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Research Report:
**Developmental Research for
New Australian Health Warnings
on Tobacco Products
Stage 1**

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**Population Health Division
Department of Health and Ageing**

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1. Executive Summary, Conclusions and Recommendations

The following report details the results of Stage 1 of a two stage research project designed **to assess and evaluate target audience reaction to proposed new health warnings, explanatory messages and graphic options to be used on tobacco products.**

Stage 1 of the research consisted of forty four (44) mini-group discussions (4-5 people in each group) conducted among **current smokers, recent and long term ex-smokers, and non-smokers.** Study participants were aged between 15 and 70 years and the study was conducted over **four geographical regions:** Sydney, Melbourne, Tamworth (NSW) and Bendigo (Victoria). The study took place during the 4-25 June, 2002.

Smokers comprised “regular” smokers (ie: smoke everyday or most days and smoke 10 or more cigarettes per day) and ‘occasional/social’ smokers (ie: do not smoke everyday and smoke less than 10 cigarettes when they do smoke). However, the main focus of the research was on ‘regular’ smokers. ‘Recent’ ex-smokers were those who had not smoked for the last 6-12 months and ‘long-term’ ex-smokers those who had not smoked for the last 12 months or more.

Findings from Stage 1 will be utilised to develop materials for evaluation in Stage 2.

1.1 Executive Summary

The research revealed attitudinal differences across consumer segments and within each of these segments and these were reflected in responses to the proposed health warnings. Although there were some common themes, in many instances people responded either positively or negatively to different messages and graphics depending on their attitudes, experiences, age and gender.

Generally, 15-17 year old smokers of both genders considered potential smoking damage and the associated health effects a future concern. Typically, **younger smokers** did not personalise many of the messages as they considered it highly unlikely that the health problems detailed were likely to affect smokers of their age.

Still, despite their apparent lack of concern about the effects smoking may be having on them now, the health warnings, explanatory messages and graphics did impact on this age group and make them think about their smoking. In particular, **descriptive or emotive messages** had considerable impact across this age segment; for example, messages including the phrases “living, breathing hell”, and “slow and painful death”. The graphic images had considerable impact on females aged 15-17 years old, particularly the images portraying the external effects from smoking.

Smokers aged in their **early 20's** admitted to being addicted, but still considered it unlikely the health risks would directly affect them at their age. The most effective warnings for this age group were **both emotive and visual** (e.g. “living breathing hell”), or which quoted statistics/figures (e.g. “4000 chemicals”, “doubles your risk of stroke”). The warnings about pregnancy and children also had considerable impact on female smokers in this age group. However, **the graphics had by far the most effect on both genders**, and many admitted these images made them extremely uncomfortable.

The research revealed that the experiences of people aged **25-49 years** varied considerably and as a result, so did their opinions and reactions to the messages. Study participants with families or those planning to have a family related to **the messages about children and babies** and these had a strong impact on them. However, these messages affected all study participants in this age group, because of the vulnerability of babies and children, and their inability to make their own choices.

For those males and females who were **approaching middle age (40+ years)**, the effects of smoking were considered more likely and therefore, more of a concern. They were more likely to know others suffering from smoking related illnesses and some admitted they felt less healthy now than they had done a few years before. As a result, the warnings tended to have **more impact on them** than on the younger males and females in this age segment (25-49 years).

Still, despite varying responses to the written warnings, the graphic images had reasonably **high impact across the entire 25-49 year age group** and for **both genders**. In particular, the graphics of easily identifiable images – typically external images - such as the gangrenous foot and the diseased eye, had more impact than the images depicting internal organs, and were more likely to be personalised.

It was clear from the research results that **smokers aged 50-70 years had the most entrenched behaviour and attitudes** toward smoking of all study participants. Most had been smoking for a long time and considered it likely the health damage had already been done. Even though they accepted many of the health warnings, it is unlikely any of the warnings would make them consider quitting, as most felt it was too late for them to obtain any real benefits from giving up.

Overall, this age group was **less positive about the warnings** and more likely to dismiss them. Nonetheless, despite the entrenched attitudes and behaviour of this age group, **the graphics did have considerable impact on them**. Unlike the written health warnings, many of which were deflected, they found the graphic images confronting and difficult to ignore. As a result, some objected to including graphics on packs, but many others commented that the graphics could act as an effective deterrent for young people just starting smoking or considering smoking.

Not surprisingly, non-smokers and ex-smokers had the strongest anti-smoking attitudes and were supportive of health warnings and messages informing smokers of the health risks associated with smoking. For ex-smokers, many could identify with some of the proposed health effect messages, with some discussing these effects as **the catalyst for them deciding to quit**.

Recent ex-smokers also believed that smoking is becoming more socially unacceptable and the proposed health warnings on tobacco packs were said to **reinforce** this belief.

1.2 Conclusions

Health warnings on tobacco products **contribute to a growing environment of the unacceptability of smoking** for both social and health reasons. Evidence suggests that they are more likely to be **a contributing factor** to quitting rather than a sole motivating factor.

The new health warnings will **generate controversy and keep the issue high on the social issues agenda**. The salience of the issue will be heightened considerably. The new warnings will also encourage smokers (especially new smokers) to think more about the health consequences of smoking.

Smoker sub-groups are likely to react differently to the new warnings and graphics, in accordance with the perceived relevance of the message and where they are in the change process. Depending on where smokers are in the quitting process their attitudes are likely to influence how they perceive the health threat and what they will do with the message producing the threat. For example; those thinking of quitting or trying to quit will be encouraged to continue to quit, ex-smokers will be reinforced in their decision to give up smoking, older hardened smokers will be less influenced and non-smokers will be further dissuaded to consider taking up the habit.

It is recommended that the health warnings be rotated and staggered in their introduction. This helps **maintain ‘freshness’** of the communication; they can be linked to other campaign elements (TV); and indicates that it is a comprehensive health campaign.

1.3 Some General Considerations for Stage 2 Research

As a result of the research findings from Stage 1, it is suggested that the following factors be considered when developing the materials to be examined in Stage 2 research:

- All photos and visuals need to be **clear and recognisable** to enable smokers to easily identify with the health issue concerned;
- Accompanying text messages need to be **brief and as simple** as possible to enable ease of comprehension;
- Include within the photo and health warning range new evidence about ‘what is happening inside them’ to **generate curiosity** and act as an attention getter (e.g. peripheral vascular disease). This also enables the warnings to be proactive in presenting “news” to smokers;
- Any increase in the font size and area of pack devoted to the message, and any contrasting background will **facilitate readability**;
- If some warnings generate fear, others need to relieve anxiety (i.e. provide solutions). Too much fear is likely to lead to defensiveness and rationalising of the messages. Some warnings and explanatory messages need **to provide support and encouragement** offering smokers a “way out”;
- Include both **factual and personalised messages** in the health warning mix. Personalised messages help generate the perception that smokers themselves are personally at risk;
- A **variety of images and image styles** is most likely to be effective in terms of: maintaining “freshness”, retaining smoker attention, minimising wear out;

- The tone of the explanatory messages as proposed seems to be most appropriate: comprising both factual and personal information in an inviting, authoritative yet reader friendly way. It is strongly suggested that the tone of the explanatory messages be **positive in its style**;
- For the Stage 2 research it is recommended to use similar images to those that emerged to be the most effective in Stage 1. However, Stage 1 images should be used as a guide. Images need to be **definite and clearly demonstrate the condition/disease**; and
- In Stage 2 research, some disease categories will have more than one option both in graphics and in message/warnings.

1.4 Health Warnings, Explanatory Messages and Graphics

On the basis of the research results, the following combinations of health warnings, explanatory messages and graphics are recommended for consideration in Stage 2 research. Gaps have also been identified within categories and in some instances, the recommendation is to develop new warnings, messages or new graphics.

Category: Lung Cancer

Recommended Warning: Smoking causes lung cancer.

Recommended Explanation: 9 out of 10 lung cancers are caused by smoking. Every cigarette you smoke increases your chance of getting lung cancer. Most people who get lung cancer, die from it.

Recommended Graphic: A more distinguishable lung cancer graphic is needed for this category.

Category: Lung Disease

Recommended Warnings:

Smoking can cause a slow and painful death

Smoking destroys your lungs

Smoking leaves you breathless

Smoking causes emphysema

Emphysema, it's a living, breathing hell

Recommended Explanation: A new lung disease explanatory message with more information on emphysema.

Recommended Graphic: Either the woman in bed graphic or consider an image of a person suffering from emphysema.

Category: Heart disease

Recommended Warning: Smoking increases your chance of having a heart attack

Recommended Explanation: Smoking can clog the arteries in your heart. This can cause heart attacks and death. (Consider use of statistics within this explanation.)

Recommended Graphic: Damaged/diseased heart or aorta graphic.

Category: Stroke

Recommended warning: Smoking doubles your risk of stroke

Recommended explanation: Smoking can clog the arteries in your brain. This can cause you to have a stroke. A stroke can cause disability or death. (Consider adding paralysis to the message for more impact).

Recommended Graphic: Dissected brain graphic or consider graphic of a stroke victim.

Category: Peripheral Vascular Disease

Recommended warnings:

Smoking causes peripheral vascular disease

Smoking damages blood circulation

Recommended explanation: Smoking damages your blood vessels, which can prevent blood circulation to your hands and feet. This can result in infection, gangrene and amputation. (Consider adding a reference to blood clots within the message.)

Recommended Graphic: Foot or leg graphic or new blood clot graphic.

Category: Eye Disease

Recommended warning: Smoking causes blindness

Recommended explanation: Tobacco smoke causes macular degeneration, an irreversible and leading cause of blindness in Australia. Smokers are also more likely to develop cataracts.

Recommended Graphic: Red eye or cataract affected eye.

Category: Mouth Disease

Recommended warning: Smoking causes mouth cancer

Recommended explanation: Smoking causes oral cancers which can form on the tongue, the gums, the floor of the mouth or the lips. Smoking can also lead to serious gum disease and tooth loss. (Consider including throat cancer)

Recommended Graphic: Tooth and gum disease graphic or new mouth cancer graphic.

Category: Pregnancy

Recommended warning: Smoking harms unborn babies

Recommended explanation: Smoking during pregnancy reduces the flow of blood in the placenta and limits the nutrients that reach the growing baby. This increases the risk of stillbirth, premature birth, the baby having a smaller brain and body and sudden infant death syndrome. (Consider removing reference to SIDS and abbreviate the explanation.)

Recommended Graphic: Premature baby (focus on the baby)

Category: Effects on the Body

Recommended warning: Every cigarette is doing you damage

Recommended explanation: Every cigarette is doing you damage whatever your age. Adolescent smokers cough more than adolescent non-smokers and experience more bronchitis, shortness of breath and asthma. Smoking at an early age increases your risk of lung cancer.

Recommended Graphic: Requires graphic (or could be featured in its own right)

Recommended warning: Smoking damage – it's only a matter of time

Recommended explanation: Tobacco related illness can begin at any age. Cancers may begin to occur in smokers in their 30's. 73% of deaths from coronary heart disease among people aged 35-44 are due to smoking.

Recommended Graphic: Requires graphic.

Category: Parental Smoking

Recommended warning: Protect children: don't make them breathe your smoke

Recommended explanation: Smoking around your children exposes them to environmental tobacco smoke. Breathing this smoke can cause your children to have health problems such as respiratory illnesses, middle ear infections and asthma.

Recommended Graphic: Requires new graphic (use toddler or younger child rather than baby.)

Category: Addiction/Dependence

Recommended warnings:

Smoking is highly addictive

Tobacco is a drug of dependence

Recommended explanation: When you smoke you inhale the drug nicotine. Regular use of cigarettes results in a dependence on smoking to get a dose of nicotine. About 8 out of every 10 people who try smoking become dependent on nicotine. (Consider deleting second sentence.)

Recommended Graphic: Requires new graphic.

Category: Benefits of Quitting

Recommended warnings:

Quitting smoking can improve your health

You CAN quit smoking! Call the Quitline on 131 848

Recommended explanation: Quitting smoking at any age has benefits for your health. After quitting your body immediately starts to recover and your risk of serious disease declines over time.

Recommended Graphic: Requires graphic (or emphasise phone number as graphic).

Category: Light and Mild Cigarettes

Recommended warning: Light and mild are just as deadly

Recommended explanation: Cigarettes labelled as 'light' or 'mild' are not safer, healthier or less addictive than regular cigarettes. When you smoke these cigarettes you may inhale more deeply or smoke more to obtain your usual dose of nicotine. The only way to reduce the health risks of smoking is to quit. (To appear on light and mild brands only.)

Recommended Graphic: Requires graphic

Category: Smoking Tobacco is the Leading Cause of Death

Recommended warning: Smoking damage – the leading cause of death

Recommended explanation: Graph contrasting causes of death by car accidents, murder etc with tobacco.

Recommended graphic: Similar to graph used in Stage 1.

Category: Chemicals in Tobacco Smoke

Recommended warning: Tobacco smoke contains more than 4,000 harmful chemicals

Recommended explanation: Tobacco smoke contains over 4,000 chemicals, many of which are toxic and cancer causing. When you smoke, these harmful substances enter your lungs and spread through your body. They can reach your brain, heart and other organs within 10 seconds of the first puff. (Needs to focus on actual harmful chemicals.)

Recommended Graphic: Requires new graphic.

Top of Pack Warning Labels

Both of the proposed top of pack labels were considered suitable for inclusion on cigarette packs.

Recommendation: Use either: “Smoking kills” *or* “Every cigarette is doing you damage”

2. Introduction

2.1 Background

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

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

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

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

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

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

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

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

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

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

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

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

2.2 Research Objectives

The overall aim of the research was to conduct developmental research on the proposed new warnings and explanatory messages in order **to identify the most effective health warnings and formats in terms of consumer awareness and impact.** Reaction to the proposed options for the new health warnings and explanatory messages were gauged in terms of:

- Noticeability – messages stand out from surrounding pack design, large enough to be read easily;
- Comprehensibility – understandable, reliable;
- Believability – truthful, personally relevant;
- Memorability;

- Information – interesting and informative;
- Size of label; and
- Persuasiveness – influential upon behaviour, in particular to increase and reinforce awareness of the negative health effects of smoking, to quit smoking or to stay quit.

Within this broad objective the study also examined the following:

- What are the prevailing attitudes towards the presence of health warnings on tobacco packages?
- What awareness and knowledge is there currently of existing warnings and explanatory messages?
- What are the attitudes and beliefs of smokers regarding the information that appears on the health warning labels?
- Which health topics/issues to do with smoking are smokers most concerned about? Why?
- Which issues are most likely to trigger a response to cut down/quit smoking?
- What is consumer reaction to a number of alternative warnings, explanatory messages and labelling information?
- How likely are they to read the explanatory messages? Is it curiosity? Information seeking?
- Do the labels raise the salience of health concerns?
- What are the implications of having technical information on the packs?
- Which elements in the explanatory messages are likely to trigger most concern and/or to trigger a desired behavioural outcome?
- What is consumer reaction to the use of graphics?
 - Do people just take notice of “attractive” images?
 - Examine the content of images: e.g. shocking v. non-shocking, attractive v. unattractive
- Gauge the response to the notion of associating graphic pack images with campaign themes/images (ie: images portrayed in other mediums);
- Do some images need TV support?

- Is there any benefit in establishing a specific sequence in launching the images?

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

2.3 Research Method

2.3.1 Research Technique

The research approach was qualitative, in the form of mini group discussions with the target audience. Our approach to group discussions is to be as non-directive as possible, allowing freedom of discussion, intervening, when and where necessary, to clarify comments and issues raised.

The benefits of the group discussion technique are that:

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

2.3.2 Structure of the Study

The research project was divided into **two (2) stages** (or two separate studies). **This report documents the results of Stage One.**

Stage 1 was broad in its scope and was aimed at assessing target audience response to the proposed labelling material, but with the focus on providing information to help refine the labelling material for further research testing in Stage 2. In essence, **Stage 1** was conducted to:

- Gauge response to the 19 health effect topics, explanatory messages and top of pack warnings, with the view to refining these to derive a set of 12-16 of the potentially most effective;
- Explore reaction to a range of graphic images in an attempt to provide direction for the later development of images and pack visuals. In other words, help in informing on the style, tone and degree of explicitness of the images;
- Provide advice and recommendations regarding revisions to the text of the explanatory messages and directions for effective graphics.

Stage 2 will examine in detail consumer response to a final set of 12-16 health warning messages, explanatory messages, and top of pack messages; as well as, a preferred format for the new health warning options.

This second stage of the research will focus on obtaining reaction to pack mock-ups, to explore response to different formats (position, size, colour and graphics) of the health warnings.

2.3.3 Scope of Stage 1 Research

A series of **44 mini-group discussions** (each consisting of 4-5 people) were conducted as follows:

- 32 mini groups with current smokers (16 male, 16 female)
- 6 mini groups with recent ex-smokers (3 male, 3 female)
- 2 mini groups with long term ex-smokers (1 male, 1 female)
- 4 mini groups with non-smokers (2 male, 2 female).

The structure was as follows:

Age	Current Smokers		Recent Ex-Smokers		Long Term Ex-Smokers		Non-Smokers		
	M	F	M	F	M	F	M	F	
15-17	4	4					1	1	10
18-24	4	4	1	1			1		11
25-49	4	4	1	1		1		1	12
50-70	4	4	1	1	1				11
Total	16	16	3	3	1	1	2	2	44

Stage One research was conducted in New South Wales and Victoria across **four (4) locations:** Sydney, Melbourne, Tamworth and Bendigo.

The fieldwork was conducted between 4-25 June, 2002. All group discussions were conducted by the Elliott & Shanahan Research team, specifically Patrick Shanahan, Nicole Hurt and Saff Mitten.

The mini group discussions contained between 4-5 participants representing a range of culturally and linguistically diverse backgrounds and a range of socio-economic strata.

Smokers comprised “regular” smokers (ie: smoke everyday or most days and smoke 10 or more cigarettes per day) and ‘occasional/social’ smokers (i.e. do not smoke every day and smoke less than 10 cigarettes when they do smoke). However, the main focus of the research was on ‘regular’ smokers. ‘Recent’ ex-smokers were those who had not smoked for the last 6-12 months and ‘long term’ ex-smokers those who had not smoked for the last 12 months or more.

2.3.4 Discussion Procedure

There were a considerable number of health warning options featured in Stage 1 research. If all were to be shown to each group there was a high probability of respondent fatigue which would make it difficult to obtain useful data. Accordingly, it was initially agreed that the groups would be **matched pair groups** with each group being exposed to about half of the proposed material. However, response to some of the proposed labels was poor and these were discarded as the study progressed, obviating the need to utilise the matched pair technique. Thus some health warning options were discarded after 20 groups had been completed.

To aid analysis of consumer response self-completion questionnaires were administered to group participants prior to general discussion of the proposed labels and explanatory messages. (Copies of the questionnaires and results are appended).

For each group a range of stimuli were presented in the following order and reactions sought:

- Proposed health warnings (the order of presentation was rotated for each group). These were written on separate and individual cards;
- Explanatory messages to accompany warnings (rotated). These were written on separate and individual cards;
- Two top of pack messages on two separate cards;
- Proposed range of graphic images (rotated). These were taken from a variety of sources including Canadian, Brazilian warnings and Australian examples used in previous media campaigns.

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

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

2.4 About This Report

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

3. Underlying Attitudes of the Target Audience

The research revealed attitudinal differences across consumer segments and within each of these segments and these were reflected in responses to the proposed health warnings. Although there were some common themes, in many instances people responded either positively or negatively to different messages and graphics depending on their attitudes, experiences, age and gender.

3.1 Smokers 15-17 years

Generally, 15-17 year old smokers of both genders considered potential smoking damage and the associated health effects a future concern.

Typically, **younger smokers** did not personalise many of the messages as they considered it highly unlikely that the health problems detailed were likely to affect smokers of their age. Younger smokers perceived smoking related health problems were linked to smoking heavily over a long period of time. As a result, they expressed a lack of concern about many of the messages, claiming that the health problems detailed would only affect long-term older smokers. If anything, they were a future concern.

Most 15-17 year old smokers within the study claimed they smoked because it is “fun” and all their friends smoke. They indicated that they planned to give up smoking in their early 20’s, well before any long-term damage had been done (and for females, certainly before they started a family).

Young people who played sport displayed two general responses: some were in denial about the effects of smoking on their health; others were aware that smoking influences their sporting performance and this was a cause for concern, although not necessarily enough to consider giving up smoking.

Females of this age were seemingly more aware of the health effects of smoking than males, and tended to be more sensitive to the messages.

The graphic images had considerable impact on females aged 15-17 years old, particularly the images portraying the external effects from smoking. In fact, the messages and images pertaining to health effects and physical appearance were of most concern to females. They were worried about the way they looked and how other people perceived them. As a result, ageing of the skin, wrinkles, mouth disease, and mouth cancer were health effects that concerned them; while internal problems were deemed less of a concern.

In contrast, males indicated minimal concern about their physical appearance and overall, deflected the majority of messages as more relevant to older smokers.

Still, despite their apparent lack of concern about the effects smoking may be having on them now, the health warnings, explanatory messages and graphics did impact on this age group and make them think about their smoking. In particular, **descriptive or emotive messages** had considerable impact across this age segment; for example, messages including the phrases “living, breathing hell”, and “slow and painful death”.

3.2 Smokers 18-24 years

Smokers aged in their early 20's admitted to being addicted, but still considered it unlikely the health risks would directly affect them at their age. As with teenagers, they perceived the serious health effects of smoking to be more likely for older smokers who have smoked heavily for most of their lives. There was the perception that there was still plenty of time for them to give up smoking before they suffered any serious health effects.

Many smokers in this age segment were sensitive to the warnings and in particular, the graphics. Although they were less concerned about the long term effects of smoking – perceiving them as too far in the future – they were concerned about some specific issues such as, ageing of the skin and pregnancy (females), and the emotive messages (“living, breathing hell”) had considerable impact on both genders.

In general, there was a perception amongst smokers of this age that they were ‘bullet proof’, and many claimed they would not be smoking in old age. As a result, some of the warnings did not concern them as they claimed they would quit before they were likely to suffer the health effects described. Few of the study participants aged 18-24 years intended to quit smoking in the near future, instead they claimed they would quit “later” (e.g. when pregnant), despite some of them having received pressure from family and friends, or their partners, to quit.

The most effective health warnings were both emotive and visual (e.g. “living breathing hell”), or which quoted statistics/figures (e.g. “4000 chemicals”, “doubles your risk of stroke”). The warnings about pregnancy and children also had considerable impact on female smokers in this age group.

However, the graphics had by far the most effect on both genders, and many admitted these images made them extremely uncomfortable.

3.3 Smokers 25-49 years

The research revealed that the experiences of people aged 25-49 years varied considerably and as a result, so did their opinions and reactions to the messages. There were many life segments in this age group: young singles, those planning on having children, parents with young and older children and some married without children.

Study participants with families or those planning to have a family related to the messages about children and babies and these had a strong impact on them. However, these messages affected all study participants in this age group, because of the vulnerability of babies and children, and their inability to make their own choices.

Study participants in their late 20's and their 30's were less concerned about health problems related to smoking than those aged 40+ years. Not unlike those aged 18-24 years, people in their 20's and 30's perceived smoking related health problems as likely to occur in people much older than themselves. They did not consider they were at an age when they needed to be concerned about the serious effects of smoking on their health.

For those males and females who were approaching middle age (40+ years), the effects of smoking were considered more likely and therefore, more of a concern. They were more likely to know others suffering from smoking related illnesses and some admitted they felt less healthy now than they had done a few years before. As a result, the warnings tended to have more impact on them than on the younger males and females in this age segment (25-49 years). For example, messages about heart disease and stroke seemed too far removed for the younger males, whereas for those men at the older end of this age segment, such damage seemed possible.

Still, despite varying responses to the written warnings, the graphic images had reasonably high impact across the entire age group and for both genders. In particular, the graphics of easily identifiable images – typically external images - such as the gangrenous foot and the diseased eye, had more impact than the images depicting internal organs, and were more likely to be personalised. The graphics of internal organs were “shocking” and described as “gross” and unpleasant to look at, but many smokers claimed they were indistinguishable (in their current form) as specific body parts without accompanying headings.

3.4 Smokers 50-70 years

It was clear from the research results that smokers aged 50-70 years had the most entrenched behaviour and attitudes toward smoking of all study participants. Most had been smoking for a long time and considered it likely the health damage had already been done. Even though they accepted many of the health warnings, it is unlikely any of the warnings would make them consider quitting, as most felt it was too late for them to obtain any real benefits from giving up.

Some smokers in this age group were also in denial and many males were particularly defensive about their smoking and tried to find fault with the warnings. They were opposed to definitive health warnings such as “smoking causes lung cancer”, responding more positively to messages that said “may” or “can cause” or “increases the risk”. Descriptions such as these were easier to accept (although easier to deflect as well).

Overall, this age group was less positive about the health warnings and more likely to dismiss them. In fact, many ignored the warnings unless they were personally relevant. They responded most positively to the warnings they accepted as common knowledge or experience told them was true (e.g. emphysema, mouth cancer, blood circulation and messages about addiction). They rejected all health warnings that conflicted with their own experience or beliefs. For example, women aged 60+ years discussed the fact they smoked in the maternity wards when they gave birth to their children and their children were fine – therefore they rejected the messages about smoking when pregnant.

Many men within this age group admitted that smoking was affecting their health but claimed they were too addicted to quit. They strongly agreed with the addiction warnings and felt it was important young people were informed about the addictive nature of smoking. However, some reacted negatively to the Quit warnings, maintaining the warnings do not acknowledge the difficulty smokers face trying to quit. Some also expressed the view that there isn't enough support given to smokers (financial and emotional support) to help them quit.

Nonetheless, despite the entrenched attitudes and behaviour of this age group, the graphics did have considerable impact on them. Unlike the written health warnings, many of which were deflected, they found the graphic images confronting and difficult to ignore. As a result, some objected to including graphics on packs, but many others commented that the graphics could act as an effective deterrent for young people just starting smoking or considering smoking.

3.5 Non-smokers and Ex-smokers

Not surprisingly, non-smokers and ex-smokers had the strongest anti-smoking attitudes and were supportive of health warnings and messages informing smokers of the health risks associated with smoking. For ex-smokers, many could identify with some of the proposed health effect messages, with some discussing these effects as the catalyst for them deciding to quit.

Recent ex-smokers also believed that smoking is becoming more socially unacceptable and the proposed health warnings on tobacco packs were said to reinforce this belief.

4. Discarded Health Warnings

Part way through Stage 1 of the research, at the conclusion of 20 discussions, an assessment was made of reactions to the warnings and those that were consistently poorly received and less meaningful were discarded. Reactions to these discarded warnings are discussed below.

4.1 Smoking leads to lung cancer

This message was accepted but it had less impact than the warning “smoking causes lung cancer” because the word “leads” was not considered as powerful or as direct, as the word “causes”.

Smokers with entrenched attitudes (typically 50-70 year olds, males especially) were more willing to accept this message because it is not making as definitive a claim, although the nature of the statement makes it easier to deflect.

Young people recognised lung cancer is one of the main diseases linked to smoking but they failed to personalise the message: “*it seems like later, not now*”. The alternative message “smoking causes lung cancer” was considered somewhat more impactful because it is more forceful.

4.2 Smoking causes heart attacks

This health warning received a mixed response and many rejected it or questioned the credibility of the claim. The common perception was that heart attacks are caused by a combination of factors, in particular: obesity, family history or predisposition to heart disease. Therefore, although some study participants were aware that there was a link between smoking and heart attack, they considered smoking far less significant than many of the other risk factors, and questioned the credibility of the word “causes” within the warning. Study participants generally seemed to be comparatively well informed of the potential causes of heart attack.

Younger smokers also rejected the statement as having any significance for them as they claimed older people tend to suffer heart attacks.

4.3 Smoking causes stroke

This health warning was not readily accepted, nor was it considered as effective or impactful as the alternative warning: “Smoking doubles your risk of stroke”. The word “causes” implied to most study participants that smoking was the only factor responsible for stroke and they considered this to be untrue, and rejected the message and the link between smoking and stroke.

4.4 There are many smoking related cancers

This health warning was considered too general and as a result, lacked impact. Smokers tended to immediately dismiss this warning, failing to personalise it in any way.

4.5 Smoking causes cataracts

This warning had limited impact as study participants typically associated cataracts with ageing rather than smoking. Young people were particularly unconcerned by the warning.

As well, cataracts were not perceived as a significant health concern as most study participants believed they could be treated or removed.

4.6 Smoking causes mouth diseases

Study participants acknowledged this warning was likely to be true, as tobacco smoke comes in direct contact with the mouth. However, they did not perceive mouth diseases to be as serious as mouth cancer. In relation to the mouth, the word “disease” was associated with minor mouth problems, such as ulcers and cold sores.

4.7 Smoking causes oral cancers

Many smokers did not understand the term “oral”. As a result, “mouth” was considered a more suitable word and the warning: “Smoking causes mouth cancer” was more easily understood and readily accepted.

4.8 Tobacco smoke hurts babies

This health warning had little effect. The word “hurt” did not imply great harm and is associated with injury or abuse. Therefore, this was not considered as powerful as many of the other warnings regarding pregnancy and babies.

Additionally, tobacco was not perceived to be as harmful as other additives in cigarettes and some smokers suggested the term “cigarette smoke” would be more appropriate and have more impact.

4.9 Smoking may damage your sex life

This warning had no credibility as it seemed too vague and implausible. Most study participants questioned how smoking could damage sex life, with very few interpreting the warning as referring to impotence. As a result, there was a tendency to reject the warning outright. Inclusion of the word “may” added to the lack of credibility, with many people stating that “may” suggests it will not.

Most felt that if the claim was true, the warning would specify how smoking could damage sex life, and it would be more definitive, using the word “does” or “will” rather than “may”. Males also joked that many things can damage sex life, for example, alcohol, arguments and emotional issues with your partner.

4.10 Smoking causes wrinkles

This warning had limited impact. Although there were some women who admitted they were very concerned about wrinkles, many considered them difficult to avoid – attributing wrinkles to ageing, laughter and smiling, as much if not more than smoking. It had very little relevance among males and younger people. The health warning “smoking causes ageing” had considerably more impact.

4.11 Smoking damages your skin

This health message was not considered effective because many factors were thought to damage the skin aside from smoking - the sun, the wind and pollution, to name but a few. Therefore, damage to the skin was considered inevitable and as such, was not of great concern to most smokers.

Some study participants also claimed that damage to the skin and ageing was hereditary, while many older females smokers said it was too late to worry about skin damage at their age (60+ years) as it had already happened.

4.12 Smoking has immediate ill-effects on the body

Smokers tended to reject this warning because it conflicted with their own experience of smoking. Most smokers claimed they experienced immediate positive effects from the first “drag” of a cigarette, whereas they perceived the negative effects of smoking as long term and not immediately noticeable.

Additionally, the word “ill-effects” was considered a poor choice of words and was confusing for some.

4.13 Where’s there’s smoke there’s poison

This health warning was considered far too general to have any impact in regard to smoking. All smoke was considered poisonous, not just tobacco smoke.

4.14 Tobacco smoke harms your children

Study participants accepted this warning, but considered it common knowledge. It was also commented that tobacco smoke harms all children, and confining the warning to “your” children narrows the target audience significantly - people without children considered this message to have little relevance to them.

Some smokers also commented that any smoke is harmful to children, regardless of the type – smoke from chimneys, bush fires etc.

4.15 Tobacco smoke hurts babies

This warning was considered ineffective. For many people, the word “hurts” does not imply great harm, while some associated it with injury and abuse. Additionally, the word “tobacco” was not considered to be as relevant or suggestive of harm as “cigarettes”. Therefore, compared with the other warnings referring to children and babies, this message had low impact on the target audience.

4.16 Smoking is dependence forming

This warning was thought to be conveying the same message as “smoking is highly addictive” although not as effectively. The term “dependence forming” sounded awkward and less direct.

Some smokers also objected to the warning because the focus seems to be on the smoker rather than the product (cigarettes). They felt that the warning was implying they were in some way to blame, rather than the cigarettes, and as result they responded negatively.

4.17 Quit and get more out of life

This health warning had limited appeal, with some smokers describing it as “patronising”. Many interpreted the warning as suggesting their lives are not currently satisfying and they objected to the implication. Most smokers claimed they were satisfied with their lives and did not feel the need to quit to “get more out of life”.

Additionally, some smokers regarded smoking as a benefit and therefore, they rejected the claim outright, while others posed the question, “*how will I get more out of life?*”

4.18 Quitting NOW reduces your risk of serious disease

Compared with the other written warnings emphasising the health benefits of quitting, this message was poorly received. It was less convincing and encouraging than the alternative warnings about quitting. Many smokers considered the warning too vague and lacking in impact. They commented that the warning would be more effective if it mentioned a specific disease.

However, some smokers also commented that a reduction in risk does not necessarily mean serious disease will be avoided by quitting. Older people were most sceptical. Many claimed it was probably too late for them to reduce the risk significantly, and others said they had been told the damage has already been done.

People in their 20’s – 40s were most responsive to this health warning, accepting there may be some truth in the statement. There were also smokers who were reminded of the TV commercials depicting the diseases caused from smoking and this increased the impact of the warning for them.

Teenagers failed to personalise the warning, believing smoking damage to be a future concern and therefore did not consider it necessary to quit now. They were of the belief that for them, the risk of serious disease was currently very low.

4.19 The secret to quitting smoking? Do it while you are alive

This health warning received mixed reactions from the target audience because of the reliance on humour. Although study participants conceded the warning was clever, it lacked any real meaning or impact as a deterrent for smoking.

Young people deflected the message, “*well I think I will be alive for a while*”, while older people were of the opinion that “*I am going to die anyway*”. This warning failed to involve study participants, doing little more than make them laugh.

4.20 There is no such thing as a safe cigarette

This warning was considered far too general, with perceived less relevance to light and mild cigarettes than the other written warnings within the light and mild category. Additionally, most study participants agreed that all cigarettes are harmful, but this fact was considered common knowledge.

4.21 Light but deadly

This message had no relevance to the target audience, nor did it seem directly linked to light and mild cigarettes. The alternative light and mild message was more positively received.

4.22 Smoking is a killer

This warning was interpreted as a humorous take on a serious message. It had less impact on the target audience than the more direct “smoking kills” and the humour was not considered appropriate in this context.

4.23 Tobacco smoke is poisonous

This warning was considered ineffectual as study participants claimed all smoke is poisonous.

There were also some smokers who disagreed with the warning. They did not perceive tobacco as harmful. Instead, they claimed the additives in cigarettes were the cause of harm, and if you smoke “rolies” (roll your own cigarettes) or “chop chop” (illegal tobacco sold direct from tobacco farms and allegedly free from chemicals) it is not poisonous.

4.24 Smoking pollutes the environment

Many study participants failed to take this warning seriously. It was considered a conservation message not a health message. Most were unconcerned about damaging the environment, arguing many things pollute the environment to a far greater extent than smoking.

The purpose of the warning was also confusing for many smokers. There were some who thought the message was referring to cigarette butts dropped on the ground, while others thought it referred to the smoke in the air.

5. Cigar Warnings and Explanatory Messages

The majority of study participants claimed they did not smoke cigars, and those who did smoke them only did so occasionally. Therefore, the cigar health warnings and messages were considered to have little relevance to the target audience. As a result, they were discarded from the second part of phase one of the research. (ie: after 20 discussions had been completed)

Cigars were recognised by many as being as potentially dangerous as cigarettes, although if cigar smokers do not inhale and do not generally smoke as frequently as cigarette smokers, cigars were considered not as harmful as cigarettes.

5.1 Cigar Warnings

5.1.1 General Health Effects

Cigars are not a safe alternative to cigarettes

Most study participants agreed with this statement. There were some younger smokers who claimed they had never heard anything about cigars being dangerous and they found this message informative.

5.1.2 Mouth Diseases

Cigar smoking causes mouth diseases

This warning was readily accepted as cigar smoke was considered very powerful (largely due to the aroma), and it was thought that, the mouth would be most directly affected.

5.1.3 Cancer

Cigar smoke, inhaled or not, causes cancer

It was thought this warning would be effective for people who smoke cigars. The majority of study participants did not smoke cigars and for them this warning provided new information. Typically, they assumed inhalation of the smoke caused the damage and were surprised to discover that non-inhaled smoke could also cause cancer.

5.1.4 Addiction/Dependence

Cigars are addictive

There was some scepticism about the legitimacy of this health warning as those study participants who admitted to smoking cigars, claimed they did so infrequently and not habitually.

Cigars are dependence forming

Similar to the addiction warning, the credibility of this warning was questioned, as those study participants who smoked cigars claimed they did so only occasionally. Also, the term “dependence forming” was not considered to be as effective as “addictive”.

5.1.5 Environmental Tobacco Smoke – General

Tobacco smoke effects everyone

This message had little impact on the target audience. It was accepted that tobacco smoke can affect others if they are nearby, but most smokers involved in the study claimed they did not smoke around others and therefore considered the statement of no relevance. The warning was not considered specific to cigars. In fact, most people did not think of cigars in relation to the word “tobacco”.

Cigar smoke harms children

This message was accepted, particularly as cigar odour is very strong. However, as the majority of study participants did not smoke cigars, the statement had little relevance.

Where there's smoke, there's poison

As with the similar cigarette health warning, study participants considered this warning too general. There was a perception that all smoke is poisonous and therefore, few people related the warning to cigars or cigarettes.

5.2 Explanatory Messages: Cigars

5.2.1 General health effects of cigars

Cigar smoking causes cancer of the oral cavity, oesophagus, larynx and lung. It can also increase the risk of heart and lung disease, particularly if you inhale.

This message was considered direct and impactful, listing a number of cancers associated with cigar smoking and highlighting the fact that the risk is increased if the smoke is inhaled.

5.2.2 Mouth diseases

Cigar smoking can cause cancers of the lip, tongue, mouth and throat. It can also lead to gum disease and tooth loss.

This explanatory message was considered effective, for reasons similar to the corresponding message regarding cigarette smoke. (See 7.2.8)

Cigar smoking can cause cancers of the mouth and throat, even if you do not inhale.

This message was considered both important and relevant for cigar smokers because it illustrates that cancers can develop from smoking cigars even if you do not inhale.

5.2.3 Cancer

When you smoke cigars, even if you don't inhale, you directly expose the lips, mouth, throat and larynx to tobacco smoke. This creates a risk for cancers of the mouth, larynx and oesophagus similar to that of cigarette smokers.

This message was considered informative and the fact that the cancers can develop “*even if you don't inhale*” was considered an extremely important point, with study participants commenting that this information was suitably placed near the beginning of the message.

5.2.4 Addiction/dependence

You obtain nicotine from cigars even if you don't inhale as nicotine is absorbed through the lining of the mouth. Both inhaled and non-inhaled nicotine is highly addictive.

This explanatory message serves to illustrate why cigars are dangerous even if you do not inhale, as it explains that nicotine is absorbed through the lining of the mouth. Also it is reiterating that inhaled and non inhaled nicotine is addictive.

5.2.5 Environmental tobacco smoke - general

When you smoke cigars those around you are exposed to environmental tobacco smoke (ETS). This smoke is dangerous to health, particularly for children and those with asthma. Long term exposure to ETS can cause death from lung cancer and other diseases.

This message had limited impact as it was thought that most people only smoke cigars occasionally and therefore, the risks from cigars would be minimal compared to cigarettes, which are generally smoked more frequently.

5.2.6 Environmental tobacco smoke - children

Smoking cigars around your children exposes them to environmental tobacco smoke. The breathing in of this smoke, known as passive smoking, can cause your children to have health problems such as respiratory illnesses, middle ear infections and asthma.

This message had similar impact to the corresponding cigarette message on this issue. See Section 7.2.14. However mention of passive smoking is beneficial in this instance, as people were for more familiar with this term than with Environmental tobacco smoke.

5.2.7 Chemicals in cigar smoke

Tobacco smoke contains over 4,000 chemicals, many of which are toxic and cancer causing. When you smoke, these harmful substances enter your lungs and spread through your body. They can reach your brain, heart and other organs within 10 seconds of the first puff.

This message is identical to the corresponding cigarette message and had similar impact among study participants. However, given that the majority of study participants smoked cigarettes, while cigars were smoked by only a few, this message had more relevance in relation to cigarettes.

6. Tobacco Health Warnings Included in Stage One Research

Following are the tobacco label warnings that were included in both phases of Stage One of the research.

6.1 Lung Cancer

6.1.1 Smoking causes lung cancer

Most study participants accepted this warning as familiar and true. Lung cancer is a well-publicised health issue associated with smoking. It was recognised as one of the main illnesses associated with smoking and there was concern about it. Additionally, the explanatory message added to the credibility and relevance of this warning.

“Obviously it has been publicised a bit so you know it but I still think it has a bit of an impact because you hear a lot of cases of it. It is a big thing and I think when they talk about the big things and are more descriptive then, yeah.” (Male smoker, 18-24 years)

However, there were some smokers who seemed to have become desensitised or immune to the warning, while young smokers tended to consider lung cancer a future issue and not something they need worry about currently.

“We all know it causes lung cancer and I am going to quit when I am a little bit older, it is just when I am young I may as well have a bit of fun. So it’s these long term damage things, I mean my Granddad had lung cancer but so what, I’m not 80.” (Female smoker, 15-17 years)

Some older smokers, particularly males aged 50-70 years, objected to the definitiveness of the warning and were in denial about the extent of the link between smoking and lung cancer. They conceded smoking can cause or contribute to lung cancer but they claimed smoking is not the only cause and deflected the message. These smokers indicated they would be more accepting of a warning stating smoking is “*one of the main causes*” or “*a cause*”.

6.1.2 Smoking can cause a slow and painful death

This warning had considerable impact, particularly among young people and female smokers. Despite the fact that few study participants perceived the warning as related to lung cancer, the warning itself has the potential to be very effective.

The seeming effectiveness of this message is due to its descriptive nature. “*A slow and painful death*” was considered a very visual and emotive phrase and this acted as an emotional trigger for some smokers in the study. Many smokers, females and younger people particularly, claimed they feared dying a “*slow and painful death*” and the phrase weighed on their minds.

Those study participants who were aware of emphysema (typically older people and those from Melbourne), assumed this message was referring to dying from emphysema and they not only agreed with the statement but also, considered it powerful when used in the context of emphysema.

“One of the main causes would be the emphysema and perhaps you could say that is a slow and painful death because you are short of breath in your old age and stuff like that.” (Male smoker, 50-70 years)

“Bloody oath it will. When you have seen someone die from it.” (Male smoker, 25-49 years)

“My mother went from a big woman to virtually nothing in three months.” (Male smoker, 25-49 years)

For smokers less familiar with emphysema, the warning encouraged them to think about other smoking-related health effects and their potential to cause a slow and painful death. Therefore, this warning was broadly interpreted and most people tended to personalise it in some way.

However, some older smokers rationalised the warning and therefore deflected it. They rationalised it in one of two ways: either by commenting that drugs can now be administered to minimise pain and therefore there are few slow and painful deaths, or they commented that many things can cause a slow and painful death aside from smoking.

There was also a small number of study participants that considered the warning vague and non-specific - they wanted to know how smoking causes a slow and painful death. Nonetheless, they found the warning thought provoking.

6.2 Other Lung Diseases

6.2.1 Smoking destroys your lungs

Most of the study participants accepted this warning and were affected by it. The word “destroys” created a visual picture for many smokers and it conveyed to them that the damage is irreparable.

Additionally, when confronted with this message, many people were reminded of the TV commercial featuring the graphic images of the lungs and they claimed their memories of the commercial served to re-enforce the warning.

However, the warning seemed to have less impact on younger smokers (teenagers and 18-24 year olds). They perceived these effects as too far into the future and claimed they were likely to have given up smoking before then.

Older smokers, males particularly, were sceptical of this statement and objected to the word “destroys”, claiming it was too absolute. They commented that although smoking may destroy some smokers’ lungs, it does not destroy all smokers’ lungs, and they suggested “*can destroy*” was a more honest and acceptable turn of phrase.

6.2.2 Smoking leaves you breathless

Although there was a small proportion of smokers who were impacted by this statement, many study participants considered it ineffective.

This warning failed to impact on most smokers because breathlessness was not perceived as a serious health effect, and it was felt that many factors can lead to breathlessness, particularly exercise and asthma. Additionally, it was commented that being breathless was a physical condition that non-smokers can also be afflicted with, and suffering breathlessness does not necessarily impact on lifestyle or ability to exercise.

Some smokers also joked that leaving you breathless can be a positive thing (e.g. “*Mel Gibson leaves me breathless*”). As a result, the message failed to involve most smokers or evoke reflection on their smoking behaviour.

Nevertheless, there were some asthma sufferers and active/sports people (typically younger people), who admitted to experiencing breathlessness and did attribute it to smoking. These study participants claimed being out of breath did concern them, and unlike a perceived “future” health effect such as lung cancer, they related to the immediacy of the message. (Although there were also a few asthma sufferers who claimed that smoking helped relieve their asthma attacks rather than making their asthma worse.)

6.2.3 Smoking causes emphysema

This is a powerful warning with the potential to be highly effective. Not all study participants knew exactly what emphysema is, but even if they were not completely familiar with the disease, most had heard that it is a frightening and serious condition.

Older people strongly agreed with the statement and admitted they feared emphysema, as many had known someone who has died from it or who is currently suffering from the condition. Additionally, “Melbournians” generally showed greater awareness and knowledge of the condition than study participants in NSW and they referred to a current ‘Quit’ Campaign featuring emphysema.

6.2.4 Smoking damages your lungs

Even the most hardened smokers accepted this warning as true but it was not considered particularly powerful or effective when compared with “smoking destroys your lungs”. Numerous other factors were also thought to damage lungs: pollution, other smoke in the air, and car fumes (to name a few), perhaps more so than smoking.

Additionally, some smokers commented that the word “damages” suggested to them that lungs could be repaired, whereas “destroys” suggested the damage was irreparable.

6.2.5 Emphysema, it’s a living, breathing hell

This warning is both visual and emotive and it significantly impacted on the target audience. In fact many people recoiled from the prospect of “a living, breathing hell”.

Most study participants accepted the warning, especially those who had known someone with emphysema (mainly 50-70 year olds but also some younger people). In fact, even hardened smokers tended to agree with this statement.

“I call them the living dead. I think more of us know or have known people with emphysema and it’s sad watching them.” (Female smoker, 50-70 years)

As has already been discussed, younger smokers were less knowledgeable about emphysema, but the visual description “living, breathing hell” led them to believe emphysema is a very serious and frightening disease.

“It is emotive and gives you an idea of what the disease would be like.” (Female smoker, 25-49 years)

“I don’t know what the word is but I sort of figure by ‘living, breathing hell’ it is not a very good thing.” (Male smoker, 18-24 years)

However, it was commented that the warning does not attribute emphysema to smoking (the explanatory statement does), and those people less familiar with the disease questioned whether smoking is the major or only cause.

6.3 Heart Disease

6.3.1 Smoking increases your chance of having a heart attack

This warning received a better response than “smoking causes heart attacks” because study participants considered it more credible. Rather than making a definitive claim, the warning indicates that smoking increases the chance of having a heart attack and many people conceded this was probably true.

However, once again, young people considered the statement irrelevant to them personally, as the risk was perceived to be too far into the future. This warning had most impact on middle-aged males and older smokers, as they considered they were at an age when heart attack was most likely to occur.

Some felt “risk” was a more appropriate word to use than “chance”. They considered “chance” too non-specific, it suggests it may or may not happen, while “risk” implies there is a real possibility. Many wanted a more definitive measure indicating by how much the risk of heart attack is increased if someone smokes (similar to the “doubles your risk” stroke warning).

6.4 Stroke

6.4.1 Smoking doubles your risk of stroke

This warning received a positive response from study participants. In particular, the use of the term, “doubles your risk”, made the statement more impactful and meaningful than simply making a causal claim.

The warning was also considered more believable than “smoking causes stroke” because rather than interpreting it as absolute, study participants felt it allows for the fact that people who don’t smoke can also suffer stroke, while indicating smokers have an increased risk of stroke. (Although, some of the older smokers questioned the credibility of the message commenting they have known people suffer stroke who have never smoked.)

Many smokers claimed the warning also reminded them of the TV commercial featuring the stroke effected brain and this image scared them, adding impact to the warning. Those study participants with a family history of stroke were also extremely affected by this message, both young and old, as they realised that by smoking they were increasing their risk of stroke even more.

Additionally, unlike many of the other serious health effects from smoking, some younger smokers acknowledged that strokes can occur in young people and as a result, this warning was a cause for concern. There were also other smokers who were not familiar with the link between smoking and stroke who found the message informative.

To strengthen this health warning and make it more impactful, there was a suggestion made by some study participants to link the disease with possible consequences (i.e. disability).

6.5 Other Cancers

6.5.1 Smoking causes many types of cancers

This warning had limited effect on the target audience. It was considered vague and non-specific, leading some study participants to believe it was making an unsubstantiated claim.

Lung cancer was considered the major form of cancer caused by smoking and despite some awareness of other cancers such as tongue and mouth cancer, study participants questioned the credibility of the warning because of its failure to specify what the other cancers are. It was also felt that many things cause cancer aside from smoking and unless the types of cancers are named, few people will pay attention to this warning.

6.6 Peripheral Vascular Disease

6.6.1 Smoking causes peripheral vascular disease

Most study participants had not heard of peripheral vascular disease. Some incorrectly associated it with vision/sight, some with the heart and others with veins.

Given study participants' lack of knowledge or familiarity with the disease, some assumed the disease must be relatively uncommon and therefore claimed it was of little concern to them. However, the lack of awareness did generate curiosity, with others expressing a desire to find out what it is. There were also a few smokers who thought it sounded scientific and for this reason, claimed the message had credibility and impact.

“But you can be scared of it because you don’t know and it is a few big words. I think it makes you scared. Sounds like something pretty harsh.” (Male smoker, 18-24 years)

However, after being exposed to the explanatory message, many study participants expressed real concern about this condition. Therefore, in spite of the current lack of knowledge about peripheral vascular disease, this warning does have considerable potential to be effective and presents smokers with new information about the health effects of smoking.

6.6.2 Smoking damages blood circulation

Those smokers who admitted to suffering from poor blood circulation could relate to this warning, but most others failed to identify with it. Also, some smokers who suffered from poor blood circulation claimed it was a genetic problem and they did not attribute it to smoking.

Typically, damaged blood circulation was not perceived as a serious or frightening health effect compared with many of the other effects detailed in the health warnings. (The warning is considerably more impactful in combination with the explanatory message.)

Some study participants commented that the warning needed to explain the effects of poor blood circulation if it was to have any real impact. For example, the mention of blood clots would be more effective.

6.7 Eye Disease

6.7.1 Smoking causes blindness

This health warning was applauded for being succinct and to the point, however most study participants doubted the validity of the warning as very few were aware of a link between smoking and blindness.

Nevertheless, this warning has the potential to be impactful, as many smokers feared losing their sight and the message made them contemplate that possibility, regardless of whether or not they considered it to be true. The notion of blindness was more frightening than “eye disease”. The message also reminded some of the TV commercial with the graphic image of the eye and this gave it more credibility.

6.7.2 Smoking causes eye diseases

This was new information to most study participants. Some were unsure as to the validity of the claim although they considered it more believable than blindness (because it is less severe). However, given that blindness was considered irreversible, this warning was not considered as potentially impactful as the previous warning.

Many smokers were reminded of the television commercial featuring the eye and this added impact to the warning, making it seem more realistic. And some young people found the concept of eye disease quite disturbing – they imagined the disease eating away at the eyes and causing them great pain.

Some people felt the warning was too broad and they requested more information be provided - they wanted to know what eye diseases are caused from smoking.

6.8 Mouth/Oral Disease

6.8.1 Smoking causes mouth cancer

This was a powerful warning as “mouth cancer” was a real fear for many. Most study participants believed and accepted that smoking can cause mouth cancers as tobacco smoke comes in direct contact with the mouth. Given the close proximity of the mouth to the throat, this message also made some smokers think about throat cancer. As a result of these factors, smokers tended to personalise this warning.

Additionally, young smokers were concerned not only about the severity of mouth cancer, but the possible disfigurement this might cause.

“It is pretty gross. It kind of puts a bit of a yucky thought in your head. I think of fungus or something.” (Female smoker, 15-17 years)

“That’s a good message. I stopped smoking because my gums were going white. If you know anything about it, you’re being given a nice little warning. I had a dentist who told me that my gums were starting to whiten and he said, ‘Do you know that might be the start of an oral cancer and that it could develop inside of a year’. I went from 80 a day to none on that day.” (Male long term ex-smoker, 50-70 years)

“I have heard something on the news that there has actually been an increase in throat cancer and tongue cancer, so it effects me. Really, what you see on the packs, if you see it on TV, on the news or on an ad campaign that would help.

Why?

Because you see that slogan or hear that slogan and you think about the pictures you saw on TV. So if it is a gruesome picture you think of that.” (Male smoker, 18-24 years)

This warning was re-enforced by the fact that many smokers also recalled an episode of the television series RPA, where one of the patients featured had part of his tongue removed, due to cancer caused by smoking. This had significant impact on them and the memory had stayed with them.

“I remember watching RPA and seeing that poor man have half his mouth cut out.” (Female long term ex-smoker, 50-70 years)

6.9 Pregnancy

6.9.1 Smoking when pregnant harms your baby

This warning was familiar to most study participants, but typically, they did not relate to or identify with it, as the focus of the warning was said to be the pregnant smoker. However, the majority accepted the warning as true, and considered it an important and relevant warning for pregnant women or female smokers planning to conceive.

It should be noted that this is also a warning that male smokers and females that are neither pregnant nor intending to become pregnant, claimed they preferred to see on cigarette packs, as they are not in the target audience and the warning does not apply to them. They are less threatened by this message.

“That has a lot of impact on women but blokes love taking that packet.” (Male smoker, 25-49 years)

6.9.2 Smoking harms unborn babies

This was considered an effective warning, with a broader target audience than the existing pregnancy warning. It was perceived as directed not only at pregnant women but all others who may smoke in the vicinity of pregnant women (passive smoking).

Some people felt this was an improvement on the existing health warning because it is more concise, and rather than focusing on pregnancy (your body condition), it focuses on the baby. The term “unborn baby” is emotive and had considerable impact, conjuring images and thoughts of: an innocent baby unable to make decisions for itself, a baby’s need to be protected and cared for, and the vulnerability of babies.

“Anything to do with children and babies (has impact), when they can’t make a decision... can’t walk out of the room.” (Male smoker, 25-49 years)

Overall, this warning was considered to be adopting a new, fresh approach and the majority of people accepted it as true.

6.9.3 When you smoke, your baby smokes too

This health warning was accepted and was considered both clever and thought provoking. The warning is delivered in a visual way, with many smokers picturing a baby smoking, either inside or outside the womb. Additionally, rather than focusing only on pregnancy, many study participants felt the warning extends to new born babies which means it has broader relevance than a warning simply targeting pregnant women.

However, there were some younger smokers who failed to take the warning seriously, claiming it created a humorous image of a baby “dragging” on a cigarette whilst inside the mother’s.

Overall, despite the fact it is thought provoking, the warning was not considered as powerful or direct as “smoking harms unborn babies”.

6.9.4 Parental smoking can cause sudden infant death syndrome

Study participants exhibited mixed reactions to this warning. The mention of SIDS was disturbing, but few associated SIDS with smoking. In fact, most study participants were of the impression that the cause of SIDS was yet to be determined. Only a small proportion of study participants was aware of a link between SIDS and smoking. Therefore, most people either refuted or questioned the validity of this warning, particularly as some had known babies to die from SIDS when their parents did not smoke.

Moreover, at the time of the study, media reports revealed new research has been conducted identifying bacterial/protein common to all SIDS babies. As a result, smokers claimed they would require proof of the link between SIDS and smoking before they would accept this warning as factual. It was also suggested that the word “causes” should be replaced by “contributing” or “risk factor” to give the warning more credibility.

Finally, there was some confusion over the use of the term “parental smoking”. Study participants were unsure whether it was referring to smoking during pregnancy, or afterwards, and felt this point needed clarification. (Most study participants interpreted “parental smoking” as referring to both parents and therefore assumed the risk to the baby was through passive smoking after it was born, however the explanatory message regarding SIDS indicates the risk is mainly due to smoking when pregnant.)

6.10 Impotence and Fertility

6.10.1 Smoking causes sexual impotence

There were mixed reactions to this warning amongst the males within the study. While older males were sceptical about this warning and tended to reject it as a result of personal experience to the contrary, many younger males did exhibit concern about the prospect of sexual impotence and were clearly affected by the warning.

Some older males accepted there may be some truth to the warning, because of the link between blood supply and penile erection, but considered the likelihood of impotence from smoking to be extremely low. They claimed other factors were considerably more likely to cause impotence – alcohol and diabetes in particular.

“The thing is if you’re still able to get it up, you’ll think it may affect somebody else, but I’m still king of the mountain. If you’re still able to do it you’re going to say that doesn’t apply to me.” (Male long term ex-smoker, 50-70 years)

The older females within the study conceded the warning may be true but they seemed unconcerned by it, particularly those aged 60+ years. Younger females were more likely to be concerned, and they claimed that their partners/male friends would be extremely worried by this warning.

This health warning does appear to have more credibility once the link between peripheral vascular disease/blood circulation and smoking is accepted and understood.

6.10.2 Smoking can make you impotent and decrease your fertility

This warning was perceived to be of relevance to only a small segment of the smoking population. The warning had some relevance for women and men planning to conceive in the near future, impacting on these women particularly, but it was not considered relevant to other study participants.

“Well I’m fifty three years old and I have got three kids under 4 years old and I have been smoking since I was ten, so it hasn’t decreased mine.” (Male smoker, 50-70 years)

Additionally, there was some confusion about the target audience for this warning, with most study participants assuming the “impotence” reference relates to men, while the “fertility” reference relates to women.

The actual link between smoking and a decrease in fertility was not well known and therefore the warning was providing new information to most people. Young people were most willing to accept the message and aside from those people planning to have children in the near future, were most concerned by it.

Older women with children reacted to the fertility component of the warning and tended to reject it outright, particularly if they had smoked prior to becoming pregnant. While older men considered it extremely unlikely smoking could cause impotence.

Some older smokers also expressed concern that female adolescent smokers may view this warning as permission to use smoking as a form of contraception, and some teenage girls also joked at this possibility.

6.11 Smoking and the Skin

6.11.1 Smoking ages your skin

This warning seemed to affect female smokers but had little relevance for males. Both young and middle aged women reacted well to this warning as it suggested to them that smoking causes premature ageing, a condition they were clearly concerned about.

Some young women in particular, were worried about lines around the mouth being a “tell tale sign” that they are a smoker. They were scared of becoming older smokers (i.e. lines around the mouth, sucking the life out of every cigarette, smoking around children) and claimed they would give up smoking before that happened.

“Who wants a mouth like a cat’s bum.” (Female recent ex-smoker, 25-49 years)

“That’s the one I hate. It would make you think if it was on a pack.” (Female smoker, 25-49 years)

However, older women (60+ years) were generally less concerned with their appearance than younger women. They were also unconcerned about ageing of the skin, as they already had wrinkles and some had damaged skin, although many attributed this to the ageing process rather than to smoking.

Some females (both young and old) claimed that many factors could age the skin including the sun and the pollution in the air, which is why they used anti-ageing creams to combat it. In fact, there were some smokers who did not view this health effect as significant enough to place on a cigarette pack. Despite considering ageing of the skin as more serious than wrinkles or skin damage, many did not consider it a serious effect of smoking, and it had absolutely no impact on males. Some young males also admitted to wanting to look older (e.g. underage drinkers).

6.12 Effects of Smoking on the Body

6.12.1 Every cigarette is doing you damage

This was a familiar warning and the majority of study participants recognised it as being linked to the existing TV commercials and anti-smoking campaign. As a result, the warning served to reinforce the campaign messages and most people accepted the warning, considering it credible.

*“I just think of the brain and the lungs, they don’t show the one with the eye very often but that one got me, the eye!”
(Female smoker, 18-24 years)*

“That highlights the TV campaign. When you see that slogan you think of what you see on TV. That one steps out at me a bit more.” (Male smoker, 18-24 years)

This warning was effective in that it made most study participants (including ex-smokers and non-smokers) think about the health effects of each cigarette. A few smokers also claimed this message did play a role in encouraging them to reduce the number of cigarettes they smoke.

However, there was evidence of ‘wear out’, with some smokers commenting they had seen the slogan too many times and it no longer had any impact.

6.12.2 Smoking damage – it’s only a matter of time

This was considered a thought-provoking message and it did have some effect on study participants. Those smokers who responded positively to the warning agreed it is only a matter of time until they see the effects of their smoking on their health, and this concerned them. It conveys an inevitability about developing smoking-related health problems.

“I like it. It may not be tomorrow or the next week but it may be one day.” (Female smoker, 25-49)

“It reminds you that although you may be feeling OK now, it’s warning you that it’s only a matter of time.” (Male, 50-70 long term ex-smoker)

However, “it’s only a matter of time” suggested to some smokers that the damage is not happening now, and this provided them with an excuse to put off quitting for a little while longer. Adolescent and other young smokers, in particular, commented that a matter of time could mean years. Therefore, for many young smokers this warning actually re-enforced their personal belief that smoking damage is a future concern and they still have plenty of time to give up.

“I actually get from that one it’s going to happen soon, but not now, so I’ll give up next week.” (Female smoker, 18-24 years)

“You hear it all the time, it won’t effect you now, but it will when you are older.” (Male smoker, 15-17 years)

Many older smokers of both genders agreed with this warning, but those aged 50+ years tended to believe it was too late for them, the damage had already been done. Therefore, older smokers were unlikely to internalise the warning. Instead, they considered it to be an important and relevant warning for younger people.

“There’s no doubt. I think there is so much evidence that smoking does do some damage, you have got to say it is right. But it is too late now for us .. That’s not a bad one if you are aiming at the youth market” (Male smoker, 50-70 years)

6.13 Environmental Tobacco Smoke

6.13.1 Your smoking harms others

This was a familiar warning but the majority of smokers claimed they do not smoke around non-smokers and therefore the warning lacks relevance to them personally. Non-smokers and some young smokers were most conscious of this message and it tended to have more impact on them.

There were also some smokers who were unperturbed about harming others, children and babies excepted, as they believed adults have a choice whether to be surrounded by cigarette smoke or not (“*if they don’t like it they can go elsewhere*”). Additionally, many older smokers commented that the warning was no longer relevant due to the current smoking laws, as smokers are restricted from smoking in most public places. In fact, many older smokers (50+) were resentful of the existing laws and felt they are persecuted because of their smoking. These smokers tended to deflect the warning.

“That one gets my back up. I’m a clean and polite smoker.” (Female smoker, 25-49 years)

“I look at it for my children. I don’t smoke around my children. Adults can get up and walk away if they don’t like it, children can’t.” (Female smoker, 25-49 years)

“I must be really selfish because I don’t care about other people.” (Female smoker, 18-24 years)

“Well if it’s not hurting me.” (Female smoker, 18-24 years)

“Who cares, they are the packets you are trying to get.” (Female smoker, 18-24 years)

“It is true but it depends who you are harming. Like you wouldn’t smoke in your dog’s face or something, or a little kid but... As long as we don’t know them.” (Male smoker, 15-17 years)

6.13.2 You’re not the only one smoking this cigarette

This warning was accepted as true, but most smokers rejected it as irrelevant, claiming they do not smoke around others. There were also some smokers who found the statement confusing as they took it too literally.

Many smokers also believed that smoking around others in an outdoor situation is unlikely to have an effect on others.

“If I’m outdoors and I’m not blowing my smoke onto other people, then I’m the only one smoking this cigarette.” (Female smoker, 25-49 years)

6.14 Parental Smoking

6.14.1 Warning for parents! Tobacco smoke harms children

The message was attention grabbing due to the “Warning for parents!” but many study participants commented that the warning should be made applicable to all smokers, not just parents. Those smokers who were not parents claimed that they would ignore the message because it was not directed at them.

“It’s also for people who aren’t parents. I try and justify why I smoke and as I’m not a parent I’d just ignore the message.” (Female smoker, 25-49 years)

Additionally, most people thought it was common knowledge that tobacco smoke harms children and claimed they tried not to smoke in the vicinity of children for this reason.

6.14.2 Protect children: don’t make them breathe your smoke

This health warning was considered more effective than the previous warning, as the focus is on protecting children. This warning was also interpreted as having a broader target audience than ‘warning for parents’ – it is applicable to all smokers.

Most claimed it was a natural instinct to want to protect children from the dangers in the world. Therefore the message had the potential to make them think about their behaviour and for those who do smoke in the presence of children, it was thought that it may motivate them to feel guilty about their smoking.

“I think that would send a lot of people outside of the home.” (Male smoker, 50-70 years)

Also, the warning appeared to convey the passive smoking message through the words “breathe your smoke”. Smokers thought children would be most affected by smoke in closed or contained environments and this warning may make some smokers reconsider smoking in such contained spaces when in close proximity to children.

6.15 Addiction/Dependence

6.15.1 Smoking is highly addictive

This was a familiar and accepted warning. Inclusion of the word “highly” was considered more powerful than merely “smoking is addictive”. Still, most smokers claimed there was nothing new about the warning - it was providing them with information they already knew and accepted.

“I think that is something you should find out before you start smoking really. Now, we are already addicted to it aren't we.” (Male smoker, 18-24 years)

There was also a sense of fatalism about the word “addiction” and some smokers appear to use their addiction as an excuse for not quitting – they claimed they are unable to quit because they are too addicted, they considered quitting far too difficult a task.

Many older smokers felt the warning was both relevant and important for young people taking up smoking or those thinking about taking it up. Smokers felt this warning needs to be imparted to people prior to becoming addicted, if it is to have any positive behavioural effect.

6.15.2 Tobacco is a drug of dependence

This warning had a positive response from study participants. Unlike “smoking is dependence forming” which was problematic in its interpretation, the take out from this warning was positive. It was regarded as a new expression of an old message (addiction) and it re-enforced that tobacco is a drug. In fact, for many study participants, the warning inferred that tobacco is in the same class as heroin and illicit drugs.

In this instance, dependence was also thought to suggest personal vulnerability and weakness, which is quite confronting for smokers. In fact, being dependent appears harder to admit to than being addicted, and as such, the warning was difficult to ignore. The use of the word ‘drug’ gives the message slightly more impact than just saying “dependence forming”. While, “dependence” is a more emotive way of saying smoking is addictive.

Most respondents accepted this warning as true and it had impact. However, there were some smokers who refused to believe tobacco is a drug of dependence, they claimed it was the additives and chemicals in the tobacco that they were dependent on.

6.16 Benefits of Quitting

6.16.1 Quitting smoking can improve your health

This message was applauded for its positive approach to the smoking issue. Many smokers appreciated the encouraging and supportive approach, describing it as “refreshing”. They claimed they become resentful when presented with messages that seemed to lecture them and as a result, found such warnings easy to reject and ignore.

“The doctor told me 2 weeks ago that if I gave up I’d add 10 years to my life...”

It’s giving a positive message.” (Female smoker, 50-70 years)

Use of the term “will” instead of “can” was suggested to give the warning added impact. Many study participants thought that this would make the warning even more positive and effective.

Younger smokers (15-17 years) responded positively to the warning, but some adolescents and 18-24 year old smokers indicated that this warning provides them with an ‘out’ for delaying quitting. They believed that they could prolong quitting because they will still receive health benefits if they quit at a later stage. The inclusion of the word “now” may help enforce the perceived immediate need to quit.

Older smokers (50+) were least likely to agree that quitting would improve their health. Although they responded positively to the warning if aimed at younger people, many older smokers believed that for them the damage had already been done, and they were sceptical of the health benefits they would achieve from quitting.

“Well that’s contrary to what we are being told. Because we are told once you have smoked the damage has been done... And if we have done the damage what is the point? We may as well enjoy life.” (Female smoker, 50-70 years)

6.16.2 Smoking kills you – Quit now

The words “smoking kills you” were perceived as the focus of the message and were considered direct and impactful. The inclusion of the word “you” also serves to personalise the message and makes it more difficult to ignore than “smoking kills”.

However, some found this health warning authoritarian and judgmental and they responded negatively as a result. Additionally, not all smokers accepted that smoking kills you. Some questioned the credibility of the claim because they considered it unlikely that every smoker dies from smoking.

*“It’s too demanding. I don’t like being told what to do.”
(Female smoker, 25-49 years)*

Younger smokers were least likely to internalise the message. They saw it as a future concern and claimed they have plenty of time to quit before then. Conversely, many older smokers (60+ years particularly) felt it was too late to quit, they were resigned to the fact that the damage has already been done.

Overall, this warning was not considered as encouraging as some of the more positive Quit warnings and as a result, it had considerably less impact on the target audience.

6.16.3 You CAN Quit smoking! Call the Quitline on 131 848

This warning was considered empowering for some smokers. It suggests that quitting is achievable and provides a call to action. However, it also provides positive re-enforcement that they can quit, and offers them support through the Quitline.

Study participants perceived this message as friendly, positive, non-judgemental and informative. It was thought likely to be effective for those thinking about quitting and although not all smokers who quit will use the Quitline, it is at least offering them a support mechanism.

“That’s helpful for those who want to quit smoking. (Male long term ex-smoker, 50-70 years)

“That’s encouraging. At least you know how to quit if you want to.” (Female smoker, 18-24 years)

“I think it’s quite effective because it plays on the back of people’s minds they should quit and once they see the number (on the pack) they might think to call.” (Male smoker, 18-24 years)

6.16.4 Quit Now – Be there for your kids

This is a powerful warning for parents as it does provide a strong motivation for quitting. Some older people 50+ years also commented that it is important to be there for your grandkids as well. While smokers without children suggested the warning would have broader relevance if it read “be there for your family”.

Some grandparents who were smokers were less receptive to the warning, as they felt there were many things that could prevent a parent from being there for their children. They also felt they were living proof that you didn’t need to quit smoking to be there for your kids. Still, aside from these older smokers, the warning seemed to impact on study participants, those with children particularly.

“That is a good message because we have children. It is something that makes you think well so what if I don’t quit now and I die at an early age and I won’t be there to raise my kids”. (Female smoker, 18-24 years)

6.17 Light and Mild Cigarettes

6.17.1 Light and mild are just as deadly

This was considered a relevant and important warning for light and mild packs. Many of the smokers involved in the study were aware that light and mild cigarettes are just as deadly but there were some who were of the impression that light and mild were not as harmful as ‘full strength cigarettes’.

Many people claimed that smokers switch to light and mild cigarettes as a stepping stone to quitting and some saw this warning acting as a barrier to this occurring. Some study participants who admitted they had cut down from 12’s to 4’s said they might as well start smoking 12’s again if it wasn’t doing them any good.

Additionally, a few study participants who smoked “lights” were reluctant to accept the message as their experiences dictated to them that it wasn’t true - they had found when they smoked a stronger cigarette the physical effects were more salient. The explanatory message does seem to provide an adequate explanation for the warning, and in combination with the explanation, the warning tended to be accepted. This warning had more impact on females than males.

6.18 Smoking Tobacco is a Leading Cause of Death

6.18.1 Smoking damage – the leading cause of death

Independent of the explanatory message (graph), the credibility of this warning was questioned by many, particularly older smokers. However, in combination with the explanatory graph, the warning is potentially very effective.

Younger smokers were most concerned by the warning and more readily accepted it as fact, but many teenagers still felt it was a long way into the future and they could quit before doing too much damage. Older smokers were typically more cynical (50+ years particularly), and some questioned the legitimacy of this claim.

However, when the graph was shown, most smokers accepted the message and were shocked by the statistics. They found the graph confrontational and the statistics difficult to refute. Even the most cynical smokers were forced to concede the warning may be true, but they indicated the statistics needed to be referenced before they would accept the claim entirely.

6.18.2 Smoking kills

This was a familiar warning that some smokers found confrontational. However, there were many, especially younger smokers, who failed to personalise this warning as they did not believe it was an immediate concern.

There were also others who claimed the statement was too definitive and they rejected it as lacking credibility - “not all smokers die from smoking”.

6.19 Chemicals in Tobacco Smoke

6.19.1 Tobacco smoke contains more than 4,000 chemicals

This warning had significant impact on the target audience as most people were shocked by the 4,000 chemical claim. Also, regardless of whether or not they accepted it as true, study participants were forced to contemplate the prospect and therefore the warning was thought provoking.

Some smokers accepted the warning as fact and they found it extremely concerning that 4,000 chemicals are entering their bodies every time they smoke a cigarette. The warning made smokers consider what is actually in all those chemicals - it was considered a more effective way of conveying that cigarette smoke is toxic.

Many smokers admitted they found the warning confronting. They claimed they did not want to think about what ingredients are in cigarettes and the warning forces them to consider this. However, it was suggested that the “4,000 chemicals” should be described as “harmful” or “dangerous”, as some study participants commented that not all chemicals are damaging.

As with most warnings, there were some sceptics (typically older smokers), and they claimed the warning would have more impact on them if it named some of the chemicals e.g. “more than 4,000 chemicals including...” Smokers of roll your own cigarettes or “chop chop”, were less affected by the message as they tended to assign the claim to manufactured cigarettes.

6.19.2 Danger! Tobacco smoke is toxic

This warning was not considered nearly as effective or meaningful as the previous warning (“4,000 chemicals”). However it did have limited effect.

The use of the words “danger” and “toxic” were considered attention grabbing, and “toxic” was perceived as considerably more impactful than “poison”. Despite this, there were smokers who claimed many things are toxic, and others who could not accept that “tobacco” is toxic (they were convinced it is the additives in cigarettes that cause toxicity).

7. Explanatory Messages: Cigarettes

7.1 Overall Reactions

On the whole, study participants exhibited positive responses toward the explanatory messages.

Most of the messages were accepted as presented in a factual, rational manner that was difficult to reject. In particular, messages that were short and concise, used statistics, focused on salient health concerns, and were descriptive, elicited the most positive response.

Study participants admitted the explanatory messages were informative, and many of them were considered impactful. In fact, the explanatory messages reinforced non-smokers' and ex-smokers' decisions not to smoke.

The Quit information included in each of the messages was also well received as it was commented that it provides smokers with several options on how to quit: doctor, pharmacist, web site, and telephone. Those smokers who were considering quitting appreciated this information, while others indicated the information acts as a constant reminder to quit.

Additionally, there was an expectation that the web site and the telephone number/Quitline, would be able to provide further information and evidence on the claims being made in the explanatory messages, if desired.

However, despite the overall positive reactions to the explanatory messages, there were some messages that were considered unsuitable for inclusion on cigarette packs because of their perceived niche target audience and often sensitive subject matter. (For example, the Sudden Infant Death Syndrome explanation.) Other distribution channels were suggested as possibly more appropriate for delivery of these messages (e.g. obstetric clinics; women's health centres; baby health centres; doctor's surgeries).

7.2 Explanatory Messages

7.2.1 Lung Cancer

9 out of 10 lung cancers are caused by smoking. Every cigarette you smoke increases your chance of getting lung cancer. Most people who get lung cancer, die from it.

This explanatory message was positively received and considered informative. The use of figures or statistics added credibility to the message and study participants found it a difficult explanation to refute. Also, despite the recognised link between lung cancer and smoking, the actual figure “9 out of 10 lung cancers” was a surprise to many and as a result had considerable impact.

“9 out of 10 is a lot.

*And most people who get it die from it is pretty harsh.”
(Female smokers, 18-24 years)*

This message serves to weaken the excuse that non-smokers die from lung cancer and many study participants found it confronting, particularly the last sentence: “Most people who get lung cancer, die from it”. Additionally, many people thought the mention of “every cigarette you smoke” suggested that the next cigarette could be the one that gives you lung cancer. Overall, this message was very difficult for smokers to ignore or deflect.

7.2.2 Other Lung Diseases

Every cigarette you smoke damages your lungs. Smoking causes serious lung diseases such as bronchitis and emphysema.

This message was not considered to be as strong or impactful a message as the lung cancer message above. Most study participants readily agreed that “every cigarette you smoke damages your lungs” and it was also conceded that smoking can cause serious lung diseases.

However, few people considered Bronchitis as serious a disease as Emphysema, and the mention of Bronchitis in this context actually reduced the overall impact of the message. Despite acknowledging that Bronchitis can be serious, most study participants considered Bronchitis a general type of illness experienced by smokers and non-smokers alike. Therefore, because many smokers questioned the severity of Bronchitis, those with limited knowledge of Emphysema tended to also question its seriousness.

It is suggested Bronchitis be removed from the message and another example of a serious lung disease be included, or that Emphysema be made the focus of the message and more information be provided about Emphysema.

7.2.3 Heart Disease

Smoking can clog the arteries in your heart. This can cause heart attacks and death.

This explanation was accepted as informative and descriptive, whilst remaining concise and to the point, which was appreciated. However, some smokers requested more information about heart disease, such as statistics concerning the percentage of smokers who develop heart disease.

Heart attacks were a fear of many middle-aged males, but were of little concern for younger smokers, as they perceived heart problems as primarily affecting older people.

7.2.4 Stroke

Smoking can clog the arteries in your brain. This can cause you to have a stroke. A stroke can cause disability or death.

This explanation was appreciated for being concise, informative, descriptive, and rational. Some study participants were unaware that stroke is actually linked to the brain, perceiving it as heart related, and therefore they found this explanatory message informative.

Stroke was a concern for many middle aged smokers, males especially. In terms of the impact of stroke, disability was more of a concern than death, while paralysis was another common concern. Therefore, it was thought that paralysis should also be mentioned in the message.

7.2.5 Other Cancers

Smoking not only causes lung cancer but also increases your risk of developing cancer in other parts of your body. Smoking is a major cause of head and neck cancers and a risk factor for bladder cancer.

This explanation was considered informative, with many study participants admitting they were unaware of these cancers in relation to smoking. Few had heard of head and neck cancers, and given that the explanation describes smoking as “*a major cause*” of these cancers, study participants did express concern over them.

Bladder cancer had less impact because it was described as a risk factor rather than a cause, and therefore, study participants found it easier to ignore. Many smokers were surprised that smoking could affect the bladder in this way and indicated they would need further explanation before they accepted this as fact.

Overall, for these other cancers to have more credibility it was thought further explanation was required on the role of smoking in their formation. In particular, it was difficult for people to understand how smoking could cause cancer in parts of the body that do not come in direct contact with the smoke (e.g. the bladder).

7.2.6 Peripheral Vascular Disease

Smoking damages your blood vessels, which can prevent blood circulation to your hands and feet. This can result in infection, gangrene and amputation.

This message was considered informative because it defines peripheral vascular disease, a condition most study participants were previously unaware of. Infection, gangrene and amputation were considered powerful images, each one defining a more serious effect, and these images had considerable impact on the target audience.

It was also suggested that blood clots be included in the explanatory message as many people linked blood clots to poor circulation, expressing concern about this possibility, particularly in relation to flying (deep vein thrombosis).

7.2.7 Eye Disease

Tobacco smoke causes macular degeneration, an irreversible and leading cause of blindness in Australia. Smokers are also more likely to develop cataracts.

This explanation was considered informative as it manages to explain the link between blindness and smoking, thus providing credibility for the warning label.

However, the mention of cataracts within the message was considered less relevant and less of a concern. Study participants perceived cataracts as an affliction mainly suffered by older people, regardless of whether they smoked. Additionally, it was commented that cataracts are not that serious - unlike blindness, they can be removed or treated.

Blindness was more of a fear because of its permanency, and the word “*irreversible*” helps emphasise this.

7.2.8 Mouth/Oral Disease

Smoking causes oral cancers which can form on the tongue, the gums, the floor of the mouth or the lips. Smoking can also lead to serious gum disease and tooth loss.

This message was considered effective, largely due to the descriptiveness of the explanation, and most study participants accepted it as true. The descriptive nature of the message conjured up graphic images of unattractive, disfiguring problems with the mouth, including cancer, and this had significant impact.

*“The fact that it’s in your mouth it’s a lot easier to envisage it. I don’t know what my lungs look or feel like.”
(F25-49)*

Young people were particularly affected by this explanatory message. They expressed concern over any effects from smoking that have the potential to adversely influence their physical appearance. Teenagers expressed most concern, commenting that they did not want to look ugly, and if their mouth or their lips were disfigured, nobody would want to kiss them.

*“It bothers me because I’ve never heard of it and it’s pretty disgusting, it’s on your mouth and it’s what people see.”
(Female smoker, 18-24 years)*

“I like my mouth. I wouldn’t be able to eat, talk or smile. It affects your appearance.” (Female smoker, 18-24 years)

Older smokers also acknowledged that mouth cancers occur as a result of smoking. They considered it one of the more common diseases associated with smoking and many expressed concerns about the possibility of developing mouth cancer. However, some older smokers questioned the gum disease and tooth loss claims, and they said failure to brush or eating too many sweets were more likely causes.

Finally, it was suggested that this explanatory message could also make mention of throat cancer. Throat cancer is a condition many people were aware of and there was a tendency for smokers to think of the throat in relation to the mouth.

7.2.9 Pregnancy

Smoking during pregnancy reduces the flow of blood in the placenta and limits the nutrients that reach the growing baby. This increases the risk of stillbirth, premature birth, the baby having a smaller brain and body and sudden infant death syndrome.

This was considered a powerful message and one that few women rejected. Most aspects of the explanation were considered plausible and accepted as factual. In fact, the message was praised for providing a detailed explanation of how smoking affects unborn babies.

“I think when you are looking at another life you have got to try and stop it because we know it does do some damage.” (Male smoker, 50-70 years)

However, many study participants questioned the SIDS link and felt it was not explained adequately. There were also some older female smokers who expressed cynicism about the entire message as they had smoked throughout their pregnancies and had delivered healthy weight babies without any side effects.

Babies of mothers who smoke are born with weakened lungs and have to work harder to take each breath. These babies find it harder to fight infections, may have learning problems later in life, or die of sudden infant death syndrome.

This message was not considered as effective or impactful as the previous pregnancy message. While aspects of the message were accepted, other aspects were questioned or refuted.

The focus on “babies” from the beginning of the message did grab the attention of study participants, and the explanation about babies having to “work harder to take each breath” created a powerful visual image. However the link with SIDS was questioned. Many study participants claimed they would require more information before they were willing to accept this as true, and some people also questioned the credibility of the claim that babies of mothers who smoked during pregnancy may have “*learning problems later in life*”.

Every time you smoke when you are pregnant you subject your unborn baby to the thousands of dangerous chemicals in tobacco smoke. Nicotine increases an unborn baby’s heart rate and breathing movements. Some of the chemicals passed on to the baby through the mother’s blood are known to cause cancer.

This explanatory message had limited impact when compared with the other explanatory messages about pregnancy. Study participants commented that the message was plausible, but it was not as effective or comprehensive as the preceding pregnancy explanations.

However, the first sentence of this explanation was impactful, as most study participants considered it incomprehensible that a pregnant mother could knowingly subject her unborn baby to “*the thousands of dangerous chemicals in tobacco smoke*”. Additionally, many people commented that (unlike the health warning that mentions “*4000 chemicals*”), this explanatory message refers to the chemicals as “*dangerous*” therefore making this part of the message difficult to ignore.

It seemed plausible that nicotine increases a baby's heart rate and breathing, and the last sentence was considered informative without being implausible. Rather than saying the chemicals will cause cancer, it says, "are known to cause cancer", which indicates there is a chance they may not.

7.2.10 Impotence and Fertility

Smoking can increase your risk of sexual impotence due to decreased blood flow to the penis. This can prevent you from having an erection. Smoking can also decrease your fertility.

This explanatory message received mixed reaction from the target audience. Female study participants were of the belief that the explanation would certainly affect males, and younger males did seem to be concerned about it, but older males tended to disregard impotence in this context, as untrue or very rare.

For many males, the explanation did make the impotence warnings easier to believe, because of reference to "*decreased blood flow to the penis*". However, it was thought that people with blood pressure problems or poor circulation not caused from smoking would be just as likely to experience impotence. Alcohol was mentioned as a factor more commonly known to cause impotence, as was diabetes.

Additionally, study participants commented that the mention of fertility within the explanation seems an afterthought, and as a result, they treated it as such. They wanted more information as to how smoking affects fertility to give the message credibility.

If you smoke you can reduce your fertility and reduce your chance of becoming pregnant. Smoking can also decrease the fertility of your partner.

Many study participants commented that this message was only directed at those people wishing to start a family, and if they did not categorise themselves in this way, they did not perceive the message as relevant. Additionally, some people were confused who this message was targeting: males, females or both? While, there was also a level of confusion about the explanation because it does not clarify how your partner's fertility can be decreased.

As a result, this explanatory message had limited impact on the target audience. Women planning to start a family expressed concern over the link between smoking and a decrease in fertility, but typically, these women claimed they intended to give up smoking prior to becoming pregnant, because of the effects on the baby when pregnant.

In regard to younger female smokers, it was suggested by some older women that female adolescent smokers could find this explanation appealing (i.e. use smoking as a form of birth control), and some teenage girls did make jokes to this effect.

7.2.11 Smoking and the Skin

The tobacco smoke you inhale and the tobacco smoke in the air can damage your skin. This can result in dry skin, wrinkles around the eyes and premature ageing of the skin.

Despite accepting this explanation, few study participants considered it impactful or personally relevant. There was a belief that so many things contribute to damaging the skin, causing wrinkles, dry skin and premature ageing, that smoking cannot be claimed to be solely or even largely responsible.

Aside from those women who expressed concern about premature ageing, most study participants did not consider the types of skin damage that are listed within the message to be of real concern.

7.2.12 Effects of Smoking on the Body

Every cigarette is doing you damage whatever your age. Adolescent smokers cough more than adolescent non-smokers and experience more bronchitis, shortness of breath and asthma. Smoking at an early age increases your risk of lung cancer.

This message had relevance to the teenagers involved in the study and it was recognised as specifically targeting them. Many agreed with the explanation, indicating that they did experience more shortness of breath and asthma; however, bronchitis was considered to be something most teenagers suffered from at one time or another.

Still, the claim that “*smoking at an early age increases your risk of lung cancer*” had the greatest impact on adolescent smokers. This was of definite concern to the teenagers involved in the study. They were able to deflect many of the other explanatory messages and health warnings - claiming the said diseases or effects of smoking were too far into the future to worry about – but they found it difficult to ignore this explanation because it focuses entirely on teenagers and the risks of smoking at an early age. Therefore, the message was not only confronting, but it challenged their perceptions of smoking damage as only occurring in older, long-term smokers.

Some study participants suggested including statistics with the message, to indicate by how much the risk of lung cancer is increased if you begin to smoke at an early age.

Tobacco related illness can begin at any age. Cancers may begin to occur in smokers in their 30's. 73% of deaths from coronary heart disease among people aged 35-44 are due to smoking.

This was considered a powerful explanatory message, as the statistics are effective and difficult to refute. Most were shocked by the fact that “*cancers may be occurring in smokers in their 30’s*” and that such a high percentage of deaths from coronary heart disease amongst people aged 35-44 years are caused by smoking.

This message had most impact on those within the 35-44 year age category, but it also effected some younger people. For those within the age category, the message concerned them because it is directly targeting them.

“As soon as you see it in writing it starts to hit you, because it is your age, or near your age.” (Male smoker, 25-44 years)

However, people aged in their 20’s and even some teenagers expressed concern because it made the serious effects from smoking seem closer than they had perceived them to be.

7.2.13 Environmental Tobacco Smoke

When you smoke cigarettes you expose those around you to environmental tobacco smoke (ETS). This smoke is dangerous to health, particularly for children and those with asthma. Long term exposure to ETS can cause death from lung cancer and other diseases.

This explanatory message had limited impact, as most study participants either did not understand what ETS is or they did not perceive ETS to be a serious issue. They were distracted and confused by reference to the environment. Once the term was understood, smokers did concede that passive smoking can cause lung cancer and other diseases, and that it is dangerous to health. However, they did not tend to relate environmental tobacco smoke to passive smoking.

The use of the acronym ETS was also questioned. It was considered more meaningful to use the full term rather than an acronym. However, passive smoking was a better descriptor and likely to be more readily understood, as well as having more impact.

7.2.14 Parental Smoking

Smoking around your children exposes them to environmental tobacco smoke. Breathing this smoke can cause your children to have health problems such as respiratory illnesses, middle ear infections and asthma.

Study participants were generally concerned about the effects of passive smoking on children so this explanation had more relevance and impact than the previous ETS message. However, again, use of the term “environmental tobacco smoke” was confusing to many people – passive smoking was a more widely accepted term.

There were some parents who smoked and who claimed this message had no relevance to them, as they did not smoke around their children. While some mothers who smoked (typically older women), were in denial about the health effects of passive smoking on their children.

It was commented that this message is quite “long winded” and it would be more effective if it was more concise.

Parental smoking is a risk factor for Sudden Infant Death Syndrome (SIDS or cot death) particularly if the mother has smoked during pregnancy.

Study participants responded positively to the brevity and concise nature of this message but many smokers challenged the claim that there is a link between smoking and SIDS. Many other factors were raised as increasing the risk of cot death (e.g. baby’s position when sleeping).

It was thought that the message failed to validate the claimed link between SIDS and smoking, or to explain why parental smoking is a risk factor. It was felt that this link needed to be substantiated with some proof - a clear explanation of how it is so, and when this link was discovered.

Some younger smokers without families were more inclined to accept the explanation, and they considered the link between SIDS and parental smoking a real concern. However, they also felt the message would have more impact if the link between smoking and SIDS was explained further.

7.2.15 Addiction/Dependence

When you smoke you inhale the drug nicotine. Regular use of cigarettes results in a dependence on smoking to get a dose of nicotine. About 8 out of every 10 people who try smoking become dependent on nicotine.

Most study participants accepted this explanation, but some felt the second sentence could be deleted for brevity. The high proportion of people that become addicted (8 out of 10) surprised most study participants and it was thought the figure serves to illustrate how addictive nicotine actually is. However, there were those that rejected the figure as unbelievable, arguing that many people try smoking and do not continue.

This explanatory message was perceived as relevant for people considering taking up smoking, but for smokers themselves, the message was thought to be lacking in relevance as they were already addicted (it was considered too late).

7.2.16 Benefits of Quitting

Quitting smoking at any age has benefits for your health. After quitting your body immediately starts to recover and your risk of serious disease declines over time.

Most study participants accepted and agreed with this explanation. It is a positive take on the Quit message and people thought it would act as incentive for anyone who is considering quitting.

However, there were some smokers, younger smokers particularly, who felt the statement was conveying that the body recovers very quickly. As a result, they perceived there was no need to quit immediately - if they continued smoking and quit sometime in the future, they assumed their bodies would still recover quickly.

There were other smokers, typically some older smokers, that interpreted “*declines over time*” as inferring it will take a long time for the risk of serious disease to decline, and therefore, they felt there was little incentive to quit if they had been smoking for most of their lives. There was a perception that it would take too long for the risk of serious disease to decline and for the health benefits to become evident.

7.2.17 Light and Mild Cigarettes

Cigarettes labelled as ‘light’ or ‘mild’ are not safer, healthier or less addictive than regular cigarettes. When you smoke these cigarettes you may inhale more deeply or smoke more to obtain your usual dose of nicotine. The only way to reduce the health risks of smoking is to quit.

This explanatory message had a positive response as it was considered a clear and simple explanation about light and mild cigarettes and why they are unsafe.

The only criticism of the message was that the final sentence was considered to lack impact. It was suggested by some study participants that a stronger statement be developed, perhaps highlighting the fact that light and mild cigarettes are equally responsible for causing the health effects described in other messages.

7.2.18 Smoking Tobacco is a Leading Cause of Death

No text – graph contrasting causes of death by car accidents, murder etc with tobacco.

Most study participants applauded the use of a graph to illustrate that tobacco is a leading cause of death. A visual depiction rather than a written explanation was considered refreshingly different, and many people admitted they would be more likely to look at a graph than read an explanation. A graph was considered harder to ignore, whilst being appropriate for all target groups of smokers (i.e. teenagers, NESB, illiterate etc). Many study participants commented that “*a picture is worth a thousand words*”.

“No-one sits down and reads a pack of smokes but if you see a graph it might make you look at it, something different.” (Male smoker, 25-49 years)

The statistics within the graph were confronting and shocking for the majority of study participants. When presented with such figures, it was difficult to deny the harm caused by smoking.

There were some hardened smokers who expressed cynicism over the legitimacy of the statistics. However, many smokers commented that if the source of the statistics was referenced, the statistics themselves would be difficult to refute.

7.2.19 Chemicals in Tobacco Smoke

Tobacco smoke contains over 4,000 chemicals, many of which are toxic and cancer causing. When you smoke, these harmful substances enter your lungs and spread through your body. They can reach your brain, heart and other organs within 10 seconds of the first puff.

This explanatory message was considered both relevant and informative, and it seemed to have considerable impact on the target audience.

The fact that tobacco smoke contains “over 4,000 chemicals” was a shock to most people. However, the part of the explanation that seemed to inspire most response, was the final sentence explaining that the chemicals “*reach the brain, heart and other organs within 10 seconds*”. Many smokers conceded this was likely to be true and that it would explain the head rush they often get when they take the first puff; while others, were shocked by this information, claiming they had no idea tobacco could affect the internal organs such as the heart and brain.

Almost all smokers found the information contained in this message highly concerning and difficult to ignore, but some thought the message could be shortened whilst retaining the same level of impact. It was suggested the second sentence could be removed, and the explanation could simply state: “*these harmful substances can reach your brain, heart and other organs within 10 seconds of the first puff.*”

This message had an effect on almost all study participants, aside from those who did not smoke pre-made cigarettes. Those who smoked “rollies” (older men mainly), were unconcerned as they felt there were few chemicals in loose tobacco. Similarly, there were some study participants who smoked “chop chop” (allegedly pure tobacco with no additives, straight from the farm), and they claimed it was completely free from chemicals.

8. Top of pack warnings - Cigarettes

8.1 “Government health warning: SMOKING KILLS”

This is a very direct and confrontational warning, however, as the message already appears as a warning on cigarette packs, there was some evidence of ‘wear out’. Also, many smokers failed to internalise the message, younger smokers particularly – they perceived smoking was only likely to kill older people who had been smoking all their lives.

There was an assumption that the law requires the words “Government health warning” be included in the warning and as a result people were resigned to this, but it was commented that inclusion of “Government” adds nothing to the warning, and many smokers objected to its inclusion on the pack.

Those who objected to the word “Government” claimed they did not necessarily trust the Government, and felt these words were politicising the warning. Some also commented that it was hypocritical of the Government to be warning people about the effects of smoking when they are making so much money from cigarettes. Others claimed that it was irrelevant whether the warning was a Government health warning, or simply a health warning.

These comments were similarly made in relation to the second top of pack warning discussed below, and as such, have not been repeated.

8.2 “Government health warning: Every cigarette is doing you damage”

Most study participants accepted this message as true and considered it relevant for inclusion on the top of the pack. It was commented that even if you are only planning to smoke one cigarette, the message re-enforces that it is doing you damage. As a result, the message has more immediate impact than “smoking kills” and it was perceived as relevant to all smokers, regardless of age or length of time having smoked.

“That freaks me out and if you’re about to get a cigarette you’d look at it and see that every cigarette is doing you damage.”

You relate that to the ad and visualise what’s on the ad.”
(Female smokers, 18-24 years)

“You think ‘kills who? It’s somebody else’, whereas [every cigarette is doing you damage] every single one is hurting you.” (Female smoker, 50-70 years)

The link to the campaign was also effective as people were reminded of the television commercials and the different images that have impacted on them (the heart, the lung, the eye, the brain etc).

“Ever since that commercial came out with the girl sitting on the lounge, I think ‘Do I really want this one?’ and I put it back in the pack and think at least the pack will last me a bit longer.” (F25-49)

Again, this warning is a familiar message and therefore there was some evidence of wear out, but the benefits of the warning far outweighed the fact that smokers were familiar with the message.

9. Graphics

9.1 Overall Reactions to the Concept of Graphics

The graphics received a very positive response from study participants. In fact, many people spontaneously raised the notion of incorporating graphics on cigarette packs.

The graphics that were most powerful and effective were the premature baby; the graph; the peripheral vascular disease images; and the images of the eye.

There was a perception that the graphics give the health earnings more credibility and impact because graphics were said “to speak louder than words”. However, the graphics were also considered important because they enabled study participants to visualise the health problems associated with smoking. For instance, very few study participants were aware of peripheral vascular disease, but the graphics provided a visual explanation of the effects of this disease. Additionally, the graphics acted as a reminder or re-enforcement for those smokers who have known people suffer some of these diseases.

The graphics themselves were considered confronting and more difficult to ignore than the written messages. People commented that although you can choose not to read a written message, it would be hard to ignore an image on the front of the cigarette pack. In fact, even the most hardened and cynical smokers (50-70 years) found the visuals difficult to ignore and admitted they affected them. However, for the graphics to have long term impact it was considered important that new graphics (and warnings) are continually being introduced to prevent wear out.

Some study participants also questioned whether the graphics would increase the cost of cigarettes.

The graphic images in combination with the health warnings and explanatory messages are likely to raise the salience of health concerns relating to smoking, and it is possible that the graphics may encourage some smokers to consider quitting.

It was clear from the reactions of study participants that the graphics will also be too confronting for some smokers (there were smokers who found it difficult to even look at the graphics during the research). Some study participants indicated they would purchase cigarette cases to carry their cigarettes to avoid looking at the graphics, while there were others who claimed they would buy pack covers or they would transfer their cigarettes into a packet with a non-confronting image on the front of it.

As with the existing health warnings, there were smokers that simply claimed they would pick and choose which packs they bought, selecting the packs with the less disconcerting images and warnings. (This option was not a consideration in Victoria).

There was also a perception amongst some older smokers that teenagers would begin to collect the packs like collector cards – aiming to collect the entire range of graphic images. Some of the teenagers involved in the study confirmed that this was likely to be the case, particularly amongst younger, less mature males.

9.2 Specific Graphics

9.2.1 Lung Cancer (Graphic 1)

This is an effective lung cancer graphic. Lung cancer was a major concern for many smokers and although not all could recognise the image as a lung, they were able to identify the growths as foreign.

Some people, especially teenagers and 18-24 year olds, indicated they recognised this image from one of the TV commercials and it had increased impact for them as a result - they were more likely to identify the image as depicting a lung.

9.2.2 Lung Cancer -Woman in Bed (Graphic 1A)

This graphic had considerable impact on most study participants. They conceded the woman featured in the image seemed to be suffering, and smokers commented they did not want to end up in this position. The pain that was evident in the woman's face affected smokers of all ages and it actualised a real fear many people have of dying a painful death. Some women felt she was looking straight at them pleading that they not follow in her footsteps.

However, despite the suffering depicted through the image, there were some smokers who claimed the woman's suffering may not necessarily be smoking related and that she could have been hospitalised for a range of other reasons. The impact of the graphic was less for these smokers.

9.2.3 Other Lung Diseases - Diseased Lung (Graphic 2)

This graphic had varying levels of impact on the target audience. Some people found the image "gruesome" and believed it clearly depicts a damaged, blackened lung. They were most likely to be affected by the graphic and were more likely to personalise it.

Others did not recognise the image as depicting a lung and commented that it could be a "gruesome" image of anything. These people could not relate the image to a part of their own body and they were far less likely to be affected by the graphic as a result.

9.2.4 Other Lung Diseases - Man on Life Support (Graphic 2A)

This was not considered a meaningful smoking related image and as a result had limited impact. Given that the image depicts a person lying in a hospital bed, comparisons were made with graphic 1A and this image (2A) was found lacking.

The failure of the image to impact on the target audience was largely due to it not being personal or confronting. Rather than staring directly at you, the person is lying with their eyes closed and the suffering they are experiencing is not physically evident. As a result, the graphic was not considered emotive and this made it easier to deflect. Some people commented the person could be on life support from a car accident or a range of other conditions aside from smoking.

9.2.5 Heart Disease – Aorta (Graphic 3)

This image strongly affected those who recognised it as linked to the TV commercial, while others had mixed reactions to it. However, a clear depiction of an aorta, excluding the copy and other imagery within this example, is likely to have a significant impact on the target audience.

9.2.6 Heart Disease - Diseased Heart (Graphic 3A)

This image had shock value, both for those who recognised it as a heart and for those who did not. Smokers who thought the image was a rotting heart destroyed by smoking, found the image gruesome and frightening, many of them internalising it. Those who were unable to recognise the image as a heart also found it confronting and frightening, but they were less likely to personalise it due to their inability to determine what it is.

9.2.7 Stroke (Graphic 4)

The brain image is an effective graphic of an internal organ. Overall, people found it difficult to ignore, as it is easily recognisable as a brain. This graphic also re-enforces that stroke is caused in the brain and some people were not aware of this, thinking stroke is heart related.

Many recognised the brain from the TV commercial and this meant it had increased impact for them. Some also suggested that a visual of a stroke victim would have high impact.

9.2.8 Other Cancers - Cigarette Man (Graphic 5)

This graphic had little impact among study participants. A ‘cigarette person’ was thought to be frivolous, and the intended message (to inform smokers of the other cancers that can affect the body) is lost.

9.2.9 Other Cancers - Stomach Cancer (Graphic 5A)

This graphic had limited impact on the target audience. Although some people found the image disturbing most found it indistinguishable as a body part and therefore were able to disregard it.

9.2.10 Peripheral Vascular Disease – Foot (Graphic 6)

This was one of the most powerful graphic images in the research. Study participants recognised it as clearly a diseased foot and most smokers personalised the image, imagining the disease affecting their own body in this way.

The image also had impact because it clarifies what peripheral vascular disease is. Most were unaware of peripheral vascular disease prior to the research and this image in combination with the explanatory message tended to inform as well as horrify people.

9.2.11 Peripheral Vascular Disease – Leg (Graphic 6A)

This graphic was also thought to have high impact, making peripheral vascular disease seem a frightening, horrific prospect. In fact, some people were more affected by this graphic than the last, because it looked as though the disease had eaten through to the bone. However, there were some people who were unsure how the graphic was illustrating a blood circulation problem and it was thought a more definite image/link might help.

9.2.12 Peripheral Vascular Disease - Blood Clots (Graphic 6B)

The concept of blood clots resulting in loss of fingers was impactful. However, the example graphic was unclear and difficult to comprehend. A clear image depicting loss of fingers due to blood clots has the potential to be very effective. The thought of losing fingers due to smoking was clearly concerning to study participants.

9.2.13 Eye Disease - Yellowed Eye (Graphic 7)

This image was considered very effective. It frightened and disturbed most people and many smokers personalised the image, imagining it as their own eye.

A few recognised the eye as suffering from cataract while others thought the person had gone blind.

9.2.14 Eye Disease - Red Eye (Graphic 7A)

This eye had even more impact than the previous eye graphic, largely due to the redness of the eye - perceived as bloody and aggravated. This was a very effective image as the eye not only looked diseased but it appeared painful. The image also reminded many young people of the TV commercial featuring the eye and this made it more meaningful.

9.2.15 Eye Disease – Retina (Graphic 7B)

This graphic failed to impact on the target audience because the two images were not recognised as part of an eye and some did not know what a retina is.

However, smokers thought the concept of using before and after photos could be effective for images that are hard to identify (e.g. internal organs) as it could illustrate how the diseased organ differs to the healthy one.

9.2.16 Mouth/Oral Disease (Graphic 8)

This graphic had high impact and was personalised by smokers across all age groups. Many, especially young people, were “repulsed” and shocked that smoking could cause that extent of damage to the mouth and teeth. Again, due to the focus on the external/physical appearance, females exhibited most concern.

Some suggested a graphic of mouth cancer might have even greater impact, or mouth cancers could be included in the graphic used.

9.2.17 Pregnancy - Woman Smoking (Graphic 9)

This image received mixed reaction. Most agreed smoking when pregnant is ill advised and many reacted angrily to the image, but it was thought likely to be an image that preaches to the converted.

The image was also recognised as potentially having a narrow target audience. It was considered likely that the image would only impact on pregnant smokers, if it was to impact on anyone. Additionally, some study participants suggested that the visual might be condoning smoking during pregnancy.

9.2.18 Pregnancy - Premature Baby (Graphic 9A)

This was an emotive and powerful image. It affected males and females of all ages, including women who had smoked during pregnancy and claimed it did not harm their children.

A further benefit of this image is that, although it is specifically targeting pregnant women, it has the potential to impact on the broader target audience. Many smokers claimed they would be uncomfortable smoking with this image on the pack.

9.2.19 Impotence and Fertility - Limp Cigarette (Graphic 10)

Primarily, this image was perceived as humorous. While it was considered a clever way of depicting impotence, it is unlikely to be taken seriously on a cigarette packet. Many study participants, particularly younger people, claimed they would be happy for this image to appear on cigarette packs, as it would simply make them laugh.

9.2.20 Impotence and Fertility - Couple in Bed (Graphic 10A)

This graphic had even less impact than the preceding graphic, as the image was considered far too general, there was no clear link to smoking and impotence. Most study participants commented that a range of other factors could result in the situation depicted.

9.2.21 Environmental Tobacco Smoke – Ashtray (Graphic 13)

This graphic was not considered relevant to the ETS message. It fails to convey how a lit cigarette can affect others. The word “environmental” also confused people. Many associated environmental with littering (cigarette butts strewn on the ground), rather than the effect of tobacco smoke on the environment, and this image re-enforced that misconception.

9.2.22 Parental Smoking - Premature Baby (Graphic 14)

Again this graphic received strong reactions from the target audience but it was considered less relevant in a parental smoking context. Many perceived parental smoking as referring to the effects on children after they are born, and therefore it was thought more appropriate if the child depicted in the graphic was a toddler or an older child.

9.2.23 Addiction/Dependence – Ashtray (Graphic 15A)

This graphic had limited impact, although the image was considered more relevant for an addiction and dependence message than for ETS. Even so, it reminded smokers of a lazy or ‘dirty’ smoker, rather than illustrating the addiction and dependence message.

There were also some positive associations with this image – an ashtray acts as a cue for some smokers to smoke, while it reminded others of a “good” night out at the pub or at a party.

9.2.24 Smoking Tobacco is a leading cause of death – Graph (Graphic 18)

The graph was positively received and commended for its fresh approach - providing information through visuals. The statistics within the graph were difficult to ignore, and most were stunned by the relative dominance of tobacco as a cause of death.

Many smokers who had doubted the message and/or explanation were convinced by the statistics provided in the graph. They found it difficult to refute that tobacco is a leading cause of death when faced with the figures. However, there were some smokers who requested the source of the figures be referenced.

9.2.25 Chemicals in Tobacco Smoke - Hydrogen Cyanide (Graphic 19)

This graphic had limited effect. It relies on words for impact and most did not know what hydrogen cyanide is, or how it affects health.

10. Appendix

- Discussion Guide
- Graphics
- Results of self-completed questionnaires

10.1 Discussion Guide: Tobacco Labelling

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

1. **Show “Health Problems/Diseases” form – record individual responses**
2. **Show “Health Warning Labels” form – record individual responses**
3. **Introduce Proposed Health Warnings (Rotate)**

Gauge reactions to the proposed options for the new health warnings in terms of:

- Generate initial reactions
- Reaction to strength, length, tone, content of warning
- Are participants able to personalise/internalise warnings?
- What kind of response is generated? (Range of behaviours)
- Persuasiveness – are they likely to be influential upon behaviour, in particular to increase and reinforce awareness of the negative health effects of smoking, to quit smoking or to stay quit? Why? Why not?
- What behaviours do the warnings elicit?
- Overall comprehension – are they easy to understand, is the information reliable? Any comprehension difficulties?
- Believability – Are they truthful, personally relevant? Explore
- Memorability - reasons they are or are not memorable.
- Information – are they interesting and informative? Helpful? Why/why not?
- Do the labels raise the salience of health concerns?

- Which health topics/issues to do with smoking are smokers most concerned about? Why?
- Which issues are most likely to trigger a response to cut down/quit smoking? Why?
- Are shock tactics the way to go?
- Reaction to positive/negative message approach (e.g. positive could relate to feeling better by not smoking). Could this be tied in with other health promotions?

4. Introduce Explanatory Messages (Rotate)

Gauge reactions to the proposed options for the explanatory messages in terms of:

- Generate initial reactions
- Reaction to strength, length, tone, content of explanation
- What kind of response is generated? (Range of behaviours)
- Overall comprehension – are they easy to understand, is the information reliable? Any comprehension difficulties?
- Believability – Are they truthful, personally relevant? Explore
- Information – are they interesting and informative? Helpful? Why/why not?
- How likely are they to read the explanatory messages? Is it curiosity? Information seeking?
- Which elements in the explanatory messages are likely to trigger most concern and/or to trigger a desired behavioural outcome?
- Reaction to positive/negative message approach (e.g. positive could relate to feeling better by not smoking). Could this be tied in with other health promotions?

5. Introduce top of pack messages and explore responses to them.

6. **Introduce graphics (ROTATE IMAGES TOP TO BOTTOM ACROSS GROUPS) and ask participants to record individual responses to them on the form provided – no discussion initially.**

Then explore responses to the graphics:

- What is consumer reaction to the use of graphics?
- Emotional impact of graphics. Explore
- Do people just take notice of “attractive” images?
- Examine the content of images: e.g. shocking v. non-shocking, attractive v. unattractive
- Do the graphics support the written messages? Why? Why not?
- Noticeability – Which graphics are most noticeable? Least noticeable? Why?
- Memorability – Most memorable and least memorable? Why?
- Persuasiveness – are they likely to be influential upon behaviour, in particular to increase and reinforce awareness of the negative health effects of smoking, to quit smoking or to stay quit? Most persuasive? Least persuasive? Why? Why not?
- What behaviours do the graphics elicit e.g.: buying stickers to cover them, choosing another pack, discussing graphics with others, removing all cigarettes from the pack and discarding the pack; switching to a lighter mild cigarette?
- Gauge the response to the notion of associating graphic pack images with campaign themes/images (i.e.: images portrayed in other mediums);
- Do some images need TV support?
- Is there any benefit in establishing a specific sequence in launching the images?

Examples of Graphics

Graphic 1 Lung cancer



Graphic 1a Lung cancer



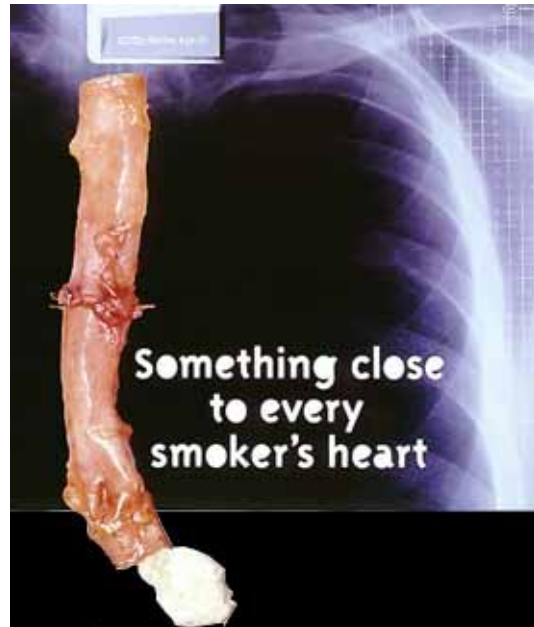
Graphic 2 Other lung diseases



Graphic 2a Other lung diseases



Graphic 3 Heart disease



Graphic 3a Heart disease



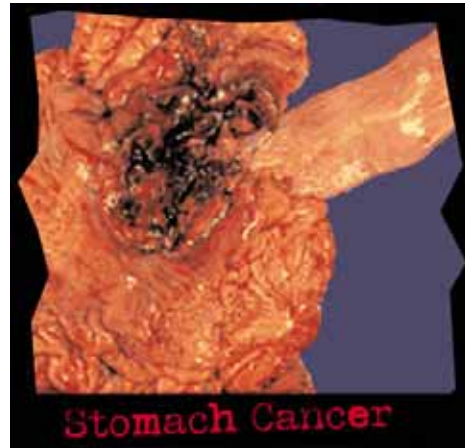
Graphic 4 Stroke



Graphic 5 Other Cancers



Graphic 5a Other Cancers



Graphic 6 Peripheral vascular disease



Graphic 6a Peripheral vascular disease



Graphic 6b Peripheral vascular disease



Graphic 7 Eye disease



Graphic 7a Eye Disease



Graphic 7b Eye disease



Graphic 8 Mouth/oral disease



Graphic 9 Pregnancy



Graphic 9a Pregnancy



Graphic 10 Impotence and fertility



Graphic 10a Impotence and fertility



Graphic 13 Environmental tobacco smoke



Graphic 14 Parental smoking



Graphic 15a Addiction/dependence



Graphic 18 Smoking tobacco is a leading cause of death



Graphic 19 Chemicals in tobacco smoke



The following tables detail the responses given by study participants to the self completion questionnaires administered prior to discussion of the topic. These were used as an aid to analysis only. Not all respondents answered all questions.

‘Great Concern’ Response for Health Problems/Diseases				
	Smokers			Ex-smokers and Non-smokers
	Total	Male	Female	
Lung cancer	102	48	54	49
Addiction/dependence	88	45	43	44
Heart diseases	87	40	47	42
Effect of smoking when pregnant	84	38	46	42
Effect of parents’ smoking on children	83	32	51	42
Other lung diseases	79	38	41	39
Other cancers	76	36	40	36
Tobacco is leading cause of death	75	34	41	44
Effect of smoking on the body	73	34	39	45
Effect of chemicals in tobacco smoke	67	30	37	42
Mouth/oral cancer	58	26	32	29
Peripheral vascular disease	52	22	30	33
Impotence/fertility	43	24	19	26
Eye disease	42	19	23	17
Effect of smoking on the skin	40	7	31	25
Effect of light and mild cigarettes	31	16	15	25
Environmental tobacco smoke	30	9	21	31

‘More Concern’ Response for Health Warning Labels				
	Smokers			Ex-smokers and Non-smokers
	Total	Male	Female	
Smoking harms unborn babies	101	50	51	42
When you smoke, your baby smokes too	101	45	56	39
Smoking causes lung cancer	100	48	52	45
Smoking destroys your lungs	100	47	53	45
Emphysema, it’s a living, breathing hell	99	47	52	36
Protect children: don’t make them breathe your smoke	98	44	54	41
Warning for parents! Tobacco smoke harms children	95	43	52	43
Smoking can cause a slow and painful death	93	49	44	41
Parental smoking can cause Sudden Infant Death Syndrome	93	42	51	37
Smoking when pregnant harms your baby	92	44	48	44
Smoking damages your lungs	90	39	51	39
Smoking is highly addictive	89	37	52	38
Smoking doubles your risk of stroke	87	45	42	39
Tobacco smoke contains more than 4,000 chemicals	86	43	43	41
Smoking causes emphysema	85	39	46	39
Smoking increases your chance of having a heart attack	84	44	40	37
Smoking kills	80	38	42	39
Smoking – the leading cause of death	79	41	38	36

Tobacco is a drug of dependence	78	35	43	39
Smoking causes many types of cancers	76	39	37	40
‘More Concern’ Response for Health Warning Labels (Cont’)				
	Smokers			Ex-smokers and Non-smokers
	Total	Male	Female	
Smoking leaves you breathless	76	33	43	34
Quit now – be there for your kids	75	32	43	37
Quitting smoking can improve your health	73	33	40	36
Smoking damages blood circulation	71	32	39	34
Smoking causes mouth cancer	71	30	41	40
Smoking causes blindness	70	37	33	26
Danger! Tobacco smoke is toxic	65	31	34	39
Every cigarette is doing you damage	63	24	39	36
Smoking causes peripheral vascular disease	61	31	30	30
Smoking kills you – quit now	61	29	32	39
Smoking causes sexual impotence	56	30	26	24
Smoking can make you impotent and decrease your fertility	56	27	29	26
Smoking damage – it’s only a matter of time	56	24	32	33
Smoking ages your skin	55	15	40	22
Smoking causes eye diseases	54	27	27	24
Your smoking harms others	54	25	29	33

Light and mild are just as deadly	47	25	22	33
You're not the only one smoking this cigarette	45	15	30	29
You CAN Quit smoking! Call the Quitline on 131 848	42	17	25	35

'High Impact' Response for Graphics				
	Smokers			Ex-smokers and Non-smokers
	Total	Male	Female	
Graphic 6: Peripheral vascular disease	133	64	69	53
Graphic 6a: Peripheral vascular disease	123	61	62	51
Graphic 14: Parental smoking	119	58	61	50
Graphic 3a: Heart diseases	117	61	56	40
Graphic 8: Mouth/oral disease	115	56	59	43
Graphic 7a: Eye disease	115	55	60	41
Graphic 9a: Pregnancy	115	55	60	48
Graphic 2: Other lung diseases	111	55	56	41
Graphic 4: Stroke	109	53	56	44
Graphic 18: Smoking is leading cause of death	108	56	52	43
Graphic 7: Eye disease	108	52	56	43
Graphic 1: Lung cancer	104	53	51	39
Graphic 6b: Peripheral vascular disease	98	49	49	36
Graphic 5a: Other cancers	86	39	47	39
Graphic 3: Heart disease	83	47	36	37
Graphic 1a: Lung cancer	83	35	48	39
Graphic 9: Pregnancy	73	30	43	29
Graphic 10: Impotence/ Fertility	65	36	29	26
Graphic 15a: Addiction/ Dependence	51	16	35	21
Graphic 7b: Eye disease	38	16	22	14
Graphic 10a: Impotence/ Fertility	36	26	10	15
Graphic 2a: Other lung diseases	36	17	19	22
Graphic 19: Chemicals in tobacco smoke	33	15	18	16

Graphic 13: ETS	33	12	21	14
Graphic 5: Other cancers	25	11	14	9