lungs would look like that now, and then I think my lungs are never going to look like that because I am going to quit smoking before they do start to look like that”. (Female, 15-17 years)

Pregnancy/Children Visual

“(Children see, children do) That’s a good one. I don’t want my child’s life being ruined by cigarettes”. (Female, 15-17 years)

“The kids look up to their parents and most of them, ‘oh it’s alright for you to do it, its alright for me to do it’. They go out and do it”. (Male, 15-17 years)

Comparison Graph and Statistics

“Wow, I actually don’t mind the concept it really puts it into perspective, everyone talks about murders all the time and car accidents”. (Male, 25+ years, Ex-Smoker)

“It causes a slow and painful death. That’s a bit more impact, that’s not bad ... better than saying smoking kills”. (Male, 25+ years, Committed Smoker)

“The visuals are very positive we are impressed. (Female, 25+ years, Ex-Smoker)

“That works, it makes you think you should have more information – it’s very hard hitting but I can’t see that being true. It makes you think how does it compare with suicide?” (Male, 25+ years, Committed Smoker)

“Good, it’s stronger. The hard stats like that, people don’t see all the wishy washy like verbal diarrhoea. (Female/Male, 25+ years, Ex-Smoker)

Hydrogen Cyanide

“No, too complicated, what in the hell is hydrogen cyanide?” (Female, 15-17 years)

Throat Tube

“Every cigarette you smoke increases your chance of getting lung cancer ... that makes you think that could be you. I couldn’t handle that”. (Male, 25+ years, Committed Smoker)

“People don’t really want to read all the time, you know life is too short, unless it is very interesting message, but if it something that scares you. A picture is better”. (Female, 35+ years, NESB)

7. Attitudes of Stakeholders

The study also included a series of in-depth interviews with experts/stakeholders working in the health area and for the most part their work involves addressing the effects of smoking on health. Some of the stakeholders interviewed held a variety of roles connected with smoking and health.

Among the stakeholders interviewed all agreed with the following goals:

- recognise smoking as the most preventable cause of death in Australia and aim to reduce the prevalence of smoking in Australia;
- strive for the prevention, reduction and eventual cessation of smoking in the community; and
- develop, implement and ensure, as best they can, long term comprehensive tobacco control strategies in Australia.

7.1 Perceptions of Smoking in Australia

Stakeholders claimed community attitudes toward smoking have changed **in favour of anti-smoking activities and non-smoking** in general. Despite this overall attitudinal change the prevalence of smoking amongst adults was still thought to be high. The rate of adult smokers in Australia was regarded as having “stalled since 1995”. However, the current Government was believed to have implemented a range of positive strategies towards reducing the prevalence of smoking in Australia, but most of those interviewed requested **still more changes** at the government level and felt that the government should be more strident in its reforms (e.g. increase price, new labels, more smoke free areas etc.).

7.1.1 Perceived Positive Initiatives

Stakeholders regarded the following initiatives as positive:

- Eradication of most cigarette advertising in print, television, radio and cinemas, and the decrease of point of sale advertising in supermarkets and corner stores;
- The reduction of tobacco consumption due to smokefree workplace policies. The flow on effect of this policy they maintained contributes to the community accepting and implementing non smoking areas;
- Legislation for smoke free areas in the hospitality industry (i.e. pubs, restaurants and clubs);

“...so that they don’t think that when you go to a pub you order a drink and have a smoke, grow up and drink and smoke. Unfortunately, it will still be permitted in some pubs, but a lot of that will take a while to ban, as it has in the United States, we need to move this way. We are behind the 8 ball, we should be around 15% smoking rates. What we have now is rising smoking rates among young people, we are not doing as much as we should be doing and that is largely driven by the fact that governments are not putting the money into anti smoking campaigns”.

- In recent years, the tax regime imposed on cigarettes resulted in cigarette price increases, which was believed to have proven effective in discouraging smoking;
- The current ‘*Every cigarette is doing you damage*’ media campaign, providing new knowledge to the public about the effects of smoking;
- The inability to have a ‘value added’ component in cigarette packs such as diaries or trinkets;
- State by State point-of-sale restrictive legislation including, Quitline point of sale information wherever cigarettes are sold, providing a call to action for smokers to quit; and
- According to stakeholders, global undermining of the tobacco industry related primarily to recent litigation suits filed against certain United States tobacco companies, resulting in millions of dollars to claimants has had an important effect. Stakeholders believe, this negative exposure has created an ideal environment for government to accelerate dramatic changes to Australian tobacco legislation and take rapid steps towards introducing more tobacco control campaigns, strategies and initiatives.

All these initiatives combined were considered by stakeholders to reinforce positive “modelling behaviour” to smokers and those thinking of smoking, especially adolescents.

“The ultimate measure is the percentage of the population who smoke, particularly kids and people who have usually taken up smoking at a reasonably young age...some statistic said that if you’re smoking by 18 the chances are you will continue to smoke for some time”.

Whilst these positive initiatives were said to have influenced the community attitudes and behaviour towards smoking (e.g. workplace smoking restrictions), some stakeholders believe “we have not gone far enough” to reduce smoking rates. Some desire “tougher” regulatory control of nicotine, up to the removal of nicotine from cigarettes.

Stakeholders claimed, nicotine removal has no effect on the flavour or taste of cigarettes, therefore smokers would not notice the removal of the addictive substance, consequently making quitting easier for smokers. Furthermore, a change such as this should, according to those interviewed, be regulated under the Schedule of Poisons. Under this Act, stakeholders argued their ability to closely control and regulate tobacco products would be ensured.

7.1.2 Negative Considerations

The following factors were described by expert/stakeholders as negative and contributing to the status of smoking:

- While legislative action was acknowledged as imperative, the amount of funding directed towards implementing anti-smoking health programmes (including active, passive smoking education and quitting advice) was believed to be inadequate;
- The glamorisation of smoking in movies and the association of smoking as being a ‘romantic’, culturally accepted activity particularly amongst the young;
- The increase in the number of young women adopting smoking; and
- A continual increase in indigenous smoking rates now claimed by some to be 50%.

7.2 Barriers to The Advancement of Health Strategies

7.2.1 Overall

Australia was once a leader in tobacco control strategies and action, being on ‘equal footing’ with countries such as Canada, but all stakeholders maintained “we have fallen dramatically” behind in labelling control issues. Some described Australia as having “lost the edge” by simply not exhibiting the same innovation that was once displayed towards tobacco control and health strategies.

Stakeholders interviewed believed that during the mid 80’s and 90’s the government demonstrated considerable initiative and action towards tobacco strategies. Stakeholders emphasised the government had placed larger budgets and focus on campaigns during this time. Nevertheless, it was firmly believed by all stakeholders that there are excess funds collected from taxing tobacco products.

Many reported the government has ‘no excuses’ to deny an increase in spending on anti-tobacco campaigns, as according to some interviewed “they collect \$4.5 billion a year in taxes on cigarettes and \$1.65 billion is retained by the Commonwealth”. These funds stakeholders felt, should be channelled back into stricter legislation and more comprehensive anti-tobacco campaigns and programs.

Moreover, it was argued Australia currently “only spends 7%” (of the total funds available) per head on tobacco control. Some stakeholders described this as a “pathetic amount” with only \$2 million spent on comprehensive tobacco campaigns. As a result, smoking rates in Australia are sitting at “around 22%”, acknowledged by all as ‘too high’. They asserted urgent attention is needed to reduce these figures towards 14-16% of the adult population. Other OECD countries were perceived as demonstrating sustained and motivated efforts to reduce smoking rates, citing specific examples:

“California’s smoking rate has dropped from 25% to 14% recently, and Canada’s introduction of graphic pictures on cigarettes packages. California is now down to 16% and it used to be 24% because they have spent a lot of money on anti smoking campaigns, they levied the tobacco industry and put that money back into anti smoking”.

Emphasising the importance for increased government campaign spending, stakeholders mentioned innovative campaigns from overseas, particularly the Florida Tobacco Pilot Programme.

“I’m particularly keen to get more information on what’s happening in Florida because the stuff I’ve seen that has been published in medical journals has indicated there has been very big success rates in reducing the levels of youth smoking in Florida. Through quite an innovative campaign and that is something we really haven’t achieved to any great extent in this country”.

Stakeholders claimed the Florida Tobacco Pilot programme was seen as an achievement as the campaign took advantage of “the tobacco sediment” money and developed a comprehensive campaign. The campaign incorporated several strategies, including a marketing and communications component. This incorporated advertisements for billboards, radio and television. The advertisements entitled “the truth” creatively informed the viewer about the tobacco industry, the dangers of tobacco use, and the detrimental effects of second-hand smoke (Kaufman, 2000). The television advertisements attacked tobacco companies as being “manipulative and deceitful, featuring an Academy Award-like ceremony hosted by a satanic figure who hands out a demon award to tobacco as the year’s greatest killer of young people” (Kaufman, 2000).

According to most stakeholders, campaigns such as this have dramatically reduced adolescent smoking rates. Consequently, described in an article for The Washington Post, Kaufman (2000) reports, Mathew Myers, president of the Tobacco-Free Kids project, called the Florida results *“the strongest evidence yet that aggressive comprehensive programmes can make a dramatic difference in the number of children who smoke”*. The Florida Tobacco Pilot Program, launched in 1998 has changed overall smoking behaviour among Florida teenagers by 15.6%. Current cigarette use among high school students dropped from 27.4% in 1998 to 25.3% in 1999, according to a recently published 1999 Youth Tobacco Survey report by the Florida Department of Health and the Centres for Disease Control and Prevention. Overall, the campaign has seen the number of teen smokers drop from 23.3% to 20.9%. These figures represented *“31,000 fewer Florida teenagers who were current smokers. These results represent the best results ever obtained in a large scale primary prevention program”*. (Kaufman, 2000).

As demonstrated by the Florida example, many stakeholders commented that as a community we need to be prepared **to invest more in tobacco control and the government needs to ensure comprehensive anti-tobacco campaigns are implemented, combined with new legislative actions.**

7.2.2 Specific Barriers

Further barriers mentioned by stakeholders to the advancement of health strategies included:

- Stakeholders perceived the current Government as ‘treading water’ over the past few years, demonstrating less interest and responsibility towards initiatives and tobacco control. Many felt this attitude has been generated by:
 - Government reluctance to address the ‘real issues’, indeed, some maintained the government remains ‘timid’ towards the tobacco industry. Allied to this perception, was the belief by some that the government is adopting a ‘protectionist’ attitude in regards to confronting the tobacco industry;

“This fall is due to the power of the tobacco industry and the cowardliness of the government to take control”.
 - A perceived disregard to grant smoking issues priority. Indeed, stakeholders felt this attitude ‘creeps’ across a community and creates a feeling of despondency amongst smokers;

- The continual promotion and sponsorship of tobacco products at sporting events (e.g. Formula 1 Grand Prix);
- An abundance of point-of-sale material e.g. on counter displays with packets of cigarettes and advertising posters etc; and
- Inadequate funding directed towards anti-smoking campaigns. Stakeholders claimed the current Government is allocating more funds towards other health issues, such as; AIDS, Drink Driving and illicit drugs. All were perceived to receive disproportionate amounts per person, per death over smoking (e.g. “Australia spent \$2 mil on anti smoking campaigns and \$17 mil on depression”).

“Tough on drugs, weak on tobacco”

“We have evidence to show how much they spend on other health campaigns like AIDS, immunisation, road deaths illicit drugs and breast cancer etc. But we can show that they are spending \$3-4 hundred million on illicit drugs and we are not talking about nearly as many deaths as you get from tobacco. Tobacco we get 18,000 deaths a year and, the others have deaths less than 2000. They have already given just recently 17mil to depression and mental health, again it is a good cause, but the number of people dying and suffering is no where near the numbers caused by smoking – and we are only getting 2mil a year for tobacco”.

- The government was criticised for allowing the tobacco industry to retain control and ownership of cigarette packaging. As a result, stakeholders maintained the Australian smoker has not been exposed to new health warnings for five years. This evoked further criticism directed at the Government, described as ‘negligent’ for ignoring this issue;
- In the opinion of stakeholders, the tobacco industry was perceived to be unlike any other. Some stressed, no other industry produces such a harmful product for human ingestion. With this in mind, stakeholders maintained the government should exercise greater power and control over tobacco manufacturers. Such control includes, prescribing what, when, and how often, health warnings appear on cigarette packs on an ongoing basis. Stakeholders indicated this would allow the integration of new information on health warnings with current anti-smoking campaigns;
- To ensure the government has increased authority and ‘flexibility’, it was suggested a ‘regulatory mechanism’ be imposed over tobacco manufacturers. In light of this, all refused to accept the argument that manufacturers are unable to produce new warnings at a ‘moment’s notice’ and regarded such legislation as totally manageable.

“They’ll (tobacco industry) scream, but they’ll scream because they don’t want to do it rather than they can’t do it.”

- The seeming lack of concern by the Government to take more ‘aggressive action’ was mentioned by all. This perception has gathered momentum recently owing to what they saw as the government’s defence of the tobacco industry, claiming it to be a ‘reputable company with a legitimate product’. However, some stakeholders believed the tobacco industry has been misleading and deceitful to consumers about the true health effects of smoking.

“That is the claim he (Prime Minister) makes when he is tackled publicly – the fact that it is not recognised as a major issue leads them not to take any notice and don’t give any extra funding and that’s why we haven’t been able to reduce the prevalence”.

7.3 Current Labels and Health Warnings

7.3.1 Overall

The current health warnings were perceived by all as ‘worn out’; however, these warnings were acknowledged to have been the ‘best move’ at the time. Based on past stakeholder experiences, the introduction of new warnings can take over two years to implement and according to them, “Australia cannot afford to waste any more time”. It has become apparent to stakeholders that the point has been reached where smokers view the warnings as ‘part of the packaging’.

“I mean current warnings are well passed their “use by” date, they are five years old, they are boring, I mean it is like showing an ad from five years ago, people switch off, I mean even after 6 months, an ad campaign can become old and tired.”

“I mean a smoker hardly looks at the pack let alone warnings when they get a cigarette out.”

Despite the current warnings original development and eventual implementation, there was some disappointment expressed about the way these warnings came to fruition in 1995. The government was believed to have “watered down” its original proposal. Stakeholders argued this proposal contained 12 rotating warnings to appear on the entire pack, which eventually were cut down significantly to produce the health warnings which currently appear.

Moreover, stakeholders felt the 1995 health warning legislation ‘overlooked’ the necessity to enforce regular changes to health warnings (e.g. yearly changes at least). In addition, the inclusion of the information line which was believed to be an advancement at the time, was seen as carrying little value now. A few were critical of the information line for having a recorded message.

7.3.2 Specific Attitudes Towards Current Warnings

A number of attitudes emerged from stakeholders towards the current warnings and are outlined below:

- All stakeholders felt that it was time for cigarette labels to **be revised and refreshed**;
- The current warnings were perceived by all stakeholders to have ‘value’, but **do not provide enough information** for smokers to make informed decisions;
- They expressed the need for cigarette packs to have more **substantial labelling of ingredients**. Recently, some tobacco companies had pre-empted this insufficiency by publishing a full list of cigarette contents and ingredients on their Web-site (e.g. Philip Morris). Despite this move, many called for the exposure “to the fullest extent possible” of the ingredients and contents in cigarettes on their products;
- Nonetheless, some stakeholders felt the information provided on the packs is still relevant; however, they stressed the presentation of this information requires **urgent updating**, including a wider variety of messages and the introduction of new messages each time new health evidence emerges. Today, it was claimed, there are many other proven health effects from smoking and these need to be displayed on packs;
- Others took the above argument further, describing the current health warnings are **‘outdated’ and ‘old fashioned’**. Allied to this was the major concern that pack designs are attractive to tobacco manufacturers as an advertising medium. Pack design is one of the few mediums left for promotion of tobacco. Some stakeholders requested that the use of colours and logos on tobacco packs be further restricted.
- All recognised the difficulty in measuring the effectiveness and influence of cigarette pack health warnings (in isolation). Stakeholders understand that many factors influence behaviour, such as anti tobacco television commercials, legislation etc. It was commented by some, that the tobacco companies justify the ‘uselessness’ of labels based on this difficulty and continue to enforce their power to include significant trademarking (which appears on the majority of the cigarette packs); and
- The side and back of pack information was seen as useful, described as “better than nothing”; however, many believed it to be insufficient for the smoker. Consequently, some stakeholders argued content information is ‘meaningless’.

“Currently the information on the side of the pack is meaningless, that is only what the machines spit out and measure and everyone knows that is inadequate”.

Overall, health warnings were seen as an effective tool for informing smokers about the dangers of smoking. However, the need for change was considered necessary to *“disturb the equilibrium of the smoker and what it does to the daily unavoidable routine. It is an unsightly reminder that this is going on inside you”*. Stakeholders believe the cigarette pack represents a ‘piece of advertising’ and plays a crucial role by positioning the brand in the smoker’s mind and builds brand loyalty.

7.3.3 Health Warnings as Part of an Overall Strategy

The health warnings on cigarettes packages were not seen to be comprehensively effective, but form part of a complete anti tobacco strategy for health promotion in Australia. Experts/stakeholders claimed that to achieve effective anti smoking campaigns, all areas of tobacco control need to be integrated to obtain positive outcomes. These areas include: continual taxing on tobacco products, regulatory guidelines and control, cessation advice and health effects of smoking promoted through advertising campaigns and marketing strategies.

A comprehensive strategy was believed by all stakeholders to be achieved by integrating increased spending on anti-smoking campaigns, as many saw a direct correlation between a decrease in smoking levels and spend on campaigns. Additionally, stakeholders called for ‘broad campaigns’ involving all forms of media, traditionally proven to be the most successful. The campaigns should have a range of comprehensive measures, which ensure the consumer is fully educated and informed about all aspects of tobacco and smoking related problems. Allied to this need, was the acknowledgement that campaigns are ‘multi-faceted’ and therefore, well applied funding needs to be channelled into many different areas.

Stakeholders maintained that a comprehensive campaign includes directly linking all elements of communication. The following was suggested for an integrated and co-ordinated strategy:

- Integrate health warnings which appear on cigarette packages with relevant information featured in the current National Tobacco Campaigns (NTC) TVCs’;

“Wouldn’t it be wonderful if we could link in the NTC and the warnings, particularly about specific issues, like eye disease and if you can have pictorial elements linked to the actual packet of cigarettes.”

- Increase in health warning material at point-of-sale, together with legislation to move cigarette packs under the counter at all retail outlets;
- Extended use of the Quitline to appear on cigarette packages; furthermore, upgrading the Quitline service, with many suggesting replacing the recorded message with a ‘live’ counsellor to facilitate calls;
- Increased lobbying by stakeholders for new warnings;
- Based on the knowledge that cigarettes are the most dangerous product on the market, stakeholders considered cigarette packs to have insufficient space to inform the smoker about all the dangers related to the product. Therefore, stakeholders considered the use of posters and other mediums, to educate the smoker. These mediums provide an opportunity to communicate a wider range of issues to the consumer and form part of an overall strategy;
- Many stakeholders believed there exists a need for niche marketing campaigns, particularly when the results from overseas campaigns are considered. The development of appropriate campaigns would include messages aimed at:
 - Adolescents, who are felt by all stakeholders to be the main target group and require priority e.g. involve them in the campaign;
 - Aborigines, indigenous smoking rates are at 50% and this needs to be addressed with specifically targeted campaigns; and
 - Established and older smokers, plus highlight the effects of passive smoking.

7.3.4 The Impact of Health Warnings on Smokers

There were strong beliefs among stakeholders about the impact of health warnings on smokers. The health warnings were seen to be highly effective when first introduced, but most felt the impact has severely declined due to the following:

- Some claimed the tobacco industry has consciously denied the government crucial information about the contents and manufacturing details of cigarettes.

“They have actually engaged in a forced controversy over the effects of smoking, so that smokers aren’t fully informed about the health effect.”

- All suggested the majority of smokers realise smoking causes lung cancer, but are not aware of the numerous other health effects (i.e. bladder cancer, impotence etc). Stakeholders felt it crucial to communicate all these health effects. The inclusion of these on cigarette warnings they claimed, will increase the impact on smokers when used in conjunction with intensive anti smoking campaigns;
- Stakeholder research (Chapman et al, 1993) investigated self-exempting beliefs about smoking inadvertently affecting their smoking behaviour. This research found smokers ‘excluding’ themselves from the harmful effects of smoking, with statements such as, *“Everything gives you cancer today, doctors are always changing their minds”*. Consequently, smokers’ understanding of the detrimental effects of smoking are being dismissed by self-exempting beliefs. Furthermore, some stakeholders made mention of the misconceptions smokers held about the serious damage smoking produces, believing air pollution causes more lung cancer than smoking;
- Belief that the larger population of smokers are blue collar, a target group which stakeholders suggest are less educated. Therefore, they argue for the use of visual imagery as an effective way to communicate.

7.4 New Australian Health Warnings

The following possible new warnings were shown to stakeholders:

- *“Smoking Causes Blindness”*
- *“Smoking Causes Wrinkles”*
- *“Smoking Delays Healing and Can Lead To Infections & Gangrene”*
- *“Parental Smoking Is A Cause Of Sudden Infant Death Syndrome”*
- *“Smoking Causes Impotence”*

7.4.1 Perceived Positives

- Generally, these new messages were seen as **meaningful**, and it was felt would generate discussion by providing new ‘agenda setting issues within the community’; however, it was believed by stakeholders these warnings would have a very short-term impact on smokers;
- **Short, bold messages** were considered preferable, but according to stakeholders, remain inadequate if presented in the current black and white format. The messages were believed to have more influence on smokers if presented **pictorially** (similar to the Canadian warnings, discussed later);

- Of all the proposed messages, ‘Blindness’ received the **most positive** remarks, although overall it was thought a much broader range of messages would have a greater impact, combined with the appearance of graphic images on cigarettes packs.

“I think they would be terrific additions to the ones we have already got, I mean what I would like is to have a wrinkled face, blindness in one eye, I always thought it was a natural synergy they run from the campaigns – from what you see on TV to what should be on the packs, so you can say here is the government campaign on TV and here it is on the pack and I think that is what the Canadians have done”.

7.4.2 Perceived Negatives

- Overall, there was a **considerable amount of negative response** from stakeholders towards the proposed messages and presentation. This included criticism towards the use of ‘black and white text again’ and the percentage area given to the warning had not been increased. These elements were considered to be totally inadequate and demonstrate a lack of innovation by the government. In addition, stakeholders felt the need to take these messages as far as the initiatives made by Canada Health’s new labels.

“Well that’s (the proposed labels) just totally inadequate!!! But it is going in the right direction, but it is totally inadequate if there are not going to be pictures on there”.

- The new labels were unlikely to receive much attention amongst smokers, claimed stakeholders, as they would not engage their attention anymore than the current labels. The prevailing feeling from all stakeholders was **the desire to use graphics**. All maintained that an opportunity to adopt pictorial depiction of diseased organs would be lost by simply changing the text on cigarette labels.

“...I think the opportunities are there and we really need to seize them and go for it. It’s important that we move forward on this, it’s very much a consumer age, people are looking for information all the time on packets, whether it’s corn flakes or whatever to see what’s actually in the product.”

- All expressed **extreme disappointment** at these warnings (if used without photos), some claiming “the government must take more control of the packaging”. Furthermore, given their roles as stakeholders for tobacco control, some stated they would endeavour to use their influence to generate negative comments publicly about the current government if these were introduced.

“There will be a huge public brawl if we don’t have pictures, because it will say that the government doesn’t care about telling consumers, why don’t they want to properly warn people, as the Canadians, to have dramatic pictures and to increase the area of warning”.

- We are in a ‘new generation’ of smokers and therefore, stakeholders asserted, there is a need to communicate to them in a **‘new and innovative way’**;
- On one hand, the “Impotency” warning received some specific criticisms. Certain stakeholders considered this health issue **open to ridicule** and perceived it to be ‘easily laughed off’ in comparison to lung cancer or heart disease. The message would be examined for its believability, particularly amongst men.

On the other hand, others were unsure about the expression proposed i.e. “Smoking causes Impotency”. Some stakeholders appreciated the significance of the health problem, but felt the message should be more specific and directive e.g. “Smoking reduces your ability to get an erection”. They felt there was **some confusion** about the proposed meaning, as the correct definition of impotency appears problematic. For example, “Does impotency mean that smoking deforms the sperm? Does that mean impotency affects your ability to have an erection?” Moreover, some were doubtful whether many adolescents knew the meaning of impotency (a point confirmed with the intention of some teen smokers);

“There is confusion because you wonder how many kids, whether they know what the meaning is of impotence is. I like short messages, like say ‘Smoking deforms sperm’, Smoking affects your sex life, and I am just a bit wary about using the word impotence”.

- Some stakeholders were equally concerned about the proposed message, “Smoking Causes Wrinkles”. They believe that messages, which depict a problem for which there is another solution (e.g. the use of anti-ageing creams etc) besides quitting smoking, are not exceedingly effective;

“The same with bad breath and things...so I don’t know that you’re necessarily doing much more than promoting the sales of some remedy for the problem you’re describing”.

- Stakeholders claimed the size of the health warning should be commensurate with the magnitude of harm of the product. Others suggested the size of warnings needs to increase so they are readable from a large distance. Some considered the consumer must be able to read the product (at some distance away) prior to buying over a counter. Accordingly, **an increase in warning size** is believed to have an impact on the smoker by intruding on the cigarette brand/logo;

“And it’s probably not possible to do that on a cigarette pack because they are so harmful you probably need something like an A3 shrink wrap warning, plastered into the bottom corner somewhere.”

- Some stakeholders felt the language of the warnings needs to be direct and forceful, using words such as CAUSES and not COULD LEAD TO.

7.5 Positive and Overseas Health Warnings

7.5.1 Positive Messages

According to stakeholders there are three clearly identifiable areas of main concern for smokers. They prioritised their concerns as: **health risks, social implications and affordability**. With these matters in mind (placing health risks at the top of their list), stakeholders suggested there was more evidence to reject the use of positive messages as health warnings, although other positive devices are useful such as Quitline information at point-of-sale.

The following strengths and weaknesses emerged towards positive messages;

- According to some stakeholders, smokers traditionally have low self-esteem, often from lower socio-economic status and perhaps disadvantaged. A positive move could be to encourage smokers to call the Quitline, General Practitioner (GP) or contact a pharmacist for quitting information;
- Some stakeholders felt the use of positive messages would only be effective if implemented as part of an entire range of positive and negative messages;
- Most believe positive messages seem less effective than negative messages based on “personal” or professional research. They argued negative messages tend to evoke uncomfortable feelings for smokers. Positive messages were seen as promoting ‘a happy lifestyle approach to health promotion’; and

- Based on the direction used by other health promotions (e.g. Drink Drunk and HIV) many argued against positive messages. These campaigns stakeholders felt work effectively to warn people about all the dangers and consequences of these activities, and are presented in a negative style.

7.5.2 European Messages

Reaction to some of the European messages (see appendix) was positive. Some stakeholders singled out messages using children, whereas others were dismissive about messages that stipulate ‘contacting GP for advice’. GP’s were seen as a less reliable support mechanism, plus smokers now have access to Nicotine Replacement Therapy (NRT) over the counter.

7.5.3 Canadian Warnings

During the course of this research, Canada Health approved the proposed changes to their current health warnings for all tobacco products. By January 2001, all Canadian tobacco products will display 16 different graphical and textual health warnings (See Appendix).

All stakeholders were **aware of and extremely supportive** of the Canada Health Warnings and praised the Canadian government for implementing the dramatic change to warnings and eventually ‘overpowering’ the tobacco industry.

All stakeholders spontaneously and enthusiastically discussed the Canadian Health Warnings without any prompting. A number of beliefs emerged in favour of these health warnings:

- The “gruesome” pictures were considered appropriate to encourage smokers to re-evaluate their tobacco consumption. Stakeholders stated that the design of these messages would generate discussion and provoke new thoughts about the serious health risks. Stakeholders’ confidence with these warnings was based largely on Canadian research. This research confirmed the significance of these warnings to engage the smoker’s attention more effectively than messages with text only.
- It should be noted that many stakeholders were excited and genuinely motivated by the Canadian labels, and felt this was a great opportunity for Australia to adopt a similar style of warning. They were particularly enthusiastic, as many claimed smokers are constantly dismissive and deny the true effects of smoking; therefore, stakeholders felt the “more ways you can bring it home”, the more effective the health warnings will be in conveying the magnitude and range of dangers.

- The Canadian style of warning, with graphic image and text, covering a larger percentage (up to 60% -75%) of the pack, were seen as a natural progression from the current black and white text only messages. In their opinion, these “new visual elements” would have a significant impact on smokers.

“It really does bring it home in an interesting...pictorials are a bit more engaging than just a blunt warning.”

- The range of graphics and messages adopted by the Canadians was considered by stakeholders to be the most effective. The following received favourable comment:
 - **Graphic Comparisons** (e.g. number of deaths each year from smoking);
 - **Diseased body organs**, however, if used in Australia some maintained the need for accurate clinical advice for believability;
 - **Children and babies:** there was one negative remark in reference to the Canadian warning which features two young boys, for presenting a fairly happy image with negative text. This was thought to be counter productive by some stakeholders. An illiterate smoker may think the cigarettes are for children;
 - The use of humour (e.g. the drooping cigarette to communicate smoking causes Impotency) received **mixed reaction** amongst stakeholders. Some regarded humour to be effective in some situations, however it was perceived as a way to relieve anxiety. Health warnings were felt to ‘drive a change’ by creating anxiety about smoking; and
 - **Emotive messages** were considered to be effective.

The most conclusive finding amongst all stakeholders was that owing to the recent acceptance of pictorial warnings by the Canadian government, Australia should have nothing less than these examples. Nevertheless, all realised there would be some barriers to Australia adopting similar warnings, such as:

- Australia’s past history has revealed that powerful action by the tobacco industry against Government recommendations has been successful. Stakeholders believed it was a ‘government backdown’ which eventually led to the current version of health warnings;

“Plea for a comprehensive approach, in conjunction to pictures, we need to change the number of packs that can be displayed at point of sale and of course another area where the federal government have whimpered out, oh no this is a state responsibility and that is code for my cabinet colleagues won’t let me touch it”

- Based on a perceived ‘closeness to the tobacco industry, the current government is perceived by all to be quite conservative.

“A more cynical view of mine is that governments have had a too cozy relationship with the tobacco industry, they see them as the golden goose and they don’t want to kill it, they collect \$5billion a year in taxes from smokers and that situation has now changed since the GST, somebody who doesn’t spend money on cigarettes is just going to spend it on other goods and services and that will go into the tax system”.

7.6 Future of Labels in Australia

7.6.1 Time For a Change

All those interviewed considered it was **time for new health warnings** to appear on cigarette packs. New warnings are necessary to ensure consumers are fully informed through a variety of messages on cigarette packages. Subsequently, these stakeholders maintained that health warnings should be **updated constantly** as new knowledge develops, and ensure they are changed on a regular basis.

“If we are going to have an effective warning system, we need something that changes. Not only changes the word but actually changes the entire panel so if suddenly these were in fluoro for example and then three months later something else.”

Stakeholders stated they are tired of what they believe were negligent attitudes towards warnings and argued that the environment is conducive for health agencies to make **bold recommendations** to the government about the future of labelling, such as:

- The eventual move towards **plain or generic packaging** was a recurring view amongst stakeholders. They believe this would remove the attractiveness of the pack, and more importantly, eliminate the smoker’s capacity to brand differentiate (depending on how strongly the current brand is positioned); and
- Other stakeholders saw the push towards generic packaging as undermining the brand identity, furthermore brand loyalty is believed to be highly important not only to smokers, but also to tobacco manufacturers.

7.6.1 Graphic Images Needed

All stakeholders expressed a desire to adopt an approach similar to the Canadian health warnings examples; they ‘have set the standard’ for Australia to follow. There was agreement amongst all for **Australia to adopt the same strategies**. Despite the insistence for pictorial imagery on cigarette packages, all were determined that conclusive research should be conducted prior to the introduction of any pictorial depiction on cigarette packs.

“The most potent communication sometimes can be done with words, but I think the opportunity to do pictures is too good to pass by.”

A few specific reasons underpinned the need for graphic photos, as:

- More of the packaging must be covered with coloured pictorial warnings to provide new information to smokers about the health effects of smoking; and
- It is believed by these stakeholders, the best way to warn the larger population of smokers is to introduce photos on packages which have ‘far more impact than words alone’.

“...very evocative , you’re more likely to get an instant actual response. I don’t want it on the table in front of me. It’s making me feel crook and furthermore it evokes the advertisements that we hop that are on television at the same time.”

“It is time that we push that up to 60-70 % and with pictures, if we don’t have pictures it is not going to much of a change”.

7.6.2 Wider Range of Messages and Information

There was considerable support for a wider range of messages and information to appear on cigarette packs, for the following reasons:

- Messages offering ‘**a range and variety**’ of health effects of smoking, ranging from bladder and cervical cancer, blindness to the effects of smoking on children are believed to be necessary;
- Cigarettes are regarded as a dangerous drug, therefore some considered it a requirement to **enforce the same legislation** on cigarette packs as pharmaceutical products. These products are forced to display many prominent warnings and most include an information leaflet about all aspects of the product;

- There was an acceptance amongst stakeholders about the importance of providing **product information** to consumers. Stakeholders believe consumers are requesting more detail about contents of all types of products (e.g. listing food ingredients on packets). Stakeholders felt that as the information is provided on tobacco products, smokers will read it, particularly if cigarette packs are ‘just lying around’. Indeed, they are striving towards an informed consumer and they consider smokers are entitled to be provided with an opportunity to find out as much information as possible about the product they are consuming;
- Some felt **inclusion of the Quitline** on cigarette packs was necessary and forms the second part of a two step process: firstly, to warn consumers about the effects of smoking; and secondly, assisting them to quit.

7.6.3 New Warnings Should Form Part of a Comprehensive Health Strategy

The health warnings were believed by all stakeholders to be one component of a comprehensive tobacco strategy. All forms of mass advertising and public education strategies co-ordinated should support any new warnings developed nationally.

“...back to early research and yes 85 % of smokers know that smoking causes lung cancer, but once you get to other things like bladder cancer the percentage of smokers that know anything, drops to nothing and that’s why the capacity to present new medical findings and the current messages with pictures, if we could do that with the end of warnings, but I would still caution people not to expect big drops in prevalence in smoking it must be seen as a comprehensive package – can’t rely on one intervention”.

It was accepted by most that smoking behaviour varies, therefore there exists a need to develop niche marketed messages for: adolescents, parents, passive smoking, older smokers etc (as mentioned previously). The National Tobacco Campaign (NTC) was perceived by all to have ‘invested and reinforcement value’ amongst smokers and this could be used on cigarettes packs. Therefore, there is an opportunity to link the current campaign with new health warnings, using specific health issues currently in circulation, such as eye disease and strokes (i.e. aorta and the brain). This suggestion would effectively deliver new health warnings to the community.

“If you can have pictorial elements linked to the actual packet of cigarettes I mean that offers really exciting opportunities.”

“Co-ordinate new warnings with pictures taken from the national quit campaign, so not only are smokers getting a new insight into a smokers moment, inside body view of what the smoke does and I would try as much as possible to reinforce those messages on the pack.”

7.6.4 Suggestions

The following suggestions made by stakeholders focus on various presentation methods for health warning messages on cigarette packages. It was considered imperative by all that new health warning messages be fully tested and researched prior to their execution:

- Graphic photos, inserts in packs, use of 60% of the pack dedicated to health warning messages, pictures and information (using the current *“Every cigarette is doing you damage”* graphics on packs);
- Use of the cellophane on the cigarette packs, to include quitting advice and upgrade the Quitline, with more counsellors directly available;
- Include a website address on the pack for smokers who could look up the additives in cigarettes, calculate your own risk against perhaps the history of cancer in your family, length of smoking etc.);
- Information inserts inside cigarette packs with health information or contents etc. However some were concerned at the possibility of inserts being “thrown away” and causing environmental damage; and
- Inclusion on packs with direct quotes from CEO Phillip Morris – “Our Company accepts that our cigarettes cause cancer”.

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9. Appendix

- Group discussion/interview guide;
- Possible Warnings
- Canadian Warnings
- Expert/Stakeholder Organisations/Guide
- C.A.T.I
- Questionnaire

Group Discussion/Interview Guide

Evaluation Research Tobacco Labelling 2000

1. General Discussion About Smoking:

- attitudes towards smoking;
- smoking behaviour;
- length of time smoking;
- concerns, if any, about health;
- aspects of main concern;
- perceived consequences of smoking for self and others;
- future intentions;
- examine issue of glamourisation of smoking in TV, films etc;
- examine current environment i.e. media comments etc, about the issue;
- where do people think smoking is heading as an issue.

2. Pack Warnings

- unaided awareness of pack warnings (label, side, back);
- unaided awareness of content (specific/general);
- attitudes toward the presence of warnings (acceptance/rejection);
- probe personal response to warnings;
- attitudes and beliefs regarding warnings and info;
- believability of warnings;
- examine the aspect of denial in relation to warnings;
- for young people: examine peer influence, mocking of the warnings, potential lack of relevance of health effects;
- what do people think of warnings as a means of communicating health effects of tobacco consumption;
- do they think there is a more effective way of labelling tobacco to discourage smoking or providing consumer information with purchase?

3. Show Pack Samples and Label Warnings

- generate initial reaction;
- aided awareness/knowledge of label/side/back;
- believability for you and for others;

- reaction to specific warnings;
- who should warn people (government or industry)?
- reaction to side pack info;
- reaction to back pack info;
- what other info, if any, would they like to have?
- is info helpful or not?
- are people tired/bored of warnings?
- reaction to strength, length, tone, content of warning and side/back information;
- are participants able to personalise/internalise the warnings;
- impact of the warning/labels;
- is there any evidence of “wear out” of current warnings?
- what kind of response is generated? (Range of behaviours)
- reaction to overall pack imagery v. the warning;
- do the warnings generate an intention to smoke less?
- what behaviours do the warnings elicit e.g.: buying stickers to cover warning, choosing another pack, discussing warnings with others, removing all cigarettes from the pack and discarding the pack;
- do some warnings e.g. “Smoking Kills” and “Smoking is Addictive” reinforce defeatism regarding quitting;
- are they challenging existing values, attitudes, behaviours?

4. Explore Future Directions

- is there a better way of presenting the label/information on the pack in order to discourage smoking and encourage people to quit?
- do they want more information and what kind of information (e.g. cigarette content, health, social effects). If so, in what form?
- probe reaction to
 - larger type
 - use of colour/black and white
 - more label area devoted to warning
 - information insert
 - use of Quit Line, Infoline
 - specific reaction to self help services etc
 - specific reaction to infoline (show transcript of infoline)
 - reaction to product information and use of terms like “mild”, “light”
- reaction to messages:
 - new label suggestions
 - Canadian proposals
 - are Canadian ideas supportive of Australian approach?
 - are shock tactics the way to go?
 - reaction to visuals (supportive or not)
 - reaction to positive/negative message approach (e.g. positive could relate to feeling better by not smoking). Could this be tied into other health promotions?

Current Health Warnings

Smoking Causes Lung Cancer
Smoking Causes Heart Disease
Smoking Is Addictive
Smoking Kills
Smoking When Pregnant Harms Your Baby
Your Smoking Can Harm Others

New Health Warnings

Smoking Causes Blindness
Smoking Causes Wrinkles
Smoking Delays Healing & Can Lead To Infections & Gangrene
Parental Smoking Is A Cause Of Sudden Infant Death Syndrome
Smoking Causes Impotence

European Health Warnings

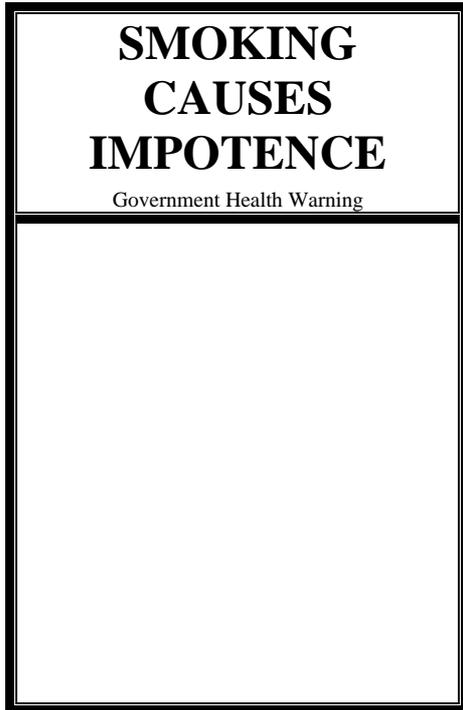
Smokers Die Younger
Smoking Causes Heart Disease And Strokes
Smoking Causes Cancer
Smoking When Pregnant Harms Your Baby
Protect Children: Don't Make Them Breathe Your Smoke
Your Doctor Can Help You Stop Smoking
Smoking Is Addictive
Stopping Smoking Reduces The Risk Of Serious Disease

Positive Warning Ideas

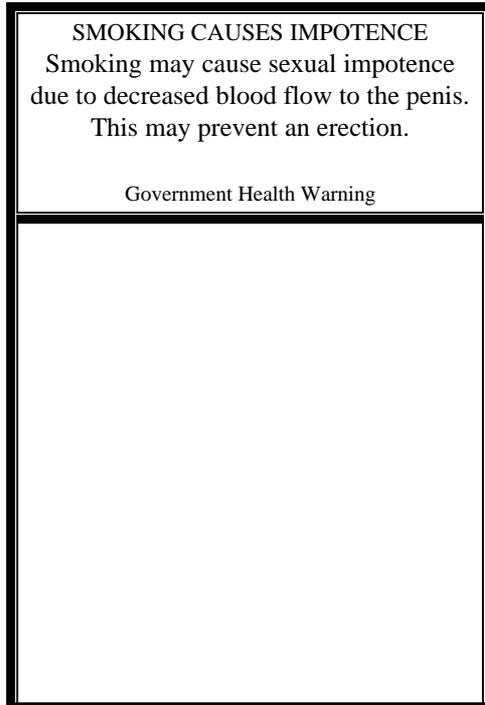
Quit . You're Worth It
You Smoke. You Stink
Quit. It's Never Too Late
Quitting Smoking Now Reduces Serious Risk To Your Health
You Will Gradually Feel Better If You Quit Today
Quit Today Breathe More In The Future
Quit Today More Energy In The Future
Quit While You're Alive
Quit Today, Regain Lost Taste
Quit Today, Food Will Taste Better In The Future

Possible Warnings

Front



Back



Front

<p>SMOKING CAUSES BLINDNESS</p> <p>Government Health Warning</p>

Back

<p>SMOKING CAUSES BLINDNESS Tobacco smoke causes macular degeneration, an irreversible and leading cause of blindness in Australia. Smokers are also more likely to develop cataracts.</p> <p>Government Health Warning</p>

Front

<p>SMOKING CAUSES WRINKLES</p> <p>Government Health Warning</p>

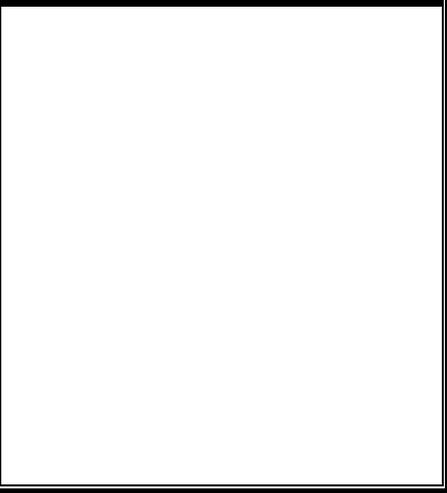
Back

<p>SMOKING CAUSES WRINKLES Smoking causes premature ageing of the skin and also kills the natural process that makes skin grow by reducing collagen levels in the skin by up to 40%</p> <p>Government Health Warning</p>

Front

**SMOKING DELAYS
HEALING & CAN LEAD
TO INFECTIONS &
GANGRENE**

Government Health Warning



Back

**SMOKING DELAYS HEALING & CAN
LEAD TO INFECTIONS & GANGRENE**
Smokers have an increased risk of infection
and take longer to recover from illness and
injury. Blood flow is reduced by smoking and
wounds are more likely to progress to
infection, gangrene and amputation

Government Health Warning



Front

<p>PARENTAL SMOKING IS A CAUSE OF SUDDEN INFANT DEATH SYNDROME</p> <p>Government Health Warning</p>

Back

<p>PARENTAL SMOKING IS A CAUSE OF SUDDEN INFANT DEATH SYNDROME (SIDS) Parental smoking is a risk factor for SIDS particularly if the mother has smoked during pregnancy.</p> <p>Government Health Warning</p>

Canadian Warnings

- Warning: Tobacco Use Can Make You Impotent - *Limping Cigarette*
- Warning: Cigarettes Leave You Breathless - *Coughing Man Smoking*
- Warning: Cigarettes Cause Lung Cancer - *Graphic Detail Of A Lung Tumor*
- Warning: Cigarettes Are A Heart Breaker - *Heart Tumor*
- Warning: Cigarettes Are Highly Addictive - *People With Trachea Implants*
- Warning: Cigarettes Cause Strokes - *Brain Sliced To Show Stroke Effect*
- Warning: Cigarettes Cause Lung Cancer - *Person In An Iron Lung*
- Warning: You're Not The Only One Smoking This Cigarette - *Cigarette Burning*
- Warning: Where There's Smoke There's Hydrogen Cyanide - *Cigarette Smoke*
- Warning: Tobacco Smoke Hurts Babies - *Baby Asleep*
- Warning: Cigarettes Hurt Babies - *Pregnant Women Smoking*
- Don't Poison Us - *Two Children*
- Warning: Cigarettes Cause Mouth Diseases - *Diseased Mouth*
- Warning: Idle But Deadly - *Ashtray Of Burning Cigarettes*
- Warning: Children See , Children Do - *Smoking Adult Infront Of Children*
- Warning: Each Year The Equivalent Of A Small City Dies From Tobacco Use - *Statistics Displayed*
- Warning : Cigarettes Can Cause A Slow And Painful Death. Deaths Each Year In Canada - *Comparative Statistics Given For Murder Etc.*

Suggested Back And Side Packaging

- What Are My Chances Of Living If I Get Lung Cancer?
Information And Contrasting Healthy And Diseased Lung
- What Are My Children's Chances Of Becoming Smokers If I Smoke?
Children And Information Provided



WARNING:
**CIGARETTES
LEAVE YOU
BREATHLESS**

Tobacco use causes crippling
often fatal lung diseases such
as emphysema.

Health Canada

Cigarettes



AVERTISSEMENT :
**LA CIGARETTE
VOUS COUPE LE
SOUFFLE**

L'usage du tabac cause des maladies
de poumon incurables, souvent
mortelles, comme l'emphysème.

Santé Canada

Cigarettes



**WARNING:
TOBACCO USE
CAN MAKE YOU
IMPOTENT**

Cigarettes may cause sexual impotence due to decreased blood flow to the penis. This can prevent you from having an erection.

Health Canada

Cigarettes



**AVERTISSEMENT :
LE TABAGISME PEUT VOUS
RENDRE IMPUISSANT**

La cigarette peut provoquer l'impuissance sexuelle car elle réduit la circulation du sang dans le pénis. Cela peut vous rendre incapable d'avoir une érection.

Santé Canada

Cigarettes



WARNING:
**CIGARETTES
CAUSE LUNG
CANCER**

Every cigarette you smoke increases
your chance of getting lung cancer.

Health Canada

Cigarettes



AVERTISSEMENT :
**LA CIGARETTE
CAUSE LE CANCER
DU POUMON**

Chaque cigarette que vous fumez
augmente vos chances de contracter
le cancer du poumon.

Santé Canada

Cigarettes



**WARNING:
CHILDREN SEE
CHILDREN DO**

Your children are twice as likely to smoke if you do. One half of all premature deaths among life-long smokers results from tobacco use.

Health Canada

Cigarettes



**AVERTISSEMENT:
VOS ENFANTS
VOUS IMITENT**

Si vous fumez, vos enfants ont deux fois plus de chances de fumer eux aussi. Chez les fumeurs à vie, la moitié de tous les décès prématurés est due à l'usage du tabac.

Santé Canada

Cigarettes



**DON'T
POISON US**

WARNING: Second-hand smoke contains nicotine, carbon monoxide, ammonia, formaldehyde, benzo[a]pyrene and nitrosamines. These chemicals can harm your children.

Health Canada

Cigarettes



DE L'AIR S'IL VOUS PLAÎT!

AVERTISSEMENT : La fumée secondaire contient de la nicotine, du monoxyde de carbone, de l'ammoniac, du formaldéhyde, du benzo[a]pyrène et des nitrosamines. Ces produits chimiques peuvent nuire à vos enfants.

Santé Canada

Cigarettes



WARNING:
**TOBACCO SMOKE
HURTS BABIES**

Tobacco use during pregnancy increases the risk of preterm birth. Babies born preterm are at an increased risk of infant death, illness, and disability.

Health Canada

Cigarettes



AVERTISSEMENT :
**LA FUMÉE DE TABAC
NUIT AUX BÉBÉS**

L'usage du tabac pendant la grossesse accroît le risque d'un accouchement prématuré. Les bébés prématurés font face à des risques plus grands de mort infantile, de maladies et d'incapacités.

Santé Canada

Cigarettes



**WARNING:
CIGARETTES HURT
BABIES**

Tobacco use during pregnancy reduces the growth of babies during pregnancy. These smaller babies may not catch up in growth after birth, and the risks of infant illness, disability, and death are increased.

Health Canada

Cigarettes



**AVERTISSEMENT :
LA CIGARETTE
NUIT AU BÉBÉ**

L'usage du tabac nuit à la croissance du bébé pendant la grossesse. Plus petit à la naissance, le bébé risque de ne pouvoir rattraper ce retard et les risques de maladies infantiles, d'incapacités et de décès sont plus grands.

Santé Canada

Cigarettes



**WARNING:
CIGARETTES ARE A
HEARTBREAKER**

Tobacco use can result in the clogging of arteries in your heart. Clogged arteries cause heart attacks and can cause death.

© Health Canada

Cigarettes

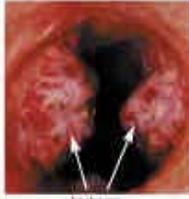


**AVERTISSEMENT :
LA CIGARETTE, ÇA
BRISE LE CŒUR!**

L'usage du tabac peut bloquer les artères de votre cœur. Cela provoque des crises cardiaques et peut entraîner la mort.

© Santé Canada

Cigarettes



**WARNING:
CIGARETTES CAUSE
LUNG CANCER**

85% of lung cancers are caused by smoking. 80% of lung cancer victims die within 3 years.

Health Canada

Cigarettes



**AVERTISSEMENT :
LA CIGARETTE CAUSE
LE CANCER DU POUMON**

85% des cancers du poumon sont causés par le tabagisme. 80% de ceux qui sont atteints vont mourir en moins de 3 années.

Santé Canada

Cigarettes



WARNING:
**CIGARETTES
CAUSE STROKES**

Tobacco smoke can cause the arteries in your brain to clog. This can block the blood vessels and cause a stroke. A stroke can cause disability and death.

© 2010 Health Canada

Health Canada

Cigarettes



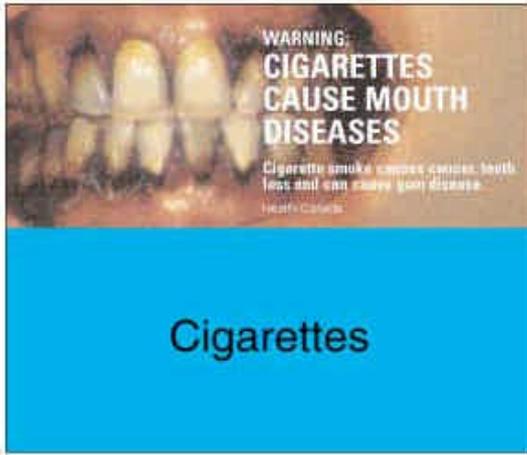
AVERTISSEMENT :
**LA CIGARETTE
CAUSE DES ACCIDENTS
CÉRÉBROVASCULAIRES**

La fumée du tabac peut bloquer les artères du cerveau, empêcher le sang de circuler dans les vaisseaux sanguins et provoquer un accident cérébrovasculaire. Cela peut entraîner une incapacité et la mort.

© 2010 Santé Canada

Santé Canada

Cigarettes

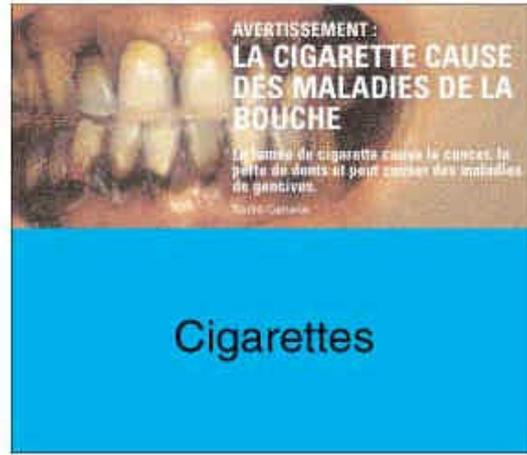


WARNING:
**CIGARETTES
CAUSE MOUTH
DISEASES**

Cigarette smoke causes cancer, tooth
loss and can cause gum disease.

Health Canada

Cigarettes



AVERTISSEMENT :
**LA CIGARETTE CAUSE
DES MALADIES DE LA
BOUCHE**

La fumée de cigarette cause le cancer, la
perte de dents et peut causer des maladies
de gencives.

Santé Canada

Cigarettes



**WARNING:
IDLE BUT
DEADLY**

Smoke from a lit cigarette contains toxic substances. These include hydrogen cyanide, formaldehyde and benzene.

Health Canada

Cigarettes



**AVERTISSEMENT :
MORTELLE MÊME SI
ON NE LA FUME PAS**

La fumée d'une cigarette contient des substances toxiques, dont l'acide cyanhydrique, la formaldéhyde et le benzène.

Santé Canada

Cigarettes



WARNING:
**WHERE
THERE'S SMOKE
THERE'S
HYDROGEN
CYANIDE**

Tobacco smoke contains hydrogen cyanide. It can cause headaches, dizziness, weakness, nausea, vertigo, and stomach aches.

Health Canada

Cigarettes



AVERTISSEMENT :
**QUI DIT FUMÉE
DIT ACIDE
CYANHYDRIQUE**

La fumée du tabac contient de l'acide cyanhydrique. Ce produit peut causer des maux de tête, des étourdissements, de la fatigue, des nausées, des vertiges et des maux d'estomac.

Santé Canada

Cigarettes



WARNING:
**CIGARETTES ARE
HIGHLY ADDICTIVE**

Some studies have shown that tobacco
can be harder to quit than heroin or
cocaine.

Health Canada

Cigarettes



AVERTISSEMENT :
**LA CIGARETTE CRÉE
UNE TRÈS FORTE
DÉPENDANCE**

Des études indiquent qu'il peut être
plus difficile d'arrêter de fumer que
de renoncer à l'héroïne ou à la cocaïne.

Santé Canada

Cigarettes

Estimated Deaths in Canada, 1994

- Murders - 510
- Alcohol - 1,900
- Car accidents - 2,900
- Suicides - 3,900

**WARNING:
EACH YEAR, THE EQUIVALENT
OF A SMALL CITY DIES FROM
TOBACCO USE**

■ Tobacco - 45,000

Health Canada

Cigarettes

Chiffres de mortalité de 1994 en Canada, 1994

- Meurtres : 510
- Alcool - 1 900
- Accidents de la route - 2 900
- Suicides - 3 900

**AVERTISSEMENT :
CHAQUE ANNÉE, L'ÉQUIVALENT
DE LA POPULATION D'UNE
PETITE VILLE MEURT DES
SUITES DU TABAGISME**

■ Tabac - 45 000

Santé Canada

Cigarettes



**WARNING:
YOU'RE NOT THE ONLY ONE
SMOKING THIS CIGARETTE**

The smoke from a cigarette is not just inhaled by the smoker. It becomes second-hand smoke, which contains more than 50 cancer-causing agents.

Health Canada

Cigarettes



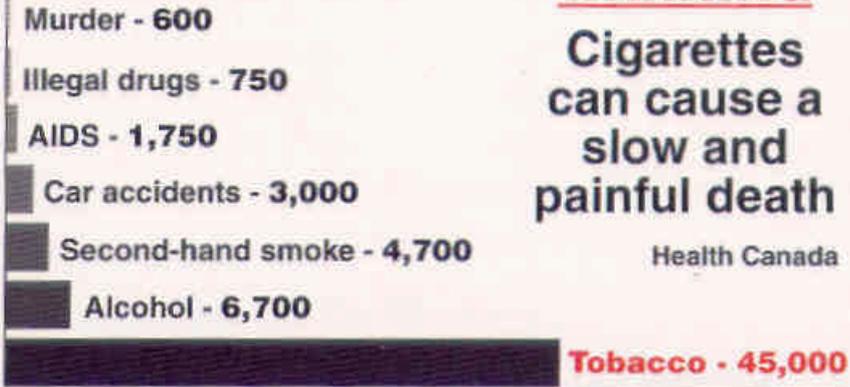
**AVERTISSEMENT :
VOUS N'ÊTES PAS SEUL À
FUMER CETTE CIGARETTE**

Le fumeur n'est pas seul à respirer la fumée de sa cigarette. La fumée secondaire que respire son entourage contient plus de 50 agents cancérigènes.

Santé Canada

Cigarettes

Deaths each year in Canada



WARNING

**Cigarettes
can cause a
slow and
painful death**

Health Canada

Brand X

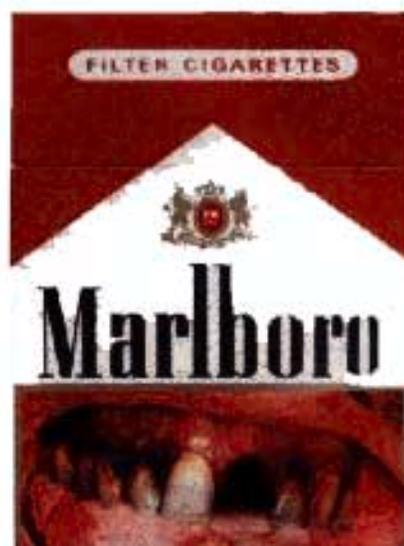
25 VIRGINIA
CIGARETTES

DUTY
PAID
TAX
MARK

THE MARKOWSKA DESIGN PROJEKT MARKOWSKIEJ



**PALENIE POWODUJE
PRÓCHNICĘ**



**PALENIE ZABIJA
NIEPALĄCYCH**

OBECNY WZÓR

PROPONOWANY WZÓR

CURRENT DESIGN

PROPOSED DESIGN

Wykonawca : adi76@poczta.fm

Expert/Stakeholder Organisations

- VicHealth Centre for Tobacco Control, Cancer Control Research Institute
- Centre for Behavioural Research In Cancer
- Australian Medical Association
- University of Sydney, Department of Public Health and Community Medicine
- Action on Smoking and Health (ASH)
- Cancer Foundation of Western Australia
- Western Australia Heart Foundation

Advocates Discussion/Interview Guide **Evaluation Research Tobacco Labelling 2000**

1. General Discussion About Smoking and current Smoking related issues:

- what is your organisations (or individual) attitudes towards smoking;
- where does your organisation fit into the broader picture i.e. with other advocates, tobacco industry, media, health organisations etc
- what do you believe is the current status of smoking and tobacco in the community at the moment; what are the changes?
- what aspect (s) of smoking do you believe are the main concerns for the community;
- what do you see are the major influences on smoking;
- examine the issue of glamourisation of smoking in TV, films etc; and how do you see the media as contributing to this, if at all;
- in what other areas is smoking an influence;
- where do you think smoking is heading as an issue (i.e. as a community);

2. Current Pack Warnings

- attitudes towards the warnings;
- attitudes and beliefs regarding warnings and info;
- attitudes toward the presence of warnings on cigarette packs (acceptance or rejection, usefulness);

- what impact do you think the warnings/labels have on smokers; and how effective do you perceive the labels to changing smoking behavior;
- are smokers tired/bored of the current warnings?
- do you believe there is evidence of “wear out” of current warnings?
- reaction to overall pack imagery versus the warning;
- how relevant are the labels and information provided on packs (front, side and back); and what other information should be included;

3. Future Directions

- what do you think of warnings as a means of communicating health effects of tobacco consumption;
- do you think there is a more effective way of labelling tobacco to discourage smoking or providing consumer information with purchase?
- what role do the health warnings play in the overall plan for health promotion; are they part of an entire strategy i.e. campaigns, advertising, sponsorship etc
- what role is your organisation playing in implementing health promotion? Are you supportive of new warnings? What other direction (i.e. promotion, education, lobbying etc) should we be taking?
- what difficulties or problems do you see in implementing these ideas? (i.e. opposition from tobacco industry, government etc)

4. Show New Australian Pack Samples and Label Warnings

- examine initial reaction;
- reaction to specific warnings;
- who is responsible for the warnings (eg government or tobacco industry)?
- what do you perceive are the strengths and weaknesses of the side and back pack information ; (i.e. is it relevant for smokers, does it provide enough information etc.)
- what other information should be included on the packs?
- What types of messages (e.g. health related etc) do you think would be most effective? Should we have age, gender or other specific directed messages?

5. Show Positive Labels and other countries warnings

- examine initial reaction;
- reaction to specific warnings;
- reaction to positive/negative message approach;
- Could these warnings be tied into other health promotions? I.e. Quit Campaigns or other?
- do you feel these messages challenge current attitudes or behavior within the community?

6. Show Canadian Warnings

If not already discussed:

- reaction to messages;
- reaction to visuals (supportive or not).
- are Canadian ideas supportive of Australian approach?
- are shock tactics the correct approach; are they too horrific or gruesome?
- is Canada exhausting all its 'ideas' to implement graphic images? (i.e. where does it allow us to go next)
- do you support these messages?

7. Explore Label Future Directions

- is there a better way of presenting the label/information on the pack in order to discourage smoking and encourage people to quit?
- should the packs have more information, if so, what kind? (e.g. cigarette content, health, social effects, quitting advice, telephone numbers of organisations such as Quit etc); what format or design could this information be presented?
- How effective do you feel these characteristics are on cigarette packs;
 - larger type
 - use of colour/black and white
 - more label area devoted to warning
 - information insert
 - use of Quit Line, Infoline
 - specific reaction to self help services etc
 - reaction to product information and use of terms like "mild", "light"
- any other comments or suggestions?

C.A.T.I (Computer Assisted Telephone Interviewing)

The numbers are randomly selected with a total universe of numbers for each particular location, and once used, they are not re-used for another year. Further, the samples are updated on a six monthly basis by Desktop Marketing Systems, to reduce the amount of non-connection due to residents moving house.

Telephone numbers are then randomised within the Survey Craft Sample Management System, and passed to interviewers from the random file. All telephone numbers are dialled and, according to their results, follow different routines. The categories utilised and the way in which these categories are handled by Survey Craft are outlined below.

No Answers

Once a number is defined as no answer, it is returned to the computer system to await re-issue. There is a three hour delay on the system so that if a number is rung at 5.30pm on a Monday night and is recorded as a no answer, it would return to an interviewer approximately three hours later, i.e. at 8.30pm. If a telephone number is categorised as a no answer at 8pm, it does not return until the next night's (or weekend's) interviewing shift. All of the no answers from the previous night are collected by the system and randomly scattered to appear across the interviewing shift, to increase chances of re-contact.

No answers are called five times, and if no response is forthcoming after the fifth call, they are sent off to a category called "Dead". This is what is known as a terminal category in that the numbers never return.

Engaged

Once a number has been categorised as engaged, it is flagged to return to the interviewer in 15 minutes time, on the basis that someone must be home so the chances of contact are very high. If it is still engaged 15 minutes later, it is again flagged to return in 15 minutes after that. If after three attempts it is still engaged, it then follows the no answer sequence and is returned three hours later. Again, if a number is engaged five times, it is sent off to the "Dead" category.

Callbacks

Once an interviewer has negotiated a callback with a respondent, the details are filed into the system and the number is returned to the interviewer 5 minutes prior to the appointment time.

If a callback becomes a no answer on the second attempt, or engaged, it follows the routines outlined above with one exception. They are never put into a terminate category and will cycle through the system until recontact is established.

Answering Machines

Answering machines follow an identical routine to no answers. Messages are never left on answering machines.

Language

To enable **a representative sample of people from non-English speaking backgrounds (NESB)**, the initial interviewer will establish the language spoken by the respondent, and then will record it as such on the screens. The number is then issued only to an interviewer with that particular language capability and is retried within 5 minutes. **NESB Interviewers would be available for this Survey.**

TOBACCO HEALTH WARNING LABELS

Good morning/afternoon/evening, I'm ... (*FULL NAME*) from NCS Australasia, the market research company. We're doing a short but important survey on health issues which will only take a few minutes. Could I please speak to the person in your household aged 15 years and over who has the birthday closest today's date.

Section A

Screening Question

S1. Do you, or does anyone in your household, work in any of the following industries?

Market Research	1	}	DISCONTINUE
Advertising	2		
Public Relations	3		
Media	4		
Tobacco Industry	5		
None of the above	6	}	CONTINUE

LOCATION:

	<u>Metro</u>	<u>Rural</u>
VIC	01	02
NSW	03	04
SA	05	06
WA	07	08
TAS	09	10
QLD	11	12
ACT	13	14
NT	15	16

Q1. Could you please tell me if you currently smoke cigarettes, are an ex-smoker or a non-smoker? (If **EX-SMOKER**, **probe:** how long since you smoked?).

I've never smoked	1 - Go to Section B, Q3
I use to smoke, but haven't smoked for years	2 - Go to Section B, Q1
I use to smoke, but haven't smoked for at least 12 months	3 - Go to Section B, Q1
I use to smoke, but gave it up in the last 12 months	4 - Go to Q2b
I currently smoke	5

Q2a. Which of the following statements describes your current use of tobacco/cigarettes? (READ OUT)

Smoke regularly, everyday or most days	1 - Go to Q2b
Smoke occasionally not everyday but at least once a week	2 - Go to Q2b
Smoke occasionally but less than once a week	3 - Go to Q2b

Q2b. On the days you smoke(d), about how many cigarettes would you smoke a day?

5 or less	1
6 to 10	2
11 to 15	3
16 to 20	4
21 to 25	5
26 to 30	6
31 +	7

Q2c. When you smoke(d) what brand of cigarettes would (did) you smoke most often?

Q2d. In the last 12 months have you...**READ OUT**

Tried to give up and been successful for at least one month	1
Tried to give up and successful for less than one month	2
Never tried to give it up	3

Q2e.	In the past 12 months have you... READ OUT			
	Changed to cigarette brands with lower tar or nicotine content			1
	Reduced the amount of tobacco you smoke in a day ²			3
	Quit smoking			4
	Done nothing different			5
	Increased the amount of tobacco you smoke a day			6
	Changed to brands with higher tar or nicotine content			6
Q2f.	In terms of quitting which statement best describes your feelings? READ			
	I intend to quit next month			1
	I intend to quit in the next 6 months			2
	I do not intend to quit in the next 6 months			3
	I quit more than 6 months ago			4
	I quit less than 6 months ago			5
Q3.	Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack? - ASK FOR FRONT, SIDE, BACK			
	Front of Pack	Yes		1
		No		2
		Don't know		3
	Side of Pack	Yes		1
		No		2
		Don't know		3
	Back of Pack	Yes		1
		No		2
		Don't know		3
Q4.	Have you read any health messages or health information on the front, side or back of the tobacco/cigarette pack? - ASK FOR FRONT, SIDE, BACK			
	Front of Pack	Yes		1
		No		2
		Don't know		3
	Side of Pack	Yes		1
		No		2
		Don't know		3
	Back of Pack	Yes		1
		No		2
		Don't know		3
Q5.	IF YES TO FRONT OF PACK ASK: (RECORD BELOW)			
	What health message or information is on the front of the cigarette pack?			
	(Probe: anything else?) DO NOT PROMPT			
Q6.	IF YES TO SIDE OF PACK ASK: (RECORD BELOW)			
	What health message or information is on the side of the cigarette pack?			
	(Probe: anything else?) DO NOT PROMPT			
Q7.	IF YES TO BACK OF PACK ASK: (RECORD BELOW)			
	What health message or information is on the back of the cigarette pack?			
	(Probe: anything else?) DO NOT PROMPT			
		Front	Side	Back
		(Q5.)	(Q6.)	(Q7.)
	Smoking causes heart disease	1	1	1
	Smoking causes lung cancer	2	2	2
	Smoking is addictive	3	3	3
	Smoking reduces your fitness	4	4	4
	Smoking kills	5	5	5
	Smoking can harm others	6	6	6
	Smoking when pregnant harms your baby	7	7	7
	Smoking damages your lungs	8	8	8
	Information on nicotine content	9	9	9
	Information on carbon monoxide	10	10	10
	Information on tar content	11	11	11
	Other: (write in)			

Q8. When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind? (Probe: Anything else?).

Q9. I'm going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the pack or does not appear at all or if you are uncertain?

(ROTATE & READ)

	Yes	No	Uncertain
1. Smoking causes heart disease	1	2	3
2. Information on nicotine content	1	2	3
3. Smoking causes lung cancer	1	2	3
4. Smoking is addictive	2	3	
5. Information on carbon monoxide	1	2	3
6. Smoking causes throat cancer	1	2	3
7. Smoking reduces your fitness	1	2	3
8. Smoking kills	1	2	3
9. Information on tar content	1	2	3
10. Smoking can harm others	1	2	3
11. Smoking when pregnant harms your baby	1	2	3
12. Smoking causes kidney problems	1	2	3
13. Smoking damages your lungs	1	2	3

Q10a. You said you smoke (brand) most often. Can you tell me the tar content of that brand in milligrams. **If ex-smoker:** What was the tar content in milligrams of the brand you smoked most often?

TAR	1	2	4	8	12	16
DONT KNOW	17					
OTHER	18					

(b) Can you tell me what tar is?

YES (verbatim)	1	YES (non-verbatim)	2	NO	3
----------------	---	--------------------	---	----	---

(c) And what, if any, are the health effects of TAR?

No effects	1
Don't Know	2
Other: (write in)	

(d) And what is the nicotine content in milligrams?

NICOTINE	0.2	1
	0.3	2
	0.4	3
	0.8	4
	1.2	5
	1.5	6
DONT KNOW	7	
OTHER	8	

(e) Can you tell me what nicotine is?

YES (verbatim)	1	YES (non-verbatim)	2	NO	3
----------------	---	--------------------	---	----	---

(f) And what, if any, are the health effects of Nicotine?

No effects	1
Don't Know	2
Other: (write in)	

- (g) And the carbon monoxide content in milligrams?
CARBON MONOXIDE 2 3 5 10 15 20
DONT KNOW 21
OTHER 22

- (h) Can you tell me what carbon monoxide is?
 YES (verbatim) 1 YES (non-verbatim) 2 NO 3

- (i) And what, if any are the health effects of Carbon Monoxide?
 No effects 1
 Don't Know 2
 Other: (write in)

Q11. How important is it that the Government has health warnings on packs of tobacco and cigarettes. Would you say...**ROTATE & READ**

- Very Important 1
 Quite Important 2
 Neither Important nor Unimportant 3
 Quite Unimportant 4
 Very Unimportant 5

Q12. I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

If agree as: Do you agree a **LITTLE** or **A LOT**?

If disagree as: Do you disagree a **LITTLE** or **A LOT**?

READ & ROTATE

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
Seeing the health warnings on packs makes(d) me think about quitting	1	2	3	4	5	6
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that (past) smoking probably (has) does increase the risk of a health problem occurring for me	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I (have) worried more about the effects of cigarettes on my health since the health warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
Perhaps for some people smoking affects their health, but it hasn't affected mine	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit"	1	2	3	4	5	6

Q13. Would you say the inclusion of health warnings and health information on cigarette packs has improved your knowledge of the health effects of tobacco consumption...**READ.**

- A lot 1
- A little 2
- Made no difference 3
- Don't know 4 (**DO NOT READ**)

Q14. In terms of the way you feel about your own smoking behaviour would you say the health warnings on packs of cigarettes and tobacco have...**READ.**

	Yes	No	Don't Know (DO NOT READ)	
Raised your concerns about smoking	1	2	3	
Helped you smoke less	1		2	3
Helped you switch to a lower tar brand	1	2	3	
Helped you give up smoking	1	2	3	
Had no effect on your behaviour	1	2	3	

Q15. Please tell me if you ever think about the health effects of smoking when ...**READ.**

	Yes	No
You buy cigarettes	1	2
You take a cigarette from the pack	1	2
You smoke a cigarette	1	2
After finishing a cigarette	1	2

Q16. Are you aware of an information line telephone number which is included with the health messages on tobacco packs?

- Yes 1
- No 2 - Go to Q.20

Q17. **IF YES ASK:** Have you ever called this information line?

- Yes 1
- No 2

Q18. Do you think you will call this information line in the future?

- Yes 1
- No 2

Q19. **IF NO ASK:**

Why not?

Q20. Thinking about your future smoking do you think you will....**READ & ROTATE**

- Increase my smoking 1
- Smoke just as much as I do now 2
- Try and ease up on my smoking 3
- Change to a lower tar brand 4
- Make a definite attempt to quit 5
- Continue not smoking 6

Go to Demographics

	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

- Q4. **IF YES TO FRONT OF PACK ASK: (RECORD BELOW)**
 What health message or information is on the front of the cigarette pack?
 (Probe: anything else?) **DO NOT PROMPT**
- Q5. **IF YES TO SIDE OF PACK ASK: (RECORD BELOW)**
 What health message or information is on the side of the cigarette pack?
 (Probe: anything else?) **DO NOT PROMPT**
- Q6. **IF YES TO BACK OF PACK ASK: (RECORD BELOW)**
 What health message or information is on the back of the cigarette pack?
 (Probe: anything else?) **DO NOT PROMPT**

	Front (Q4.)	Side (Q5.)	Back (Q6.)
Smoking causes heart disease	1	1	1
Information on nicotine content	2	2	2
Smoking causes lung cancer	3	3	3
Smoking is addictive	4	4	4
Information on carbon monoxide	5	5	5
Smoking reduces your fitness	6	6	6
Smoking kills	7	7	7
Information on tar content	8	8	8
Smoking can harm others	9	9	9
Smoking when pregnant harms your baby	10	10	10
Smoking damages your lungs	11	11	11
Other: write in			

- Q7. How important is it that the Government has health warnings on packs of tobacco and cigarettes. Would you say...**ROTATE & READ**
- | | |
|-----------------------------------|---|
| Very Important | 1 |
| Quite Important | 2 |
| Neither Important nor Unimportant | 3 |
| Quite Unimportant | 4 |
| Very Unimportant | 5 |

Q8a. **ASK NON-SMOKERS ONLY**

I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

If agree ask: Do you agree a **LITTLE** or **A LOT**?
 If disagree as: Do you disagree a **LITTLE** or **A LOT**?

READ & ROTATE

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
I think seeing the health warnings on packs would make people think about quitting.	1	2	3	4	5	6
Knowing what I know about the effects of smoking on health I wouldn't take up smoking.	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that smoking probably does increase the risk of a health problem occurring	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I am more aware of the effects cigarettes on my health since the health warnings were put on	1	2	3	4	5	6

cigarette packs.						
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
If I was to take up smoking I doubt that it would affect my health.	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6

Q8b. ASK EX-SMOKERS ONLY

I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

If agree ask: Do you agree a **LITTLE** or **A LOT**?
 If disagree as: Do you disagree a **LITTLE** or **A LOT**?

READ & ROTATE

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive.	1	2	3	4	5	6
Seeing the health warnings on packs made me think about quitting	1	2	3	4	5	6
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that my past smoking has increased the risk of a health problem occurring for me	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I worried more about the effects of cigarettes on my health since the health warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
Perhaps for some people smoking affects their health, but it hasn't affected mine	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6

Q9. Are you aware of an information line telephone number which is included with the health messages on tobacco packs?

Yes 1
 No 2 - Go to Demographics

Q10. IF YES ASK:

Have you ever called this information line?

Yes 1
 No 2

Demographics

D1. Gender: Male1
 Female.....2

D2.	Age:	15-17.....	1	ACTUAL AGE
		18-24.....	2	IN YEARS
		25-34.....	3	_____
		35-44.....	4	
		45-54.....	5	
		55-64.....	6	
		65-74.....	7	
		75+.....	8	
		Refuse.....	9	

D3.	COUNTRY OF BIRTH: Which country.....Australia/New Zealand	1	
	were you born in?	UK	2
		Other Europe.....	3
		North America	4
		South America	5
		Africa	6
		S.E.Asia	7
		N.E Asia.....	8
		Middle East.....	9
		S.P. Islands	10
D4.	Would you consider yourself to be of Aboriginal or Torres Strait Islander descent?	Yes	1
		No	2
D5.	What is the main language spoken at home?	English.....	1
		Other (specify)	

D6.	Level of Education you are now at or have completed?	University	1
		TAFE/Trade.....	2
		Year 12 completed.....	3
		Year 11 completed.....	4
		Year 10 completed.....	5
		Year 9 completed.....	6
		Year 8 completed.....	7
		Year 7 completed.....	8
		Primary school only.....	9
D7.	Are you a...	Student	1
		Unemployed.....	2
		In part time employment.....	3
		In full time employment	4
		Retired	5
		Home duties.....	6
D8.	Occupation of Respondent if employed full or part time.		
	Occupation: _____		
D9.	Are you the main income earner in your household?	Yes	1 Go to D11
		No	2 Ask D10
D10.	What is the occupation of the main income earner in your household?		
	Occupation: _____		
D11.	What is your annual income before tax and the income of the main wage earner in your household?		
		<u>Respondent</u>	<u>Main Income Earner</u>
	\$0 - \$5000	1	1
	\$5001 - \$10000	2	2
	\$10001 - \$15000	3	3
	\$15001 - \$20000	4	4
	\$20001 - \$25000	5	5
	\$25001 - \$30000	6	6
	\$30001 - \$35000	7	7
	\$35001 - \$40000	8	8
	\$40001 +	9	9
	Don't know/ refused.....	D	D

- D12. Which of the following would best describe your household
- Single or Peer group..... 1
 - Young couple - no children..... 2
 - Young family - all children under 6..... 3
 - Middle family - children 7-12..... 4
 - Older family - children mainly 13+ 5
 - Mature couple - children left..... 6
 - Mature single/ widowed..... 7
 - Refused 8

D13. Name: _____

Phone Number: _____

Date of Interview: _____ Interviewer: _____