Australian Government

Department of Health and Ageing

Evaluation of the Effectiveness of the Graphic Health Warnings on Tobacco Product Packaging 2008

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ABBREVIATIONS

Eval 2008: 2008 Evaluation of the Effectiveness of the Graphic Health Warnings on Tobacco Product Packaging

Eval 2000: 2000 Evaluation of the Health Warnings and Explanatory Health Messages on Tobacco Products

Eval 1996: 1996 Evaluation of the Health Warning Labels on Tobacco Products and the Commonwealth's Information Line

Lit Rev 2008: 2008 Literature Review conducted as part of the Evaluation

Tel Sur 2008: 2008 Telephone Survey conducted as part of the Evaluation

Grps 2008: 2008 Group Discussions conducted as part of the Evaluation

Stk Ints 2008: 2008 Stakeholder Interviews conducted as part of the Evaluation

Tech Rep 2008: 2008 Technical Report: Methodological issues and details of the 2008 Evaluation

1. EXECUTIVE SUMMARY

The following report details the findings of an evaluation of the graphic health warnings on tobacco product packaging and is similar to research implemented for an earlier evaluation study conducted in 2000[a] (Eval 2000)[1]. The broad aim of the 2008 research (Eval 2008) was to determine and evaluate the effectiveness of the graphic health warnings on consumers and to evaluate the impact of the content of the health warnings system in achieving their purpose to:

- increase consumer knowledge of the health effects relating to smoking;

- encourage the cessation of smoking; and

- discourage smoking uptake or relapse.

In more specific terms, the aim was to examine smoker and non-smoker reaction to the graphic warnings as a series, as well as, to specific elements of the tobacco health warnings as per the requirements of the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations 2004. These include: the warning messages; corresponding explanatory messages; corresponding graphics; Source Attribution Statement ('Health Authority Warning'); quit message ('You Can Quit Smoking…'); Quitline phone number; Quitnow web address; and the information message on the side of cigarette packs.

1.1 METHODOLOGY

The 2008 research included:

- a literature review (Lit Rev 2008) of research studies on graphic health warning labelling on tobacco products;

- twenty-eight semi-structured interviews (Stk Ints 2008) with key informants from organisations with an interest in tobacco control;

- twenty-four group discussions (Grps 2008) (smokers, ex-smokers, and non-smokers); and

- a nationwide telephone survey (Tel Sur 2008) of 1304 randomly selected Australians, aged 15 years and over. Where relevant the findings from the 2008 survey were compared with those from the 2000 survey.

1.2 UNDERLYING PATTERNS OF BEHAVIOUR

In the 2008 telephone survey, there was a significant decrease in the proportion of the population who considered themselves current smokers, now 17%, compared to 20% in 2000. The majority of smokers (86%) only smoked cigarettes. One in ten smokers (10%) indicated that they had smoked cigars in the past 12 months, 1% smoked a pipe, and 3% indicated that they smoked both cigars and pipes. Of those who had purchased cigars, 71% bought them 'singularly' and 26% bought them 'in a pack'.

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a   The 2000 study was an evaluation of community reaction to the text-only health warnings and accompanying explanatory messages. It comprised a nationwide telephone survey supplemented by consumer group discussions and interviews with stakeholders.

There was no significant change in the patterns of smoking behaviour in 2008 from 2000, with the majority (85%) of smokers smoking 'regularly, every day or most days', one in ten (10%) 'not smoking every day but at least once a week', and 5% claiming to smoke 'less than once a week'. However, there have been significant changes[b] in the proportion of females who have reduced the amount of tobacco they smoke in a day, from 27% in 2000 to 33% in 2008.

Contemplators, those smokers considering quitting in the next 1 month or 6 months, were generally more likely than non-contemplators to reduce the amount of tobacco they smoked in a day. 'Light'[c] smokers were also more likely than 'moderate'[d] or 'heavy'[e] smokers to have eased up in this way. Non-contemplators and 'heavy' smokers were more likely to have 'done nothing different' in the past 12 months in regard to their smoking behaviour (see Section 5.1).

Among those who took part in the group discussions (Grps 2008) similar attitudes were expressed to those found in the 2000 study; for example: committed smokers appeared more entrenched in their beliefs regarding their right to exercise freedom of choice by choosing to smoke, and were less concerned about the likely health consequences of smoking. They were more critical than either ex-smokers or those contemplating quitting, of what they saw as an increase in the number of restrictions placed on smoking in public.

Smokers in general, acknowledged the role of habit and the influence of the addictive properties of tobacco in the maintenance of their smoking behaviour. Many contended that they have an emotional attachment to the habit which appears to be stronger than any rational consideration they may have to quit. Once again, as in 2000, the benefits of smoking centred on the enjoyment and pleasure derived from smoking, together with the comfort and the relief from stress and anxiety it was thought to provide (see Section 5.1).

> **Conclusion:** Between the 2000 and 2008 evaluations the underlying patterns of behaviour have largely remained unchanged; however, contemplators and 'light' smokers have demonstrated a willingness to reduce and ease up on their tobacco consumption. Of all the sub-groups, they emerged as the most conducive to changing behaviour.

1.3 NOTICEABILITY OF GRAPHIC HEALTH WARNINGS

Recall of messages and likelihood of reading is strongly linked to noticeability. Warning noticeability/salience has been shown in the literature to be a critical determinant of the overall effectiveness of health warnings on tobacco and cigarette packaging[2,3]. The noticeability of the Australian graphic health warnings is very high, although some design aspects have affected recall levels.

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b　Differences within and between surveys are only commented on when they are statistically significant at the 95% confidence level.

c　'Light' smokers: 5 and under cigarettes per day

d　'Moderate' smokers: 6-25 cigarettes per day

e　'Heavy' smokers: 26+ cigarettes per day

1.3.1 Recognition of Changes to the Warnings on Tobacco Packaging

In 2008, nearly two out of three (64%) people (Tel Sur 2008) were aware of changes to tobacco and cigarette packaging in the last two years. Smokers[f] (86%) and recent quitters[g] (80%) were more likely than non-smokers[h] (59%) and long term ex-smokers[i] (57%) to be aware of changes (Figure 1). Contemplators[j], 6 month and 1 month, were more aware of changes than were non-contemplators, 90%, 88%, to 83% respectively.

Figure 1: Unaided Awareness of Changes to Health Warnings

Q4. Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years.
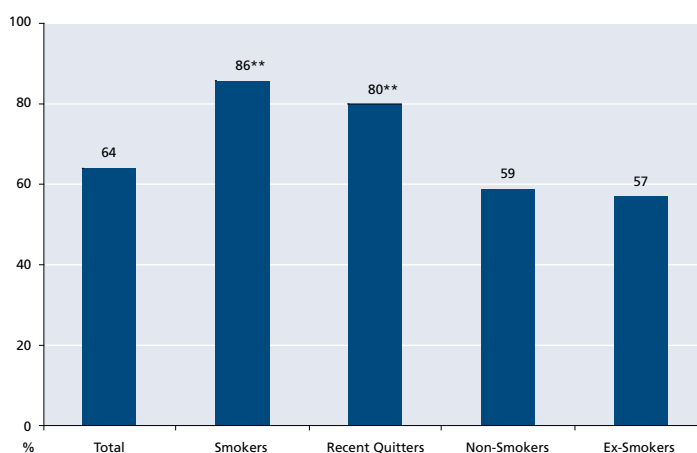
Base: All respondents (N=1304)

Note: ** Signifies significant difference (between segments) at the 95% confidence level.

Mention of the inclusion of graphic pictures was the most frequently recalled change, with 9 out of 10 smokers mentioning this (see Section 5.2). The telephone survey findings relating to the pack changes were confirmed by the comments made by group discussion participants, where the introduction of graphic health warnings was the most frequently unprompted change mentioned. Other changes recalled included: the introduction of more warnings; removal of information relating to tar and nicotine content; wording changes linked to 'light' and 'mild'; and a perception that brand colours were more dominant on some cigarette packs (see Section 5.2).

Conclusion: Most people, particularly smokers and those contemplating quitting, have recognised that graphic images have been added to health warnings on cigarette packs in the last two years.

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f   'Smokers': currently smoke

g   'Recent quitters': gave up in the last 12 months

h   'Non-smokers': never smoked

i   'Ex-smokers': gave up more than 12 months ago

j   'Contemplators' based on the five stages of change model of Transtheoretical Model of Change and combined the stages 'contemplation' (intending to change but not in the near future) and 'preparation' (intending to change in the near future and may already be making some preparatory changes). See Prochaska, J.O & DiClemente, C.C. (1998) "Stages and processes of self change in smoking: Towards an integrative model of change". Journal of Consulting and Clinical Psychology, 51, 390-395.

1.3.2 Unaided Awareness of Health Information

Just under two thirds (64%) of the total sample (Tel Sur 2008) were aware of health messages or health information on the front of tobacco/cigarette packs, 37% aware of information on the back of packs, and 19% aware of information on the side of packs. Smokers showed the highest unaided awareness of health information on the pack (Figure 2) (see Section 5.2).

Figure 2: Unaided Awareness of Health Warnings

Q5/4. Are you aware of any health messages or health information on the front, side, or back of a tobacco/cigarette packs in the last 2 years?
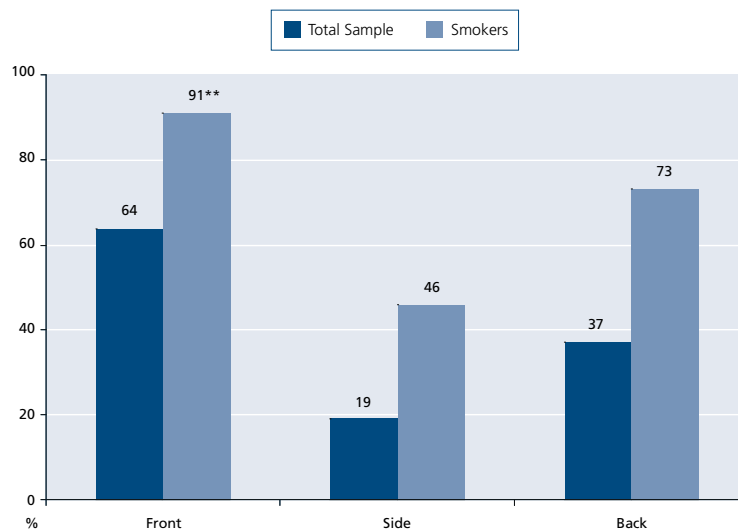
Base: All respondents (N=1304) and Smokers (N=670)

Among smokers, awareness of health messages or health information remained high for the front of pack at 91%, although a decrease on that recorded in 2000 (98%). (Figure 3)

Smokers' awareness of information on the side of pack also decreased (67% in 2000 to 46% in 2008). The side of pack has an information message replacing the previously required listing of tar, nicotine and carbon monoxide levels.

However, there has been a significant increase in awareness of information on the back of cigarette packs, from 62% in 2000 to 73% in 2008. This part of the pack has explanatory content as well as picture and health warning text. This pattern was similar across all smoker/non-smoker segments (see Section 5.2).

Figure 3: Unaided Awareness of Health Warnings (Smokers)

Q5. Are you aware of any health messages or health information on the front, side, or back of a tobacco/cigarette packs in the last 2 years?

Legend: ■ 2000 ■ 2008

Front: 2000 = 98, 2008 = 91[++]
Side: 2000 = 67[++], 2008 = 46
Back: 2000 = 62, 2008 = 73[++]
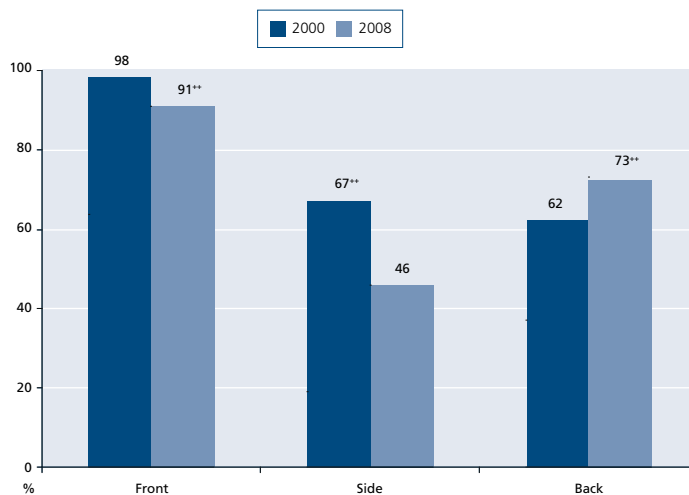
Base: Smokers (N=822 in 2000, N=670 in 2008)

Note: [++] Signifies significant difference (between years) at the 95% confidence level.

Group discussion participants frequently commented that the front of pack graphic health warning, because of its position (often on the flip top lid) and text size, was *"too small"* and *"too difficult to read"*. The position and size of the front of pack image/message was contrasted with that on the back of pack. In this regard, it is worth noting that developmental research in New Zealand has demonstrated that the exact positioning of the warning on the front of the pack affects its impact[4], and contends that the positioning of the warning and image below the lid is more effective.

As reported in the Literature Review[k], *"many studies have examined how different design aspects of health warnings may affect their noticeability, including features such as: the size of the warning; use of colour; the position of the warning on the pack; the selection and layout of text… Most of these point to the greater effectiveness of larger, uncluttered health warnings that include pictorial representations of potential health consequences of smoking, feature contrasting colours, displayed in a prominent position on the pack, and rotated periodically."*(p.29)[5].

Conclusion: Despite a decrease between 2000 and 2008 in unaided awareness of health information on the front and side of cigarette packs, unaided awareness is still very high among smokers, with 91% recalling health messages on the front of pack. The decline in unaided awareness of side of pack information is offset by a significant increase in unaided recall of back of pack health information. Design elements appear to have played a role in consumer noticeability and recall of the graphic health warnings in the 2008 evaluation.

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k   2008 Literature Review was a research component in the 2008 Evaluation project and reported separately.

1.3.3 Unaided Recall of Health Warnings

In 2008, the most commonly recalled (unaided) health warnings from the front of pack tended to also receive good recall from the back of pack. In general, the high recall for these warnings tended to be reflected across the main smoker/non-smoker categories. For example, there was high **front of pack** recall for:

- "Smoking causes lung cancer" (total sample recall 34%; recall among smokers 38%; recall among recent quitters 42%);

- "Smoking harms unborn babies" (total 29%; smokers 43%; recent quitters 48%);

- "Smoking causes mouth and throat cancer" (total 18%; smokers 21%; recent quitters 19%); and

- "Smoking causes peripheral vascular disease" (total 17%; smoker 34%; recent quitters 26%).

Among non-smokers and long term ex-smokers recall (unaided) from the front of pack was highest for "Smoking causes lung cancer" (30% and 40% respectively), "Smoking harms unborn babies" (25% and 23% respectively) and "Smoking a leading cause of death" (18% and 20% respectively).

The most frequently recalled (unaided) warnings from the **back of pack** for the total sample, smokers, and recent quitters were:

- "Smoking causes lung cancer" (13%, 13%, 18% respectively);

- "Smoking harms unborn babies" (11%, 15%, 12% respectively);

- "Smoking cause peripheral vascular disease" (8%, 15%, 6% respectively);

- "Smoking causes mouth and throat cancer" (7%, 7%, 9% respectively);

- "Smoking – a leading cause of death" (5%, 9%, 10% respectively); and

- the Quitline phone number (8%, 14%, 10% respectively).

For non-smokers and long term ex-smokers "Smoking causes lung cancer" was the only warning on the back of pack recalled of any note (14% and 10% respectively) (see Section 5.2).

Recall of **side of pack** health information was generally much lower than that for the front or back of pack warnings. There was a high 'don't know' (26%) and 'can't recall' (24%) response for the total sample. Among smokers and recent quitters the most commonly recalled information from the side of pack was:

- "Smoking exposes you to more than 40 harmful chemicals" (29% and 14% respectively);

- "Average levels of tar, nicotine and carbon monoxide yields" (23% and 27% respectively). This is previous side of pack text not currently displayed; and

- "These chemicals damage blood vessels, body cells and the immune system" (16% and 3% respectively).

> **Conclusion:** Those specific health messages that received the highest unaided recall for the front of pack tended to also have highest unaided recall for back of pack. Messages relating to "lung cancer", "harm to unborn babies", "peripheral vascular disease" and "mouth and throat cancer" received the highest unaided recall.
>
> Recall of side of pack messages was poor. Recall has declined since 2000, with now one in two people either saying, "don't know" or "can't recall". There was some recall of reference to 'harmful chemicals' and 'chemical damage' with just as much incorrect reference to content relating to levels of tar, nicotine and carbon monoxide.

1.3.4 Aided Recall of the Graphic Health Warnings

Not surprisingly, aided recall of the health warnings was generally higher for smokers than it was for recent quitters. Among smokers all of the health warnings were recalled by more than six in ten smokers, and the following eight out of fourteen warnings were recalled by more than 80% of smokers:

- "Smoking causes lung cancer" (94%);
- "Smoking harms unborn babies" (90%);
- "Smoking is addictive" (89%);
- "Smoking causes heart disease" (89%);
- "Smoking clogs your arteries" (83%);
- "Smoking causes peripheral vascular disease" (83%);
- "Smoking causes mouth and throat cancer" (82%); and
- "Smoking causes emphysema" (81%) (see Section 5.2).

> **Conclusion:** Aided awareness of specific health warnings is extremely high among smokers and recent quitters, with the vast majority recalling most of the health warnings.

1.3.5 Recall of Graphic Health Warnings on Cigar Packs

There are five graphic health warnings for cigar packs. Aided recall of cigar pack health warnings was lower than that for cigarette packs (there was no unaided recall of cigar pack health warnings). Aided recall of the warning "Cigars are not a safe alternative to cigarettes" was 30%, significantly lower than aided recall for the other four cigar pack warnings (ranging from 47-66%). Interestingly, "Cigars are not a safe alternative" is specific to cigars only, whereas the other four warnings are similar to those for cigarettes.

This overall lower recall could be due to the fact that most cigars are purchased singularly (71%) and single cigars are not required to have health warnings. This has important ramifications as some smokers in the group discussions wondered if a transitional period of cigar smoking would be one way of making it easier to quit (see Section 5.2 and 5.9).

> **Conclusion:** The lower recall of cigar health warnings is possibly linked to the absence of health warning information on cigars sold singularly. This is an important finding given that some smokers in the study felt that cigars may be less harmful than cigarettes because they tend not to be inhaled. Consequently some thought they could be a stepping stone to quitting.

1.3.6 Read Health Information

In 2008, readership of the front of pack health warning was greater than that for the side or back of pack information. For the information on the front and side of pack there has been a significant decrease in readership since 2000, but an increase in readership of the back of pack health information.

In 2008, among smokers and recent quitters:

- 80% (93% in 2000) of smokers and 82% (92% in 2000) of recent quitters had read the **front** of pack information;

- 41% (58% in 2000) of smokers and 33% (47% in 2000) of recent quitters had read the **side** of pack; and

- 66% (57% in 2000) of smokers and 62% (45% in 2000) of recent quitters had read the **back** of pack information (see Section 5.2).

Comments made by study participants (Grps 2008) indicate that design features may have influenced the decline in readership of the front and side of pack information and the increase in readership of the back of pack health information. These include the size and position of the front of pack information, the absence of ingredient data on the side of pack, and the inclusion of pictures per se which obviate the need to read (see Section 5.2 and 5.5).

> **Conclusion:** In 2008, as in 2000, readership of the front of pack health information was greater than that for the side or back of pack. However, there has been a decrease in 2008 in readership of the front and side of pack but an increase in readership of back of pack health information. Design features and the inclusion of pictures seem to have influenced readership levels generally.

1.4   THE IMPORTANCE OF THE HEALTH WARNINGS

The vast majority (85%) of the total sample (Tel Sur 2008) considered it 'very' or 'quite important' that the Government has health warnings on packs of tobacco and cigarettes. A high proportion of people (71%) considered it 'very important', and this high proportion was reflected across all sub-samples (Figure 4) (see Section 5.3).

Figure 4: Perceived Importance of Health Warnings

Q14. How important is it that the Government has health warnings on packs of tobacco and cigarettes?
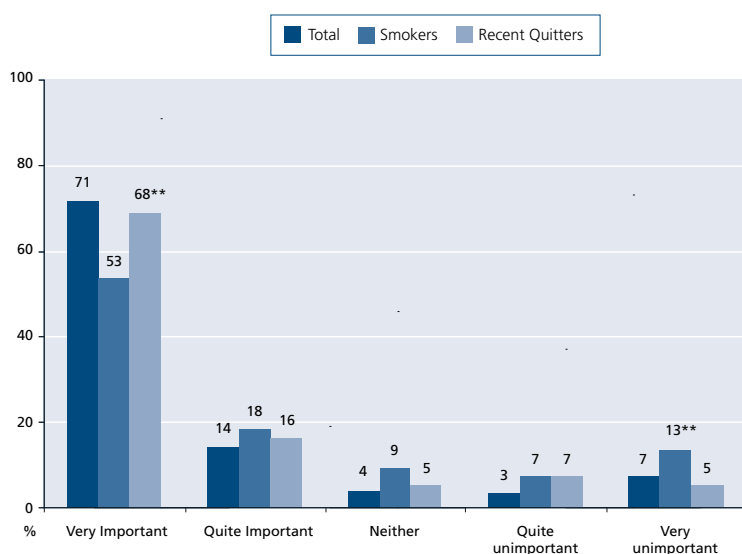
Base: Total Sample (1304), Smokers (N=670), and Recent Quitters (N=120)

Note: ** Signifies significant difference (between segments) at the 95% confidence level.

Compared to the 2000 telephone survey results on 'importance', the 2008 results showed a significant increase in the proportion of smokers and recent quitters who nominated the response 'very important', with now 53% of smokers and 68% of recent quitters saying the health warnings are 'very important' (Figure 5). Those smokers contemplating quitting were significantly more likely to consider the health warnings 'important' (i.e. either 'very' or 'quite' important) than were non-contemplators. Similarly, 'light' smokers were significantly more likely than 'moderate' or 'heavy' smokers to consider the health warnings 'important' (see Section 5.3).

Figure 5: Perceived Importance of Health Warnings (Smokers/Recent Quitters)

Q14/8. How important is it that the Government has health warnings on packs of tobacco and cigarettes?

Base: Smokers 2000 (N=822), Smokers 2008 (N=670), Recent Quitters 2000 (N130), Recent Quitters 2008 (N=120)

Note: ++ Signifies significant difference (between years) at the 95% confidence level.
      ** Signifies significant difference (between segments) at the 95% confidence level.

Conclusion: The 2008 study, with 85% of the total sample saying they are 'important' (either 'very' or 'quite important'), shows strong public support for the health warnings on packs of tobacco and cigarettes, reflecting findings from studies conducted overseas.[6,7,8] The increase in the proportion of smokers who considered the inclusion of health warnings on packs of tobacco and cigarettes to be 'very important' further demonstrates the influence and significance of the graphic health warnings.

1.5   BELIEVABILITY OF THE GRAPHIC HEALTH WARNINGS

In 2008, a total of 92% of smokers and 97% of recent quitters said they found the health warnings 'believable', with a majority saying they were 'very believable' (smokers, 56%, recent quitters, 64%) (Figure 6). Again, contemplators, 6 month and 1 month, were significantly more likely than non-contemplators to say 'very believable' (63%, 62% and 48% respectively) (see Section 5.4).

Overall, group discussion participants accepted that the health conditions depicted on the warnings could result from smoking, reflecting general acceptance of the notion that smoking is very dangerous to health. However, the perceived risks of personally contracting these diseases varied considerably.

According to many in the group discussions, the most credible warnings were those linked to well-known smoking related health issues. Interestingly, warnings about diseases or conditions that had also been covered in anti-smoking television commercials were generally looked upon as more credible and more involving for consumers (see Section 5.4).

Figure 6: Health Warning Believability (2008)

Q11c. Overall, do you find the health warnings very believable, somewhat believable or not at all believable?
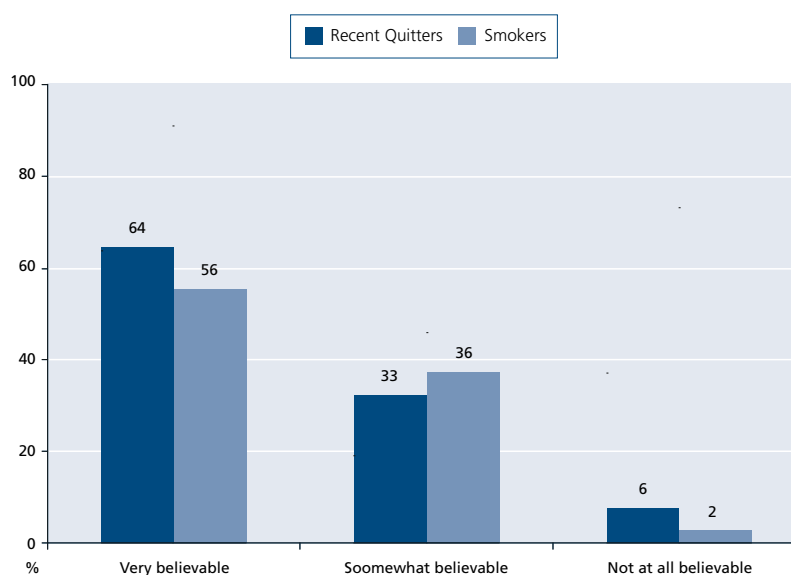
Base: Smokers (N=670) and Recent Quitters (N=120)

Conclusion: Recent studies[5,9] continue to demonstrate the significance of health warning credibility in increasing knowledge and awareness of the effects of smoking. The widespread acceptance of the credibility of the current Australian graphic health warnings is an important finding in this regard, and in particular, the strong measure of belief in the health warnings held by contemplators.

1.6 RESPONSE TO KEY ELEMENTS OF THE GRAPHIC HEALTH WARNINGS

1.6.1 Understanding of the Key Elements

Consumer understanding (not necessarily acceptance) of the three main elements (graphic image, text warning, and explanatory text) was very good. Barriers to understanding centred on: in some cases, difficulty in deciphering the graphic image due to picture quality or size of the image; ignorance of some language used in the text (e.g., 'peripheral'); or use of technical terms (e.g. 'nitrosamines') unfamiliar to most people (see Section 5.5).

Stakeholders also believed that consumer understanding of the health messages and warnings has been enhanced by the use of graphic images. The graphic images were considered by them to be the main element for communicating the health warning message (see Section 6).

1.6.2 Importance of the Graphic Image

The overall reaction of respondents in the current study (Eval 2008) indicates that the use of the graphic images on cigarette packs in Australia has facilitated community recall of the health warnings. The findings of the research (Eval 2008) support much of the literature on graphic health warnings (Lit Rev 2008)[5]. The literature (Lit Rev 2008) shows that the use of graphics in itself increases the noticeability of health warnings, making it difficult for smokers to 'screen out' or avoid the image and accompanying message[10] with the larger graphic health warnings likely to have the greatest impact.[9,11]

Group participants were adamant that "the picture tells the story" and the significance and dominance of the pictures was reflected in the findings from both the discussions and the telephone survey. Throughout the group discussions (Grps 2008) the graphic health warnings were invariably considered to have greater impact than the previous text-only health warnings. The images were often described as *"dramatic"*, *"confronting"*, *"ugly"* and *"unavoidable"*. They were often the first pack element recalled and the focus of discussion.

1.6.3 Front of Pack Elements

The front panel on the pack was invariably seen as the most important element conveying the intended health message. It was generally considered the part of the pack most likely to be seen and most frequently seen. Unaided awareness of health information remained high at 91%, although a decrease on that recorded in 2000 (98%). The position and size of the warning on the front of pack was often described as "too small" and contrasted with the image on the back of pack (see Section 5.2).

When recalling health messages from the front or back of cigarette packs, respondents (Tel Sur 2008) were given the opportunity to indicate whether they were recalling the picture only, the text, or both the picture and the text. The importance of the inclusion of pictures is shown in these findings (see Section 5.5); for example, for the **front of pack**:

- of those smokers and recent quitters who claimed to have read them, the largest proportion mentioned the 'picture and the text' (combined) when describing their recall of the warning for 13 of the 14 warnings (for smokers, the exception was "Smoking – a leading cause of death" with 54% saying 'text only' and among recent quitters, "Quitting will improve your health" was the exception, where 51% of recent quitters mentioned the 'text only'); and

- among smokers, the highest proportion who mentioned 'picture only' or 'picture and text' was for: "Smoking causes peripheral vascular disease" (95%), "Smoking causes mouth and throat cancer" (92%), and "Smoking causes blindness" (94%) (see Section 5.5).

1.6.4 Back of Pack Elements

Again, the importance of the graphic image either on its own or in combination with the text warning was further demonstrated in total sample recall of the **back of pack** warnings. Here, the 'picture and text' (combined) received most mentions for all warnings except: "Smoking causes blindness", where 64% of all those who mentioned this health warning nominated 'picture only'; and, "Smoking – a leading cause of death", where 'text only' received 45% of mentions (see Section 5.5).

Comments made by those in the group discussions reinforced the telephone survey results, with the picture on the back of packs considered to be contributing to a dominant graphic health image. The increased size of the picture (compared to the picture on the front of pack) was said to generate high impact and noticeability. In addition, the text warnings on the back of packs were said to be more noticeable because of white type on red background. Red conveyed "danger", and readability and noticeability were said to increase as a result. As noted in the Literature Review[5]:

> *"Research into safety warnings more generally indicates that red may be the most powerful colour in terms of communicating risk. In experiments comparing response to signal words printed in a range of colours, red has been consistently found to convey the highest level of hazard (Chapanis, 1994; Braun & Silver, 1995), with one study indicating that red signal words were also associated with greatest behavioural compliance (Braun & Silver, 1995).*

> *In research to inform the development of New Zealand health warnings it was observed that the use of white-coloured font on a red background not only stood out, but also conveyed a sense of "danger" to study participants (BRC Marketing & Social Research, 2004)".*

Overall, there was some mixed response (Grps 2008) to the explanatory text on the back of packs. Some people were critical of what they considered was *"too much text"*, *"too cluttered"*, and some were clearly threatened or confronted by the text. However, others were complementary about many of the explanatory texts maintaining they add credibility and facilitate understanding of the potential health consequences because of their, in general, simple, easy to read content (see Section 5.5).

1.6.5 Side of Pack Elements

The health information on the side of pack was not as well known as that depicted on the front or back of cigarette packs. Even though the removal of information on tar and nicotine was noticed smokers expressed very little motivation to look at the side of pack. The side of pack information seemed to be regarded separate to the front and back panels, which were linked through the use of the same graphic image and text warning (see Section 5.5).

1.6.6 Tonal Qualities

The graphic images influenced the perceived tone of the health information. The tonal qualities were considered by consumers and stakeholders to be appropriately serious, confronting, and informational. The more confronting graphic images (e.g. 'the foot', 'the eye', and 'the mouth') tended to be largely responsible for the consumer perception of the tonal qualities for the series of health warnings. The overall negative tone of the graphic health warnings was to some extent offset by the more positive Quitline messages, phone number and some reassuring explanatory texts (see Section 5.5).

1.6.7 Awareness of Quitline/Quitnow

In 2008, 63% of those interviewed claimed to be aware of a Quitline telephone number included with the health messages on tobacco packs. Smokers (90% compared to 60% who recalled the Information line number in 2000)[l] were significantly more likely to be aware of the Quitline phone number on packs than were recent quitters (73% in 2008, 52% in 2000), long term ex-smokers (57% in 2008, 17% in 2000), or non-smokers (56% in 2008, 15% in 2000) (see Section 5.5).

Importantly, there was a much higher awareness in 2008 among contemplators (92% - 6 month; 91% - 1 month) than non-contemplators (87%) of the Quitline phone number being included on packs.

A total of 5% of people claimed to have called the Quitline. Among smokers and recent quitters there was an increase on the 2000 results (smokers, 4% to 15% in 2008; recent quitters, 6% to 9%). In 2008, there was much higher usage among contemplators (20% - 6 month; 17% - 1 month) compared to non-contemplators (10%).

In 2008, one in three smokers and one in ten recent quitters thought they would call the Quitline in the future. Intention to call the Quitline was higher among contemplators (43% - 6 month; 36% - 1 month) than non-contemplators and among 'light' (32%) and 'moderate' (39%) smokers compared to 'heavy' (16%) smokers (see Section 5.5).

One in four people were aware of the Quitnow website address on tobacco packs. Current smokers (45%) were significantly more likely to be aware than recent quitters (35%), long term ex-smokers (25%) or non-smokers (19%). About four in ten smokers (41%) and recent quitters (40%) claimed they would be more likely to access the Quitnow website now that the address is on packs.

Again, contemplators (49% - 6 month; 47% - 1 month) were more likely than non-contemplators (31%) to access the website, as were 'light' smokers (45%) compared to 'moderate' (36%) or 'heavy' (28%) smokers (see Section 5.5).

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l   In 2000 cigarette packs included an Information line phone number which was a recorded message about the harmful effects from tobacco. It was not advertised through other media.

1.6.8 Health Authority Warning

There was uncertainty among consumers about the benefits of having the authority notation. There were mixed views expressed regarding the notation, which centred on whether or not it was the Government or the manufacturers trying to alleviate blame by placing warnings and asking buyers to be responsible for purchasing a potentially harmful product (see Section 5.5). Stakeholders on the other hand tended to consider the authority notation as a factor contributing toward the credibility of the health warnings (see Section 6.1).

Conclusion: The significance of graphic health warnings has been noted in past research[4,12] which has shown that they have greater impact than larger sized text-only warnings. In 2008, the graphic images have been shown to be the most important component for the vast majority of health warnings/messages. They have dominated consumer response and recall of health information, particularly in regard to the back of pack health information.

The very nature of the graphic images (i.e. size, image, position on pack) has had an effect on recall and readership. The use of graphic images, particularly when considered with the text warning, have effectively conveyed a well balanced series of health warnings. However, the image on the front of packs was thought "too small" and was often contrasted with the larger picture on the back of packs. The back of pack image was said to be dominant because of its size, and the text warnings on the back of packs because of white type on red background were more noticeable. Despite appreciation for the language and format of side of pack information, it was regarded separate to the front and back panels which were linked through the use of the same picture and text warning.

The inclusion of the Quitline phone number and reference to the Quitnow address on tobacco and cigarette packs has resulted in an increase in intended usage of both the Quitline and website, particularly among those contemplating quitting and among 'light' smokers. Given the increase in the proportion of people aware of the Quitline compared to that for the previous Information line, it is hypothesised that the inclusion of a Quitline is a more motivating element than was the previous reference to an Information line.

1.7 EFFECTIVENESS OF THE GRAPHIC HEALTH WARNINGS

The effectiveness of the Australian graphic health warnings was demonstrated in a number of ways, throughout the 2008 Evaluation. The graphic health warnings communicated potential health effects; improved consumer knowledge; discouraged smoking; and have contributed to behavioural change.

1.7.1 Effectiveness in Communicating Health Effects

The pictures on tobacco and cigarette packs were considered to be effective in communicating the health effects of smoking. Six in ten (60%) people (Tel Sur 2008) considered the pictures on the packs to be effective in communicating the health effects. As age increased, the proportion of people thinking the pictures were effective in communicating the health effects decreased. Young people generally were more likely than older people to consider the pictures on packs to be effective (see Section 5.6). Other studies have suggested that graphic health warnings may have greater success in communicating to young smokers[6,13].

Among smokers, 63% considered them effective in communicating the health effects, compared to 73% of recent quitters. Nearly one in two (49%) recent quitters said they were 'very effective' (Figure 7).

Figure 7: Perceived Effectiveness of Health Warnings

Q14a. How effective are the pictures on packs at communicating the health effects of smoking?
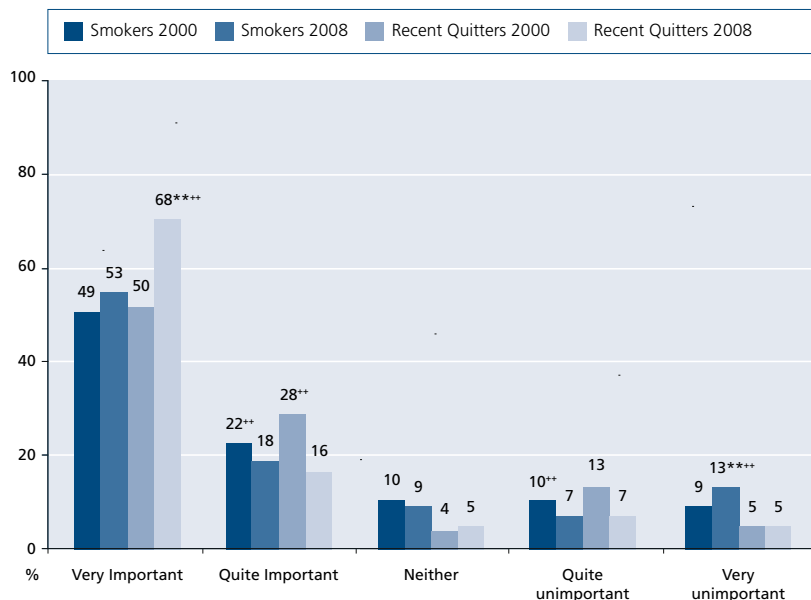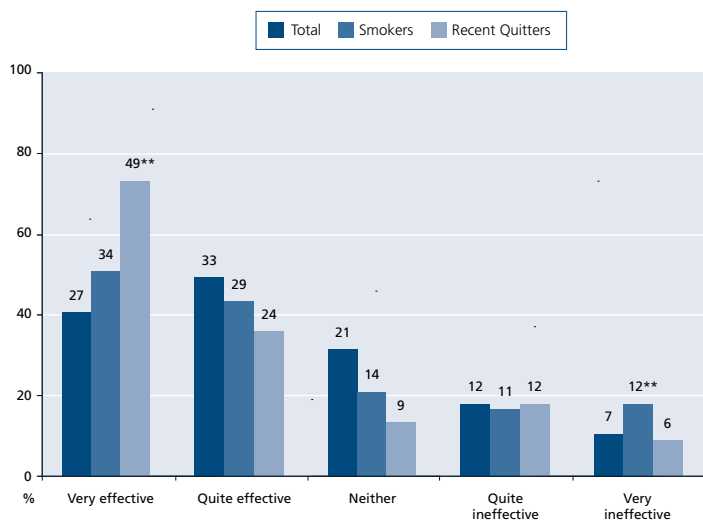

Base: Total Sample (1304), Smokers (N=670), and Recent Quitters (N=120)

Note: ** Signifies significant difference (between segments) at the 95% confidence level.

The vast majority of non-smokers (84%) and long term ex-smokers (79%) claimed the graphic health warnings 'are a good way of getting across how smoking affects health'.

Group discussion members frequently made reference to the effectiveness of the graphic images in conveying potential health effects, either in a broad and general sense or in terms of specific diseases or illnesses. The graphic images have, not only generated impact but also raised the profile of health consequences in general. The graphic images have seemingly increased or reinforced awareness of those consequences that were previously text only (e.g. 'lung cancer', 'heart disease', 'addiction', etc) as well as, communicated new information (e.g. 'mouth and throat cancer', 'gangrene', 'blindness', etc) (see Section 5.6).

> **Conclusion:** There has been widespread acknowledgement that the graphic images have been effective in conveying the potential health effects of smoking tobacco, particularly among current smokers and recent quitters.

1.7.2 Improving Knowledge

The inclusion of pictures with the text health warnings have increased consumer knowledge of the range of potential health conditions of smoking and reinforced awareness of the health consequences that were previously text-only (see Section 5.6).

In 2008, 38% of smokers and 59% of recent quitters (Tel Sur 2008) indicated the inclusion of health warnings and information on cigarette packs had improved their knowledge of the health effects of tobacco consumption. This represents a significant increase on the 32% of smokers and 28% of recent quitters who responded in this way in 2000 (Eval 2000) (see Section 5.6).

Conclusion: The well established link between exposure to health warnings and knowledge of health consequences of smoking[14,15,16] has once again been confirmed in the 2008 telephone survey. There has been an increase in the number who indicated that their knowledge had improved as a result of inclusion of the graphic health warnings compared to the previous text-only warnings.

1.7.3 Discouraging Smoking and Helping Prevent Relapse

In the current study (Tel Sur 2008) the majority of non-smokers (63%) and long term ex-smokers (54%) claimed the graphic health warnings 'would help prevent people from taking up smoking'. Previous studies have also indicated that graphic health warnings are more effective than text-only warnings in discouraging the uptake of smoking.[17,18]

Non-smokers (22%) also indicated that the warnings had 'helped them from taking up smoking' and 35% of long term ex-smokers said they 'have helped them to stay quit' (see Section 5.6). More than half of recent quitters (55%) also agree that the graphic health warnings have helped them to stay quit (see Section 5.6).

Many group discussion participants (Grps 2008) felt that the graphic health warnings and the pictures especially, have contributed significantly to deglamourising smoking as a behaviour as well as, countering the influence of cigarette branding and imagery. Confirming the telephone survey results was the consideration by many in the group discussions that the graphic health warnings have helped discourage people from taking up smoking and helped reinforce the decision of those who have quit to stay quit (see Section 5.6).

A total of 67% of smokers and 69% of recent quitters (Tel Sur 2008) nominated a specific graphic health warning when considering a warning that they thought was the 'most effective' at discouraging people from smoking.

Those warnings chosen as the 'most effective' received similar response from both smokers and recent quitters:

- "Smoking causes throat and mouth cancer" (15%, 21% respectively);
- "Smoking causes lung cancer" (11%, 14% respectively);
- "Smoking causes peripheral vascular disease" (10% each); and
- "Smoking harms unborn babies" (10%, 9% respectively) (see Section 5.6).

> **Conclusion:** The majority of people (Tel Sur 2008) considered the graphic health warnings to be effective in discouraging the uptake of smoking and helping prevent relapse. As well, they were seen as contributing toward deglamourising smoking and making it a less desirable behaviour.

1.7.4 Effects on Quitting Intentions and Behaviour

As noted in the 2008 Literature Review[5], research in other countries makes mention of positive influence of graphic health warnings in increasing the intention of smokers to quit[19,20,21]. Evidence from both the telephone survey and the comments made throughout the group discussions have also indicated that the graphic health warnings are having an effect on smokers' and recent quitters' behaviour and quitting intentions. For example, when they saw health warnings on packs, smokers and recent quitters said without prompt, "I should stop/quit" (28% smokers; 30% recent quitters) (see Section 5.6).

When prompted respondents (Tel Sur 2008) agreed that the graphic health warnings had:

- 'Raised your concerns about smoking' (57% smokers; 72% recent quitters);

- 'Helped you smoke less' (36% smokers; 62% recent quitters);

- 'Helped you give up smoking' (62% recent quitters);

- 'Helped you try to quit' (34% smokers; 64% recent quitters);

- 'Have made you think about quitting' (57% smokers; 75% recent quitters); and

- 'Have helped you stay quit' (55% recent quitters).

In most cases there were significant differences between the results obtained in 2008 with those from the 2000 telephone survey on the prompted statements that were used in both telephone surveys (see Section 5.6); for example:

- 'Raised your concerns about smoking' (recent quitters 72% in 2008 compared to 60% in 2000);

- 'Helped you smoke less'

    - recent quitters (62% in 2008 to 47% in 2000),

    - smokers (36% in 2008 to 31% in 2000);

- 'Had no effect on behaviour'

    - recent quitters (25% agreed compared to 83% in 2000),

    - smokers (49% agreed compared to 79% in 2000);

    - 'Helped you give up smoking', (recent quitters 62% in 2008, 49% in 2000).

The main reasons for quitting focussed very strongly on health issues and the influence of family/friends in encouraging them to quit (see Section 5.6). However, the graphic health warnings have also played an important role in encouraging smokers to quit; for example: among recent quitters the 'health warnings on cigarette packs (pictures)' were mentioned by 53% as a reason for quitting and 44% made mention of the text (Tel Sur 2008) (see Section 5.6).

As well, there were a number of behaviours adopted by smokers to avoid looking at the graphic health warnings, suggesting the warnings and pictures are disconcerting, and have an effect in making smokers feel uncomfortable about their habit. Close to one in four (24%) smokers in the last 2 years had avoided buying packs with particular warnings on them, hidden or concealed the pack in some way, or both avoided and concealed packs. Among recent quitters 27% had behaved in this way.

Of those smokers who admitted to some form of avoidance behaviour in the last 2 years, nearly 6 in 10 (58%) were still behaving in this way. Avoidance behaviours mentioned throughout the group discussions included:

- when buying cigarettes request packs with less threatening photos;

- conceal or hide pack through the use of covers or stickers;

- avoid looking at the back of the pack;

- place the pack on its side so the image is not so obvious;

- remove cigarettes without looking at the graphic images;

- use an old pack (without pictures) to store cigarettes;

- avoid having packs lying around;

- laugh off warnings and make fun of them; and

- discredit the graphic health warnings because of feeling threatened or guilty.

In regards to the future behavioural intentions of smokers, 53% (Tel Sur 2008) said they 'intend to make a definite attempt to quit', which represented a significant increase on the number of smokers (47%) who indicated this intention in the 2000 telephone survey (see Section 5.6).

Conclusion: The Australian graphic health warnings have had an effect on smokers and recent quitters including raising their concerns about smoking, helping them smoke less, increasing their intention to quit and actual quitting. As well, there are a number of avoidance and concealment behaviours adopted by smokers that suggest that the pictures are disconcerting and make smokers feel uncomfortable about their habit. The current study reflects the findings of other research studies[22,23] that have shown that health warnings have brought about changes in actual smoking behaviour.

1.8   ATTITUDE CHANGE AND THE GRAPHIC HEALTH WARNINGS

Comparison of 2008 survey response to that given in 2000 to a series of attitude statements about smoking indicates that the graphic health warnings have had a positive effect on attitudes in regard to raising concern and increasing knowledge about the effects of smoking on health. As well, the response to the statements supports earlier findings relating to intention to quit. For example, 57% of smokers and 75% of recent quitters agreed that the warnings 'have made them think about quitting'. This was confirmed through response to an attitude statement, where 56% of smokers maintained that 'seeing the health warnings on packs makes me think about quitting'.

Among **smokers** there has been a number of key positive attitudinal movements between 2000 and 2008 regarding the graphic health warnings. For example, in response to a series of attitudinal statements the following attitudinal shifts emerged:

- smokers are now less likely to 'believe most people don't take any notice of the health warnings on cigarette packs' (65% in 2008 compared to 77% in 2000); and, most noticeably, a decrease among those who said 'agree a lot' (39% in 2008 vs. 56% in 2000);

- among smokers an increase in agreement, with the statement 'seeing the health warnings on packs makes me think about quitting' (56% in 2008 vs. 50% in 2000);

- a higher proportion of smokers in 2008 (48% vs. 42% in 2000) agreed that they worry 'more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs';

- smokers were more likely to agree that 'smoking probably does increase the risk of health problems occurring' (88% vs. 81% in 2000). Again, the greatest change was in the proportion who 'agreed a lot' (63% vs. 53% in 2000); and

- a greater level of disagreement among smokers with the statement, 'I don't think smoking has any real negative effect on your health at all' (90% in 2008 vs. 85% in 2000) (see Section 5.7).

In an overall sense in 2008, contemplators (6 month and 1 month) were more likely than non-contemplators to hold negative attitudes towards smoking and positive attitudes towards the graphic health warnings (see Section 5.7).

Recent quitters also displayed a number of key attitudinal movements between 2000 and 2008; for example:

- there was a greater proportion of recent quitters (67% in 2008 versus 40% in 2000) who agreed that they worried 'more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs'. The greatest change was in the proportion who 'agreed a lot' (from 25% in 2000 to 45% in 2008);

- they were less likely to 'believe most people don't take any notice of the health warnings on cigarette packs' (66% in 2008 versus 82% in 2000), particularly in terms of the proportion agreeing with this statement 'a lot' (44% vs. 64% in 2000);

- they were more likely to agree that their 'past smoking probably has increased the risk of health problems occurring' (87% vs. 76% in 2000); and

- there was a greater level of disagreement with the statement 'I don't think smoking has any real negative effect on your health at all' (97% in 2008 vs. 89% in 2000) (see Section 5.7).

Non-smokers and to a lesser extent long term ex-smokers, also showed significant movement in their response to key attitudinal statements. For example: compared to the 2000 telephone survey findings, the 2008 telephone survey indicated a significant increase in the proportion of non-smokers in agreement with the following:

• 'I think seeing the health warnings on packs would make people think about quitting', with agreement increasing from 50% in 2000 to 76% in 2008;

• 'the health warnings on cigarette packs should be stronger', with agreement increasing from 68% in 2000 to 79% in 2008;

• being 'more aware of the effects of cigarettes on my health since the picture warnings were put on cigarette packs', with agreement increasing from 48% to 58%; and

• the belief that 'most people don't take any notice of the health warnings on cigarette packs', with agreement for this statement encouragingly decreasing from 75% in 2000 to 65% in 2008 (see Section 5.7).

Conclusion: The use of graphic health warnings has brought about some significant positive attitude shifts when responses to the attitude statements in 2008 are compared with those given in 2000. The focus of these positive shifts is on the association of the pictures with an increase: in the knowledge of health risks with smoking, concern about effects of smoking on health, and the intention to quit.

1.9   WEAR OUT

Some smokers who took part in the group discussions felt that some of the graphic health warnings (e.g. "Smoking clogs your arteries", "Smoking causes heart disease", "Tobacco smoke is toxic") and specifically the graphic images, have become so familiar that their potency in conveying a health message has decreased (see Section 5.10).

Conclusion: There is evidence of wear out and some smokers have suggested a need to update some of the health warnings with new graphic images to strengthen their effectiveness and possibly changing warning design aspects to revitalise the strategy.

1.10 PLAIN PACKAGING

Some smokers in the group discussions contended that the graphic health warnings are competing for consumer attention with manufacturer's messages through the use of typeface, colour, and brand imagery in general. This led them to consider that the introduction of plain packaging could help consumer recall of health warnings particularly on the front of packs.

Consideration of plain packaging was further seen in the response given by consumers to the attitude statement, 'I think that cigarettes should be sold in plain (generic packs, specifying only brand name and Government information such as health warnings and information to assist smokers to quit', with 57% of respondents agreeing with the statement (see Section 5.11).

> **Conclusion:** In the 2008 Evaluation there was consideration by smokers of the introduction of plain packaging for tobacco products in an attempt to strengthen the impact of the health warnings. Other research[3,24,25,26] has indicated how tobacco packaging can be used to target specific consumer groups, communicate misleading information and weaken the impact of the health warning message.

1.11 STAKEHOLDER RESPONSE TO THE GRAPHIC HEALTH WARNINGS

Key findings regarding the views of stakeholders (see Section 6) who were interviewed include the following:

- stakeholders see graphic health warnings as impactful, relevant, and effective, in conveying the health consequences of smoking. They also regard them as an improvement on text-only warnings, but in need of updating and refreshing;

- stakeholders considered the tone of the warnings to be appropriately negative, with the inclusion of some positive message content generally seen as an important addition, although there was some mixed response to the possible inclusion of more warnings in a positive tone;

- stakeholders believe that consumer understanding of the health messages and warnings is enhanced by the use of graphic images;

- the graphic health warnings were considered believable and their credibility reinforced by promotion of the health messages through other media (most notably television);

- the existing range of graphic health warnings was regarded as a well balanced, effective combination of a wide variety of health messages. They were felt to reinforce and extend existing consumer knowledge and, in some cases provide new information;

- the graphic health warnings were said to have most relevance for older and "lighter" smokers and for the non-Indigenous community. However, many considered the warnings will help deter the uptake of smoking among the young;

- stakeholders have positive perceptions of the various components of graphic health warnings but a desire to improve and revise some of the pack elements;

- further refinements and revisions to the pack elements were suggested to heighten the impact and sustain interest in the graphic health warnings;

- the need to develop a more efficient process to update and introduce new or revised health warnings was regarded as an important consideration;

- many stakeholders expressed the need to ensure that the warnings are easy to be seen on all tobacco product packaging, particularly tobacco for use in water pipes and on cigars sold singularly;

- on the condition that the warnings were more regularly updated and refreshed, there is strong support for the system of rotation as a means of maintaining the salience of the graphic health warnings;

- a strong belief that improved effectiveness and strengthening of the graphic health warnings occurs through the use of additional media support;

- the need to develop and maintain an integrated strategy to enhance the effectiveness of the graphic health warnings; and

- plain packaging is seen as the next major step by many stakeholders.

Conclusion: Stakeholders have shown a very favourable response to the inclusion of graphic health warnings on tobacco packs. In general they have considered them to represent a balanced, effective combination of a variety of health messages conveying a range of health issues. They emphasised the need to develop an integrated strategy to enhance their effectiveness and the implementation of a more efficient process to update and introduce new health warnings.

1.12 KEY OUTCOMES AS A RESULT OF THE USE OF GRAPHIC HEALTH WARNINGS

1.12.1 Achieved Their Purpose

The 2008 evaluation study of the effectiveness of the graphic health warnings on tobacco product packaging has shown, on a number of indicators, that the introduction of the graphic health warnings has achieved the intended purpose of:

- increasing consumer knowledge of the health effects of smoking;

- encouraging the cessation of smoking; and

- discouraging smoking uptake or relapse.

1.12.2 Behavioural and Attitudinal Impact

In addition, the graphic health warnings on tobacco product packaging have also resulted in the following:

- heightened consumer concern about smoking and contributed to deglamourising smoking, making it a less desirable behaviour;

- generated controversy and facilitated community discussion about smoking and its health effects, as well as the effects of passive smoking;

- had a positive effect on the behaviour of smokers, recent quitters, and non-smokers; for example: encouraged people to smoke less, to think about quitting, to give up smoking and stay quit. As well, the graphic health warnings have discouraged people from taking up smoking; and

- importantly, the graphic health warnings have resulted in positive attitudinal shifts among smokers and recent quitters. The attitudinal shifts have focussed on: heightening the belief that smoking increases the risk of health problems occurring, generating an increase in concern about the health effects of cigarettes, and predisposed smokers to consider quitting.

1.12.3 Graphic Images Have Had an Impact

The graphic images (and particularly in combination with the text warning) have emerged as a dominant element. Unaided recall of the health information either as a 'picture only' or 'in combination' with the text health warning has been instrumental in the potential effectiveness of specific health messages for the front and back of pack health warnings. For 13 out of the 14 warnings, some reference to the picture was made by the majority of smokers and recent quitters (Tel Sur 2008) in their recall.

1.12.4 A Balanced Approach

The series of images and health messages appears to have presented a balanced approach through the range and variety of health consequences depicted. Some images were frequently recalled or commented on throughout the study. Warnings portraying graphic, "shocking images" were often the warnings that received high recall and most comment; for example:

- "Smoking causes mouth and throat cancer";

- "Smoking causes peripheral vascular disease"; and

- "Smoking causes blindness".

Other than the high impact, "shocking" pictures, there were other health warnings that also elicited a strong response from those who took part in the study and these did not necessarily have "shocking" imagery. They were meaningful because they touched an emotion or were acknowledged as having a close association with smoking; for example:

- "Smoking harms unborn babies";

- "Don't let children breath in your smoke";

- "Smoking causes lung cancer";

- "Smoking doubles your risk of stroke";

- "Smoking causes heart disease";

- "Smoking is addictive"; and

- "Smoking – a leading cause of death".

1.12.5 High Noticeability and Readership Despite Some Decline

The graphic health warnings have achieved a high level of noticeability among smokers in particular with, for example, 9 in 10 aware of health information on the front of packs. However, there has been a decline in recall and readership of the front and side of pack warnings, in contrast to the increase in recall of warnings and information on the back of packs:

- the decline in recall of the front of pack appears to be due to positioning of the picture and the warning as well as its size (compared to that on the back of pack); and

- the decline in recall of side of pack information appears to be the result of removal of information relating to strength of ingredients. Smokers now see no need to read the side of pack. Unlike the front and back of pack, the side of pack is not linked to the other panels through the inclusion of similar graphic imagery or the repeat of the health warning.

1.12.6 The Warnings are Believable and Important

Throughout the current 2008 evaluation research there was widespread acceptance of the health warnings indicated by: the strong support for their inclusion on tobacco packs and the high level of believability, with 92% of smokers and 97% of recent quitters saying they are 'believable'.

1.12.7 Areas for Improvement

The graphic health warnings on tobacco and cigarette packaging have emerged as an important and effective component in the overall National Tobacco Strategy aimed at reducing smoking prevalence in Australia. However, areas for improvement were raised by consumers and stakeholders, for example: changes to design and content elements, as well as periodic review and revision of the health messages. This increases the variety of warnings and boosts the warning salience and relevance for different consumer groups. Many of these suggestions were raised in other research studies[23,27,29] covered in the 2008 Literature Review[5].

In regard to design elements to improve noticeability, recognition and understanding the suggestion was made by consumers and/or stakeholders:

- to use only clear, well-defined graphic images. A view supported by other research[30-32];

- to increase the size of the warning and the picture (particularly on the front panel) to improve noticeability, promote visibility and enable the warning to compete with other pack elements. Other research has also found that an increase in size is important[3,4,33,34];

- to improve readability and understanding through careful choice of typeface and print style;

- to aid understanding and meaningfulness of the messages by using uncluttered text in simple, non-technical language;

- some stakeholders suggested considering the use of statistics in the explanatory text of some warnings to enhance the sense of urgency of the warnings;

- poor readership of side of pack information led some consumers and stakeholders to suggest simplifying the text by for example, including: tips to quit, a large Quitline phone number, and information about ingredients (in lay terms); and

- consumers maintained that package design and colour can be an enticement to purchase a brand. Design elements were thought to often be in conflict and competition with the health message for consumer attention. To this end, plain packaging (i.e. restricting or prohibiting the use of logos, colours, brand imagery or text other than brand names printed in a standard colour and font size) was suggested by both consumers and particularly stakeholders as one way of strengthening the impact of health messages. The suggestion made by many of those who took part in the 2008 Evaluation that the potential effect of plain packaging is in strengthening the impact of the health warnings has also emerged in other research[19,20,21].

In regard to the graphic images, both consumers and stakeholders suggested keeping some of the key messages but updating and refreshing the existing images (e.g. Heart Disease, Stroke, Toxic, Addictive, Lung Cancer, Children, Emphysema, Clogged Arteries, Quitting).

Consumers and stakeholders suggested introducing new diseases with established links to smoking (e.g. Impotence, Kidney Disease, Bladder Disease, Bowel Cancer, Pancreatic Cancer, Infertility, Hearing Loss, Osteoporosis). Consumers reacted with interest to the possible inclusion of other diseases resulting from smoking and stakeholders felt that new warnings need to reflect new research findings on the health effects of smoking as well as encouraging quitting.

Allied to this was the suggestion to add more credibility to warnings with mention that 'images are from people who smoked'. Some also felt that the social consequences of smoking (e.g. time lost from family) could be explored. Several other studies have raised this issue together with the suggestion of social threat and social disapproval[28,30].

Other proposed improvements from consumers or stakeholders included:

- the suggestion to integrate pack imagery for use in other media (e.g. TV). This it was thought would reinforce the warning and heighten impact in general;

- a suggestion by stakeholders to extend graphic health warnings to other tobacco products, particularly tobacco for water pipes and cigars sold individually; and

- stakeholders also suggested developing a more efficient mechanism for introducing new warnings, and more consumer research on the impact of the graphic health warnings.

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2. INTRODUCTION

2.1 BACKGROUND

The following report details the key findings of an evaluation of the effectiveness of graphic health warnings on Tobacco Product Packaging in Australia. The first tobacco health warnings introduced in Australia in 1973 and up to 2006 were text-only. From March 2006 a new system of graphic health warnings came into full effect requiring most Australian-manufactured and imported tobacco product packaging to be printed with new graphic health warnings. The introduction in Australia of new graphic health warnings followed an international trend towards new, stronger health warnings which more explicitly advise consumers of the health effects of tobacco.

The key features of the Australian health warnings system are outlined below:

- fourteen health warnings comprising graphic images, warning messages, and explanatory messages;

- the health warnings are required to cover 30% of the front and 90% of the back of cigarette packets with graphic images on both front and back;

- an information message about the chemicals in tobacco smoke is required to cover one full side of a cigarette packet;

- the Quitline number and Quitnow website address are printed on the back of almost all packaging;

- a rotation system to optimise consumer learning and awareness rotates the graphic health warnings in two sets of seven every 12 months; and

- there are also five cigar specific health warnings comprising graphic images, warning messages and explanatory messages.

2.2 RESEARCH OBJECTIVES

The broad aim of this research project was to determine and evaluate the effectiveness of the graphic health warnings on tobacco product packaging on consumers and to evaluate the impact of the content of the health warnings system in achieving its purpose. The purpose of the health warnings as specified in the Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations 2004 (the Regulations) is:

> *"…to provide for a system of warnings, explanatory messages, and graphic images to increase consumer knowledge of the health effects relating to smoking, to encourage the cessation of smoking and to discourage relapse." (p6)[m]*

In more specific terms, the aim was to examine consumer and stakeholder reaction to the graphic warnings as a series, as well as, to specific elements of the tobacco health warnings as specified in the Regulations. These include the: warning messages; corresponding graphics; corresponding explanatory messages; source attribution statement ("Health Authority Warning"); quit message ("You Can Quit Smoking…"); Quitline phone number; Quitnow web address; and the information message on the side of cigarette packs.

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m   Trade Practices (Consumer Product Information Standards) (Tobacco) Regulations, Prepared by the Office of Legislative Drafting and Publishing, Attorney-General's Department, Canberra, 2007.

3. METHODOLOGY

3.1 OVERALL RESEARCH DESIGN

The Evaluation of the Effectiveness of Graphic Health Warnings on Tobacco Product Packaging involved two stages of research:

- **Stage 1:** A literature review of graphic health warnings, gathering data and information on the overseas experience, as well as studies on the Australian use of graphic warnings. (A summary of the findings appears in Chapter 4. A more detailed Literature Review appears under separate cover);

- **Stage 2:** This stage comprised three (3) components, utilising qualitative and quantitative research methods. It aimed at determining the effectiveness of graphic health warnings on tobacco product packaging and evaluating the impact of the content of the graphic health warnings and explanatory messages. Stage 2 research involved:

  - **Group Discussions:** twenty four (24) qualitative group discussions with the target audiences, to gauge consumer reaction and response to the graphic health warnings and the explanatory content;

  - **Telephone Survey:** a large scale nationwide quantitative telephone survey of 1304 people to establish and compare current consumer reactions to the graphic health warnings with those obtained in the telephone survey on health warnings conducted in 2000[n]. As well, to obtain a current and definitive measure of awareness, perceived effectiveness, and attitudes to the use of graphic health warnings; and

  - **Stakeholder Interviews:** twenty eight (28) semi-structured interviews with key informants from organisations with an interest in tobacco control, to assess their opinions toward and perceived impact of the graphic health warnings on tobacco product packaging.

n   Elliott & Shanahan Research (2000) Evaluation of the Health Warnings and Explanatory Health Messages on Tobacco Products. Department of Health and Aged Care, Canberra. http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-drugs-tobacco-warnings.htm

3.2   SCOPE AND STRUCTURE OF THE RESEARCH

3.2.1 Qualitative Research Among Consumers

Research Technique: This phase of the study was exploratory and diagnostic in nature, designed to provide in-depth information on the topic. Accordingly, the affinity mini group discussion and full group discussion techniques were utilised as part of the consumer research. This enabled both the rational concerns and emotional considerations in regard to the graphic health warnings to be comprehensively explored.

The approach adopted was not dissimilar to that successfully employed in the 2000 evaluation study conducted on tobacco product health warnings. Recruitment for the adult (18+ years) group discussions was based on the five stages of the change model of the Transtheoretical Model of Change[o]:

- *pre-contemplation:* not thinking about behavioural change;

- *contemplation:* intending to change but not in the near future;

- *preparation or ready for action:* intending to change in the near future and may already be making small preparatory changes;

- *action:* actively attempting behaviour change; and

- *maintenance:* continuing to make changes but requiring conscious effort to maintain this change.

As in 2000, Elliott & Shanahan Research modified this model to help guide the 2008 study structure:

- those in the pre-contemplation stage (not thinking about behavioural change) have been described as "Committed Smokers";

- those in the contemplation and ready for action stages (intending to change and may already be making small changes) have been described as "Contemplators"; and

- those in the action and maintenance stages have been described as "Recent Quitters" (see Technical Report).

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o   Prochaska, J.O & DiClemente, C.C. (1998) "Stages and processes of self change in smoking: Towards an integrative model of change". Journal of Consulting and Clinical Psychology, 51, 390-395.

Sample Structure: The qualitative research component involving members of the general public consisted of a series of mini group discussions (4 to 5 participants) and full group discussions (8 to 10 participants) (see Technical Report for details on sample).

The scope of the qualitative group discussion phase was as follows:

- seventeen (17) full group discussions and seven (7) mini group discussions, conducted across five (5) locations: Sydney, Melbourne, Brisbane, Coffs Harbour (NSW), and Shepparton (VIC); and

- representation of people from culturally and linguistically diverse backgrounds, and covering a broad cross section of socio-economic strata.

The scope and structure of the sample comprised:

- eight (8) groups of committed smokers;

- six (6) groups of recent quitters;

- five (5) groups of contemplators; and

- five (5) groups of non-smokers.

Recruitment Procedure: Elliott & Shanahan Research are Interviewer Quality Control Australia (IQCA) accredited and adhere to the guidelines detailed by the Australian Market and Social Research Society (AMSRS). Only consumer recruiting companies who have IQCA accreditation were used in this study. Companies used were: PM&A (Melbourne/Shepparton), Q&A (Brisbane), and Mary Sweeney Recruitment (Sydney/Coffs Harbour). A screening questionnaire (as used in the 2000 telephone survey) was used to ensure discussion participants met the specifications required (see Technical Report).

Group Discussion Procedure: Each discussion began with a general consideration of smoking. This initial "warm up" discussion enabled the researcher to obtain an understanding of the attitudinal context in which the graphic health warnings operate. At an appropriate point in each discussion, the topic of the graphic health warnings was raised, if not mentioned spontaneously.

Following unprompted discussion of the graphic health warnings a range of cigarette and cigar packs were shown to study participants. These displayed all the warnings and explanatory messages in the actual size and format in which they usually appear. Cigarette packs with both Set A and Set B graphic health warnings were shown in all discussion groups and reactions sought.

All group discussions and interviews were conducted by members of the Elliott & Shanahan Research Team including, Patrick Shanahan, David Elliott and Sophie Elliott. The moderator's/interviewer's role was to ensure that there is coverage of all relevant issues, and where issues 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.

The group discussions were conducted between 11 January to 21 February 2008.

3.2.2 Quantitative Research Among Consumers

Research Approach and Survey Methodology: Consumer reactions to the graphic health warnings were also obtained via a telephone survey of the Australian community, similar to that used in 2000. The telephone survey utilised the CATI (Computer Assisted Telephone Interviewing) procedure.

The sampling approach was Random Digit Dialling (RDD) and used the RDD database that has been developed through the Association of Market and Social Research Organisations (AMSRO). The sample was representative in that it covered the specific groups whose attitudes and behaviours were of interest. These included current smokers, ex-smokers and other sub-groups, which were further categorised by age and gender. Quotas were applied (details on sampling methodology appear in the Technical Report).

Sample Size: The quantitative component of the evaluation consisted of a national telephone survey conducted across Australia and sampled in proportion to the 15 years plus population in each State. The sample was a disproportionate stratified random sample. The total sample achieved was 1304.

The results were weighted back to the population and incidence of smoking within the community. This provided us with an immediate "snap shot" of smoking in the community and the statistics reported are representative of the views of the overall Australian population. It should be noted that post weighting of sample data is very common practice in social and market research. It takes advantage of the fact that stratified designs are more cost effective than general random samples, and allows more detailed analysis of small but important segments in the population (for more detailed information on the sampling procedure see the Technical Report).

Questionnaire and Fieldwork: A similar questionnaire to that used in the 2000 Evaluation Study was again used in 2008, with some modification to allow for gauging response to changes made to the packs since 2000. Questions used for comparative purposes remained unchanged. The questionnaire was developed in consultation with the Department of Health and Ageing (a copy is appended).

The fieldwork for the 2008 telephone survey was conducted by Taverner Research. Taverner Research is a member of AMSRS and AMRO (Australian Market Research Organisations) and has ISO20252 and IQCA accreditation. The questionnaire was pilot tested to ensure the inclusion of additional questions and modifications were understood and did not interfere with the flow of the questionnaire or confuse respondents. Fieldwork was conducted between 7 April and 12 May, 2008.

3.2.3 Stakeholder Interviews

This phase of the research consisted of a total of twenty eight (28) semi-structured interviews with experts/stakeholders: twenty (20) were conducted face to face either in a one on one situation, as a paired interview, or in one case a group discussion; and eight (8) interviews were administered over the telephone. Interviews took place during January to April, 2008, and stakeholders were representative of organisations in Sydney, Melbourne, Canberra, Brisbane, Adelaide and Perth (a list of participant organisations is appended).

An interview guide was developed in consultation with the Department (see Appendix). The scope and direction of each interview varied according to the interest and relevant expertise of the interviewee involved. In essence, the issues raised in the guide were covered in varying degrees with each of the interviewees. Respondents were initially chosen from a list supplied by the Department and supplemented by further interviewee recommendations given to us from those interviewed. The approach therefore, employed to some extent a "snow-balling" technique, which enabled a wide geographic coverage over a range of health and research areas.

3.3   ANALYSIS AND REPORTING

Reporting of the qualitative component consists of an analysis and interpretation by the researchers of the comments made throughout the group discussions and individual interviews with stakeholders. It should be noted that the semi-structured interviews and group discussion phases of the study were exploratory and diagnostic in nature. This aspect of the study is impressionistic. No attempt, therefore, has been made to attach numbers to the findings; rather they are indicative of target group attitudes to the graphic health warnings. Verbatim quotations from the group discussions are included to illustrate consumer response to the graphic health warnings.

In regard to the nationwide telephone survey, results were computer tabulated by Taverner Research and cross analysed by relevant demographics, as well as the smoker/non-smoker sub-groups. Dr. Bill Callaghan supervised the weighting and statistical procedures involved in the 2008 telephone survey (details of the weighting procedures are in the Technical Report). Tables are provided throughout this report which highlight the key findings and make reference to the specific computer tables from which they are sourced. A written commentary on the key findings is also included.

Significant tests were conducted on weighted data for all studies, in order to establish the existence of significant differences. The z test was used to establish differences at the 95% confidence level. The use of ++ denotes a difference at the 95% confidence level across surveys, and ** indicates a difference at the 95% level within the telephone survey.

4. SUMMARY OF LITERATURE REVIEW

Graphic health warnings that depict the possible consequences of smoking are an increasingly common feature of tobacco product packaging worldwide. Canada was the first country to introduce graphic health warnings, replacing text-only health warnings in 2000, with Brazil following in 2002. By February 2008, governments in Singapore, Jordan, Thailand, Venezuela, Panama, Australia, Uruguay, Chile, Belgium, Hong Kong, Korea and New Zealand had also introduced graphic health warnings, with many others considering or planning to do so in the future. A table listing these countries (as known at the time of writing), together with the number, size and position of the warnings, appears in the Appendix.

This global phenomenon has been driven, to a large extent, by research that demonstrates the effectiveness of graphic health warnings in increasing knowledge and awareness of the health risks of smoking and in encouraging smoking cessation.

Much of the research in the area is from Canada, where graphic health warnings appear to have played a significant role in enhancing both smokers' and non-smokers' understanding of the specific health consequences of smoking, motivating smokers to quit, discouraging relapse, and deterring potential smokers from starting to smoke[1,2]. The International Tobacco Control (ITC) Project examines and compares the effect of various forms of packaging on smoker behaviours and attitudes across a number of countries and demonstrates the greater effect of the graphic health warnings compared to text-only warnings[3]. Preliminary studies in Brazil, Singapore and Thailand indicate that graphic health warnings have also had a positive impact on knowledge of smoking risks, and motivation to quit[4,5,6].

In essence, recent research continues to highlight the influence of a number of key factors on the overall effectiveness of graphic health warnings on tobacco product packaging. The importance of health warning noticeability, the presentation of motivating themes, message clarity, credibility and reinforcement are emphasised throughout the literature. Significantly, past research indicates that these factors must accommodate the varying ways in which specific consumer groups respond to health warnings. Health warning relevance and variety are therefore also notable. Finally, the introduction of plain packaging has also been raised in the literature as a future measure that may help to increase the impact of health warnings.

The following is a summary of a review of existing research relating to graphic health warnings on tobacco product packaging. It was prepared by Elliott & Shanahan Research between November 2007 to February 2008 as the first stage of research, to inform the evaluation of Australian graphic health warnings on tobacco product packaging and was conducted for the Department of Health and Ageing (DoHA). The literature review focuses on the impact of graphic health warnings, and is based on data and information from both Australian and international studies.

4.1   KEY OUTCOMES OF THE LITERATURE REVIEW

The literature review, although one part of an evaluation program designed to determine the effectiveness of the graphic health warnings on consumers, is in itself extensive. The key outcomes of the review are as follows:

- Recent studies provide considerable evidence of the effectiveness of graphic health warnings in raising awareness of the risks of smoking, increasing consumer knowledge of the health effects of smoking, encouraging the cessation of smoking, and discouraging smoking uptake or relapse;

  Much of the literature compares and contrasts graphic health warnings with text-only health warnings on a number of critical factors and clearly shows that graphic health warnings are less susceptible to wear out than text-only warnings, and out-perform text-only health warnings on a number of factors; for example:

  – on noticeability and overall impact of the warning,

  – on the impact of the message, in encouraging consumers to think about health consequences, and in encouraging cessation,

  – in bringing about positive attitudinal and behavioural changes associated with smoking cessation,

  – increasing knowledge of the health risks of smoking and in making consumers aware of the range of adverse health effects of smoking,

  – appear to have more impact than text-only health warnings in lower socio-economic groups and among those with limited literacy, and in influencing younger people, and

  – both graphic health warnings and text-only warnings appear to be more effective in influencing 'lighter' smokers and those contemplating quitting than they are in influencing committed smokers;

- Design features play an important role in determining the potential effectiveness of graphic health warnings. To this end, specific features which have emerged from the literature review and are important to the effectiveness of the warning include:

  – the size of the warning (the larger the better, as this promotes visibility and enables warnings to compete with other pack elements),

  – the position on the pack (front panel in particular is most important),

  – the use of colours (particularly contrasting colours),

  – clarity of warning (easily understood imagery, simply and clearly defined),

  – typeface and font size (print type and style influence legibility), and

  – large, uncluttered text (simple, non-technical words);

- The choice of health warning itself is important. Allied to this is the notion of:

  - firstly, getting the right message (message content) such as: personalising health risks, conveying the impact on others, social consequences, and reference to benefits of quitting, and

  - secondly, getting the message right or message execution. Thus, credibility and relevance of the message conveyed in a clear, simple and direct format is important and so too is its ability to arouse an appropriate emotional response. The combining of both rational and emotional elements appears to be particularly important.

4.2 EFFECTIVENESS OF GRAPHIC HEALTH WARNINGS

Recent research indicates that graphic health warnings have a stronger impact on smokers than text-only warnings. The International Tobacco Control (ITC) Project[3] shows that Canadian smokers were more likely to cite graphic health warnings as a source of information, were more aware of a range of adverse health effects of smoking compared to that of their counterparts in countries where there are text-only health warnings[3].

Moreover, the impact of graphic health warnings may be sustained more effectively in the longer term, with evidence to suggest that they are less susceptible to "wear-out" [3,7].

Graphic health warnings have varying levels of success in influencing particular smoker groups. For example:

- Overall, both text-only and graphic health warnings generally appear to have had greatest effect on middle-aged to older smokers[8,9]. However, several studies indicate that graphic health warnings may be more successful than text-only warnings in influencing younger smokers[4,7,10,11,12];

- The research suggests that those on more moderate incomes are generally most likely to be influenced by health warnings overall[9]. Nonetheless, in countries such as Brazil and Thailand, lower socio-economic groups appear to have responded particularly well to graphic health warnings[4,6]. Other studies suggest that this may be dependant on the complexity of the warning and its clarity for those with low levels of literacy[13];

- While the ITC Project indicates that both text-only and graphic health warnings are likely to have a greater impact on males than females[9], a number of other studies have found that females respond more strongly than males to health warnings, particularly those featuring graphics[10,13,14]; and

- The research appears to be more consistent in regard to the greater influence that both text-only and graphic health warnings have on "lighter" smokers and potential quitters compared with their effect on "heavy", or more committed smokers[7,15]. Several studies have noted the contrasting ways in which these groups respond to graphic health warnings, with "lighter" smokers generally finding them motivating, and committed smokers tending to be more dismissive about their impact[16,17].

4.3   FACTORS THAT INFLUENCE THE EFFECTIVENESS OF GRAPHIC HEALTH WARNINGS

GETTING THE WARNING NOTICED

While the use of graphics clearly enhances the noticeability of a health warning, the size of the warning, position on the pack, choice of colours, typeface and layout also have a strong bearing on whether or not a warning is noticed. The research shows that, in order to maximise visual impact, a graphic warning should:

- Occupy as much of the surface area of the pack as possible[18-22];

- Be situated on the front of the pack. Research shows the front of the pack to be a significantly more prominent position for a health warning than either the side or the back of the pack[19,20,23-25];

- Use contrasting colours, red, and avoid black and white[19,21,26-30]; and

- Use borders around the warning text[21,31].

The accompanying text on graphic health warnings has also been shown to have an impact on the noticeability of the warning. The research suggests that the text on health warnings should use**:**

- Large fonts[19,21,24,32-36];

- Upper case lettering[37];

- Bold type[38];

- Brief messages[21,26];

- Bullet points rather than continuous text[39,40]; and

- Signal words, such as "Danger" and "Warning" [35,41].

DEVELOPING MEANINGFUL MESSAGE CONTENT

Message content has evolved over the years from general health warnings to more specific messages addressing a range of issues that tend to fall into one of four categories (outlined below). Recent research provides evidence for the significance of these messages in motivating smoker cessation, and provides greater insight into the most effective means of conveying these messages to smokers:

- **Health risks:** The literature shows that concern about the health risks of smoking is the most common motivation for quitting[2]. Messages that relate to personal health risks, impact on others, social consequences, and benefits of quitting have been shown to be effective in promoting smoking cessation through encouraging motivation to quit, increasing smoker knowledge of health consequences, and raising their concerns. In this regard, much of the past research points to the greater effectiveness of messages that relate to specific health risks rather than to health more generally[42-44]. The relevance of specific health concerns tends to vary for different consumer groups (see *'Health Warning Relevance'* below);

- **Impact on others:** Concern about the impact of smoking on others has also been shown to influence motivation for quitting[45]. Research indicates that health warnings that convey the risks of passive smoking for children and babies have a strong impact, particularly on those smokers who have children[16,17,46];

- **Encouraging positive attitudes about quitting:** The literature also points to the importance of including messages that focus exclusively on the benefits of quitting, or "gain framed" messages (appeal in a positive way, by presenting the avoidance of health risks as a benefit of quitting). These warnings have been found to encourage smokers to feel that quitting is desirable, worthwhile and achievable. Such an approach works well in tandem with "loss framed" warnings (i.e. describing the undesirable consequences of smoking that smokers are at risk of acquiring) [16,17,47]; and

- **Social consequences:** Recent research provides further support for the effectiveness of messages that appeal to social norms, by focussing on the undesirable social consequences of smoking such as bad breath, yellow teeth, effect on skin, social disapproval. Several studies have shown this to be an effective approach for targeting young people, who appear to be particularly receptive to messages pertaining to potential negative social consequences, social threat and social disapproval[16,17,47,48].

GETTING THE TONE RIGHT

Much of the literature suggests that fear appeals can be effective in motivating behavioural change providing that they are sufficiently strong and credible, and are accompanied by efficacy messages that help smokers develop positive attitudes towards quitting, by demonstrating both how the health risk can be avoided (i.e. by quitting), and how this can be achieved (i.e. how to quit or where to get help) [26,29,47].

Fear based messages have a high level of "cut-through" and produce an emotional response from smokers, and, in so doing, help to establish unfavourable associations with smoking[45,49,50].

Some researchers question the use of fear based appeals in health warnings on tobacco product packaging[51], however, several studies have demonstrated the strong impact that "shocking" graphics frequently have on viewers, with evidence to suggest that they may encourage smokers to consider cessation if coupled with appropriate pro-quit messages[2,52,53].

Fear arousing messages appear to have greatest impact on those who are highly involved in the issue and this is greatest if the message is personalised. Egger, Donovan and Spark[54] suggest the need to emphasise the "me" in the message because people are motivated out of self interest. Messages need to convey the personal consequences and the high probability of negative consequences.

CLEAR, SIMPLE AND DIRECT WARNINGS

It is apparent from the literature that health warnings on tobacco product packaging must be clear, simple, and direct, in order to be understood[17,55]. This applies to the image used in graphic warnings as much as to the text[17,30,46]. This has been shown to be particularly important for conveying the risks of smoking to those with low levels of literacy[12]. There is also evidence to suggest that narrative style pictures may enhance understanding of warning messages[30].

HEALTH WARNING CREDIBILITY

Recent research continues to demonstrate the significance of message credibility, in increasing knowledge and awareness of the effects of smoking and potentially leading to positive behavioural change. Smokers who believe the messages conveyed on health warnings on tobacco product packaging are far more likely to be influenced by them[10,22,53]. Message credibility may be affected by the extent of general awareness of specific consequences of smoking, with some claims likely to be rejected if they appear too extreme[10].

The literature indicates that credibility may be enhanced by:

- Using messages that are personalised, direct and unambiguous. Appealing to the individual, through the use of the second person in warning statements, has been shown to be effective[17,20,42];

- Avoiding probabilistic language (such as "can" and "may") and thereby leaving no room for doubt[16,56];

- Attributing the warning to a specific, reputable and expert source[16,31,57]. There is inconsistency in the literature as to whether government or medical sources are considered credible;

- Using large sized warnings[31]; and

- Using "signal" words (such as "Danger", "Warning" etc)[12].

HEALTH WARNING RELEVANCE

The literature highlights the importance of targeting messages to specific audiences. Research shows that the impact of different messages varies for different audiences, reflecting the extent to which they are personally relevant[31,47,55]. Understanding target group knowledge, beliefs and attitudes is therefore considered critical to the development of effective warning messages[47,58,59].

Age, gender and cultural differences in response to specific health warnings have been observed:

- Older people tend to be more influenced by messages pertaining to existential/ terminal health risks of smoking, such as cancer, heart disease, stroke and diseased lungs[7,10,16,20,55];

- Younger people respond better to messages conveying more immediate health risks such as poor fitness and negative social consequences[7,23,53,60]. Studies have shown messages relating to the undesirable cosmetic effects of smoking to have a particularly strong impact on girls[7,16,17,47,53,55];

- Females also seem to be more strongly influenced by messages relating to pregnancy and children[7,16,17,53,55];

- Males tend to respond more strongly to messages relating to impotence[7,16,53]; and

- People of different cultures and nationalities have been found to respond in varying ways to different health warning messages and tonal qualities[16].

HEALTH WARNING VARIETY, ROTATION AND REVIEW

The research suggests that using a variety of messages and targeting them appropriately is likely to strengthen overall impact[1,36,61]. Systems of rotation and periodic revision help to maintain variety, and enhance both the salience and relevance of health warnings for different target groups[3,47,59,62-64].

Systems of rotation and periodic review are commonly used to maintain health warning variety, keeping warnings "fresh", and allowing for coverage of a range of health risks. The periodic review and revising of health messages has been commonly advocated as a means of increasing variety[3,47,59,62]. Periodically reviewing the messages is particularly important in that it enables updating of messages to prevent wear-out and in so doing, increases attention, readership, and knowledge, facilitating the overall impact of the health messages in general[1,36,61].

Introducing a variety of messages and rotating messages counters over-exposure, broadens targeting; and, the presentation of new and specific information provides "novelty", reduces inattention and processing habituation[47,59,63,64].

HEALTH WARNING REINFORCEMENT

The literature shows that other communications and media activity can be used to reinforce health warning messages, helping to strengthen both their reach and impact[17,47,61].

These measures may be further supported by other forms of tobacco control, thereby contributing to the "denormalisation" of smoking. Many researchers assert that changing societal values in relation to smoking is particularly powerful in both encouraging cessation and deterring uptake[6,15,65].

PLAIN PACKAGING

The literature indicates that, while not yet introduced in any country, the use of plain packaging for tobacco products (i.e. restricting or prohibiting the use of logos, colours, brand imagery or text other than brand names printed in a standard colour and font size) is likely to strengthen the impact of health warnings.

Most research assessing the effect of plain packaging on health warnings has focussed on text-only warnings, suggesting that the removal of branding cues from packaging may enhance the memorability of the health warning[60,66-69].

While young people appear more likely than older people to see the benefits of plain packaging in discouraging smoking[66-70]. Research conducted in Victoria suggests that support for plain tobacco packaging amongst adult Australians may be increasing. A tracking survey showed that approval for plain packaging amongst Victorians aged 18 years and over rose from just over half the sample (52%) in 2004 to 63% in 2006. Approval was lower amongst older people (60% of those aged 50+ years) and smokers (51%)[37].

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5. RESULTS AND DISCUSSION: COMMUNITY RESEARCH

5.1 UNDERLYING PATTERNS OF BEHAVIOUR

> The 2008 telephone survey shows a decrease in the number of current smokers, with similar patterns of behaviour and attitudes to that of 2000. However, those contemplating quitting and 'light' smokers are more conducive to behavioural change.

5.1.1 Smoking Incidence

As demonstrated in Table 1, there was a significant decrease in the proportion of the population who considered themselves current smokers from 20% in 2000 to 17% in 2008. This decline in the proportion of people considering themselves smokers is consistent with national prevalence figures from the National Drug Strategy Household Survey which showed a drop from 19.5% in 2001 to 16.6% in 2007[p].

Table 1: Smoking Status – Total Sample

Q1. Could you please tell me if you currently smoke cigarettes, are an ex-smoker or a non-smoker?[q]

SMOKING STATUS	Total	
	00 %	**08 %**
I've never smoked	57	58
I use to smoke, but haven't smoked for years	19	19
I use to smoke, but haven't smoked for at least 12 months	2	3
I use to smoke, but gave it up in the last 12 months	3	3
I currently smoke	20[++r]	17
BASE: All Respondents	**1204**	**1304**

(Reference: Computer Table 1 – Total Set)

Interestingly, in 2008 males were significantly more likely than females to be smokers (21% and 14% respectively) and to have been a smoker but not smoked for more than 12 months (21% and 17% respectively) as can be seen in Table 2. Females were more likely to be non-smokers (63% vs. 52% of males).

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p   National Drug Strategy Household Survey (2007), Australian Institute of Health and Welfare Drug Statistics Series. Department of Health and Ageing, Canberra.

q   The telephone survey utilised two questionnaires, Section A for smokers and recent quitters and Section B for non-smokers and long term ex-smokers. Unless noted the question number refers to Section A.

r   Please note: Differences within and between surveys are only commented on when they are statistically significant at the 95% confidence level.

++   This denotes a significant difference at the 95% confidence level across the two surveys (i.e. the 2000 and 2008 surveys)

**   This denotes a significant difference at the 95% confidence level within the survey (i.e. the 2008 survey)

Table 2: Smoking Status by Gender

Q2.   Could you please tell me if you currently smoke cigarettes, are an ex-smoker or a non-smoker?

2008 SMOKING STATUS	Total	
	Male %	Female %
I've never smoked	52	63**
I use to smoke, but haven't smoked for years	21	17
I use to smoke, but haven't smoked for at least 12 months	3	3
I use to smoke, but gave it up in the last 12 months	3	3
I currently smoke	21**	14
BASE: All Respondents	**686**	**618**

(Reference: Computer Table 1 – Total Set)

One in ten smokers (10%) indicated that they had smoked cigars in the past 12 months, 1% smoked a pipe, 3% indicated they smoked both cigars and pipes, and 86% only smoked cigarettes (Table 3).

Table 3: Smoking of Cigars/Pipes

Q2.   In the last year have you smoked any cigars or pipes?

2008 CIGAR/PIPE SMOKING	Total %	Smokers %	Recent Quitters %
Cigars only	10	10	11
Pipes only	1	1	-
Both	3	3	3
Neither	86	86	85
BASE: Smokers & Recent Quitters	**790**	**670**	**120**

(Reference: Computer Table 2 – Total Set)

5.1.2 Smoking Behaviour

There were no significant changes in the pattern of smoking from 2000 to 2008, with the vast majority of smokers in 2008 (85%) smoking 'everyday/most days'.

Table 4: Current Use of Tobacco

Q3. Which of the following statements describes your current use of tobacco?

SMOKING FREQUENCY	Smokers	
	00	**08**
	%	**%**
Smoke regularly, everyday or most days	86	85
Smoke occasionally not everyday but at least once a week	10	10
Smoke occasionally but less than once a week	4	5
BASE: Smokers	**822**	**670**

(Reference: Computer Table 4 – Smoker Set)

The 2008 telephone survey showed mixed results in regards to recent changes in smokers' behaviour. Smokers in 2008 were less likely to have 'changed to brands with lower tar or nicotine content' (13% vs. 20% in 2000) but, more likely to have 'increased the amount of tobacco' they smoked in a day (7% vs. 4% in 2000). There was also a small but significant increase in the proportion of smokers who had 'done nothing different' in regards to their smoking behaviour in the past 12 months (from 51% in 2000 to 56% in 2008) as seen in Table 5.

In 2008, both males (11%) and females (15%) were less likely to have 'changed to brands with lower tar or nicotine content' compared to 2000 (males, 19% and females, 20% respectively). Nonetheless, there were some key differences in their behaviour patterns (Table 5); for example:

- there was a significant increase, in the proportion of females who 'reduced the amount of tobacco' they smoked in a day (from 27% in 2000 to 33% in 2008), and a significant decrease in the proportion who 'changed to brands with higher tar or nicotine content' (from 4% in 2000 to 1% in 2008); whereas,

- males demonstrated a significant increase in the proportion who 'increased the amount of tobacco' they smoked in a day (from 3% in 2000 to 8% in 2008) and a significant increase in the proportion who had 'done nothing different' in regards to their smoking behaviour (from 50% in 2000 to 59% in 2008).

Table 5: Recent Change in Smoking Behaviour (Smokers)

Q3c. In the past 12 months have you…

CHANGE IN SMOKING BEHAVIOUR	Smokers					
	Total		Male		Female	
	00 %	08 %	00 %	08 %	00 %	08 %
Changed to brands with lower tar or nicotine content	20++	13	19++	11	20++	15
Reduced the amount of tobacco you smoke in a day	29	30	31	28	27	33++
Increased the amount of tobacco you smoke in a day	4	7++	3	8++	6	7
Changed to brands with higher tar or nicotine content	3	2	2	2	4++	1
Switched to cigar or pipe	-	1++	-	1*++	-	0
Done nothing different	51	56++	50	59***++	52	51
BASE: Smokers	**822**	**670**	**378**	**366**	**444**	**304**

(Reference: Computer Table 7 – Smoker Set) NB: Question allowed multiple responses

There were very few significant differences (at the 95% confidence level) according to age. Those aged 18-24 years (11%) and 25-44 years (9%) were significantly more likely than 55-64 year olds (2%) to have 'increased the amount of tobacco' they smoked in a day, while those aged 18-24 years (3%) were also more likely than 25-44 year olds (-) and 45-54 year olds (-) to have switched to a cigar or pipe (Computer Table 7 – Smoker Set).

Analysis of smokers according to their contemplation status and consumption levels in 2008 revealed the following significant differences. In particular, those contemplating quitting appear more conducive than non-contemplators to behavioural change as are 'light' smokers compared to 'heavy' smokers (Table 6):

- one month (46%) and 6 month (36%) contemplators were more likely to have 'changed to brands with lower tar or nicotine content' than non-contemplators (18%);

- one month (17%) and 6 month (16%) contemplators were more likely to have 'reduced the amount of tobacco' they smoked in a day than non-contemplators (8%);

- non-contemplators (70%) were more likely than 6 month (47%) and 1 month (40%) contemplators to have 'done nothing different' in the past 12 months;

- 'light' (14%) and 'moderate' (12%) smokers were more likely than 'heavy' smokers (2%) to have 'reduced the amount of tobacco' they smoked in a day;

- 'light' smokers (37%) were more likely than 'moderate' (19%) and 'heavy' (17%) smokers to have 'changed to brands with lower tar or nicotine content';

- 'heavy' smokers (18%) were more likely than 'moderate' (9%) and 'light' (5%) smokers to have 'increased the amount of tobacco' they smoked in a day; and

- 'heavy' (66%) and 'moderate' (64%) smokers were more likely than 'light' smokers (50%) to have 'done nothing different' in the past 12 months in regards to their smoking behaviour.

Table 6: Recent Change in Smoking Behaviour by Contemplation Status and Consumption Level

Q3c. In the past 12 months have you…

2008 CHANGES IN LAST 12 Months	Contemplation			Consumption		
	Non %	6 month %	1 month %	Light %	Moderate %	Heavy %
Changed to brands with lower tar or nicotine content	18	36**	46**	37**	19	17
Reduced the amount of tobacco you smoke in a day	8	16**	17**	14**	12**	2
Increased the amount of tobacco you smoke in a day	7	8	9	5	9	18**
Changed to brands with higher tar or nicotine content	1	2	2	2	2	3
Switched to cigar or pipe	1	1	1	-	1	3
Done nothing different	70**	47	40	50	64**	66**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 7 – Smoker Set)

5.1.3 Smoking Attitudes

In 2008, comments made by smokers in the group discussions toward smoking tended to echo those expressed by smokers in the previous 2000 evaluation research. In general, committed smokers (i.e. those not thinking about behavioural change) were far more adamant in their opinions regarding their smoking behaviour than were those contemplating quitting (i.e. those intending to change and those already making small preparatory changes). Committed smokers tended to be: more entrenched in their beliefs, particularly older, long-term, and 'heavy' smokers; and, more strident in voicing their opinions, particularly in what they saw as their right to exercise freedom of choice by choosing to smoke. They were also more likely to claim their freedoms were being eroded through increasing tax on tobacco and the introduction of laws that restrict smoking opportunities in public (Grps 2008).

Committed smokers did acknowledge the role of habit and the influence of the addictive properties of cigarettes in the maintenance of their smoking behaviour. They stressed that smoking is a habit that is *"hard to break"* and their addiction is often used as a reason as to why they are unable to quit; while others contended that they are the victim of an addictive personality and that they have become emotionally attached to the habit. Committed smokers also had a greater tendency to deny or discount the potential health effects of smoking (Grps 2008).

5.1.4 Triggers to Smoking

As in 2000, in 2008 there was widespread agreement (Grps 2008) on what were seen as the triggers to smoking, with the influence of any single trigger varying between individuals. The key triggers mentioned were:

- the addictive nature of tobacco which was generally accepted as one of the main drivers causing people to continue to smoke;

- when consuming alcohol, coffee, or after eating;

- when socialising in general, particularly with other smokers, and when in an environment or atmosphere in which smoking is permitted;

- some working environments (e.g.: hospitality, sales, blue collar occupations) were by their very nature (or as a result of the behaviour of people in those occupations) said to encourage smoking;

- when bored, at a loose end, or stressed; and

- image, peer influence, role model influence, and desire to be rebellious were all mentioned by young smokers (15-17 years) as triggers to start (or maintain) the smoking habit.

5.1.5 Perceived Benefits of Smoking

Once again, as in 2000, many maintained they derive considerable enjoyment and pleasure from smoking, and linked to this is the claimed *"comfort"* smoking affords. This belief was most strongly held by the more committed smokers of both genders and across all age groups (Grps 2008). Smokers often spoke of the relief from stress and anxiety achieved from smoking. For many, smoking becomes an habitual stress reliever or comforter for everyday activities.

Some smokers maintained that smoking is an aid to social intercourse, and in that context, tobacco is often a companion product to the use of alcohol or coffee. Allied to this aspect and in a social context, is the notion that smoking indirectly promotes a sense of belonging (particularly for young smokers), and, while smoking with friends, reinforces the sociability of the habit.

5.1.6 Concerns About Smoking

Overall, issues to do with health represented the most dominant concerns voiced by smokers and non-smokers in regard to smoking. However, the extent to which concern for health manifests itself into a reason to quit varied considerably within and across the group discussions (Grps 2008). In essence, older smokers (40+ years) exhibited the most concern about the potential effects of smoking on their health. For younger smokers particularly, health issues or concerns about the potential effects on health of smoking become a more significant consideration if a family member or close friend dies from a smoking related disease.

Some perceived short term negative health symptoms are noticed (for example, breathing difficulties, loss of energy, chest pains, coughing, wheezing, slow recovery from illness). However, the extent to which these acknowledged symptoms of a health issue are a motivation to quit varied according to where study participants were on the Transtheoretical Model of Change[s]. Contemplators and recent quitters showed greater concern than did those categorised as committed smokers (Grps 2008).

The increasing financial cost of cigarettes was often mentioned by smokers in the study as a significant concern and a reason to quit the habit. This was particularly the case for younger smokers (15-17 years) and those on restricted budgets and limited incomes.

While many of the concerns expressed regarding smoking were similar to those raised in the 2000 research, in 2008 there was a strong perception that a number of issues were having a significant effect: in particular, legislative changes and anti-smoking advertising, including the graphic health warnings. In this regard, concerns focussed on the following issues:

- the changing laws regarding smoking in public buildings, on transport, in hotels/clubs and restaurants;

- TV anti-smoking advertising promotion and the graphic health warnings on tobacco packaging were seen as having an increasing influence. General negative media coverage of smoking was also seen as part of a changing environment and a contributor to increasing unfavourable community views of smoking and social disapproval of the habit;

- other environmental and social pressures not to smoke were said to come from: children, who express dissatisfaction at their parents smoking; and some young males (18-24 years) maintained that some young women are pressuring them not to take up smoking or to stop smoking; and

- the perception that smokers are becoming social outcasts and that there is increasing community disapproval of smoking, emerged as a considerable concern for many smokers and ex-smokers in the study, irrespective of how committed they were, or had been, to the habit.

5.2 NOTICEABILITY OF GRAPHIC HEALTH WARNINGS

Warning noticeability/salience has been shown in the literature to be a critical determinant of the overall effectiveness of health warnings on tobacco and cigarette packaging. The noticeability of the Australian graphic health warnings is very high.

5.2.1 Perceived Changes to Tobacco Product Packaging

Most people have noticed changes to tobacco product packaging with the graphic health warnings the most frequently mentioned change.

Almost two thirds of all respondents in the telephone survey (64%) were aware of changes to tobacco and cigarette packaging in the last two years (Table 7). Similarly, for those who took part in the group discussions, the introduction of graphic health warnings was the most frequently unprompted and spontaneously mentioned change made to tobacco product packaging.

Those most likely to be aware of changes to the health warnings were:

- 25-44 year olds (77%), 45-54 year olds (73%), 15-24 year olds (73%);

- males (74%) and females (72%) under 25 years of age, compared to 62% for both genders over 25 years;

- respondents in metropolitan areas (66%) compared to those in rural areas (60%);

- those educated beyond Year 10; University (71%), Years 11 or 12 (67%), TAFE (62%);

- employed respondents (72%) and those studying (69%) rather than unemployed (45%);

- those with an income per annum of: $81–100k (83%), $100+k (76%), $61–80k (73%), and $41–60k (68%) compared to <$40k (45%); and

- families and young singles/couples; mid families (76%), older families (75%), young couples (74%), young families (73%) and singles (72%).

Both smokers (86%) and recent quitters (80%) were more likely than non-smokers (59%) and ex-smokers (57%) to be aware of changes to tobacco packaging (Table 7).

Table 7: Changes to Warnings

Q3 & Q4 (Section B). Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years?

2008 NOTICED CHANGES	Total	Smokers	Recent Quitters	Non-Smokers	Ex-Smokers
	%	%	%	%	%
Yes	64	86**	80**	59	57
No	36	14	20	41**	43**
BASE: All Respondents	**1304**	**670**	**120**	**259**	**255**

(Reference: Computer Table 9 – Total Set)

Interestingly, in 2008, 6 month contemplators (90%) and 1 month contemplators (88%) were more likely than non-contemplators (83%) to be aware of changes to tobacco packaging, although the 1 month contemplator proportion was not significantly different to that of the non-contemplators (Table 8).

Table 8: Changes to Warnings by Contemplation Status

Q4. Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years?

2008 NOTICED CHANGES	Contemplation		
	Non	6 month	1 month
	%	%	%
Yes	83	90**	88
No	17**	10	12
BASE: Smokers	**293**	**241**	**129**

(Reference: Computer Table 9 – Smoker Set)

As shown in Table 9, the most commonly recalled changes to tobacco packaging were: 'pictures/ explicit images' (86%), 'warnings cover more of the package' (19%), 'tougher/stronger messages' (8%), and 'more information' (7%).

The key differences according to smoking status were as follows:

- smokers (90%) were more likely than ex-smokers (81%) to mention the 'pictures/explicit images';

- smokers (12%) were less likely than non-smokers (21%) and ex-smokers (21%) to mention that the 'warnings cover more of the package'; and

- smokers (13%) and recent quitters (8%) were more likely than non-smokers (1%) and ex-smokers (2%) to mention tar, nicotine, and carbon monoxide information was 'missing/replaced with text description/chemicals in tobacco smoke' (Table 9).

Among group discussion participants, the introduction of the graphic health warnings was also the most frequently unprompted and spontaneously mentioned change made to tobacco product packaging. The inclusion of graphic images dominated consumer response across all segments, smoker and non-smoker alike.

Table 9: Unaided Specific Changes Noticed

Q4a & Q3a (Section B). What specific changes have you noticed?

SPECIFIC CHANGES NOTICED	Total	Smokers	Recent Quitters	Non-Smokers	Ex-Smokers
	%	%	%	%	%
Pictures/explicit images/graphics/colour	86	90**	90	85	81
Warnings cover more of the package/ is bigger/90% of back? 30% front?	19	12	18	21**	21**
Tougher/stronger messages	8	7	4	8	11**
More information	7	7	7	6	10
There is a new set of graphic health warnings on packs/the pictures have changed	5	6	3	4	8
Average levels of tar, nicotine and carbon monoxide yields on the side of pack missing/replaced with text description/ chemicals in tobacco smoke	4	13**	8**	1	2
Quitline telephone number	1	2	-	2	0
Other	2	2	4	1	3
Don't know	2	1	-	1	4**
Can't recall	1	1	1	-	2
BASE: Respondents who noticed changes	**996**	**575**	**99**	**159**	**163**

(Reference: Computer Table 10 – Total Set)

5.2.2 Awareness of Health Information: Unaided Recall

> Unaided awareness of health information was highest for information on the front of the pack. Awareness generally was higher for smokers and recent quitters than it was for ex-smokers and non-smokers.

Just under two thirds (64%) of the total sample were aware of health information on the front of tobacco/cigarette packs, while 37% were aware of health information on the back, and 19% on the side of packs. In an overall sense, awareness levels were generally higher for smokers and recent quitters. Nine in ten (91%) smokers were aware of health information on the front of packs, 73% were aware of health information on the back of packs, and 46% were aware of the side of pack health information. In addition, ex-smokers (18%) were more likely than non-smokers (11%) to recall the side of pack health information (Table 10).

Table 10: Awareness of Health Information on Tobacco/Cigarette Packs

Q5 & Q4 (Section B). Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack?

AWARE	Total	Smokers	Recent Quitters	Non-Smokers	Ex-Smokers
	%	%	%	%	%
Front	64	91**	92**	56	62
Side	19	46**	37**	11	18**
Back	37	73**	65**	27	32
BASE: Smokers	**1304**	**670**	**120**	**259**	**255**

(Reference: Computer Table 12-14 – Total Set)

Interestingly, amongst smokers awareness of health information on the back of tobacco/cigarette packs increased significantly in 2008 (up 11% from 2000), while awareness of the information on the side and front both decreased significantly (down 21% and 7% respectively), as shown in Table 11.

Table 11: Awareness of Health Information on Tobacco/Cigarette Packs (Smokers)

Q5. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack?

AWARE	Smokers					
	Front		Side		Back	
	00	08	00	08	00	08
	%	%	%	%	%	%
Yes	98++	91	67++	46	62	73++
No	2	7++	33	48++	37++	23
Don't Know	-	2++	-	6++	1	4++
BASE: Smokers	**822**	**6700**	**822**	**670**	**822**	**670**

(Reference: Computer Tables 12-14 – Total Set)

This pattern of response was similar across all smoker/non-smoker segments (i.e., recent quitters, non-smokers, and ex-smokers), with all showing highest awareness of health information for the front, followed by the back, then side. Similarly, for recent quitters awareness of health information on the back of pack increased significantly, while awareness of health information on the side and front decreased significantly (Tables 12-14).

Table 12: Awareness of Health Information on Tobacco/Cigarette Packs (Recent Quitters)

Q5. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack?

AWARE	Recent Quitters					
	Front		**Side**		**Back**	
	00 **%**	**08** **%**	**00** **%**	**08** **%**	**00** **%**	**08** **%**
Yes	97++	92	52++	37	46	65++
No	2	8++	47	56++	50++	24
Don't Know	-	1	2	6	4	12
BASE: Recent Quitters	**130**	**120**	**130**	**120**	**130**	**120**

(Reference: Computer Tables 12-14 – Total Set)

Table 13: Awareness of Health Information on Tobacco/Cigarette Packs (Non-Smokers)

Q4 (Section B). Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack?

AWARE	Non-Smokers					
	Front		**Side**		**Back**	
	00 **%**	**08** **%**	**00** **%**	**08** **%**	**00** **%**	**08** **%**
Yes	80++	56	20++	11	20	27
No	19	35++	75	69	75++	51
Don't Know	1	10++	5	21++	5	22++
BASE: Non-Smokers	**101**	**259**	**101**	**259**	**101**	**259**

(Reference: Computer Tables 12-14 – Total Set)

Table 14: Awareness of Health Information on Tobacco/Cigarette Packs (Ex-Smokers)

Q4 (Section B). Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack?

AWARE	Ex-Smokers					
	Front		**Side**		**Back**	
	00 **%**	**08** **%**	**00** **%**	**08** **%**	**00** **%**	**08** **%**
Yes	83++	62	38++	18	34	32
No	16	29++	59	64	62++	52
Don't Know	1	9++	3	18++	4	16++
BASE: Ex-Smokers	**151**	**255**	**151**	**255**	**151**	**255**

(Reference: Computer Tables 12-14 – Total Set)

5.2.3 Unaided Recall of Health Warnings on the Front of The Pack

Smokers and recent quitters had higher unaided recall of health warnings on the front of pack than non-smokers and ex-smokers. Health warnings relating to 'harming unborn babies', 'lung cancer', 'mouth/throat cancer', 'peripheral vascular disease', and 'leading cause of death' had the highest recall.

Unaided[t] the most commonly recalled front of pack health warnings by all respondents were: "Smoking causes lung cancer" (34%), "Smoking harms unborn babies" (29%), "Smoking causes mouth and throat cancer" (18%), "Smoking – a leading cause of death" (18%) and, "Smoking causes peripheral vascular disease" (17%), as can be seen in Table 15.

There were a number of key differences in recall for those warnings that were recalled by 10% or more of the total sample:

- "Smoking causes lung cancer" was most likely to be recalled by 25-44 year olds (40%), 15-24 year olds (38%), white collar respondents (39%), those who were university educated (40%), respondents in the $81-100k income bracket (48%), young, middle and older families (46%, 38% and 35%), young couples (38%) and overseas born respondents (41%);

- "Smoking harms unborn babies" was most likely to be recalled by 25-44 year olds (40%), 15-24 year olds (39%), females under 25 years of age (48%), females in general (35%), those who completed Years 11-12 (34%), university educated (30%), employed (32%) and studying (37%), young singles 41% and couples (45%), young (34%) and mid (46%) families, and Australian born respondents (32%);

- "Smoking - a leading cause of death" was most likely to be recalled by 45-54 year olds (24%), females under 25 years (29%), white collar respondents (22%), those who were university (22%) or TAFE educated (21%), employed respondents (20%), those in the $100+k income bracket (25%) and young families (24%);

- "Smoking causes mouth and throat cancer" was most likely to be recalled by 15-17 year olds (41%), 55-64 year olds (22%), 25-44 year olds (22%), Year 11-12 educated respondents (21%), those studying (24%), young singles (29%), those in older families (24%), and mature singles (26%);

- "Smoking causes peripheral vascular disease" was most likely to be recalled by 15-17 year olds (32%), 25-44 year olds (22%), those in metropolitan areas (19%), Year 11-12 educated respondents (22%), those studying (24%), those in the $81-100k income bracket (25%), young singles (29%) and Australian born respondents (18%); and

- "Smoking causes heart disease" was most likely to be recalled by 18-24 year olds (14%), 25-44 year olds (12%), 45-54 year olds (13%), employed respondents (12%), those with household incomes $100+k (21%), Australian born respondents (11%) and males under 25 years of age (16%).

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t   There was no unaided recall of health warnings relating specifically to cigars. There was some aided recall and this is covered later in the report.

SMOKERS AND RECENT QUITTERS

The greater likelihood of exposure to the graphic health warnings by smokers and recent quitters has led to a higher unaided recall of the warnings on the front of pack among these groups compared to non-smokers and long term ex-smokers. As shown in Table 15 smokers and recent quitters were more likely than non-smokers to recall without prompt the following:

- "Smoking harms unborn babies" (43% smokers, 48% recent quitters, 25% non-smokers respectively);

- "Smoking causes peripheral vascular disease" (34%, 26%, 13% respectively);

- "Smoking causes heart disease" (20%, 18%, 5% respectively);

- "Smoking causes blindness" (12%, 16%, 1% respectively);

- "Smoking causes emphysema" (19%, 4%, 5% respectively);

- "Smoking clogs your arteries" (12%, 7%, 3% respectively);

- "Don't let children breathe your smoke" (10%, 9%, 1% respectively); and

- "Smoking doubles your risk of stroke" (6%, 8%, 1% respectively).

In addition, smokers were also more likely than non-smokers to recall 'Smoking is addictive' (5% vs. 1%) and 'Tobacco smoke is toxic' (4% vs. 0%), while ex-smokers were more likely than non-smokers to recall 'Smoking causes lung cancer' (40% vs. 30%) and 'Smoking causes heart disease' (12% vs. 5%).

Table 15: Unaided Recall of Health Information on Front of Cigarette Packs in 2008

Q7 & Q5 (Section B). What health message or information is on the front of the cigarette pack?

2008 UNAIDED RECALL FRONT OF PACK	Total	Smokers	Recent Quitters	Non-Smokers	Ex-Smokers
	%	%	%	%	%
Smoking causes mouth and throat cancer	18	21	19	16	18
Smoking - a leading cause of death	18	16	13	18	20
Smoking causes peripheral vascular disease/gangrene	17	34**	26**	13	8
Smoking causes emphysema	9	19**	4	5	8
Smoking clogs your arteries	5	12**	7**	3	2
Don't let children breathe your smoke	4	10**	9**	1	1
Quitting will improve your health	3	4**	2	3**	-
Smoking causes lung cancer	34	38	42	30	40
Smoking harms unborn babies	29	43**	48**	25	23
Smoking causes heart disease	10	20**	18**	5	12**
Smoking causes blindness	4	12**	16**	1	2
Smoking doubles your risk of stroke	3	6**	8**	1	3
Smoking is addictive	2	5**	3	1	2
Tobacco smoke is toxic	1	4**	2	0	1
BASE: Respondents who have read/were aware of the information on the front of the pack	**955**	**535**	**96**	**149**	**175**

(Reference: Computer Table 19 – Total Set)

Amongst smokers there were fewer key differences across segments. However, the key differences for the most commonly recalled health warnings were as follows:

- "Smoking causes lung cancer" was most likely to be recalled by 18-24 year olds (50%);

- "Smoking harms unborn babies" was most likely to be recalled by 18-24 year olds (52%), females (51%), and those in metropolitan areas (48%);

- "Smoking - a leading cause of death" was most likely to be recalled by males under 25 years (26%);

- "Smoking causes peripheral vascular disease" was most likely to be recalled by females (39%), 45-54 year olds (42%), 25-44 year olds (35%), 18-24 year olds (37%) and females aged 25 years and over (40%); and

- "Smoking causes emphysema" was most likely to be recalled by 18-24 year olds (36%) and males under 25 years of age (33%).

NON-SMOKERS AND EX-SMOKERS

As can be seen in Table 15 non-smoker and ex-smoker recall regarding the front of pack was highest for: "Smoking causes lung cancer" (30% and 40% respectively), "Smoking harms unborn babies" (25% and 23% respectively), "Smoking – a leading cause of death" (18% and 20% respectively), and "Smoking causes mouth and throat cancer" (16% and 18% respectively).

5.2.4 Unaided Recall of Health Warnings on the Back of The Pack

> Unaided recall of specific health warnings on the back of pack was lower than recall of warnings for the front of pack. However, the pattern of recall remained the same.

Unaided, the most commonly recalled back of pack health warnings by all respondents were: "Smoking causes lung cancer" (13%), "Smoking harms unborn babies" (11%), "Smoking causes peripheral vascular disease" (8%), Quitline phone number (8%), "Smoking causes mouth and throat cancer" (7%), and "Smoking – a leading cause of death" (5%) (Table 16).

SMOKERS AND RECENT QUITTERS

As shown in Table 16 smokers and recent quitters were more likely than non-smokers and ex-smokers to recall:

- "Smoking causes emphysema" (smokers, 5% and recent quitters, 7% respectively);

- "Smoking clogs your arteries" (6% and 7% respectively); and

- "Don't let children breathe your smoke" (4% and 6% respectively).

Smokers were significantly more likely than all other groups to recall "Smoking causes peripheral vascular disease" (15%), "Smoking causes heart disease" (9%), and the Quitline telephone number (14%); while recent quitters were more likely than all other groups to recall "Smoking causes blindness" (5%).

Summary Table 16: Unaided Recall of Health Information on Back of Cigarette Packs in 2008

Q8 & Q6 (Section B). What health message or information is on the back of the cigarette pack?

2008 UNAIDED RECALL BACK OF PACK	Total	Smokers	Recent Quitters	Non-Smokers	Ex-Smokers
	%	%	%	%	%
Smoking causes peripheral vascular disease/gangrene	8	15**	6	3	9
Smoking causes mouth and throat cancer	7	7	9	7	10
Smoking - a leading cause of death	5	9	10	3	4
Smoking causes emphysema	2	5**	7**	-	1
Smoking clogs your arteries	2	6**	7**	-	-
Don't let children breathe your smoke	2	4**	6**	-	-
Quitting will improve your health	1	2	-	-	-
Smoking causes lung cancer	13	13	18	14	10
Smoking harms unborn babies	11	15	12	8	10
Smoking causes heart disease	4	9**	3	2	2
Smoking causes blindness	2	3	5**	1	-
Smoking doubles your risk of stroke	2	4	2	-	-
Smoking is addictive	1	2	1	-	2
Tobacco smoke is toxic	1	2	-	-	-
Quitline Phone Number	8	14**	10	5	6
BASE: Respondents who have read/were aware of the information on the front of the pack	**695**	**440**	**72**	**83**	**100**

(Reference: Computer Table 49 – Total Set)   Partial Table

Amongst smokers, the key differences were as follows:

• the Quitline Phone Number was most likely to be recalled by females (17%) compared to males (11%), 6 month contemplators (19%) compared to non-contemplators (11%), and those who were educated to TAFE level (21%) compared to those educated to Year 10 or less (9%);

• "Smoking – a leading cause of death" was more likely to be recalled by white collar workers (12%) compared to blue collar (2%) and those whose education was completed in Year 11-12 (12%) compared to those completed Year 10 or less (4%);

• blue collar workers (10%) were more likely than white collar workers (2%) to recall, "Don't let children breathe your smoke";

• males (5%) were more likely to recall "Smoking causes blindness" than were females (1%); and

• "Smoking causes emphysema" was most likely to be recalled by those without a university education – Year 10 or less (7%), Year 11-12 (7%), and TAFE (6%) Compared to those with University education (1%) (see Computer Table 49 – Total Set).

NON-SMOKERS AND EX-SMOKERS

Table 16 also shows that non-smoker and ex-smoker recall regarding the back of pack was highest for "Smoking causes lung cancer" (14% and 10% respectively), "Smoking harms unborn babies" (8% and 10% respectively), and "Smoking causes mouth and throat cancer" (7% and 10% respectively). Just under one in ten long term ex-smokers (9%) also recalled "Smoking causes peripheral vascular disease".

5.2.5 Unaided Recall of Health Warnings on the Side of The Pack

> Unaided recall levels for side of pack health information were very low compared to recall of front and back of pack warnings.

As can be seen in Table 17, overall, unaided recall levels for the side of pack information were much lower than for the front and back of the pack. Half of the sample (50%) were unsure about what information was on the side of the pack - 26% suggested they didn't know and 24% couldn't recall.

Due to the lower awareness levels overall, the sample was insufficient for meaningful analysis of different segments within the smoker and other key groups. However, for the total sample, the most commonly recalled warnings from the side of tobacco packaging were: "Smoking exposes you to more than 40 harmful chemicals" (16%), "These chemicals damage blood vessels, body cells and the immune system" (8%), and "Quit now to reduce your risk of chronic illness or premature death" (6%). Smokers were more likely than recent quitters, ex-smokers, and non-smokers to recall each of these warnings.

Interestingly, a number of respondents (16%) incorrectly recalled average levels of tar, nicotine and carbon monoxide yields on the side of the pack. Average yield levels are no longer required to be printed on packaging as part of the graphic health warning system. Smokers and recent quitters were more likely than ex-smokers and non-smokers to incorrectly recall average yield levels (23% and 27% respectively).

Table 17: Unaided Recall of Health Information on Side of Cigarette Packs (Total Sample)

Q9 & Q7 (Section B). What health message or information is on the side of the cigarette pack?

2008 UNAIDED RECALL	Total Sample	Smokers	Recent Quitters	Non-Smokers	Ex-Smokers
	08	08	08	08	08
	%	%	%	%	%
Smoking exposes you to more than 40 harmful chemicals	16	29**	14	8	5
Average levels of tar, nicotine and carbon monoxide yields on the side of pack	16	23**	27**	12	7
These chemicals damage blood vessels, body cells and the immune system	8	16**	3	3	-
Quit now to reduce your risk of chronic illness or premature death.	6	11**	-	3	2
More details relating to front/back panel	6	6	12	5	6
Smoking is a health hazard/harmful to health	4	-	-	7**	6**
Brand name/number of cigarettes	3	-	-	7**	1*
Quitline information	2	4	6	-	2
Smoking kills	2	-	-	6**	-
General warnings	1	2	2	-	-
Statistics	1	-	-	3**	-
Smoking causes lung cancer	1	-	-	-	3**
Manufacturers details	1	1	-	-	-
Other	2	3	-	2	-
Don't know	26	13	8	35**	42**
Can't recall	24	19	38**	23	30*
BASE: Total Sample	**394**	**271**	**37**	**32**	**54**

(Reference: Computer Table 86 – Total Set)

5.2.6 Aided Recall of Graphic Health Warnings: Cigarettes

> There was very high aided recall of most graphic health warnings among both smokers and recent quitters. This high recall was reflected across all sub-samples.

SMOKERS

Aided recall of the graphic health warnings amongst smokers was very high with all of the front/back of pack warnings being recalled by more than six in ten smokers, and in fact, eight of the fourteen warnings were recalled by more than 80% of smokers (Table 18).

For smokers, recall was highest for: "Smoking causes lung cancer" (94%); "Smoking harms unborn babies" (90%); "Smoking causes heart disease" (89%); and "Smoking is addictive" (89%); closely followed by: "Smoking clogs your arteries" (83%); "Smoking causes peripheral vascular disease" (83%); "Smoking causes mouth and throat cancer" (82%); and "Smoking causes emphysema" (81%).

Table 18: Aided Recall of Health Information (Smokers)

Q12. I'm going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the cigarette pack/cigar pack or does not appear at all or if you are uncertain?

2008 AIDED RECALL	Smokers		
	Yes	No	Uncertain
	%	%	%
Smoking clogs your arteries	83	10	6
Smoking causes peripheral vascular disease/gangrene	83	11	6
Smoking causes mouth and throat cancer	82	10	7
Smoking causes emphysema	81	13	6
Smoking - a leading cause of death	73	17	9
Don't let children breathe your smoke	69	22	9
Quitting will improve your health	63	26	11
Smoking causes lung cancer	94	4	2
Smoking harms unborn babies	90	7	3
Smoking is addictive	89	7	4
Smoking causes heart disease	89	6	5
Tobacco smoke is toxic	76	16	8
Smoking doubles your risk of stroke	64	23	13
Smoking causes blindness	61	27	13
Smoking exposes you to more than 40 harmful chemicals	65	22	13
Quit now to reduce your risk of chronic illness or premature death	62	26	12
These chemicals damage blood vessels, body cells and the immune system	49	33	18
BASE: Cigarette Smokers	**670**		

(Reference: Computer Tables 208-229 – Smoker Set)

Overall, there were a number of key differences within the smoker sample:

*   smokers under 45 years of age tended to have higher recall levels than those over 45 years;

*   smokers who completed their education in years 11-12 tended to have a higher level of recall overall than 'other education' groups; and

*   6 month and 1 month contemplators tended to have higher levels of recall overall than did non-contemplators (see Computer Tables 208-229 – Smoker Set).

Female smokers overall were more likely than male smokers to recall:

*   "Smoking harms unborn babies" (92% to 86%).

Male smokers generally were more likely than female smokers to recall:

*   "Smoking causes heart disease" (91% to 86%).

In addition, female smokers under 25 years of age were more likely than male smokers to recall:

*   "Smoking causes mouth and throat cancer" (97% to 84%);

*   "Smoking – a leading cause of death" (91% to 73%); and

*   "Tobacco smoke is toxic" (91% to 71%).

While male smokers under 25 years of age were more likely than female smokers under 25 years of age to recall:

*   "Quit now to reduce your risk of chronic illness or premature death" (77% to 8%).

RECENT QUITTERS

Amongst recent quitters, aided recall of the health warnings was generally lower than that of smokers, but was still very high for "Smoking causes lung cancer" (80%), followed by "Smoking is addictive" (78%), "Smoking causes heart disease" (75%), "Smoking harms unborn babies" (74%), and "Smoking clogs your arteries" (71%). As can be seen in Table 19 more than six in ten recent quitters also recalled:

*   "Smoking causes emphysema" (67%);

*   "Smoking causes mouth and throat cancer" (64%); and

*   "Smoking causes peripheral vascular disease" (61%).

The sample of recent quitters was insufficient to allow further analysis within this segment.

Table 19: Aided Recall of Health Information (Recent Quitters)

Q12. I'm going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the cigarette pack/cigar pack or does not appear at all or if you are uncertain?

2008 AIDED RECALL	Recent Quitters		
	Yes	**No**	**Uncertain**
	%	**%**	**%**
Smoking clogs your arteries	71	7	23
Smoking causes emphysema	67	8	25
Smoking causes mouth and throat cancer	64	7	29
Smoking causes peripheral vascular disease/gangrene	61	12	27
Smoking - a leading cause of death	59	16	25
Don't let children breathe your smoke	57	18	25
Quitting will improve your health	56	15	29
Smoking causes lung cancer	80	1	19
Smoking is addictive	78	3	18
Smoking causes heart disease	75	3	22
Smoking harms unborn babies	74	4	22
Tobacco smoke is toxic	57	16	27
Smoking doubles your risk of stroke	44	26	30
Smoking causes blindness	37	25	38
Quit now to reduce your risk of chronic illness or premature death	46	24	31
Smoking exposes you to more than 40 harmful chemicals	44	26	31
These chemicals damage blood vessels, body cells and the immune system	20	39	41
BASE: Recent Quitters	**120**	**120**	**120**

(Reference: Computer Tables 208-229 – Total Set)

5.2.7 Aided Recall of Graphic Health Warnings: Cigar Packs

> Aided recall of health warnings on cigar packs is lower than that for cigarette packs. Most cigar smokers purchase cigars singularly, and as single cigars are not required to carry the health warnings, this is likely to have affected recall.

Aided recall[u] of the cigar pack graphic health warnings was lower than the aided recall of most of the cigarette graphic health warnings. Recall of the cigar pack health warnings ranged from 30% to 66% for cigar smokers (including recent quitters). Recall was highest for: "Don't let children breathe your smoke" (66%) and "Cigar smoking causes lung cancer" (60%), followed by "Cigar smoking causes mouth and throat cancer" (56%), and "Cigar smoke is toxic" (47%)(Table 20). These four health warnings, while tailored to cigars use the same graphics and similar warning statements to health warnings on cigarette packaging.

Interestingly, recall of the specific health warning "Cigars are not a safe alternative to cigarettes" (30%) was significantly lower than that of the other cigar pack graphic health warnings, ranging from 47%-6%. It should be noted that this is the only graphic health warning specific to cigars.

Table 20: Aided Recall of Health Information on Cigar Packaging (Smokers & Recent Quitters)

Q12. I'm going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the cigarette pack/cigar pack or does not appear at all or if you are uncertain?

2008 AIDED RECALL	Smokers & Recent Quitters		
	Yes	**No**	**Uncertain**
	%	**%**	**%**
Don't let children breathe your smoke	66	26	8
Cigar smoking causes lung cancer	60	30	10
Cigar smoke causes mouth and throat cancer	56	30	14
Cigar smoke is toxic	47	37	16
Cigars are not a safe alternative to cigarettes	30	51	19
BASE: Cigar Smokers/Recent Quitters	**82**		

(Reference: Computer Tables 225-229 – Total Set)

It is important to note that the majority (71%) of those who smoked cigars usually purchased them singularly. As cigars sold singularly are not required to have health warnings, most cigar smokers are not exposed to them (Table 21).

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u   The sub samples of current cigar smokers and recent cigar quitters are combined to provide a sample size of 82 to enable more reliable analysis.

Table 21: How Cigars are Purchased

Q2a. Do you usually buy cigars in a pack or singularly?

2008 CIGAR PURCHASE	Cigar Smokers
	%
Pack	26
Singularly	71
Other	2
BASE: Cigar Only and Pipe and Cigar Smokers	**72**

(Reference: Computer Table 3 – Total Set)

5.2.8 Read Health Messages/Information

> The front of pack message is read more than the back or side of pack messages. However, there has been a significant increase in the proportion of smokers and recent quitters who have read the back of pack health information, and a decrease in readership of the front and side of pack messages.

As in 2000, both smokers and recent quitters were asked in 2008, if they 'had read any health messages or health information on the front, side or back of the tobacco/cigarette pack'.

Tables 22 and 23, show a number of important findings for both smokers and recent quitters:

- although still 8 out of 10 claimed to have read the front of pack health message, the proportion saying that they had read the front of pack had decreased significantly in 2008 (80%) compared to 2000 (93%). Group discussion participants commented that the text on the front of pack was "too small" and "too difficult to read" (see Section 5.5);

- there has also been a significant decrease in the proportion of smokers (41%) and recent quitters (33%) who claim to have read the side of pack information in 2008 compared to that recorded in 2000 (smokers, 58% and recent quitters, 47%); and

- the proportion of smokers and recent quitters who had read the back of the pack has increased significantly in 2008, to be 66% and 62% respectively, compared to the findings for 2000 (57% and 45% respectively).

Table 22: Read Health Information on Tobacco/Cigarette Packs (Smokers)

Q6. Have you read any health messages or health information on the front, side or back of the tobacco/cigarette pack?

READ	Smokers					
	Front		Side		Back	
	00 %	08 %	00 %	08 %	00 %	08 %
Yes	93[++]	80	58[++]	41	57	66[++]
No	7	19[++]	41	56[++]	42[++]	31
Don't Know	-	1	-	3[++]	1	3[++]
BASE: Smokers	822	790	822	790	822	790

(Reference: Computer Tables 16-18 – Total Set)

Table 23: Read Health Information on Tobacco/Cigarette Packs (Recent Quitters)

Q6. Have you read any health messages or health information on the front, side or back of the tobacco/cigarette pack?

READ	Recent Quitters					
	Front		Side		Back	
	00 %	08 %	00 %	08 %	00 %	08 %
Yes	92[++]	82	47[++]	33	45	62[++]
No	8	17[++]	52	58	54[++]	36
Don't Know	-	1	1	9[**++]	1	2
BASE: Recent Quitters	130	120	130	120	130	120

(Reference: Computer Tables 16-18 – Total Set)

Discussion of some of the issues arising from consumer perception of the front, side, and back of pack content is covered in Section 5.5 of the report. However, it is worth noting that:

• in 2008, the pictures have been shown to be the most important component for the vast majority of health warnings/messages, and they have tended to dominate consumer response;

• it is possible that telephone survey respondents did not consider looking at a picture as 'reading health messages or health information', which was how the question was worded; and

• the significant increase in readership has occurred for the back of pack information and this part of the pack had explanatory content as well as picture and health warning text.

5.3 IMPORTANCE OF HEALTH WARNINGS

A total of 85% of people considered it important for the Government to have health warnings on tobacco packaging, with 7 out of 10 people saying it is 'very important'.

In the 2008 Telephone Survey 85% considered it 'very' (71%) or 'quite' (14%) important that the Government has health warnings on packs of tobacco and cigarettes.

A high proportion of people chose the description 'very important' and in general, this high proportion was reflected across all sub-groups, (Table 24). There were significant differences between:

- non-smokers (76%), long term ex-smokers (70%) and recent quitters (68%) compared with current smokers (53%) who said 'very important'; and

- those in rural areas (74%) compared with those in metro areas (69%) who said 'very important' (see Computer Table 232 – Total Set).

Table 24: Importance of Government Health Warnings (Total Sample)

Q14 & Q8 (Section B). How important is it that the Government has health warnings on packs of tobacco and cigarettes? Would you say...

IMPORTANCE OF HEALTH WARNINGS	Total Sample				
	Total	Smoker	Recent Quitter	Ex-Smoker	Non-Smoker
	%	%	%	%	%
Very important	71	53	68**	70**	76**
Quite important	14	18	16	13	14
Neither important nor unimportant	4	9**	5	5	3
Quite unimportant	3	7**	7**	5**	1
Very unimportant	7	13**	5	6	6
BASE: Total Sample	**1304**	**670**	**120**	**255**	**259**

(Reference: Computer Table 232 – Total Set)

In terms of those who considered the warnings to be 'important' (either 'very' or 'quite') there were significant differences between:

- females (88%) compared to males (82%);

- females under 25 (97%) and females 25 and over (86%), versus males under 25 (84%), and males 25 and over (82%);

- those born in Australia/NZ (86%) compared to those born overseas (82%);

- those studying (92%) compared to employed (84%) and unemployed (84%);

- those smokers who had made attempts to quit for one month (79%), or greater than a month (74%), compared to those who had never tried to quit (65%);

- those smokers and recent quitters who found the health warnings 'believable' (76%) versus those who did not (29%);

- those smokers and recent quitters who claimed their knowledge had improved as a result of the current health warnings (83%) compared to those who said it had not improved (50%);

- those smokers whose future intention is to 'attempt to quit' (77%), or 'ease up' (70%) compared to those who say they will continue to smoke (57%); and

- those people who considered the health warnings were 'effective' (93%) versus those who said they were 'ineffective' (61%) or who were 'neutral' (84%).

In 2008, a total of 71% of smokers considered it either 'very' or 'quite' important that the Government has health warnings on packs of tobacco and cigarettes. This is the same proportion noted in 2000. Compared to the findings of the previous evaluation telephone survey, there was an increase in the proportion of recent quitters who claimed the health warnings were 'important': 78% in 2000 compared to 84% in 2008. Recent quitters also showed a significant increase in the proportion saying it was 'very important' (50% in 2000, 68% in 2008).

Table 25: Importance of Government Health Warnings (Smokers & Recent Quitters)

Q14. How important is it that the Government has health warnings on packs of tobacco and cigarettes? Would you say…

IMPORTANCE OF HEALTH WARNINGS	Smokers		Recent Quitters	
	Total		Total	
	00	08	00	08
	%	%	%	%
Very important	49	53	50	68***++
Quite important	22++	18	28++	16
Neither important nor unimportant	10	9	4	5
Quite unimportant	10++	7	13	7
Very unimportant	9	13***++	5	5
BASE: Smokers & Recent Quitters	**822**	**670**	**130**	**120**

(Reference: Computer Table 232 – Total Set)

In 2008, those smokers contemplating quitting were significantly more likely to consider the health warnings 'important' than were non-contemplators, 77% to 62%. Similarly, 'light' smokers were significantly more likely than 'moderate' or 'heavy' smokers to consider the health warnings important, 74% versus 65% and 64% respectively (Table 26).

Table 26: Importance of Warnings by Contemplation Status and Consumption Level

Q14. How important is it that the Government has health warnings on packs of tobacco and cigarettes? Would you say…

2008 IMPORTANCE OF HEALTH WARNINGS	Contemplation			Consumption		
	Non	6 month	1 month	Light	Moderate	Heavy
	%	%	%	%	%	%
Important	62	77**	77**	74**	65	64
Neither	12**	7	6	8	12	9
Unimportant	25**	16	17	18	23	27
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 232 – Smoker Set)

In 2008 there was a total of 90% of non-smokers and 83% of long term ex-smokers considering the health warnings important (either 'very' or 'quite' important). Non-smokers and long term ex-smokers showed an increase in 2008 in the proportion of people considering the health warnings 'very important', although the ex-smoker increase was the only significant increase, 58% in 2000 to 70% in 2008 (Table 27).

Table 27: Importance of Government Health Warnings (Non-Smokers & Ex-Smokers)

Q8 (Section B). How important is it that the Government has health warnings on packs of tobacco and cigarettes? Would you say…

IMPORTANCE OF HEALTH WARNINGS	Non-smokers		Ex-smokers	
	Total		Total	
	00	08	00	08
	%	%	%	%
Very important	73	76	58	70++
Quite important	13	14	22++	13
Neither important nor unimportant	4	3	5	5
Quite unimportant	8++	1	12++	5**
Very unimportant	2	6++	3	6
BASE: Non-Smokers & Ex-Smokers	**101**	**259**	**151**	**255**

(Reference: Computer Table 232 – Total Set)

5.4 BELIEVABILITY OF THE GRAPHIC HEALTH WARNINGS

> Believability of the graphic health warnings was overall very high but some warnings were thought to exaggerate or were linked to low risk diseases.

A total of 92% of smokers and 97% of recent quitters in the 2008 telephone survey found the health warnings 'believable'. Indeed, the majority of smokers (56%) and recent quitters (64%) indicated that they found the health warnings 'very believable'. A further one in three said the warnings were 'somewhat believable' (smokers, 36%; recent quitters, 33%)(Table 28).

Table 28: Warning Believability

Q11c. Overall, do you find the health warnings very believable, somewhat believable or not at all believable?

	Smokers	Recent Quitters
	%	%
Very believable	56	64
Somewhat believable	36	33
Not at all believable	6	2
Can't say	2	1
BASE: Smokers & Recent Quitters	**670**	**120**

(Reference: Computer Table 206 – Total Set)

In regard to finding the health warnings 'very believable' the most significant differences (at the 95% confidence level) were found between:

- those contemplating quitting in 6 months (63%) and those contemplating quitting in 1 month (62%), with those not contemplating quitting (48%) (Table 29);

- those smokers who considered the warnings 'important' (66%) versus those who did not see them as 'important' (36%) (Table 30);

- male smokers, 25+ years (60%), compared to male smokers, under 25 years (46%);

- smokers in metro areas (61%) versus smokers in rural areas (48%);

- smokers who have education above Year 11 (59% to 62%) compared to smokers who attended school to Year 10 or less (42%);

- employed smokers (60%) versus unemployed (46%);

- those smokers who avoided the warnings compared to those who did not avoid them, 64% to 54%;

- those smokers who considered the warnings to be effective compared to those who did not find them effective, 66% to 36%;

- those smokers who said the warnings had improved their knowledge (65%) compared to those who said there was no improvement in their knowledge (39%); and

- those current smokers who said that in the future they will 'attempt to quit' (64%) compared to those who will continue to smoke (41%) or 'ease up' (53%) (see Computer Table 206 – Smoker Set).

Table 29: Warning Believability by Contemplation Status and Consumption Level

Q11c. Overall, do you find the health warnings very believable, somewhat believable or not at all believable?

2008 WARNING BELIEVABILITY	Contemplation			Consumption		
	Non %	6 month %	1 month %	Light %	Moderate %	Heavy %
Very believable	48	63**	62**	58	53	51
Somewhat believable	39	33	32	36	37	31
Not at all believable	10**	4	3	4	10**	13**
Can't say	2	-	3	2	1	5**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 206 – Smoker Set)

Table 30: Warning Believability by Perceived Importance

Q11c. Overall, do you find the health warnings very believable, somewhat believable or not at all believable?

2008 NOTICE CHANGES	Warning Importance		
	Important %	Neither %	Unimportant %
Very believable	64**	37	36
Somewhat believable	32	52**	42**
Not at all believable	3	9**	18**
Can't say	1	3	4**
BASE: Smokers	**471**	**59**	**140**

(Reference: Computer Table 206 - Total Set)

Overall, group discussion participants accepted that the health conditions depicted on the warnings could result from smoking, reflecting general acceptance of the notion that smoking is very dangerous to health. However, the perceived risks of personally contracting these diseases varied considerably.

According to many (Grps 2008), the most credible warnings are those linked to well-known smoking related health issues. The truthfulness of the statement and the image in these cases was rarely questioned (although at times the image confused some); for example:

- "Smoking causes lung cancer";

- "Smoking causes heart disease";

- "Smoking causes emphysema";

- "Smoking harms unborn babies";

- "Quitting smoking will improve your health"; and

- "Tobacco smoke is toxic".

Interestingly, warnings about diseases or conditions that had also been covered in anti-smoking television commercials were generally more believable and more involving for consumers.

Many committed smokers in the study held self-exempting beliefs about the health conditions depicted. Significantly, some of the more graphic images appeared to reinforce these beliefs and comments were based on attempts to rationalise that risk of contracting is very low. Such views were further fuelled by anecdotes about people who had contracted the same diseases and conditions, as those depicted by the graphic health warnings, and who did not smoke; and heavy, and long-term smokers, who lived to an old age, with seemingly little or no effect of smoking on their health.

> *"I believe it's true but I still choose to have a cigarette. You hear all these things like talking on the phone can give you brain tumours…girls dying from solariums…cigarettes probably do it.*
>
> *Healthy people die of these things too.*
>
> *That's the excuse we use to make ourselves not feel so bad."* (Females, 18-24 years, Contemplators, Melbourne)
>
> *"Yeah, it all comes back to the 'we might read it, but it'll never happen to us' (attitude).*
>
> *Although when you do get a symptom, like I was having chest pains, then you think maybe it's that (smoking)."* (Female, 40-69 years, Ex-Smoker, Brisbane)

For some warnings there was some doubt regarding the authenticity of the image (e.g. mouth and throat cancer) or of the likely risk of such consequences (e.g. 'blindness') occurring. For some smokers, these 'less credible warnings' were not readily associated with smoking behaviour. They were associated more strongly with other causes.

> *"I know it (smoking) causes everything bad that you can die from.*
>
> *I think the images are a bit exaggerated but I believe the messages – what it's saying – I think they have the medical facts to prove it. They wouldn't just be saying it."* (Females, 25-39 years, Committed Smokers, Sydney)

5.5   RESPONSE TO KEY ELEMENTS OF THE GRAPHIC HEALTH WARNINGS

> The key elements of the graphic health warnings are the pictures, warning messages, explanatory text, Quitline number and Quitnow address. Consumer understanding of the key elements is very good. Pictures have had the greatest impact, with the pictures and accompanying information on the back of pack being particularly significant. There was strong appreciation for the inclusion of Quitline and Quitnow information.

The health warning system requires a number of key components to appear on cigarette packaging including: warning messages and graphic images on both the front and back of packs; explanatory messages on the back; the Quitline number and Quitnow web address on the back; a source attribution statement ('Health Authority Warning'); and an information message on the side of cigarette packs. Consumer response to each of these components was investigated.

5.5.1 Understanding of Graphic Health Warning Key Elements

> Community understanding of the health information is very good. Barriers to understanding focus on the quality of the image and lack of understanding of some words used in the explanatory content.

Overall, consumer understanding (not necessarily acceptance) of the three main elements (graphic image, text warning, explanatory text) as demonstrated across all group discussions (Grps 2008) was very good. In broad terms, the barriers to understanding focussed on one or more of the following:

In regard to the **Graphic Image**:

- in some of the group discussions (despite good recall in the telephone survey), there was difficulty in deciphering the image or the meaning of the image (e.g. the image in "Smoking causes lung cancer", and in "Smoking causes emphysema"); and

- an unclear image or poor picture quality possibly due to the size of the image (e.g. "Smoking causes heart disease").

In regard to the **Text** (either in the warning or in the explanatory text):

- there was ignorance of the meaning of certain words (e.g. "amputation", "peripheral");

- a lack of knowledge of the human biology involved (e.g. "Smoking causes blindness", "Smoking causes peripheral vascular disease"); and

- the use of technical or medical jargon (e.g. "nitrosamines") served to confuse rather than enlighten (e.g. in the explanatory text for "Tobacco smoke is toxic").

In broad terms, the following figure demonstrates the overall consumer understanding ("Good", "Fair" or "Poor") of what was conveyed by the Graphic Image, Text Warning and Explanatory Text (Grps 2008). It is based on the researchers' assessment of group participant understanding (not overall effectiveness or impact) and is intended as a guide only.

Figure 8: Overall Understanding of what was Conveyed by Group Discussion Participants

GRAPHIC HEALTH WARNING	Image	Text Warning	Explanatory Text
Smoking causes peripheral vascular disease	✓✓✓	✗	✓✓✓
Smoking causes emphysema	✗	✓	✓✓✓
Smoking causes mouth and throat cancer	✓✓✓	✓✓✓	✓✓✓
Smoking clogs your arteries	✓✓✓	✓✓✓	✓✓✓
Don't let children breathe your smoke	✓	✓✓✓	✓✓✓
Smoking – a leading cause of death	✓	✓✓✓	✓✓✓
Quitting will improve your health	✓	✓✓✓	✓✓✓
Smoking harms unborn babies	✓✓✓	✓✓✓	✓✓✓
Smoking causes blindness	✓	✓✓✓	✓
Smoking causes lung cancer	✓	✓✓✓	✓✓✓
Smoking causes heart disease	✗	✓✓✓	✓✓✓
Smoking doubles your risk of stroke	✓	✓✓✓	✓✓✓
Smoking is addictive	✓	✓✓✓	✓✓✓
Tobacco smoke is toxic	✓✓✓	✓✓✓	✓

✓✓✓ – Good   ✓ – Fair   ✗ – Poor

5.5.2 Importance of the Graphic Image

> The graphic health warnings were invariably considered to have greater impact than the previous text-only warnings. For most people "the picture tells the story" and adds more meaning to the text health message.

The graphic health warnings were often described as: *"dramatic"*, *"shocking"*, *"gruesome"*, *"noticeable"*, *"unavoidable"*, *"confronting"*, *"scary"*, *"ugly"*, *"gross"*, *"disgusting"*, and *"shock tactics"*.

Group participants were adamant that "the picture tells the story" and the significance and dominance of the pictures was reflected in the following findings (Grps 2008):

• most recalled the picture and not the text for the majority of graphic health warnings;

• the graphic images raise the salience of the warnings;

• in a sense, the graphic health warnings represent a 'forced exposure', some stated that they can't help but notice them;

• consumer recall and understanding of the health message was often derived from the graphic image;

• graphic health warnings and the graphic images specifically, position smoking as disgusting and undesirable;

• the graphic image was most important in conveying the health information to poor readers; and

- the pictures generated a strong emotional response from all segments of the community.

"You picture it, whereas with the writing (i.e., the ones without graphic images), you have nothing to think about. The pictures give you something to think about so you pay more attention to that." (Female, 18-24 years, Ex-Smoker, Sydney)

"You can't ignore them. You could ignore it when it was just text, but you can't ignore the pictures.

After you've looked at the picture you don't need to read the words, well I don't." (Males, 25-39 years, Ex-Smokers, Sydney)

5.5.3 Front of Pack Graphic Image and Text

> Graphic images have been important in making the health message noticeable. However, the image on the front of cigarette packs was thought too small and was often contrasted with the larger picture on the back of pack.

The front panel on the pack was invariably seen as the most important element conveying the intended health message. It was generally considered the part of the pack most likely to be seen and most frequently seen. According to group discussion participants, the graphic health warnings on the front panel were considered more noticeable than the previous text-only warnings because of the inclusion of the graphic image. But, as noted earlier in this report awareness of the front of pack health warning in 2008 was less than that recorded in the 2000 telephone survey.

Group discussion participants (Grps 2008) often described the image on the front of pack as *"too small"*, particularly when compared to the image depicted on the back of the pack. This was said to affect readability and impact. If the image was larger on the front panel, most conceded that the message and the picture would be harder to avoid, be more dramatic, and more dominant.

"If it was the same on the front and the back you wouldn't be able to look at the pack without seeing what it can do to you. It's only tiny on the front so they just ignore it." (Female, 15-17 years, Non-Smoker, Shepparton)

"The wording is harder to read than it was when it just had the words, not as big (now).

If the picture was bigger (on front panel) it would jump out at you." (Females, 18-24 years, Committed Smokers, Melbourne)

"I think it could be bigger. I remember the photo being small.

Yeah – not even half of the packet. It's just on the lid.

They should make the whole thing one picture. The whole box – "a big brain". That would put people off buying it so much. Who wants to walk around with a box with a brain?" (Female, 15-17 years, Non-Smokers, Sydney)

Interestingly, some in the group discussions saw the front of pack and its various elements as exhibiting signs of a conflict between tobacco manufacturer's messages (brand name) and the health warning. It is hypothesised that this influences consumer recall of health warnings on the front of packs; for example:

- some were surprised at what they considered to be the "small size" of the graphic health warnings compared to the amount of space allotted to the brand/colour and suggested, for maximum impact, the position of the health warning and the brand should be reversed;

- colour and brand name were acknowledged as important cues to the image of the brand. There was thought to be an increasing dominance, brought about through design, colour and brand name on some brands; and

- some surprise was also expressed at cross-selling by some brands, with reference made on the bottom of some packs to other blends in their range.

> *"Still the brand name is bigger – bigger than the picture. I reckon if they reversed them – small brand name and big picture – it's going to be more effective. The picture is really small. I can use my finger to cover it – and when you're holding the pack you don't notice it.*
>
> *You don't notice the back because in the shop they always show it on the front – you see the brand.*
>
> *The brand is overpowering the warning."* (Males, 25-39 years, Contemplators, Sydney)

> *"They make the heading of the company stand out more than the picture, that's the first thing you notice about it. They don't display the warning too well on the front. Too small. People will see the name of the company first."* (Female, 15-17 years, Non-Smoker, Shepparton)

The graphic image was generally thought to be more noticeable than the accompanying text warning. Some felt the white type on black background was not sufficiently dominant and contrasted with the "more obvious" white type on red background featured on the back panel.

> *"Too many words on the front of the packet for that tiny space. If you increased the size on the front with red writing it would have more effect."* (Female, 18-24 years, Committed Smoker, Melbourne)

As mentioned previously, smokers tended to think the graphic image would affect non-smokers more than smokers. However, the response of many smokers to the graphic images suggested they are having an effect on smokers as well (e.g. avoidance behaviour, recall of health consequences, promoting of smoking as unattractive and an undesirable behaviour) (see Section 5.6).

Findings from the telephone survey reflected comments made throughout the discussion groups of the importance of the use of pictures in regard to recall, impact, and noticeability of the health warning. It demonstrated quite strongly how important pictures were to respondent recall of the health warnings. For the total sample of 1304 people, of those who had read the front of pack health information, the vast majority, when recalling the health information, made mention of either the 'picture only' or both 'the picture and the text' combined for all but two of the warnings. The only health warnings which received a high proportion of people saying the 'text only' were "Smoking – a leading cause of death" (69%) and "Quitting will improve your health" (75%) (Table 31).

Table 31: The Importance of Picture and/or Text on Front of Cigarette Packs (Total Sample)

Q7 & Q5 (Section B). What health message or information is on the front of the cigarette pack?

2008 UNAIDED RECALL FRONT OF PACK	Total Sample			
	Text	Picture	Both	Base
	%	%	%	%
Smoking causes peripheral vascular disease/gangrene	1	51	47	**250**
Smoking causes emphysema	9	16	52	**125**
Smoking cause mouth and throat cancer	3	47	44	**192**
Smoking clogs your arteries	4	39	55	**83**
Don't let children breathe your smoke	21	16	55	**69**
Smoking - a leading cause of death	69	7	22	**153**
Quitting will improve your health	75	4	21	**28**
Smoking harms unborn babies	49	12	38	**366**
Smoking causes blindness	3	50	46	**77**
Smoking causes lung cancer	26	11	58	**366**
Smoking causes heart disease	25	8	64	**159**
Smoking doubles your risk of stroke	10	29	47	**53**
Smoking is addictive	15	40	45	**31**
Tobacco smoke is toxic	8	17	72	**25**

(Reference: Computer Tables 21-34 – Total Set)   Partial Table

SMOKERS

For 13 of the 14 graphic health warnings the largest proportion of smokers mentioned the 'picture and the text' (i.e. 'both') when describing their recall of the front of pack health warning. The only exception was the health warning "Smoking-a leading cause of death". Of those smokers who recalled it, most (54%) mentioned the 'text only', with 30% making reference to both 'picture and text', and 14% said 'picture only' (Table 32).

Table 32: The Importance of Picture and/or Text on Front of Cigarette Packs (Smokers)

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

2008 UNAIDED RECALL FRONT OF PACK	Smokers			
	Text	Picture	Both	Base
	%	%	%	%
Smoking causes peripheral vascular disease/gangrene	2	34	61	**183**
Smoking causes emphysema	6	13	78	**98**
Smoking causes mouth and throat cancer	4	24	68	**111**
Smoking clogs your arteries	7	21	70	**63**
Don't let children breathe your smoke	13	16	68	**54**
Smoking - a leading cause of death	54	14	30	**83**
Quitting will improve your health	37	9	52	**23**
Smoking harms unborn babies	24	13	61	**226**
Smoking causes blindness	5	43	51	**59**
Smoking causes lung cancer	13	11	73	**202**
Smoking causes heart disease	18	7	73	**104**
Smoking doubles your risk of stroke	6	13	76	**36**
Smoking is addictive	25	14	60	**24**
Tobacco smoke is toxic	13	6	78	**20**

(Reference: Computer Tables 21-34 – Total Set)   Partial Table

Among smokers the highest proportions mentioning 'picture only' or 'picture and text' were for the following warnings:

• "Smoking causes peripheral vascular disease" (95%);

• "Smoking causes blindness" (94%); and

• "Smoking causes mouth and throat cancer" (92%).

Other high impact warnings included those reinforced in well-recalled TV commercials, and, those with well known, well established, and acknowledged credible messages strongly related to smoking. The percentages below are the totals for those who mentioned the 'picture only' or 'both picture and text combined' when recalling the health message on the front of the pack; for example, among smokers:

• "Smoking clogs your arteries" (91%);

• "Smoking causes emphysema" (91%);

• "Smoking doubles your risk of stroke" (89%);

• "Smoking causes lung cancer" (84%);

• "Don't let children breathe your smoke" (84%); and

• "Smoking causes heart disease" (80%) (Table 32).

While virtually all warnings benefited from the use of pictures, those health warnings for which there was at least one in four smokers making reference to the 'text only', included warnings for which group discussion participants claimed: visual depiction was less noticeable; the message was more difficult to visually display, or text-only was considered more relevant; for example, among smokers:

- "Smoking – a leading cause of death" (54% 'text only');

- "Quitting will improve your health" (37% 'text only');

- "Smoking is addictive" (25% 'text only'); and

- "Smoking harms unborn babies" (24% 'text only').

RECENT QUITTERS, NON-SMOKERS, LONG TERM EX-SMOKERS

Small bases made it difficult to analyse responses for recent quitters, non-smokers and long term ex-smokers (see Computer Tables 21-34, Total Set). For all three of these sub-groups a similar pattern in response emerged to that outlined for smokers above; with recall of the graphic image on its own or in combination with the text mentioned most frequently for the majority of health warnings.

5.5.4 Back of Pack Graphic Image and Text

> The back of pack graphic image was said to be more dominant than that on the front because of its size. For most warnings the combined effect of picture and text was again significant. The text warning was said to be more obvious on the back than the front due to the white and red colour combination.

Comments made by those who took part in the group discussions indicated that the graphic health warnings on the back of tobacco packs were considered to be far more dominant than those on the front of packs. As well, the text warning message on the back of pack was said to stand out, not only because of its size but also, because of the use of white type on red background. Red conveyed "danger" and readability and noticeability were said to be increased as a result.

"Red means danger. Black doesn't, that's just normal, its everywhere. Red means stop. So that stands out a lot more." (Female, 18-24 years, Committed Smoker, Melbourne)

"The red colour is like a danger colour and it draws your attention to it.

Yeah, it really does…warning." (Males, 15-17 years, Committed Smokers, Shepparton)

Some smokers claimed to not read or find difficulty reading the explanatory text on the back of packs because there is "too much to read", "too much clutter", or some words were not understood.

Others clearly seemed threatened and confronted by it.

> *"I've never read them. I look at the picture but I've never read them.*
>
> *If you are a smoker you don't want to hear about these bad things, so why read it?*
>
> *You're feeling a bit stressed so you have a cigarette – you're not going to sit there and read about how it's killing you."* (Male, 25-39 years, Committed Smokers, Coffs Harbour)
>
> *"If you don't know what it means you won't care about it."* (Male, 15-17 years, Committed Smoker, Melbourne)
>
> *"There's too much information … and rather than using big words and sophisticated words, and I'm not being derogatory here, get down to the level that people who always play the pokies, always drink beer, and smoke, and the people that can least afford it are, not the literary kind, therefore bring the language down to their level."* (Female, 40-69 years, Ex-Smoker, Brisbane)

Nonetheless, for many, when read, the explanatory text improved understanding, warning credibility, and often described many of the potential health consequences in a simple, readable form.

> *"The writing gives you more information about the picture itself and it gives you more detail on how it happened.*
>
> *People would ask a lot of questions, like the eyeball one, if you just saw it, you'd be like, 'well what could smoking possibly do to my eye', and you read on the back to see what it actually does."* (Female, 15-17 years, Non-Smokers, Sydney)

There was favourable comment elicited for the inclusion of the Quitline phone number. It was seen as providing hope. Some said it should also be on the front panel of each pack.

The graphic image was a particularly important element for the back of pack. According to comments made by group participants and reflected in the telephone survey results, the picture was important in aiding recall of the health warning. Table 33 indicates the importance of the graphic image either, as an element in its own right 'picture only' or when used with the text warning (i.e. 'both') to evoke message recall.

It can be seen from Table 33 that for most health warnings the 'picture and text' (recorded as 'both') received most mentions for all warnings except:

- "Smoking causes blindness", where 64% of all those who mentioned this health warning nominated 'picture only'; and for

- "Smoking – leading cause of death", where 'text only' received 45% of mentions.

Table 33: The Importance of Picture and/or Text on Back of Cigarette Packs (Total Sample)

Q8 & Q6 (Section B). What health message or information is on the back of the cigarette pack?

2008 UNAIDED RECALL BACK OF PACK	Total Sample			
	Text	Picture	Both	Base
	%	%	%	%
Smoking causes peripheral vascular disease/gangrene	8	25	63	**83**
Smoking causes emphysema	16	18	66	**30**
Smoking causes mouth and throat cancer	6	33	59	**54**
Smoking clogs your arteries	-	23	77	**29**
Don't let children breathe your smoke	5	10	85	**22**
Smoking - a leading cause of death	45	9	37	**52**
Quitting will improve your health	22	15	52	**10**
Smoking harms unborn babies	37	17	46	**92**
Smoking causes blindness	3	64	32	**20**
Smoking causes lung cancer	10	18	71	**90**
Smoking causes heart disease	18	12	70	**46**
Smoking doubles your risk of stroke	8	28	63	**20**
Smoking is addictive	9	37	54	**14**
Tobacco smoke is toxic	22	21	58	**10**

(Reference: Computer Tables 51-64 – Total Set)   Partial Table

SMOKERS

For smokers (Table 34) the same trend is evident with the graphic image having an important role in aiding awareness of the health warning. The picture and the text combined were particularly important for:

- "Smoking clogs your arteries" (87% said 'both');

- "Don't let children breathe your smoke" (86%);

- "Smoking causes heart disease" (80%);

- "Smoking causes mouth and throat cancer" (78%);

- "Smoking causes peripheral vascular disease" (74%); and

- "Smoking causes emphysema" (74%).

Table 34: The Importance of Picture and/or Text on Back of Cigarette Packs (Smokers)

Q8. What health message or information is on the back of the cigarette pack?

2008 UNAIDED RECALL BACK OF PACK	Smokers			
	Text	Picture	Both	Base
	%	%	%	%
Smoking causes peripheral vascular disease/gangrene	2	24	74	**61**
Smoking causes emphysema	9	17	74	**21**
Smoking causes mouth and throat cancer	1	14	78	**30**
Smoking clogs your arteries	-	13	87	**23**
Don't let children breathe your smoke	6	8	86	**18**
Smoking - a leading cause of death	42	17	37	**37**
Quitting will improve your health	22	15	52	**10**
Smoking harms unborn babies	14	17	69	**62**
Smoking causes blindness	-	55	45	**14**
Smoking causes lung cancer	11	14	74	**54**
Smoking causes heart disease	7	13	80	**37**
Smoking doubles your risk of stroke	10	27	64	**16**
Smoking is addictive	13	14	73	**11**
Tobacco smoke is toxic	22	21	58	**10**

(Reference: Computer Tables 51-64 – Total Set)   Partial Table

RECENT QUITTERS, NON-SMOKERS, LONG TERM EX-SMOKERS

Bases for recent quitters, non-smokers and long term ex-smokers are too low for any reliable analysis. In a general sense, for non-smokers their recall was strongest for those warnings that had been used previously as text only warnings (or similar), for example: 'text only' received strong support for: "Smoking causes heart disease" (59%), "Smoking harms unborn babies" (56%). However, the pictures were also strongly recalled by both non-smokers and long term ex-smokers.

5.5.5 Side of Pack Text

Reflecting the telephone survey results, the information on the side of the pack was not as well known by group discussion participants and said to generally not be read. Overall, smokers expressed very little motivation to look at the side of pack (although the removal of tar and nicotine information was noticed). The side of pack, if noticed, seemed to be regarded as quite separate to the front and back panels, which were linked because of the use of the same picture and accompanying text warning.

When read, the language and format of the side of pack health information was appreciated although there was some confusion with the reference to "40 harmful chemicals" compared to "4000" mentioned in recent TV advertising.

Nevertheless, the information when it was read appeared to have some impact as the comments below indicate.

"I had no idea that (side information) was there. I've never even noticed it or bothered to read it." (Male, 18-24 years, Contemplator, Brisbane)

"I think it was something about the chemicals and the harm they do. I'm not sure. I know it used to have the milligrams of nicotine." (Male, 18-24 years, Committed Smoker, Sydney)

"They don't tell you the milligrams…because smoking kills no matter how much you smoke.

When you take the time to read it, you think 'oh'." (Females, 18-24 years, Contemplators, Melbourne)

"You know what's scary, the thing that's on the side of every packet. It says 'smoking exposes you to more than 40 harmful chemicals'. That's disgusting." (Male, 15-17 years, Committed Smoker, Shepparton).

5.5.6 Tone of the Graphic Health Warnings

> The graphic images influenced the tone of the health information. Tonal qualities of the graphic health warnings and text were as consumers expected and generally considered appropriate.

The pictures particularly those considered most confronting (e.g. 'the foot', 'the eye', 'the mouth') were said to be largely responsible for the overall tone of the series of health warnings and the health information on the packs.

For group participants, the tone of the health information was generally considered to be appropriately:

- negative overall;
- confronting;
- informational;
- serious;
- relevant;
- mostly credible; and
- reassuring and positive (in the case of Quit information).

5.5.7 Quitline Phone Number and Quitnow Website

> There was an appreciation for the inclusion on tobacco product packs of the Quitline number and Quitnow website address. Contemplators were more likely than non-contemplators to have called the Quitline or to intend to call in the future.

Across the group discussions generally there was a perceived need for more help for smokers trying to quit, and, as a result, there was strong support for the inclusion on the pack of the Quitline phone number and Quitnow website address:

- this information was seen as a positive encouragement: a way out of the "doom and gloom" tone of the majority of graphic health warnings;

- the copy line[v] was said to encourage smokers to quit, talk to a doctor/ pharmacist and visit the website;

- as well, many suggested giving the Quitline phone number further prominence by placing it on the front panel of cigarette packs; and

- some smokers indicated they would like to go online for advice/tips on how to quit.

QUITLINE

In 2008, 63% maintained that they were aware of a Quitline telephone number included with the health messages on the pack.

The significant differences in awareness were:

- males and females under 25 years of age (77% each) compared to those 25 and over (63% males, 57% females);

- blue collar workers (74%) compared to white collar workers (62%);

- employed people compared to unemployed, 66% to 55%;

- those born in Australia (66%) compared to those born overseas (52%); and

- those who had read the back of pack (94%) compared to those who had read the front of pack (90%).

In regard to the four smoker sub-samples, current smokers (90%) were significantly more likely to be aware of the Quitline phone number on packs than were recent quitters (73%), long term ex-smokers (57%), or non-smokers (56%). As well, for each of these major sub-samples there was a significant increase in awareness of the Quitline number compared to awareness of the Information line number in 2000 (Table 35).

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v   The copy line that appears on the back panel of cigarette packs as part of the explanatory message is "You CAN quit smoking. Call Quitline 131 848, talk to your doctor or pharmacist, or visit www.quitnow.info.com"

Table 35: Aided Awareness of Information Line/Quitline

Q18 & Q12 (Section B). Are you aware of a Quitline telephone number which is included with the health messages on tobacco packs? (2000 - Information Line)

AWARENESS	Smokers		Recent Quitters		Ex-Smokers		Non-Smokers	
	00	08	00	08	00	08	00	08
	%	%	%	%	%	%	%	%
Yes	60	90**++	52	73**++	17	57++	15	56++
No	40++	10	48++	27**	83++	43**	84++	44**
BASE: All Respondents	**822**	**670**	**130**	**120**	**151**	**255**	**101**	**259**

(Reference: Computer Table 262 – Total Set)

For current smokers in 2008, there was a significantly higher awareness of the inclusion of the Quitline phone number among:

- 6 month contemplators (92%) compared with non-contemplators (87%);

- 18-24 year olds (93%) and 25-44 year olds (91%) compared to those aged 65+ years (82%);

- older families with kids (95%) compared with middle families with kids 7-12 (87%) and mature couples (84%) and mature singles (86%); and

- those with an annual income of $61-80k (96%) or $81-100k (96%) compared with $41-60k (84%).

Table 36: Aided Awareness of Quitline by Contemplation Status and Consumption Level

Q18. Are you aware of a Quitline telephone number which is included with the health messages on tobacco packs?

2008 AWARENESS	Contemplation			Consumption		
	Non	6 month	1 month	Light	Moderate	Heavy
	%	%	%	%	%	%
Yes	87	92**	91	89	91	93
No	13**	8	9	11	9	7
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 257 – Smoker Set)

In 2008, 5% of people maintained they had called the Quitline. Across all four main sub-groups in 2008, there was a higher proportion of response compared with that given to the earlier 'information line' in 2000 (Table 37), suggesting the Quitline is a potentially more effective trigger for response.

Summary Table 37: Use of Information Line/Quitline (Total Sample)

Q19 & Q13 (Section B). Have you ever called the Quitline? (2000 - Information Line)

2008 USED QUITLINE	Smokers		Recent Quitters		Ex-Smokers		Non-Smokers	
	00	**08**	**00**	**08**	**00**	**08**	**00**	**08**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Yes	4	15**++	6	9**	-	5**++	-	2++
No	95++	85	94	91	100++	95**	100++	98**
BASE: All Respondents	**822**	**670**	**130**	**120**	**151**	**255**	**101**	**259**

(Reference: Computer Table 263 – Total Set)

Among smokers likely to have called the Quitline:

- females (20%) were significantly more likely to have called than males (13%); and

- those smokers who had contemplated quitting, either '6 month' (22%) or '1 month' (19%), were significantly more likely than non-contemplators (10%) to have called the Quitline (Table 38).

Table 38: Use of Quitline by Contemplation Status and Consumption Level

Q19. Have you ever called the Quitline?

2008 USED QUITLINE	Contemplation			Consumption		
	Non	**6 month**	**1 month**	**Light**	**Moderate**	**Heavy**
	%	**%**	**%**	**%**	**%**	**%**
Yes	10	20**	17**	13	19	16
No	90**	80	83	87	81	84
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 258 – Smoker Set)

In 2008, smokers were significantly more likely to think they will call the Quitline than were smokers in 2000 likely to call the Information line, 33% to 16%. Smokers aged 25-44 years (42%) were significantly more likely than all other age groups (other than 15-17 years, 40%) to say they will call the Quitline (Table 39).

Table 39: Intentions to Call Information Line/Quitline

Q20. Do you think you will call the Quitline in the future? (2000-Information Line)

INTEND TO USE QUITLINE	Smokers		Recent Quitters	
	00	**08**	**00**	**08**
	%	**%**	**%**	**%**
Yes	16	33**++	5	10
No	82++	67	95	90**
Don't know	2	-	-	-
BASE: Smokers & Recent Quitters	**822**	**670**	**130**	**120**

(Reference: Computer Table 264 – Total Set)

Table 40 shows that contemplators (6 month 43% and 1 month 36%) were significantly more likely than non-contemplators (23%) to say they will call the Quitline. Similarly, 'light' smokers (32%) and 'moderate' smokers (39%) were significantly more likely than 'heavy' smokers (16%) to say they will call the Quitline in future.

Table 40: Intentions to Call Quitline by Contemplation Status and Consumption Level

Q20. Do you think you will call the Quitline in the future?

2008 USED QUITLINE	Contemplation			Consumption		
	Non	6 month	1 month	Light	Moderate	Heavy
	%	%	%	%	%	%
Yes	23	43**	36**	32**	39**	16
No	77**	57	64	68	61	84**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 259 – Smoker Set)

Reasons for having no intention to call the Quitline among smokers focussed on: "Prefer to do it myself" (46%); and, "Don't want to give it up" (14%). Not surprisingly, for recent quitters response centred on not needing to call the Quitline, (23%) and "already given up" (53%) (Table 41).

Table 41: Reasons for Not Intending to Call the Quitline

Q20a. Why do you not intend to call the Quitline?

REASON WON'T CALL QUITLINE	Smokers	Recent Quitters
	%	%
Prefer to do it by myself/don't want help giving up/will use own willpower	46**	17
I like smoking/gives me pleasure/don't want to give it up	14**	-
It would not help/work	11**	1
Not interested	10	4
Don't need to	7	23**
Prefer to go to doctor/use medical help to give up	5**	1
Not a heavy smoker/not addicted	4	4
Have used them before/didn't help	3	-
Have given up before/would give up again	2	2
Have all the info I need	2	-
Get info from elsewhere	2	-
Prefer to use patches	1	1
Can't give up/I'm addicted	1	-
Already given up smoking	-	53**
Other	2	1
BASE: Smokers & Recent Quitters who wouldn't call Quitline	**451**	**108**

(Reference: Computer Table 265 – Total Set)

QUITNOW

One in four respondents (25%) claimed to be aware of the Quitnow website address on tobacco packs. Current smokers (45%) were significantly more likely to be aware than recent quitters (35%), long term ex-smokers (25%) or non-smokers (19%). Recent quitters were significantly more aware than the long term ex-smokers or non-smokers (Table 42).

Table 42: Awareness of Quitnow Website

Q21 & Q14 (Section B). Are you aware of a Quitnow website address which is included with the health messages on tobacco packs?

2008 AWARE OF QUITNOW WEBSITE	Total	Smokers	Recent Quitters	Ex- Smokers	Non- Smokers
	%	%	%	%	%
Yes	25	45**	35**	25	19
No	72	54	63	74**	77**
Can't say	3	1	2	1	5**
BASE: All Respondents	**1304**	**670**	**120**	**255**	**259**

(Reference: Computer Table 266 – Total Set)

Other sub-samples of smokers that were significantly aware that the website address is on tobacco packs included:

* employed smokers (26%) and smokers studying (31%) compared to unemployed (21%); and

* smokers in rural areas (51%) compared to those in metro areas (42%).

Four in ten smokers (41%) and recent quitters (40%) indicated that they would be likely to access the Quitnow website now that the website address is on tobacco packs (Table 43). White collar smokers (44%) were also significantly more likely than blue collar smokers (34%) to say they would be more likely to access the site.

Table 43: Likelihood to Use Quitnow Website

Q22. Would you be more likely to access the Quitnow website address now that the website address is available on tobacco packs?

2008 INTEND TO USE QUITNOW WEBSITE	Smokers	Recent Quitters
	%	%
Yes	41	40
No	57	52
Can't say	2	8**
BASE: Smokers & Recent Quitters	**670**	**120**

(Reference: Computer Table 267 – Total Set)

Contemplators (49% and 47%) were more likely than non-contemplators (31%) to say they would be more likely to access the website as were 'light' smokers (45%) more so than 'moderate' (36%) or 'heavy' (28%) smokers (Table 44).

Table 44: Likelihood to Use Quitnow Website by Contemplation Status and Consumption Level

Q22. Would you be more likely to access the Quitnow website address now that the website address is available on tobacco packs?

2008 INTEND TO USE QUITNOW	Contemplation			Consumption		
WEBSITE	**Non**	**6 month**	**1 month**	**Light**	**Moderate**	**Heavy**
	%	**%**	**%**	**%**	**%**	**%**
Yes	31	49**	47**	45**	36	28
No	67**	49	50	53	61	70**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 262 – Smoker Set)

5.5.8 Health Authority Warning

> There is uncertainty about the benefits of having the Authority notation.

Throughout the group discussions it was generally accepted that the authority for placing the graphic health warnings was "the Government". The Company or Tobacco Industry, it was assumed, does not want the information on packs.

There was no clear finding as to the benefit or otherwise of having the Authority notation. It elicited a mixed response:

• confusion for some as tobacco products are legal and many asked: "if they are so dangerous why not ban them?"; and

• some thought it was the Government, others, the manufacturers, trying to alleviate blame by placing warnings and making buyers responsible for purchasing a potentially harmful product.

5.6 EFFECTIVENESS OF THE GRAPHIC HEALTH WARNINGS

> The graphic health warnings on tobacco packs were considered to be effective in communicating the health effects of smoking, improving knowledge, and in discouraging smoking.
>
> The 2008 Evaluation also clearly indicates that the graphic health warnings are having an effect on smoker and non-smoker behaviour. For smokers this effect ranges from adopting avoidance behaviours through to triggering an intention to quit, to quitting.

Opinions as to whether or not the graphic health warnings were having an effect were voiced across and within the group discussions. Many of the comments made echoed the results obtained in the 2008 telephone survey. Most felt they have had an effect in a number of ways:

- raised the salience of the impact of smoking on health and, in so doing, helped to deglamourise smoking, making it a less desirable habit;

- effectively conveyed the health effects of smoking;

- increased knowledge of the potential health effects that can occur as a result of smoking;

- encouraged young people, in particular, not to take up smoking;

- contributed toward smokers quitting, specifically those already thinking of quitting;

- encouraged people to "cut down" on their smoking; and

- caused some smokers to develop ways of avoiding looking at the packs.

Those most likely to consider the graphic health warnings to be ineffective were the more committed smokers, but nonetheless, they often displayed strong awareness, and accurate message and picture recall.

5.6.1 Effectiveness of Graphic Images in Communicating Health Effects

> The majority of people, particularly young people, under 25 years, considered the graphic health warnings to be effective in communicating the health effects of smoking.

Six in ten (60%) people (Tel Sur 2008) considered the pictures on packs 'effective' (i.e. 'very' or 'quite' effective) in communicating the health effects of smoking, 19% said they were 'ineffective', and 21% thought them 'neither effective nor ineffective'. Females were significantly more likely to be neutral in their opinion (i.e. neither effective nor ineffective) than were males, 23% to 18%; while males were more likely than females to think them 'very ineffective', 11% to 4% (Table 45).

Table 45: Effectiveness of Pictures on Packs (Total Sample)

Q14a & Q8a (Section B). How effective are the pictures on packs at communicating the health effects of smoking? Would you say…

2008 EFFECTIVENESS OF PICTURES	Total Sample	Male	Female
	%	%	
Very effective	27	27	28
Quite effective	33	33	33
Neither effective nor ineffective	21	18	23**
Quite ineffective	12	11	13
Very ineffective	7	11**	4
BASE: Total Sample	**1304**	**686**	**618**

(Reference: Computer Table 233 – Total Set)

As age increased the proportion of people thinking the pictures were 'effective' decreased. Young people were more likely than their older counterparts to see the pictures as effective in conveying the health effects of smoking:

- 15-17 years (82% said "effective");

- 18-24 years (78%);

- 25-44 years (63%);

- 45-54 years (59%);

- 55-64 years (53%); and

- 65+ years (41%).

This finding was further reflected in analysis of response from males (73%) and females (86%) under 25 years compared to males (57%) and females (55%) 25+ years thinking the health warnings 'effective' (i.e. 'very' or 'quite' effective).

Other key sub-groups to find the pictures 'effective' included:

- recent quitters (73%) compared to current smokers (63%), long-term ex-smokers (56%) and non-smokers (60%);

- blue collar workers (68%) versus white collar workers (60%);

- metro residents (62%) compared to rural residents (56%);

- the more educated - Years 11/12 (66%), TAFE (62%), University (61%) versus those who were educated to Year 10 or less (49%);

- those studying (79%) compared to those employed (62%) and the unemployed (49%); and

- those with household incomes greater than $41,000 p.a. (56% to 71%) compared with those with incomes $40,000 p.a. or less (48%).

In 2008, 63% of smokers considered the pictures on the packs to be effective in communicating the health effects of smoking: 'very effective' (34%) or 'quite effective' (29%). Among the recent quitters interviewed, significantly 73% considered the pictures to be 'very' or 'quite' effective. Recent quitters were also significantly more likely than smokers to say they were 'very effective' (49% to 34%) in communicating the health effects of smoking (Table 46).

Table 46: Effectiveness of Pictures on Pack (Smokers & Recent Quitters)

Q14a. How effective are the pictures on packs at communicating the health effects of smoking? Would you say…

2008 EFFECTIVENESS OF PICTURES	Smokers	Recent Quitters
	%	%
Very effective	34	49**
Quite effective	29	24
Neither effective nor ineffective	14	9
Quite ineffective	11	12
Very ineffective	12**	6
BASE: Smokers & Recent Quitters	**670**	**120**

(Reference: Computer Table 233 – Total Set)

Contemplators were more likely than non-contemplators to consider the pictures on the packs to be effective in communicating the health effects of smoking, with 6 month contemplators significantly more likely than non-contemplators to think them effective, 71% and 63% respectively. Similarly, 'light' smokers were significantly more likely than 'moderate' or 'heavy' smokers to think them effective, 67% compared with 57% and 55% respectively (Table 47).

Table 47: Effectiveness of Pictures on Packs by Contemplation Status and Consumption Level

Q14a. How effective are the pictures on packs at communicating the health effects of smoking? Would you say…

2008 EFFECTIVENESS OF PICTURES	Contemplation			Consumption		
	Non	6 month	1 month	Light	Moderate	Heavy
	%	%	%	%	%	%
Effective	57	71**	63	67**	57	55
Neither	14	14	12	13	15	13
Ineffective	29**	15	25**	20	28**	32**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 233 – Smoker Set)

Other smoker sub-groups to show a significant difference in perceptions of the effectiveness of the pictures in communicating the health effects of smoking were the following:

- female smokers under 25 years (80%) compared to female and male smokers over 25 years (both 61%);

- smokers from a white collar background (68%) compared to those from a blue collar background (57%);

- smokers in metro areas (67%) compared to those in rural areas (56%);

- studying (87%) and employed smokers (64%) compared to unemployed (54%);

- smokers who considered the health warnings 'believable' (67%) compared to those who considered them 'not believable' (7%);

- those smokers who thought the health warnings to be 'important' compared to those believing them to be 'not important', 79% to 23%;

- those smokers who said the warnings had improved their knowledge (77%) compared to those who said they had not improved their knowledge (36%); and

- those whose future intentions are to "attempt to quit" (67%) or "ease up" (66%) compared to those who say they will continue to smoke (49%).

Both the majority of non-smokers (60%) and long-term ex-smokers (56%) considered the pictures on the packs to be effective, with one in four (25%) saying they were 'very effective' in communicating the health effects of smoking (Table 48).

Table 48: Effectiveness of Pictures on Packs (Non-Smokers & Ex-Smokers)

Q8a (Section B). How effective are the pictures on packs at communicating the health effects of smoking? Would you say…

2008 EFFECTIVENESS OF PICTURES	Non-Smokers	Ex-Smokers
	%	%
Very effective	25	25
Quite effective	35	31
Neither effective nor ineffective	23	21
Quite ineffective	11	13
Very ineffective	6	9
BASE: Non-Smokers & Ex-Smokers	**259**	**255**

(Reference: Computer Table 233 – Total Set)

The 2008 group discussion members frequently made reference to the effectiveness of the graphic images in conveying the potential health effects in a broad and general sense or in terms of specific diseases or illnesses. The depiction of a range and variety of diseases conveyed the extent and seriousness of potential negative health consequences of smoking.

> *"It's a good range because it shows like how it can affect the whole body, from the mouth to the toes; what you can do to avoid it, like the helpline; the tar and less graphical ones; the more graphical ones; the ones that affect you, the individual that does smoke and the ones that affect others."* (Male, 15-17 years, Non-smokers, Sydney)

> *"I think the ones with the pictures would be a lot more effective. We used to sit there, when I was about 15, tracing over the words, to make different things. You don't really care. But looking at the picture, it does sort of put that image (of the disease) into your head when you have a cigarette."* (Female, 25-39 years, Contemplator, Coffs Harbour)

> *"I also think it's easy for us to say that this one's not effective but if none of these were on the packs, I think a lot more people would be smoking and people who smoked would have a lot less worry about themselves. I think even sub-consciously it would do something to us. I don't think any of us would go through a week without ever thinking that smoking's bad for you. It does play on your mind a bit."* (Male, 18-24 years, Committed Smoker, Sydney)

> *"I suppose they do add to your worries about your smoking, especially when you're feeling like s**t, the morning after you have been smoking a lot, you do wonder what you might be doing if you feel that bad."* (Male, 18-24 years, Committed Smoker, Sydney)

Based on the comments made in the group discussions, the graphic health warnings are difficult to ignore and have generated a more emotional response to many health consequences. They have contributed toward increasing consumer involvement and engagement with the health information.

> *"It makes you think. We're all still smoking so it hasn't got you to the point where you actually stop, but it just puts that thought in your head, whether it's for one or two minutes once or twice a day."* (Female, 25-39 years, Committed Smoker, Sydney)

> *"I think they're pretty hard to ignore. When you pick up the pack and it's got that warning on it, it makes it pretty hard to put to the back of your mind, every time you pick up a cigarette you see that warning."* (Male, 25-39 years, Committed Smoker, Coffs Harbour)

> *"There's no doubt the picture warnings catch your eye, as I said, I'd see it then put something over it. So it's getting your attention."* (Male, 25-39 years, Ex-Smoker, Sydney)

> *"As soon as the words came out, 'Smoking kills', no-one sat there talking about it socially, but I remember when those photos came out, everyone was sitting there, talking about it… socially. They were still smoking but they were talking about it, so at least these get their attention."* (Female, 18-24 years, Ex-Smoker, Sydney)

> *"The pictures are a lot more effective than just the words.*

> *It stays in the back of your mind. You don't want to admit it."* (Males, 18-24 years, Ex-Smokers, Melbourne)

The controversy and debate surrounding the introduction of the graphic health warnings has helped maintain the salience of anti-smoking communication in general. Allied to this is the belief that the graphic health warnings have reinforced and supported complementary messages conveyed via other media as well as, legislative changes regarding smoking in public places.

5.6.2 Improved Knowledge

Graphic health warnings have been effective in increasing consumer knowledge of the potential health consequences of smoking.

In the 2008 telephone survey, 38% of smokers maintained that the inclusion of health warnings and health information on cigarette packs has improved their knowledge of the health effects of tobacco consumption 'a lot'. This is a significant increase on the 32% of smokers who felt this way in 2000.

Similarly, there was a significant increase in the proportion of recent quitters in 2008 who compared to their counterparts in 2000 thought the warnings had improved their knowledge 'a lot', 59% to 28% respectively (Table 49).

Table 49: Improved Knowledge as a Result of Health Information on Tobacco/Cigarette Packs (Smokers & Recent Quitters)

Q16. Would you say the inclusion of health warnings and health information on cigarette packs has improved your knowledge of the health effects of tobacco consumption…

IMPROVEMENT OF KNOWLEDGE	Smokers		Recent Quitters	
	00	08	00	08
	%	%	%	%
A lot	32	38++	28	59**++
A little	28	28	32	25
Made no difference	40++	34**	40++	16
BASE: Smokers & Recent Quitters	**819**	**670**	**129**	**120**

(Reference: Computer Table 248 – Total Set)

For those smokers who indicated that the graphic health warnings had improved their knowledge either 'a lot' or 'a little', significant differences were noted between the following:

- those smokers under 44 years of age (proportion of response ranged from 71% to 73%) compared to those 45 years and over (53% to 59%);

- those smokers with education up to year 11 or 12 (72%) or TAFE educated (71%) compared to university educated (58%);

- those smokers who found the graphic health warnings believable (70%) compared to those who did not (23%);

- those who said the graphic health warnings were 'important' (77%) compared to those smokers who said they were 'not important' (35%) or 'neither important nor unimportant' (54%);

- those smokers who believed the graphic health warnings were 'effective' (81%) compared to those who considered them 'not effective' (36%) or who were neutral in their opinion (50%); and

- those smokers whose future intentions are to 'attempt to quit' (73%) or 'ease up' (68%) compared to those who claimed they will continue to smoke (47%).

Many group discussion participants asserted that compared to the text-only health warnings the graphic health warnings (and often the explanatory content on the back of the pack) had increased their knowledge of the range of potential health conditions that could occur as a result of smoking. The pictures were credited with having a significant influence on smoker knowledge of the scope of potential health effects of smoking, as well as reinforcing awareness of the health consequences that were previously text-only.

"Before the (graphic) packs came out people thought you could get cancer but now more people know what can happen." (Male, 15-17 years, Committed Smoker, Shepparton)

"A picture gives you a much better feeling for what they are talking about and what it is like, than simply saying lung cancer or mouth cancer. Saying it and seeing it are two very different things." (Male, 18-24 years, Non-smoker, Brisbane)

"They (graphic warnings) do make it a lot clearer. It's very different to just reading that 'Smoking causes lung cancer'." (Female, 15-17 years, Committed Smoker, Brisbane)

"I reckon they must have improved people's knowledge about the risks about what could happen.

Yeah, I would agree. You look at the picture, you read it, and it sort of sinks in."
(Males, 25-39 years, Ex-Smokers, Sydney)

"It is important. At least they are trying to do something, to tell you something, so that you are aware that there could be a problem and these are some of the problems that could happen. I wasn't aware ever that gangrene could be a result of smoking. That blew my mind." (Female, 40-69 years, Ex-Smoker, Brisbane)

"It creates awareness for people at the very least. When I was smoking I didn't know that smoking causes gangrene and things like that. It made me aware that it can cause things like that, but it didn't ultimately make me want to quit. But it made me aware that there are bigger things out there than I can control that can happen to me." (Female, 18-24 years, Ex-Smoker, Sydney)

5.6.3 Effectiveness in Discouraging Smoking and Preventing Relapse

Consumers consider the graphic health warnings to be effective in deglamourising smoking, discouraging smoking and preventing relapse.

Many in the group discussions across all segments, felt that the graphic health warnings and the pictures especially, have contributed significantly to deglamourising smoking, as well as countering the influence of cigarette branding and imagery. Allied to this belief was the consideration that the graphic health warnings have helped discourage people from taking up smoking and reinforced the view of those who have quit, to stay quit.

> *"They'd be good for younger kids, the ones who haven't taken up smoking yet. They would be a bit of a deterrent for them…*
>
> *It is the photo that gives you the impact, but I think they are more for the prevention of smoking, for people starting than they are for us."* (Males, 18-24 years, Contemplators, Brisbane)
>
> *"I think there's been a lot of children put off by these and that's great."* (Female, 40-69 years, Ex-Smoker, Brisbane)
>
> *"I think it's more stopping people from starting to smoke than stopping those who have started smoking.*
>
> *It had an effect on my uncle. He tried to stop and has cut down.*
>
> *Freaks me out. I don't want to smoke. On a pack of cigarettes you have to look at it."* (Males, 15-17 years, Non-Smokers, Melbourne)
>
> *"If it reduces the number of younger people taking up smoking it's a good thing… But these graphic images, if I was 16 and just starting out, I'd be inclined not to take it up based on what I am seeing."* (Male, 18-24 years, Committed Smoker, Sydney)
>
> *"I think what's happened too, is that a lot of people I know who haven't stopped smoking, say they are smoking less, trying to reduce how much they smoke, so it probably is having some effect."* (Male, 25-39 years, Ex-Smoker, Sydney)

Non-smokers and long-term ex-smokers (i.e. more than 12 months) were also asked a question (in the telephone survey) on the perceived effect of the current health warnings on behaviour. This question involved obtaining a 'yes/no' response to a series of statements regarding quitting and discouraging the uptake of smoking (Table 50).

Both the majority of non-smokers and long-term ex-smokers maintained that the warnings:

- 'are a good way of getting across how smoking affects health' (non-smokers, 84%, ex-smokers, 79%); and

- 'would help prevent people from taking up smoking' (63% non-smokers, and 54%, ex-smokers).

A little over one in five (22%) non-smokers claimed the warnings had helped them from taking up smoking, and 35% of long-term ex-smokers agreed that they have helped them stay quit, with 14% saying they have helped them to quit.

Table 50: Perceptions of Current Health Warnings (Non-smokers & Ex-smokers)

Q9 (Section B). Would you say the current health warnings and health information on packs of cigarettes and tobacco…

2008 PERCEPTIONS	Non-Smokers		Ex-Smokers	
	Yes	No	Yes	No
	%	%	%	%
Have helped you from taking up smoking (Non-Smoker)	22	78	-	-
Are a good way of getting across how smoking affects health	84	16	79	20
Would help prevent people from taking up smoking	63**	37	54	46**
Have helped you quit (Ex-Smoker)	-	-	14	85
Have helped you stay quit (Ex-Smoker)	-	-	35	65
BASE: Non-Smokers & Ex-Smokers	259		255	

(Reference: Computer Tables 81-85 – Non-Smoker & Ex-Smoker Set)

5.6.4 Most Effective Graphic Health Warning at Discouraging Smoking

Messages relating to 'mouth/throat cancer', 'peripheral vascular disease', 'lung cancer' and 'harms unborn babies' were most often mentioned as the most effective at discouraging smoking.

Among the smokers who were interviewed in the telephone survey there was a mixed response given to the question: regarding which health warning is most effective at discouraging smoking.

Of the 670 smokers interviewed: 78% gave a response, with 67% nominating a specific warning, and 7% said 'all of them'. A total of 15% of smokers said "none of the health warnings" were effective in discouraging people from smoking (Table 51). Among smokers and recent quitters, the graphic health warnings that received the most response in terms of their perceived effectiveness to discourage people from smoking were:

- "Smoking causes mouth and throat cancer" (15% and 21% recent quitters);
- "Smoking causes lung cancer" (11% and 14% recent quitters);
- "Smoking causes peripheral vascular disease" (10% for both); and
- "Smoking harms unborn babies" (10% smokers and 9% recent quitters) (Table 51).

Table 51: Health Warning Considered the Most Effective (Smokers & Recent Quitters)

Q11. Which one of the warnings on cigarette/tobacco packs do you think is the most effective at discouraging people from smoking?

2008 MOST EFFECTIVE HEALTH WARNING	Smokers	Recent Quitters
	%	%
Smoking causes mouth and throat cancer	15	21
Smoking causes peripheral vascular disease/gangrene	10	10
Smoking causes emphysema	3	3
Smoking - a leading cause of death	4	3
Smoking clogs your arteries	3	2
Don't let children breathe your smoke	2	1
Quitting will improve your health	1	2
Smoking causes lung cancer	11	14
Smoking harms unborn babies	10	9
Smoking doubles your risk of stroke	3	-
Smoking causes blindness	2	4
Smoking causes heart disease	2	-
Tobacco smoke is toxic	1	-
Smoking is addictive	-	-
BASE: Smokers & Recent Quitters	**670**	**120**

(Reference: Computer Table 88 – Total Set) (Partial Table)

Non-contemplators were significantly more likely to nominate "Smoking causes peripheral vascular disease" as the most effective (14%) than were contemplators (6 months) or (1 month), 8% and 7% respectively. Those contemplating quitting in 1 month were significantly more likely to nominate: "Smoking causes lung cancer" (14%); and "Tobacco smoke is toxic" (2%) (Table 52).

Table 52: Health Warning Considered the Most Effective by Contemplation Status

Q11. Which one of the warnings on cigarette/tobacco packs do you think is the most effective at discouraging people from smoking?

2008 MOST EFFECTIVE HEALTH WARNING	Contemplation		
	Non	**6 month**	**1 month**
	%	%	%
Smoking causes mouth and throat cancer	16	16	11
Smoking causes peripheral vascular disease/gangrene	14**	8	7
Smoking clogs your arteries	3	5	1
Smoking - a leading cause of death	3	3	6
Smoking causes emphysema	2	4	4
Don't let children breathe your smoke	1	2	3
Quitting will improve your health	-	1	1
Smoking causes lung cancer	9	12	14
Smoking harms unborn babies	9	12	10
Smoking doubles your risk of stroke	2	3	4
Smoking causes blindness	2	2	1
Smoking causes heart disease	1	4	1
Tobacco smoke is toxic	-	-	2**
Smoking is addictive	-	-	-
None of them	17	13	15
Don't know	9**	2	7**
All of them	7	6	8
Other	4	5	2
Can't recall	1	3	2
BASE: Smokers	**293**	**241**	**129**

(Reference: Computer Table 88 – Total Set)

Table 53 details the elements mentioned by smokers for each of the graphic health warnings chosen by them as being effective. Once again, the importance of the picture is demonstrated. It is worth noting (for those with reasonable bases) that 'picture only' received the highest support for:

- "Smoking causes mouth and throat cancer" (61% said 'picture only'); and

- "Smoking causes peripheral vascular disease" (53% said 'picture only').

Both the picture and the text' (combined response) were highest for:

- "Smoking causes emphysema" (69%);
- "Smoking causes heart disease" (65%);
- "Smoking causes lung cancer" (51%);
- "Smoking clogs your arteries" (51%);
- "Don't let children breathe your smoke" (48%); and
- "Smoking harms unborn babies" (45%).

Table 53: Health Warning & Aspect Considered the Most Effective (Smokers)

Q11. Which one of the warnings on cigarette/tobacco packs do you think is the most effective at discouraging people from smoking?

2008 MOST EFFECTIVE HEALTH WARNING	Smokers			
	Text	Picture	Both	Base
	%	%	%	%
Smoking causes peripheral vascular disease/gangrene	2	53	45	**64**
Smoking causes emphysema	8	17	69	**20**
Smoking causes mouth and throat cancer	2	61	35	**94**
Smoking clogs your arteries	-	49	51	**20**
Don't let children breathe your smoke	13	27	48	**12**
Smoking – a leading cause of death	79	7	14	**24**
Quitting will improve your health	57	-	31	**5**
Smoking harms unborn babies	21	32	45	**65**
Smoking causes blindness	-	55	41	**15**
Smoking causes lung cancer	9	39	51	**76**
Smoking causes heart disease	16	19	65	**14**
Smoking doubles your risk of stroke	20	42	31	**17**
Smoking is addictive	73	-	27	**2**
Tobacco smoke is toxic	33	40	27	**3**

(Reference: Computer Tables 90-104 – Total Set)

While the vast majority of smokers across all sub-groups gave a response to indicate that they believed the health warnings to be effective in discouraging smoking, it is of interest to examine who was most likely to think 'none' of the warnings were effective in this regard. In total, 15% of smokers said 'none of them'. The sub-groups most likely to say 'none' were:

- older smokers: 45 to 54 years (25%), 55 to 64 years (23%) and 65+ years (20%) compared to younger smokers, 15-24 years (4%);

- 'moderate' smokers (20%), 'heavy' smokers (24%), rather than 'light' smokers (12%);

- unemployed (21%) compared to employed (14%);

- those smokers who thought the warnings were 'not believable' (44%), compared to those who felt they were 'believable' (13%);

- those who do not avoid them (17%) compared to those who do avoid them (10%);

- those who consider it 'not important' for the Government to have health warnings (38%) compared to those who said 'important' (7%);

- those who consider the warnings are 'not effective' (38%) in communicating the health effects of smoking compared with those who do think they are 'effective' (5%), and those who are neutral (23%); and

- those smokers who intend to keep on smoking (23%) compared to those intending to 'ease up' (14%) or attempting to quit (13%).

Tables 54 and 55 outline the considerations by smokers and recent quitters for those health warnings thought the most effective at discouraging smoking. Responses focussed on the "disgusting imagery" and graphics for "Smoking causes peripheral vascular disease" and "Smoking causes mouth and throat cancer". Pictures were also important for the remaining key warnings. In addition, for those who nominated "Smoking harms unborn babies", the main reason given for its effectiveness was 'sympathetic to don't want to harm children/babies' (64% of smokers and recent quitters). Interestingly, the common association of lung cancer with smoking was nominated for the warning relating to lung cancer.

Table 54: Reasons for Effectiveness of 'Peripheral Vascular Disease' and 'Mouth and Throat Cancer' Warnings (Smokers & Recent Quitters)

Q11a. Why do you say that?

REASON FOR EFFECTIVENESS	Peripheral Vascular Disease	Mouth and Throat Cancer
	08	08
	%	%
Disgusting/ugly/revolting/horrible/scary	40	28
Can effect your looks/don't want to look like that	-	23
Very graphic/visual	17	18
Shows the effects/what its doing to you	14	9
Don't want that to happen to me/is it happening to me?	13	5
Images show what's happening on the outside of the body	11	10
Relevant to me/know someone who has it/died of it	9	-
It's the worst one/most striking/scary	9	14
Discouraging/turns you off	5	7
Confronting/in your face	3	9
Graphic images more effective than just text/words	2	6
Other	10	11
Don't know/can't say	7	1
BASE: Smokers & Recent Quitters	**76**	**118**

(Reference: Computer Table 109-110 – Total Set)

Table 55: Reasons for Effectiveness of 'Lung Cancer' and 'Harms Unborn Babies' Warnings (Smokers & Recent Quitters)

Q11a. Why do you say that?

REASON FOR EFFECTIVENESS	Lung Cancer	Harms Unborn Babies
	08	**08**
	%	**%**
Disgusting/ugly/revolting/horrible/scary	18	4
Commonly associated with smoking	13	1
Very graphic/visual	10	4
Shows healthy/unhealthy lung/affected lungs	9	-
Factual/I know its true/reinforces what I know	8	5
Confronting/in your face	7	6
Shows chemicals contained within/their effects on smokers/lungs	7	-
Relevant to me/know someone who has it/died of it	7	9
Smoking could kill me/fear of death	6	-
Don't want that to happen to me/is it happening to me?	5	-
Shows the effects/what its doing to you	4	-
Discouraging/turns you off	4	1
Graphic images more effective than just text/words	4	-
Disease is incurable/least curable	4	-
Lungs are required to live	4	-
It's the worst one/most striking/scary	3	2
People are sympathetic to/don't want to harm children/babies	-	64
Highlights secondary effects/your smoke harming others	-	11
Makes women/parents think twice about smoking/guilt factor	-	8
Other	7	2
Don't know/can't say	2	-
BASE: Smokers & Recent Quitters	**90**	**70**

(Reference: Computer Table 111-112 – Total Set)

5.6.5 Reaction to the Graphic Health Warnings

> The response given by smokers and recent quitters regarding what goes through their mind when they see the graphic health warnings focussed on consideration of quitting.

Telephone survey respondents were asked: *"When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind?"* In answer to this question about 3 in 10 smokers (28%) and recent quitters (30%) said "I should stop/stay quit" and 28% of smokers and 19% of recent quitters said they "ignore it/take no notice/keep smoking". There was a range of other reactions given to this question ranging from seeing the health information as a warning to generating guilt (Table 56).

Table 56: Reactions to Health Information (Smokers & Recent Quitters)

Q10. When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind?

2008 REACTION	Smokers	Recent Quitters
	08	**08**
	%	**%**
I should stop/stay quit	28	30
I ignore it/take no notice/keep smoking	28**	19
Nothing	14	9
Smoking is bad for your health	11	16
It's a warning/good to warn you	5	7
Already aware of dangers	4	4
Packets are ugly/disgusting	3	5
Feel scared/uncomfortable/worried/ depressed	3	3
Feel guilty/guilt	3	2
Hope it doesn't happen to me/could/is happening to me	2	4
I know its true	2	4
BASE: Smokers & Recent Quitters	**670**	**120**

(Reference: Computer Table 87 – Total Set)   (Partial Table)

There were some significant differences in response between non-contemplators and those contemplating quitting in 6 months or 1 month. Contemplators were far more likely than non-contemplators to think of stopping smoking and less likely to ignore or take no notice of the health warnings; for example:

- "I should stop/quit" (non-contemplators, 16%; contemplators 6 months, 36%; contemplators 1 month, 41%); and

- "Ignore it" (non-contemplators, 37%; contemplators 6 months, 21%; contemplators 1 month, 23%) (Table 57).

Non-contemplators were also significantly more likely to "do nothing" (18%) compared to 6 month contemplators (12%) and 1 month contemplators (9%) (Table 57).

Table 57: Reactions to Health Information by Contemplation Status

Q10. When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind?

2008 NOTICE CHANGES	Contemplation		
	Non **%**	**6 month** **%**	**1 month** **%**
I ignore it/take no notice/keep smoking	37**	21	23
Nothing	18**	12	9
I should stop/quit	16	36**	41**
Smoking is bad for your health	10	12	13
It's a warning/good to warn you	4	6	5
Packets are ugly/disgusting	4	4	2
Already aware of dangers	3	5	7
Feel scared/uncomfortable/worried/ depressed	3	3	3
I don't believe it	3	1	1
Why do I do it/I am an idiot	2	4**	-
Feel guilty/guilt	2	3	4
Government legislation/rip off/should not be sold in first place	2	3	1
Can't stop/I'm addicted	2	2	5
Wish they wouldn't put pictures on packs/ will cover up/throw out packet	2	2	3
BASE: Smokers	**293**	**241**	**129**

(Reference: Computer Table 87 – Smoker Set)   (Partial Table)

5.6.6 Avoidance Behaviours

> There are a number of behaviours adopted by smokers to avoid the graphic health warnings, suggesting the warnings are disconcerting and making smokers feel uncomfortable about their habit.

Nearly one in four smokers (24%) indicated that they had either 'avoided buying packs with particular health warnings', 'concealed or hidden the pack in some way' or 'both avoided and concealed health warnings' in the last 2 years. Among recent quitters surveyed 27% had behaved in this way (Table 58).

Table 58: Ever Avoided Buying or Concealed Packs with Particular Health Warnings (Smokers & Recent Quitters)

Q13. During the last 2 years, have you ever avoided buying packs with particular health warnings or concealed or hid the health warning on your pack in some way?

2008	Smokers	Recent Quitters
	%	%
Yes, avoided buying packs with particular health warnings	8	6
Yes, concealed/hid the pack in some way	12	16
Both (avoided buying packs and concealed health warnings)	4	5
No	76	73
BASE: Smokers & Recent Quitters	670	120

(Reference: Computer Table 230 – Total Set)

Among those currently smoking 58% maintained they were either 'always' (30%) or 'sometimes' (28%) still practising avoidance or concealment (Table 59).

Table 59: Continuing to Avoid Buying or Concealing Packs in 2008

Q13a. Do you still do this?

2008	Smokers
	%
Yes, always	30
Sometimes	28
No	42
BASE: Smokers	**150**

(Reference: Computer Table 231 – Smoker Set)

Avoidance behaviours mentioned throughout the group discussions included:

- when buying cigarettes request packs with less threatening photos;
- conceal or hide pack through the use of covers or stickers;
- avoid looking at the back of the pack;
- place the pack on its side so the image is not so obvious;
- remove cigarettes without looking at the graphic image;
- use an old pack (without pictures) to store cigarettes;
- avoid having packs lying around;
- laugh off warnings and make fun of them; and

- discredit them because of feeling threatened or guilty.

"I take them straight out and put them into a case.

Did you do that before?

No only when the images came out I went and got myself a nice case. I don't like the pictures." (Female, 25-39 years, Committed Smoker, Sydney)

"I don't want to look at a picture of rotten teeth. I'd rather look at a flower or something like that, it's just gross to look at something like that. You just think it's gross so you just put a cover on it. You put the cover on it doesn't affect you at all. You don't have to look at rotting teeth all day." (Female, 18-24 years, Ex-Smoker, Sydney)

"My mate has one of the old packs without the warnings (photo) and takes his smokes out and puts it in that. So he doesn't have to look at it.

I reckon if you can't look at the photo you might as well quit." (Males, 15-17 years, Committed Smokers, Shepparton)

"I always prefer to get the statistic one; at least it's not some gross picture." (Male, 18-24 years, Contemplator, Brisbane)

"Sometimes when you buy them, if you get gangrene or them graphic ones, you're spewing. You'd rather have smoking harms your unborn baby, that's never going to happen to me you know. If you get the gangrene or the mouth cancer one, you'd rather have something else on there…it's more graphic, it makes you think a bit." (Male, 25-39 years, Committed Smoker, Coffs Harbour)

5.6.7 Other Effects of the Graphic Health Warnings

> The graphic health warnings have raised concerns about smoking and encouraged smokers to think about quitting and to quit, and assisted recent quitters to stay quit.

Telephone survey respondents were asked in 2000 and 2008 a prompted question in regard to behavioural effects of the health warnings. There were some significant and positive changes for smokers and particularly recent quitters over the two telephone surveys (Table 60).

The significant changes include an increase in the proportion who felt that the health warnings had:

- 'Raised your concerns about smoking', recent quitters (60% in 2000 to 72% in 2008);
- 'Helped you smoke less', recent quitters (47% in 2000 to 62% in 2008), and smokers (31% in 2000 to 36% in 2008); and
- 'Helped you give up smoking', recent quitters (49% in 2000 to 62% in 2008).

There was also an encouraging decrease in those who thought that the health warnings 'had no effect on behaviour':

- recent quitters (from 83% in 2000 to 25% in 2008); and
- smokers (from 79% in 2000 to 49% in 2008).

For those behaviours only asked in 2008 the responses were also positive. For example among smokers:

- more than half (57%) indicated that the graphic health warnings had made them think about quitting; and

- around a third (34%) indicated that they had helped them try to quit.

For recent quitters there was an even greater indication that the graphic health warnings were having an effect. For example among recent quitters:

- three quarters (75%) indicated that the graphic health warnings had made them think about quitting;

- nearly two thirds (64%) indicated that they had helped them quit; and

- more than half (55%) indicated that they helped them stay quit.

Table 60: Effects of Health Warnings on Behaviour (Prompted)

Q17. In terms of the way you feel about your own smoking behaviour would you say the health warnings on packs of cigarettes and tobacco have...

STATEMENT	Smokers		Recent Quitters	
	Yes		Yes	
	00	08	00	08
	%	%	%	%
Raised your concerns about smoking	54	57	60	72**++
Helped you smoke less	31	36++	47	62**++
Helped you try to quit	-	34	-	64**
Had no effect on your behaviour	79	49**++	83	25++
Have made you think about quitting	-	57	-	75**
Helped you give up smoking (Recent Quitters)	-	-	49	62++
Have helped you stay quit (Recent Quitters)	-	-	-	55
BASE: Smokers & Recent Quitters	**822**	**670**	**130**	**120**

(Reference: Computer Tables 250-256 – Total Set)

There were also some significant differences in response given by those smokers contemplating quitting compared to those given by non-contemplators, with the former group generally showing a greater preparedness to claim the health warnings were having an effect (Table 61). This was particularly the case for those contemplating quitting in one month; for example:

- 'Helped you smoke less', 51% (1 month contemplators), 44% (6 month contemplators) compared with 22% (non-contemplators);

- 'Helped you try to quit', 58% (1 month contemplators), 48% (6 month contemplators) compared with 10% (non-contemplators); and

- 'Have made you think about quitting', 71% (1 month contemplators), 72% (6 month contemplators) compared with 37% (non-contemplators).

Similarly, there was a more positive influence from the health warnings on 'light' smokers, compared to the effect on their 'moderate' and 'heavy' counterparts. 'Light' smokers were more predisposed to consider quitting as a result of the health warnings (Table 61).

Table 61: Effects of Health Warnings on Behaviour by Contemplation Status and Consumption Level

Q17. In terms of the way you feel about your own smoking behaviour would you say the health warnings on pack of cigarettes and tobacco have …

2008 STATEMENT	Contemplation			Consumption		
	Non	6 month	1 month	Light	Moderate	Heavy
	% Yes	% Yes	% Yes	% Yes	% Yes	% Yes
Raised your concerns about smoking	42	68**	66**	59**	56**	38
Helped you smoke less	22	44**	51**	45**	22	14
Helped you try to quit	10	48**	58**	37**	30	17
Had no effect on your behaviour	62**	41	36	45	54**	58
Have made you think about quitting	37	72**	71**	58	56	48
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 250-254 – Smoker Set)

5.6.8 Quitting

> The graphic health warnings have contributed toward smokers quitting and encouraged others to consider quitting in the future. Between 2000 and 2008 there has been an increase in the proportion of smokers who have tried to quit.

REASONS TO QUIT

There was strong mention of the graphic health warnings as a reason given for quitting. For example, amongst recent quitters, the three reasons most commonly mentioned for quitting were: "I think it was affecting my health" (74%); "I wanted to get fit" (58%); and, "Health warnings on cigarette packets – Pictures" (53%). As well, the 'text' for the health warnings on cigarette packets was mentioned as a reason for quitting by 44% of recent quitters.

There was only one significant difference in response between male and female recent quitters and it related to "I was pregnant or planning on starting a family", with 27% of recent female quitters compared to 6% of recent male quitters choosing this reason.

Amongst long term ex-smokers the graphic health warnings were less prominent as a reason for quitting, which was not surprising as only 22% of ex-smokers had quit within the last 4 years and most had not been exposed to the graphic health warnings (Table 62).

In an overall sense, reasons for quitting were more 'top of mind' among recent quitters than long term ex-smokers; for example, recent quitters supplied an average of 5 reasons for quitting, while long term ex-smokers supplied an average of 3 reasons (Tel Sur 2008). As such, recent quitters were more likely to mention most of the prompted reasons for quitting listed in Table 62.

Male long term ex-smokers were significantly more likely than female ex-smokers to choose, "I wanted to get fit" (44% to 27%) and females were more likely than males to choose, "I was pregnant or planning on starting a family" (24% to 4%) and "hate being addicted" (3% to 0%).

Table 62: Factors to Help Quit (Recent Quitters & Ex-Smokers)

Q17a & Q11a (Section B). Please tell me which, if any, of the following factors helped you decide to quit smoking.

2008 FACTORS TO HELP QUIT	Recent Quitters	Ex-Smoker
	%	%
I think it was affecting my health	74**	56
I wanted to get fit	58**	36
Health warnings on cigarette packets - Pictures	53**	11
It was costing too much	50	42
Family and/or friends asked me to quit	48**	31
Health warnings on cigarette packets - Text	44**	14
Health warning advertisements on TV (Tobacco Campaign)	43**	27
I was worried it was affecting the health of those around me	41**	27
I had a young family/young children	31	22
My Doctor advised me to give it up	22	21
I was pregnant or planning on starting a family	15	13
Quitline (NB phone number is on Cigarette packet)	12	9
Just got sick of it/wanted to give up	7	6
Quitnow website	4	3
BASE: Recent Quitters & Ex-Smoker	**120**	**255**

(Reference: Computer Table 260 – Total Set)   (Partial Table)

MAIN REASONS TO QUIT

When asked about their 'main reason' for quitting both recent quitters and long term ex-smokers were most likely to suggest it was because they felt "it was affecting my health" (35% and 32% respectively). Other 'main' reasons were: "Family and/or friends asked me to quit" (19% and 8% respectively); and, "I wanted to get fit" (8% and 9% respectively). Only 2% of recent quitters mentioned the text and 1% the pictures for the health warnings as a main reason to quit.

For recent quitters and those contemplating quitting (Grps 2008) the triggers to quit reflected many of the telephone survey findings including the influence of the graphic health warnings:

● some specific and increasing health issues (chest pain, numb toes, breathing, coughing, etc);

● ongoing medical advice;

● environmental pressures (e.g. laws, restrictions, etc);

● anti-smoking media campaigns and the graphic health warnings;

● social unacceptance and family pressure to quit;

● onset of pregnancy/planning children (females); and

● increasing cost.

> *"It (graphic health warnings) turns you off it for sure, you think, 'it's inside me' imagine if you had clogged arteries and stuff."* (Males, 40-69, Ex-Smokers, Sydney)

> *"A couple of my toes were sort of going numb and I've seen the cigarette packets with the gangrene and the not circulation and I thought, 'aaaahhhhh'. Then I decided to go on a diet and I thought well I want to do walking and stuff and I'll probably be wanting more and more cigarettes so I'll do the whole thing at once. So that's what I did"* (Female, 40-69 years, Ex-Smoker, Brisbane)

> *"I reckon the bans have more effect, like the pub bans and that type of thing, because that's where you lose out as a smoker, you think 'I've gotta go out in the freezing cold'. Things like restaurants and if no one is smoking that has more effect."* (Male, 25-39 years, Ex-Smoker, Sydney)

ATTEMPTS TO QUIT

The 2008 telephone survey results did show an encouraging increase on the 2000 figures in the proportion of smokers who had 'tried to give up and been successful for at least one month' (from 18% in 2000 to 24% in 2008) and, those who had 'tried to give up and been successful for less than one month' (from 21% in 2000 to 26% in 2008). There was therefore, a corresponding decrease in the proportion of smokers who had 'never tried to give up' (from 61% to 50%), as can be seen in Table 63. This pattern was evident for both males and females, although there was not a significant increase in the proportion of male smokers who had 'tried to give up and been successful for less than one month'.

Table 63: Recent Attempts to Quit

Q3b. In the last 12 months have you…

ATTEMPTS TO QUIT	Smokers					
	Total		**Male**		**Female**	
	00	**08**	**00**	**08**	**00**	**08**
	%	**%**	**%**	**%**	**%**	**%**
Tried to give up and been successful for at least one month	18	24++	17	24++	19	25++
Tried to give up and successful for less than one month	21	26++	22	25	20	28++
Never tried to give up	61++	50	61++	51	61++	47
BASE: Smokers	**822**	**670**	**378**	**366**	**444**	**304**

(Reference: Computer Table 6 - Smoker Set)

Analysis by contemplation status in 2008 revealed that 6 month and 1 month contemplators were more likely to have 'tried to give up and been successful for at least one month' (30% and 33% respectively) and 'tried to give up and been successful for less than one month' (34% and 44% respectively). Non-contemplators were more than two times as likely (75%) as 6 month (35%) and 1 month contemplators (22%) to have never tried to give up (Table 64).

Table 64 also shows that in 2008 'light' smokers were more likely to have 'tried to give up and been successful for at least one month' (28%), compared to 'moderate' (18%) or 'heavy' (17%) smokers. 'Light' smokers were also less likely to have 'never tried to give up' (45%) compared to 'moderate' (57%) or 'heavy' (60%) smokers.

Table 64: Recent Attempts to Quit by Contemplation Status and Consumption Level

Q3b. In the last 12 months have you…

2008 ATTEMPTS TO QUIT	Contemplation			Consumption		
	Non	**6 month**	**1 month**	**Light**	**Moderate**	**Heavy**
Tried to give up and been successful for at least one month	15	30**	33**	28**	18	17
Tried to give up and successful for less than one month	11	34**	44**	27	25	24
Never tried to give up	75**	35**	22	45	57**	60**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 6 – Smoker Set)

INTENTION TO QUIT

In 2008, a little under six in ten smokers (57%) indicated they were contemplating quitting, which was a significant increase from 2000, when 46% were contemplating quitting (Table 65). In fact, in 2008 there was a significant increase compared to 2000 results, in the proportion of smokers intending to 'quit next month' (from 14% to 20%) and those intending to 'quit in the next 6 months' (from 32% to 37%). There was a corresponding decrease in the proportion who indicated they 'did not intend to quit in the next 6 months' (from 51% in 2000 to 43% in 2008).

This pattern was similar for both males and females as can be seen in Table 65. However, it should also be noted that in 2008, females (41%) were more likely than males (34%) to be intending to quit in the next 6 months.

Table 65: Intentions to Quit

Q3d. In terms of quitting which statement best describes your feelings?

INTENTIONS TO QUIT	Smokers					
	Total		Male		Female	
	00	08	00	08	00	08
	%	%	%	%	%	%
I intend to quit next month	14	20++	14	21++	14	18
I intend to quit in the next 6 months	32	37++	30	34	34	41++
I do not intend to quit in the next 6 months	51++	43	53++	44	50++	40
Don't know	3++	-	3++	-	2++	-
BASE: Smokers	**822**	**670**	**378**	**366**	**444**	**304**

(Reference: Computer Table 8 - Smoker Set)

Further, 'light' (38%) and 'moderate' (37%) smokers were more likely than 'heavy' smokers (22%) to be intending to quit in the next 6 months, while 'heavy' smokers (55%) were more likely than 'light' (41%) and 'moderate' (44%) smokers to suggest they 'did not intend to quit in the next 6 months' (Table 66).

Table 66: Intentions to Quit by Consumption Level

Q3d. In terms of quitting which statement best describes your feelings?

2008 INTENTIONS TO QUIT	Consumption		
	Light	Moderate	Heavy
	%	%	%
I intend to quit next month	20	18	23
I intend to quit in the next 6 months	38**	37**	22
I do not intend to quit in the next 6 months	41	44	55**
BASE: Smokers	**395**	**219**	**56**

(Reference: Computer Table 8 – Smoker Set)

In the group discussions, while those contemplating quitting had a desire to quit many admitted to procrastinating on when to quit. Key behavioural aspects to emerge in regard to the contemplator segment included:

• many had tried to quit previously without success;

• some find themselves in conflict between a desire to quit and a reluctance to quit because of the enjoyment derived from smoking; and

• their social and/or work environment encourages smoking or makes it difficult for them to quit.

Some in the study discussed the issue of how to quit and what method is likely to be more successful: a gradual cutting down on cigarettes or stopping 'cold turkey'. A few wondered if a transitional period of cigar smoking would be advantageous; while others, were keen to get advice or tips on how best to quit.

5.6.9 Future Smoking Intentions

> Results show a significant increase in the proportion of current smokers who claim they will make a definite attempt to quit.

In the telephone survey current smokers were asked of their future smoking intentions. Table 67 compares 2008 results with those obtained in 2000. The only two statements that showed a significant difference between the two telephone survey periods were:

- 'make a definite attempt to quit' (47% in 2000 to 53% in 2008); and

- 'change to a lower tar brand' (3% in 2000 to 1% in 2008).

Table 67: Future Smoking Intentions of Smokers

Q23. Thinking about your future smoking do you think you will...

2008 FUTURE INTENTIONS	Smokers	
	00	08
	%	%
Make a definite attempt to quit	47	53++
Try and ease up on my smoking	29	27
Smoke just as much as I do now	20	19
Change to a lower tar brand	3++	1
Don't know	1	-
Increase my smoking	-	-
BASE: Smokers & Recent Quitters	**822**	**670**

(Reference: Computer Table 268 - Smoker Set)

In 2008, significant differences were also noted between contemplators and non-contemplators (Table 68); for example:

- 6 month contemplators were more likely than non-contemplators to make a definite attempt to quit (69% to 24%); as were, 1 month contemplators (84%);

- non-contemplators and 6 month contemplators were more likely than 1 month contemplators to 'try and ease up on smoking' (34% and 27% to 11%); and

- non-contemplators, not surprisingly, were more likely than either of the contemplator sub-groups to say they will 'smoke just as much as I do now' (40% to 3% and 2%) (Table 68).

Table 68: Future Smoking Intentions by Contemplation Status and Consumption Level

Q23. Thinking about your future smoking do you think you will…

2008 FUTURE INTENTIONS	Contemplation			Consumption		
	Non %	6 month %	1 month %	Light %	Moderate %	Heavy %
Smoke just as much as I do now	40**	3	2	17	21	25
Try and ease up on my smoking	34**	27**	11	28	23	30
Make a definite attempt to quit	24	69**	84**	53	54	43
Change to a lower tar brand	1	-	3**	1	1	1
Increase my smoking	1	-	-	-	1	1**
BASE: Smokers	**293**	**241**	**129**	**395**	**219**	**56**

(Reference: Computer Table 258 – Smoker Set)

5.7 GRAPHIC HEALTH WARNINGS AND RESULTANT ATTITUDES ABOUT SMOKING

Comparison of 2008 response to that given in 2000 to a series of statements about smoking indicates that the graphic health warnings have had a positive effect on attitudes in terms of: raising concern and increasing knowledge about effects of smoking on health and encouraging quitting.

The responses to these statements support earlier findings regarding the effect of the graphic health warnings in making smokers think about quitting or 'make a definite attempt to quit' and improving knowledge of the potential negative effects of smoking.

For example, 57% of smokers and 75% of recent quitters agreed that the warnings "have made them think about quitting". This was confirmed through response to an attitude statement, where 56% of smokers maintained that "seeing the health warnings on packs makes me think about quitting".

SMOKERS

In order to understand attitudes towards smoking, smokers were asked to agree or disagree with a series of statements about smoking[w]. Amongst smokers there were also a number of key attitudinal movements between 2000 and 2008, i.e., since the introduction of graphic health warnings (Table 69):

- smokers were now less likely to 'believe most people don't take any notice of the health warnings on cigarette packs' (77% in 2000 vs. 65% in 2008), particularly in terms of the proportion agreeing with this statement 'a lot' (56% in 2000 vs. 39% in 2008);

- they were more likely to agree that 'smoking probably does increase the risk of health problems occurring' (81% in 2000 vs. 88% in 2008). Again, the greatest change was in the proportion who 'agreed a lot' (53% in 2000 vs. 63% in 2008);

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w   These statements had also been asked of smokers in 2000.

- agreement that 'seeing the health warnings on packs makes me think about quitting' increased from 50% in 2000 to 56% in 2008, with the proportion who 'agreed a lot' increasing from 28% to 32% in 2008;

- there was a greater level of disagreement with the statement 'I don't think smoking has any real negative effect on your health at all', (85% in 2000 vs. 91% in 2008); and

- there was a greater proportion of smokers (42% in 2000 vs. 48% in 2008) who agreed that they worry 'more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs'[x].

Table 69: Strength of Attitudes Among Smokers

Q15. I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

STATEMENTS	A+		A		Neither		D		D-	
	00	08	00	08	00	08	00	08	00	08
	%	%	%	%	%	%	%	%	%	%
The health warnings on cigarette packs should be stronger	29++	25	13	17++	10	9	22	26++	25	23
I believe smoking is definitely addictive	88	90	7	6	1	0	1	2	3++	1
Seeing the health warnings on packs makes me think about quitting	28	32++	22	24	3++	1	16	17	31++	25
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	55	53	13	12	5++	3	13	17++	14	15
I don't think smoking has any real negative effect on your health at all	7++	4	7	5	2	1	11	13++	74	78++
You're going to die of something, so why not cigarettes	18	15	19	19	6	5	14	14	43	47
I think that smoking probably does increase the risk of a health problem occurring for me	53	63++	28	25	3	2	9++	5	7	5
I believe most people don't take any notice of the health warnings on cigarette packs	56++	39	21	26++	3	6++	9	17++	10	11
I have worried more about the effects of cigarettes on my health since the (2008-'picture') health warnings were put on cigarette packs	23	27++	19	21	5++	3	19	22	34++	27
I think the health warnings on cigarette packs take up too much space on the pack	8	8	4	8++	15	13	16	19	57	53
Perhaps for some people smoking affects their health, but it hasn't affected mine	18	16	16	19	5++	3	20	25++	40	37
I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and government information such as health warnings and information to assist smokers to quit	28	27	17	16	12++	9	15	16	27	31++
Your smoking can harm others	-	70	-	18	-	1	-	4	-	6
BASE: Smokers	**822**	**670**	**822**	**670**	**822**	**670**	**822**	**670**	**822**	**670**

(Reference: Computer Tables 235-247 Total Set) (Partial Table)   **A+** = Agree a lot **A** = Agree a little **D-** = Disagree a lot **D** = Disagree a little

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x   In 2000 this statement was 'I have worried more about the effects of cigarettes on my health since the health warnings were put on cigarettes packs.'

In the 2008 telephone survey, smokers' attitudes were polarised in regards to the following statements (Table 69):

- 'I believe smoking is definitely addictive' (96% agree, which included 90% 'agree a lot');

- 'I don't think smoking has any real negative effect on your health at all' (91% disagree, which included 78% 'disagree a lot');

- 'Your smoking can harm others' (88% agree, including 70% 'agree a lot');

- 'I think that smoking probably does increase the risk of health problems occurring for me' (88% agree, including 63% 'agree a lot');

- 'I think the health warnings on cigarette packs take up too much space on cigarette packs' (72% disagree, including 53% 'disagree a lot');

- 'If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking' (65% agree, including 53% 'agree a lot');

- 'I believe most people don't take any notice of the health warnings on cigarette packs' (65% agree, including 39% 'agree a lot');

- 'Perhaps for some people smoking affects their health, but it hasn't affected mine' (62% disagree, including 37% 'disagree a lot'); and

- 'You're going to die of something, so why not cigarettes' (61% disagree, including 47% disagree strongly).

In 2008, attitudes were more evenly divided in regards to the remaining statements:

- 'The health warnings on cigarette packs should be stronger' (42% agree vs. 49% disagree);

- 'Seeing the health warnings on packs makes me think about quitting' (56% agree vs. 42% disagree);

- 'I have worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs' (48% agree vs. 49% disagree); and

- 'I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and government information such as health warnings and information to assist smokers to quit' (43% agree vs. 47% disagree).

In the 2008 survey there were also some segment differences within the smoker group, particularly in regards the above key attitudinal statements:

- respondents more likely to agree that 'seeing the health warnings on packs makes me thing about quitting' were 15-24 (57%), 25-44 (62%), and 45-54 (57%) year olds; females (62%); 6 month (72%) and 1 month (69%) contemplators, and 'light' smokers (59%);

- respondents more likely to believe that smoking doesn't have 'any real negative effect on your health' were those aged 65 years and over (29%); non-contemplators (16%); those whose education stopped in Year 10 or less (13%) or Year 11-12 (11%); those with an income of $40,000 or less (16%); and mature couples (19%) and singles (19%);

- those aged 25-44 years (91%), 6 month (92%) and 1 month (94%) contemplators were more likely to agree that 'smoking probably does increase the risk of health problems occurring';

- males over the age of 25 (70%), non-contemplators (69%) and 6 month contemplators (66%) were more likely to 'believe most people don't take any notice of the health warnings on cigarette packs'; and

- those more likely to agree that they 'have worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs' were 15-24 (57%), 25-44 (52%), 45-54 (45%) year olds; females under 25 years of age (72%); metropolitan based respondents (51%); 6 month (56%) and 1 month (55%) contemplators; 'light' (50%) and 'moderate' smokers (48%), and respondents who were studying (65%).

In an overall sense, contemplators (6 month and 1 month) were more likely than non-contemplators to hold negative attitudes towards smoking and positive attitudes towards the health warnings (Table 70). In this regard, contemplators (6 months and 1 month) were more likely to agree that:

- 'smoking probably does increase the risk of health problem occurring' (92% and 94% respectively vs. 83% of non-contemplators);

- 'seeing the health warnings on packs makes me think about quitting' (72% and 69% respectively vs. 37% of non-contemplators);

- 'I have worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs' (56% and 55% respectively vs. 37% of non-contemplators); and

- the health warnings on cigarette packs should be stronger' (48% and 53% respectively vs. 33% of non-contemplators).

Table 70: Strength of Attitudes by Contemplation Status

Q15. I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

	CONTEMPLATION					
	Non		**6 month**		**1 month**	
	Agree	**Disagree**	**Agree**	**Disagree**	**Agree**	**Disagree**
	%	**%**	**%**	**%**	**%**	**%**
The health warnings on cigarette packs should be stronger	33	55**	48**	45	53**	42
I believe smoking is definitely addictive	95	4	98	2	96	3
Seeing the health warnings on packs makes me think about quitting	37	62**	72**	26	69**	31
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	56	39**	71**	27	74**	25
I don't think smoking has any real negative effect on your health at all	16**	83	4	96**	4	96**
You're going to die of something, so why not cigarettes	46**	49	30	67**	21	75**
I think that smoking probably does increase the risk of a health problem occurring for me	83	15**	92**	6	94**	5
I believe most people don't take any notice of the health warnings on cigarette packs	69**	23	66**	28	55	39**
I have worried more about the effects of cigarettes on my health since the (2008-'picture') health warnings were put on cigarette packs	37	58**	56**	42	55**	42
I think the health warnings on cigarette packs take up too much space on the pack	19**	65	15	77**	9	77**
Perhaps for some people smoking affects their health, but it hasn't affected mine	42**	53	32	67**	27	71**
I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and government information such as health warnings and information to assist smokers to quit	43	47	42	49	45	44
Your smoking can harm others	84	14**	92**	7	91*	6
BASE: Smokers	**293**	**293**	**241**	**241**	**129**	**129**

(Reference: Computer Table 235-247 – Smoker Set)

RECENT QUITTERS

Amongst recent quitters there were also a number of key attitudinal movements between 2000 and 2008, i.e. since the introduction of graphic health warnings (Table 71):

- there was a greater proportion of recent quitters (40% in 2000 to 67% in 2008) who agreed that they worried 'more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs'. The greatest change was in the proportion who 'agreed a lot' (from 25% in 2000 to 45% in 2008);

- they were less likely to 'believe most people don't take any notice of the health warnings on cigarette packs' (82% in 2000 to 66% in 2008), particularly in terms of the proportion agreeing with this statement 'a lot' (64% in 2000 down to 44% in 2008);

- they were more likely to agree that their 'past smoking probably has increased the risk of health problems occurring' (76% in 2000 to 87% in 2008); and

- there was a greater level of disagreement with the statement 'I don't think smoking has any real negative effect on your health at all' (89% in 2000 to 97% in 2008).

Table 71: Strength of Attitudes Among Recent Quitters

Q15. I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

STATEMENTS	A+		A		Neither		D		D-	
	00	**08**	**00**	**08**	**00**	**08**	**00**	**08**	**00**	**08**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
The health warnings on cigarette packs should be stronger	42	45	12	19	7	4	19	17	19	14
I believe smoking is definitely addictive	88	95++	4	2	1	-	2	3	5	-
Seeing the health warnings on packs made me think about quitting	35	44	20	18	4	3	11	15	31++	20
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	47	57	13	14	4	1	17	17	19++	11
I don't think smoking has any real negative effect on your health at all	6++	1	2	1	2	1	6	8	83	89
You're going to die of something, so why not cigarettes	2	5	16	13	2	3	15	12	65	68
I think that my past smoking probably has increased the risk of a health problem occurring for me	48	53	28	34	3	2	12	8	9++	3
I believe most people don't take any notice of the health warnings on cigarette packs	64++	44	18	22	2	5	7	11	9	17++
I worried more about the effects of cigarettes on my health since the (2008-'picture') health warnings were put on cigarette packs	25	45++	15	22	5++	1	18	18	37++	15
I think the health warnings on cigarette packs take up too much space on the pack	5	5	3	6	10	6	15	14	67	68
Perhaps for some people smoking affects their health, but it hasn't affected mine	16	10	12	19	4	6	18	22	50	43
I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and govt information such as health warnings and information to assist smokers to quit	34	39	19++	11	11	3	13	18	23	28
Your smoking harms others	-	81	-	11	-	3	-	1	-	3
BASE: Recent Quitters	**130**	**120**	**130**	**120**	**130**	**120**	**130**	**120**	**130**	**120**

(Reference: Computer Tables 235-247 Total Set) (Partial Table)   **A+** = Agree a lot **A** = Agree a little **D-** = Disagree a lot **D** = Disagree a little

As shown in Table 71, recent quitters' attitudes in regards to smoking in 2008 were relatively clear cut, with only two statements having less than 65% agreement or disagreement:

- 'Seeing the health warnings on packs made me think about quitting' (62% agree vs. 35% disagree); and

- 'I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and government information' such as health warnings and information to assist smokers to quit' (50% agree vs. 46% disagree).

Recent quitters' attitudes were most definite in regards to the following:

- 'I believe smoking is definitely addictive' (97% agree, which included 95% 'agree a lot');

- 'I don't think smoking has any real negative effect on your health at all' (97% disagree, which included 89% 'disagree a lot');

- 'Your smoking can harm others' (92% agree, with 81% 'agree a lot');

- 'I think that my past smoking probably has increased the risk of health problems occurring for me' (87% agree, including 53% 'agree a lot');

- 'I think the health warnings on cigarette packs take up too much space on cigarette packs' (82% disagree, including 68% 'disagree a lot');

- 'You're going to die of something, so why not cigarettes' (80% disagree, including 68% 'disagree strongly'); and

- 'If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking' (71% agree, including 57% 'agree a lot').

Around two thirds of recent quitters also agreed that:

- 'I worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs' (67% agree);

- 'I believe most people don't take any notice of the health warnings on cigarette packs' (66% agree);

- 'The health warnings on cigarette packs should be stronger' (64% agree); and

- 'Perhaps for some people smoking affects their health, but it hasn't affected mine' (65% disagree).

There was insufficient sample to conduct meaningful analysis within the recent quitters' sample.

NON-SMOKERS

As can be seen in Table 72, key attitudinal movements amongst non-smokers between 2000 and 2008 were in relation to:

- 'I think seeing the health warnings on packs would make people think about quitting', with agreement increasing from 50% in 2000 to 76% in 2008;

- 'The health warnings on cigarette packs should be stronger', with agreement increasing from 68% in 2000 to 79% in 2008;

- being 'more aware of the effects of cigarettes on my health since the picture warnings were put on cigarette packs', with agreement increasing from 48% in 2000 to 58% in 2008; and

- the belief that 'most people don't take any notice of the health warnings on cigarette packs', with agreement for this statement encouragingly decreasing from 75% in 2000 to 65% in 2008.

Table 72: Strength of Attitudes Among Non-Smokers

Q10a (Section B). I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

STATEMENTS	A+		A		Neither		D		D-	
	00	**08**	**00**	**08**	**00**	**08**	**00**	**08**	**00**	**08**
	%	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
The health warnings on cigarette packs should be stronger	58	53	10	26++	14++	6	9	9	9	5
I believe smoking is definitely addictive	92++	84	5	14++	2	2	-	0	1	0
I think seeing the health warnings on packs would make people think about quitting	22	39++	28	37	8++	3	20++	13	23++	8
Knowing what I know about the effects of smoking on health I wouldn't take up smoking	95++	80	3	13++	1	2	-	1	1	3
I don't think smoking has any real negative effect on your health at all	3	1	-	1	1	-	1	3	95	95
You're going to die of something, so why not cigarettes	3	1	4	3	2	3	2	6	89	87
I think that smoking probably does increase the risk of a health problem occurring	93++	86	4	11++	1	-	-	1	2	2
I believe most people don't take any notice of the health warnings on cigarette packs	46++	30	28	35	7	5	10	22++	9	8
I am more aware of the effects of cigarettes on my health since the (2008-'picture warnings') health warnings were put on cigarette packs	24	34++	24	24	14	14	19++	12	17	17
I think the health warnings on cigarette packs take up too much space on the pack	1	2	1	2	16	13	7	10	75	73
If I was to take up smoking I doubt that it would affect my health	9++	3	2	3	-	1	2	2	87	91
I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and govt information such as health warnings and information to assist smokers to quit	53	44	13	18	15++	8	7	9	12	20++
Smoking can harm others	-	84	-	14	-	1	-	0	-	0
BASE: Non-Smokers	**101**	**259**	**101**	**259**	**101**	**259**	**101**	**259**	**101**	**259**

(Reference: Computer Table 87-99 – Non-Smoker & Ex-Smoker Set) (Partial Table)
A+ = Agree a lot **A** = Agree a little **D-** = Disagree a lot **D** = Disagree a little

In 2008, non-smokers displayed the most definite attitudes towards smoking with all statements drawing agreement or disagreement from around six in ten or more non-smokers. In fact, the majority of statements had agreement/disagreement levels of 76% or more (Table 72). The most clear cut attitudes from non-smokers were in regards to the following statements:

- 'I don't think smoking has any real negative effect on your health at all' (98% disagree, including 95% 'disagree a lot');

- 'I believe smoking is definitely addictive' (98% agree, including 84% 'agree a lot');

- 'Smoking can harm others' (98% agree, including 84% 'agree a lot');

- 'I think that smoking probably does increase the risk of a health problems occurring' (97% agree, including 86% 'agree a lot');

- 'Knowing what I know now about the effects of smoking on health I wouldn't taken up smoking' (93% agree, including 80% 'agree a lot');

- 'If I was to take up smoking I doubt that it would affect my health' (93% disagree, including 91% 'disagree a lot');

- 'You're going to die of something, so why not cigarettes' (93% disagree, including 87% 'disagree a lot');

- 'I think the health warnings on cigarette packs take up too much space on cigarette packs' (83% disagree, including 73% 'disagree a lot');

- 'The health warnings on cigarette packs should be stronger' (79% agree, including 53% 'agree a lot'); and

- 'I think seeing the health warnings on packs would make people think about quitting' (76% agree, including 39% 'agree a lot').

In 2008, more than half of the non-smoker sample also agreed that:

- 'I believe most people don't take any notice of the health warnings on cigarette packs' (65% agree);

- 'I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and government information such as health warnings and information to assist smokers to quit' (62% agree); and

- 'I am more aware of the effects of cigarettes on my health since the picture health warnings were put on cigarette packs' (58% agree).

There were not many significant segment differences amongst non-smokers due to the sample size; however, there were some differences in relation to the key attitudinal statements:

- respondents aged 15-24 years (91%) were more likely to agree that 'I think seeing the health warnings on packs would make people think about quitting';

- respondents born in Australia/New Zealand (99%) were more likely to agree that 'I think that smoking probably does increase the risk of a health problems occurring';

- those whose education was completed in Year 10 or less (79%), those with an income of $40,000 or less (73%) or $61-80,000 (74%) were more likely to agree that 'I believe most people don't take any notice of the health warnings on cigarette packs'; and

- 15-24 year olds (82%), respondents in metropolitan locations (65%), those educated to Year 11 or 12 levels (71%), and older families (68%) were more likely to agree that 'I am more aware of the effects of cigarettes on my health since the picture health warnings were put on cigarette packs'.

LONG TERM EX-SMOKERS

The key change in attitude amongst ex-smokers from 2000 to 2008 was an increase in the level of disagreement that 'I don't think smoking has any real negative effect on your health at all' (from 94% in 2000 to 98% in 2008).

Table 73: Strength of Attitudes Among Ex-Smokers

Q10b (Section B). I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.

STATEMENTS	A+		A		Neither		D		D-	
	00	08	00	08	00	08	00	08	00	08
	%	%	%	%	%	%	%	%	%	%
The health warnings on cigarette packs should be stronger	47	44	11	15	13	11	17	21	12	8
I believe smoking is definitely addictive	91	88	7	9	-	-	1	1	-	2
Seeing the health warnings on packs made me think about quitting	20	17	15	11	11	19++	19	15	34	38
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	58	57	8	14++	6	4	13	13	15	12
I don't think smoking has any real negative effect on your health at all	3++	0	3	1	1	-	5	3	89	95++
You're going to die of something, so why not cigarettes	5++	2	3	4	3	2	9	8	77	84++
I think that my past smoking has increased the risk of a health problem occurring for me	37	33	17	28++	3	6	22++	15	19	18
I believe most people don't take any notice of the health warnings on cigarette packs	52	45	19	23	4	3	14	22++	9	7
I worried more about the effects of cigarettes on my health since the (2008-'picture warnings) health warnings were put on cigarette packs	25	27	15	15	17	13	19	17	21	28++
I think the health warnings on cigarette packs take up too much space on the pack	5++	2	3	2	18	16	18++	12	54	69++
Perhaps for some people smoking affects their health, but it hasn't affected mine	18	17	18	13	7	6	15	23++	42	42
I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and govt information such as health warnings and information to assist smokers to quit	50++	38	16	15	7	7	6	15++	11	25++
Smoking can harm others	-	86	-	9	-	1	-	1	-	2
BASE: Ex-Smokers	**151**	**255**	**151**	**255**	**151**	**255**	**151**	**255**	**151**	**255**

(Reference: Computer Table 101-113 – Non-Smoker & Ex-Smoker Set) (Partial Table)
A+ = Agree a lot **A** = Agree a little **D-** = Disagree a lot **D** = Disagree a little

Amongst ex-smokers, attitudes in 2008 (Table 73) were less clear cut, with a number of statements dividing this sub-sample:

- 'I worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs' (42% agree vs. 45% disagree);

- 'I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and government information such as health warnings and information to assist smokers to quit' (53% agree vs. 40% disagree);

- 'Seeing the health warnings on packs makes me think about quitting' (53% disagree vs. 28% agree);

- 'The health warnings on cigarette packs should be stronger' (59% agree vs. 29% disagree); and

- 'I think that my past smoking probably has increased the risk of health problems occurring for me' (61% agree vs. 33% disagree).

The most definite attitudes amongst long term ex-smokers were:

- 'I don't think smoking has any real negative effect on your health at all' (98% disagree, which included 95% 'disagree a lot');

- 'I believe smoking is definitely addictive' (97% agree, which included 88% 'agree a lot');

- 'Smoking can harm others' (95% agree, including 86% 'agree a lot');

- 'You're going to die of something, so why not cigarettes' (92% disagree, including 84% disagree strongly);

- 'I think the health warnings on cigarette packs take up too much space on cigarette packs' (81% disagree, including 69% 'disagree a lot');

- 'If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking' (71% agree, including 57% 'agree a lot');

- 'I believe most people don't take any notice of the health warnings on cigarette packs' (68% agree); and

- 'Perhaps for some people smoking affects their health, but it hasn't affected mine' (65% disagree).

The limited sample size for long term ex-smokers resulted in fewer differences between ex-smoker segments; however, the following were evident for the key attitudinal statements:

- 25-44 year olds (49%), 45-54 year olds (34%), those living in Metropolitan areas (33%), employed respondents (36%), those whose education was completed in Year 11 or 12 (47%), those who had an annual income of $61-80,000 (38%) and respondents from middle families (54%) were more likely to agree that 'seeing the health warnings on packs made me think about quitting';

- 25-44 year olds (74%), those from middle families (82%), and those with an annual income between $41-60,000 (76%), were more likely to agree that 'I think that my past smoking probably has increased the risk of health problems occurring for me';

- respondents who were TAFE educated (79%), those with an annual income of $40,000 or less (78%) were more likely to agree that 'I believe most people don't take any notice of the health warnings on cigarette packs'; and

- respondents with an annual income of $61-80,000 (57%) and those from middle families (65%) were more likely to agree that 'I worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs'.

5.8   GROUP DISCUSSION VIEWS ON SPECIFIC GRAPHIC HEALTH WARNINGS

To help gain a clearer understanding of how those consumers who took part in the evaluation research program responded to individual graphic health warnings, reactions given by group discussion participants (Grps 2008), including verbatim quotations, are discussed in the following section.

5.8.1 "Smoking Causes Peripheral Vascular Disease"
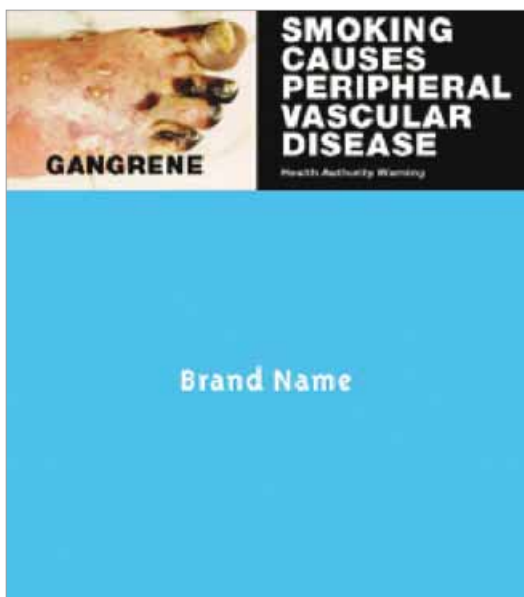
This graphic health warning was commonly referred to as *"the foot"*. There was a tendency for smokers to want to avoid the image because they found it disturbing. It had high impact, was memorable, and elicited a strong emotional response across all groups.

> *"The friggin foot is disgusting.*
>
> *You don't (associate) feet with smoking."* (Males, 18-24 years, Ex-Smokers, Melbourne)
>
> *"It is very severe, it would be hard not to notice it, and it's for everyone. Everyone walks around don't they?"* (Male, 18-24 years, Non-smoker, Brisbane)
>
> *"It's an example of what could happen."* (Female, 18-24 years, Contemplator, Melbourne)

Despite many claiming that if they had the condition they would not let it reach the stage shown, it was considered a strong message with a dramatic picture. Some felt it represented the diseased foot of a "heavy, long term" smoker and as such, represented an extreme condition which is not frequently experienced.

> *"I always thought it was from people who are extreme like smoking 1.5 packs a day. I only smoke 7 to 10 a day. I thought it would be a packet a day."* (Female, 18-24 years, Committed Smoker, Melbourne)

Some had difficulty in pronouncing the word "peripheral" and found the term "gangrene" was easier than peripheral vascular disease (PVD) to recall. "Gangrene" was better understood than PVD, but for some, more readily associated with frostbite and diabetes than smoking.

> *"P-er-iph-er-al vascular disease, it's a bit too scientific why not just say it really stuffs you up or something simple like gangrene? I think everyone knows what gangrene is."* (Male, 18-24 years, Committed Smoker, Sydney).
>
> *"I thought it (peripheral vascular disease) was something to do with your eyesight.*
>
> *Peripheral is like the edge of your body, so like your fingers and your toes."* (Males, 18-24 years, Committed Smoker, Sydney)

The explanatory message on the back of the pack did facilitate understanding of this condition despite it being seen as a low risk health consequence.

> *"Peripheral vascular disease doesn't mean much to me, but at least on the back (explanatory text) it says poor circulation, not that I think I've read it before today. As we said, we all thought it was a warning about gangrene, why not just say gangrene?*
>
> *Yeah, or why not poor circulation?"* (Females, 40-69 years, Ex-Smokers, Brisbane)
>
> *"It explains it (PVD) on the back, I read it the other day."* (Female, 18-24 years, Committed Smoker, Melbourne)
>
> *"It can affect any part of your body.*
>
> *It's about decreased circulation. If you don't get enough blood to your extremities then you'll get gangrene and they'll have to cut bits off."* (Males, 25-39 years, Ex-Smokers, Sydney)

5.8.2 "Smoking Causes Emphysema"
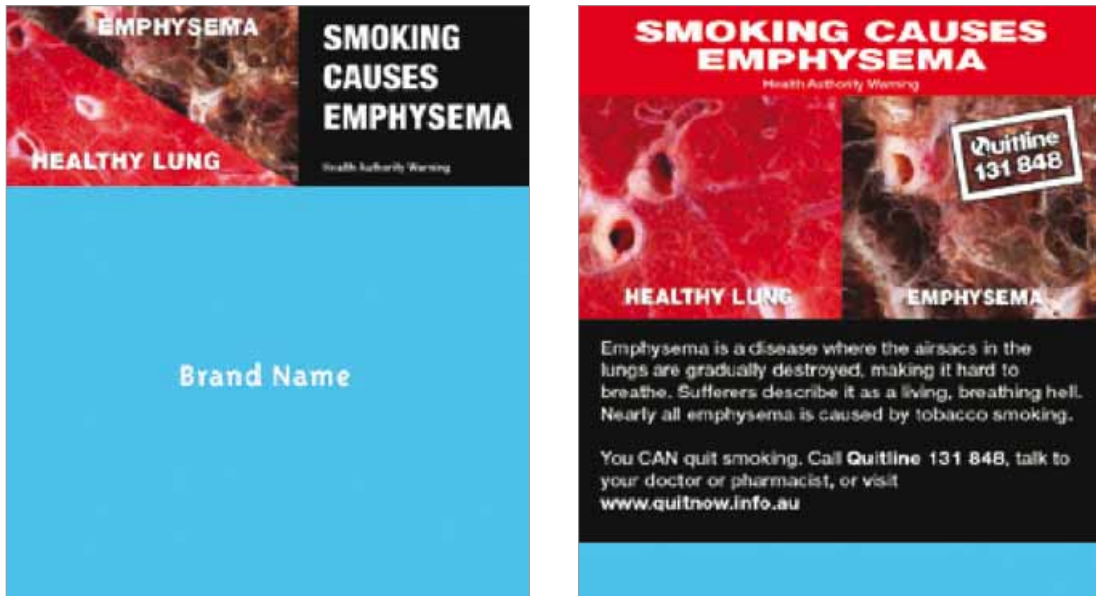
This graphic health warning was generally a believable message for many because of the linking of emphysema with the lungs, and the association of smoking to lung disease. The risk of contracting emphysema from smoking was considered high as it was thought a comparatively common condition.

> *"That's something that, more than the others (health warnings), you can associate with, like I've known people with emphysema, and probably more the text at the front – 'Smoking causes emphysema' – that's something I'm scared of."* (Male, 25-39 years, Committed Smoker, Coffs Harbour)

> *"It's just something that happens. You can't argue with that one. Smoking is bad for your lungs."* (Male, 25-39 years, Ex-Smoker, Sydney)

It was generally a more effective warning with older smokers, but not that well understood by younger participants. Emphysema was associated with:

- the lungs/lung disease and because of this strongly linked with smoking;

- having difficulty breathing; and

- sometimes requiring the use of portable oxygen tanks (an image some felt more appropriate for the warning).

> *"It's just a picture – it could be anything. It's just a pattern.*

I think the idea of having to carry around an oxygen bottle for the rest of your existence is more deterring than that pattern." (Females, 25-39 years, Committed Smokers, Sydney)

The explanatory text helped improve understanding for those less familiar with emphysema; as well:

- for a few, the word "emphysema" was hard to pronounce; and
- "living breathing hell" was an important, emotive, and descriptive text.

*"That's a good one. I've seen people suffering with emphysema and it's not nice. …
I'd say that's exactly how they describe it." (Female, 40-69 years, Ex-Smoker, Brisbane)*

The picture and text warning were not always considered compatible. Often, the picture was thought to be ineffective, lacking impact, and for most was difficult to discern. The image was less confusing for those who had seen the TV "bubble wrap" commercial or who had more detailed knowledge of the disease. However, in essence, the picture did not adequately or effectively portray what was considered by those familiar with emphysema to be a very debilitating condition.

"I don't know what's happening (in this image).

*Yeah – it's like craters on the moon or something – you know." (Males, 25-39 years,
Contemplators, Sydney)*

5.8.3 "Smoking Causes Mouth and Throat Cancer"
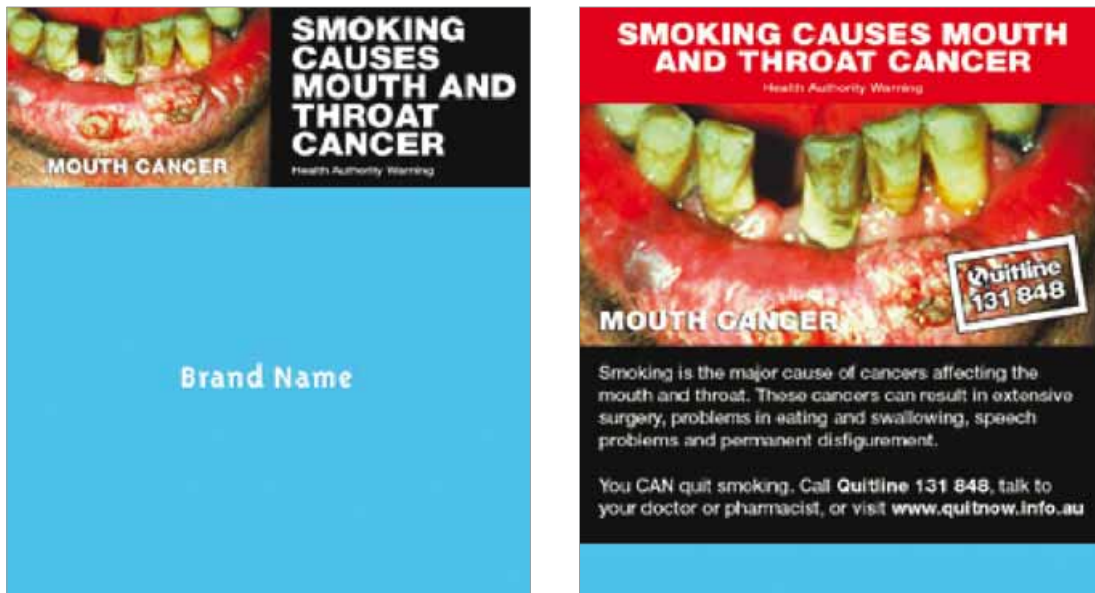
This graphic health warning received high recall within and across all group discussions in the study. It had a high profile, was described as a *"gross"* image, and was emotionally confronting for all participants. The image was cosmetically upsetting and was a particular concern for young people (15-24 years) in the study. It made many, both smokers and non-smokers, think about the possibility of getting mouth and throat cancer.

"It is a really confronting picture.

They're visible (mouth cancer and gangrene), you can't see anything else. You can't see lung cancer, you can't see emphysema. You can't hide it (mouth cancer). Everyone will know. It would be bad for your own confidence." (Males, 18-24 years, Committed Smokers, Sydney)

"I started thinking about my nose and my lips and my ears 'cos I started hearing stories about tongue cancer, and I couldn't think of anything worse. I don't care if it kills me, but having to live for twenty years without a tongue or with half my face missing, that really plays in my head.

Every time I get a cold sore, you know on the packet how it's got that all the blisters on the lips, I keep thinking it's that.

Yeah, they really make you think. It's not so much the dying thing, it's the losing parts of my face." (Females, 25-39 years, Committed Smokers, Sydney)

The picture was a dominant element. It was said to focus on mouth/teeth/gums but not throat. Mouth and throat cancer was strongly linked to smoking because of the focus on the mouth and as a result, the warning was believable, but the condition considered a low risk possibility. This graphic health warning strongly reinforced one of the significant negative consequences of smoking, cancer.

"Smoke and your mouth will look like this. That's what they are trying to say.

I reckon it does its job though, I certainly don't want to put one (cigarette) in my mouth." (Males, 25-39 years, Ex-Smokers, Sydney)

"I'm more inclined to believe this one because you are sticking a cigarette in your mouth.

Yeah, what's the other bloke doing, smoking with his foot." (Males, 18-24 years, Committed Smokers, Sydney)

"I believe it because it's your mouth, you can feel ulcers and stuff like that. It's not going to go as bad as that, but still." (Male, 25-39 years, Contemplator, Sydney)

"Maybe it starts and spreads to the mouth. May be cancer on the inside and then that happens. There's no turning back." (Female, 18-24 years, Contemplator, Melbourne)

Some smokers considered it an exaggerated image. It also suggested to some committed smokers in particular, who were keen to deny it as a possible consequence of smoking, that such a condition could result from a dental/ hygiene problem. It also raised other health and social issues (e.g. poor diet, homelessness, etc).

"This mouth is nothing but make-up and false teeth.

She looks like a drug addict.

You would have had to been smoking for ninety years and never cleaned your teeth or gone to the dentist in your life." (Female, 25-39 years, Contemplators, Coffs Harbour)

"The mouth of a junky, or some old homeless guy, who also smokes a lot". (Male, 18-24 years, Committed Smoker, Sydney)

The explanatory content was meaningful and effective.

"That graphic one about the mouth, I have seen people in the street with those things and I actually asked a guy how he got throat cancer and he said to me 'from smoking'.

I wouldn't have known that smoking causes mouth cancer." (Females, 40-69 years, Committed Smokers, Sydney)

5.8.4 "Smoking Clogs Your Arteries"

There was high awareness of this graphic health warning and the accompanying picture but some thought it was becoming a *"tired image"*. There was a suggestion of 'wear-out' from participants in most discussion groups.

"Know that, it's an old one…They had ads for that quite a long time ago on TV." (Female, 40-69 years, Committed Smoker, Sydney)

"It's clogged up, like tar and stuff, no it's not tar. It makes me sick to think about it." (Female, 16-18 years, Non-Smoker, Sydney)

The text and image were considered compatible and it was a familiar image because of past TV advertising featuring the "fatty, clogged artery". Clogging was more closely associated with high cholesterol and some were unsure as to how smoking causes clogging. Nonetheless, it was generally a believable message, partly through the effectiveness of the explanatory text, which facilitated understanding. Issues raised included:

- how smoking can cause impotence was not always immediately understood, but it was a worrying message for young males in particular. The "blood flow" message helps overcome some of the confusion and ignorance; and

- some thought the explanatory text should address the aspect of prevalence.

5.8.5 "Don't Let Children Breathe Your Smoke"
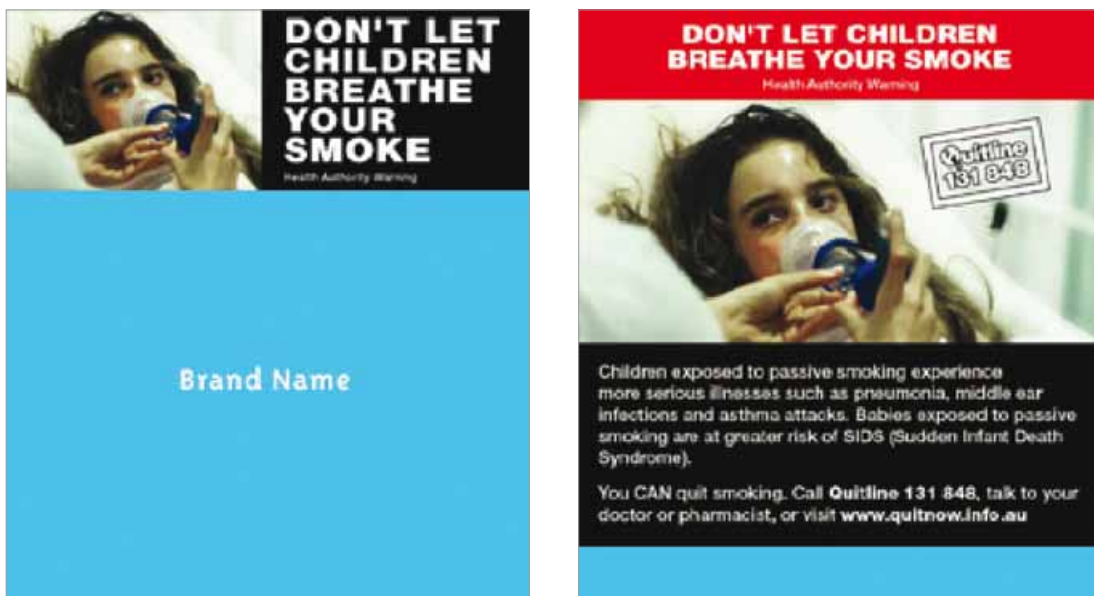
There was reasonable unaided awareness of this graphic health warning across all groups. There was seemingly more awareness of the text warning than the image with a few confused by the image – is she the smoker?

Nonetheless, the graphic health warning was highly emotive for parents in particular. It was overall a powerful image with a meaningful text message. It reminded many of the dangers of passive smoking and reinforced the behaviour of many not to smoke near children.

> *"That makes me think – that's what I'm doing if I kept smoking – she's always around you – so if she's around me for another thirty years, that means she's smoking for another thirty years.*
>
> *I think anything involving your children has more of an effect on you, that's why I gave up.*
>
> *That's what you do to other people."* (Males, 40-60 years, Ex-Smokers, Coffs Harbour)

There was widespread appeal for the narrative style and the explanatory text was clear, aided understanding generally, and adds credibility. Other key findings include:

- the explanatory text extends knowledge;

- the term 'pneumonia' was not known by some young (15-17 year old) smokers; and

- it shows how the innocent can be affected and in so doing, raised guilt among smokers.

"It's the story that gets to you." (Male, 18-24 years, Ex-Smoker, Melbourne)

"The thing that got me most about that (explanatory text) was that smoking can make kids get sick from other illnesses that aren't linked to smoking more easily.

I didn't know that about pneumonia and stuff and SIDS." (Male, 25-39 years, Committed Smokers, Coffs Harbour)

5.8.6 "Smoking - a Leading Cause of Death"

As in the telephone survey results, there was generally good recall in the group discussions of this graphic health warning, especially among the smokers. This graphic health warning 'stood out' for some because compared to others it represented a different style of image; for example:

- some felt it had a somewhat hypnotic quality because of the graph/fact approach which enticed readership; and

- for others, the less threatening picture encouraged readership.

There was often considerable debate in the discussion groups about this graphic health warning. Some smokers claimed they often request this graphic health warning, as it is less threatening than others. It tended to generate controversy among committed smokers: many did not believe the claim, or at least were sceptical of it.

The explanatory message generated more controversy, with smokers claiming that the link between smoking and death was hard to prove. There was a mixed response to the claim of 19,000 deaths caused from smoking. Some recalled it without prompt; and some thought too few, others too many deaths.

"It's the leading cause of deaths. Ok I am overweight but the fact is obesity would that come ahead of smoking? I guess it would. It would probably be one of the leading causes of death I would say. Because with obesity you can have strokes, it's just the same sort of thing. I think they should actually be saying it is one of the leading causes of death, not the leading cause of death." (Females, 40-69 years, Committed Smokers, Sydney)

"I know they are all factual, but the ones with the statistics, the figures, they make you think that it could more likely happen to you." (Male, 18-24 years, Committed Smoker, Sydney)

"The one that says so many people die from car accidents, so many people die from this, so many people die from that – and so many people die from cigarettes – and I went s_ _t! It was some huge amount." (Female, 25-39 years, Contemplator, Coffs Harbour)

Some smokers found ways of rejecting the message; for example:

* old information (1998);

* *"people lie with statistics"*;

* illegal drugs were now thought to be more prolific than in 1998 (e.g. 'Ecstacy' and 'Ice'); and

* heavy advertising of other "social issues" (e.g. road safety, alcohol abuse, etc) and knowledge through experience of other issues suggested the death toll resulting from these other causes would now be higher than that for smoking.

"It says there 'illegal drugs – 863 in a calendar year. I've got doubts on that. Like nationwide there'd probably be at best about a dozen cases from coke or ecstasy, in terms of junkies there might be up to a thousand, you know, so I question those figures. In a population of 20 million, only 20,000 …so I don't think the figures are correct." (Male, 18-24 years, Committed Smoker, Sydney)

"With the 19,000 figure they are presumably incorporating all of these things based on the fact that someone was a smoker. Because you can have a stroke and never have smoked a cigarette in your life too.

You can also have diabetes and have gangrene and never smoked.

But it doesn't tell you how long that is over…how many years? Is it one year?

It doesn't say.

It's not as credible. You wouldn't even read it." (Females, 40-69 years, Committed Smokers, Sydney)

5.8.7 "Quitting Will Improve Your Health"
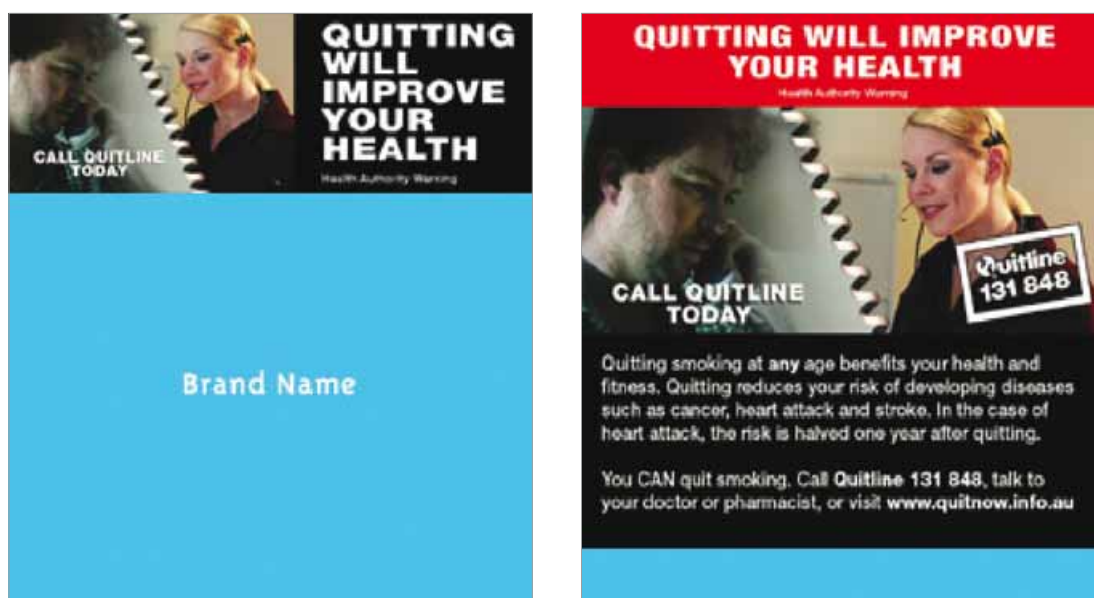
This graphic health warning often generated a mixed reaction and tended to polarise response from those who took part in the group discussions. Those who reacted favourably to this graphic health warning did so for the following reasons:

- it was seen as a more positive approach compared to others in the series and as such, was considered a complementary health message, providing balance to the more negative tone of the majority of graphic health warnings;

- it was thought to project a supportive, informative, and encouraging message; and

- it was considered helpful for those contemplating quitting, and for those who had recently quit, by providing encouragement to quit and reinforced their decision to quit.

"I suppose it should be on there. If you are thinking of quitting and giving them a call, well you wouldn't have to look it up, so I guess you'd be less likely to procrastinate." (Male, 18-24 years, Contemplator, Brisbane)

"I like that because it is positive. It makes me feel good just to read that; whereas, the other ones (images) are bad and it doesn't really help." (Female, 40-69 years, Committed Smoker, Sydney)

"Every smoker knows that they can't run around the block without puffing– you can relate to it straight away.

You might get to a point where you might ring them – and you know that there is support.

It's giving you some useful information. There's a number on there that you can actually ring.

And it's information that you want to hear." (Males, 25-39 years, Committed Smokers, Coffs Harbour)

The positive response was further reinforced by an explanatory text, which was generally seen as helpful, friendly, reassuring, non-threatening and encouraging. In addition, the heart disease statistic was informative and the explanatory text was considered appropriate for the graphic image.

Those who reacted unfavourably to this graphic health warning felt that:

- it was less effective than others, because it had no "shock value";

- the graphic image lacked impact and was not particularly appealing; and

- some raised questions as to how helpful the Quitline service really is.

> *"I don't find this one particularly compelling. It's some guy, who's fat, overweight, got a flano, he's pale, he's got a 5 o'clock shadow and he's calling to quit. It's not something I can relate to and neither could any of my friends."* (Male, 18-24 years, Committed Smoker, Sydney)

Some suggested that this graphic health warning could benefit from including:

- more practical tips on quitting;

- examples of how health will improve (e.g. easier breathing, improved taste, etc) when a smoker quits; and

- promotion of incentives to encourage quitting (e.g. free or discounted nicotine patches).

5.8.8 "Smoking Harms Unborn Babies"

This graphic health warning had very high awareness across all discussion groups. This warning was highly emotive, particularly for females and parents. However, male smokers, notably those without children claimed to request cigarette packs with this image because it is less gruesome, less threatening and less relevant than most others in the series.

The key findings include:

- females elicited a very strong response to this graphic health warning;

- the graphic image and text message were seen as compatible and emotive;

- the narrative style of the explanatory text generates impact as does the graphic image;

- the text statement reinforces existing beliefs about the effects of smoking on the unborn; and

- while some male smokers argued the negative health consequences for unborn babies does not always happen, others knew of them occurring and for these men, this added credence to the warning.

"That's the one (baby) that makes me feel worse. The ones that affect other people hit you harder, the baby and the child." (Female, 18-24 years, Committed Smoker, Melbourne)

"It's a life that didn't have a chance to live because someone was so inconsiderate and smoked. Just didn't care.

You feel sorry for the baby, they're so small. It's not its fault. They can't do anything to stop it." (Females, 15-17 years, Non-Smokers, Sydney)

"You see this little baby that didn't ask to get hurt. And obviously if you smoke while your pregnant it's terrible – you're doing something really, really wrong.

Most smokers know they're harming themselves, but if you're harming someone else, especially a baby that can't fend for itself, that really hits you." (Females, 18-24 years, Ex-Smokers, Sydney)

Some felt that the explanatory message was *"too long"* but it was regarded as powerful and was clearly understood. The mention of the possibility of a variety of problems resulting from smoking provided further impact, extended knowledge, and indicated the seriousness of the message.

5.8.9 "Smoking Causes Blindness"
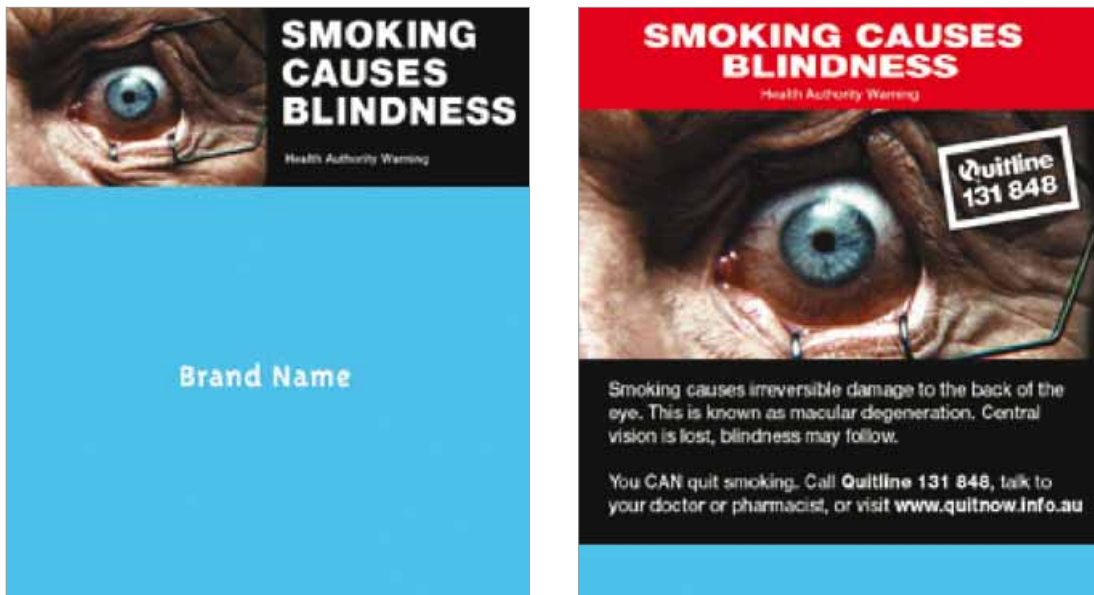
This graphic health warning was frequently referred to as *"the eye"*. It increases the profile of graphic health warnings considerably because of the picture. The picture dominated response to this health warning from participants across all groups. The graphic image was considered *"grotesque"* with high impact.

> *"It's like imagining yourself in that position. It's like a bit out of 'Clockwork Orange' or something. It's like a terrifying thing."* (Male, 18-24 years, Committed Smoker, Sydney)

Despite a strong emotional response to this health warning, some had difficulty understanding how smoking affects the eye and how blindness can result. It was not always believable and the text warning was not always seen as compatible with the graphic image (the eye did not look blind). For some, the picture suggested ageing and wrinkles, which in itself was considered an unfavourable 'look'.

> *"How many smokers would go blind from smoking? I reckon it's like saying 'driving your car causes quadriplegia'. It's possible but it's not a major thing. It's like a very secondary thing. It's very minor."* (Male, 25-39 years, Ex-Smoker, Sydney)

> *"It doesn't work for me. It just doesn't look like a real eye.*

> *For me, if there is any that I almost don't believe, that might be it. I'm sure it is true but that's one that I can maybe kid myself into thinking that blindness is a bit if a tenuous connection."* (Males, 18-24 years, Contemplators, Brisbane)

The explanatory text helped explain, to some extent, how blindness can result from smoking, but:

- use of the word "may" weakened its credibility; and

- the issue of "central vision" was too technical for some and as a result, not always understood.

Blindness seemed a "low risk" outcome to many, although red eyes/smoke in eyes/eye sensitivity to smoke were all believable side effects of smoking; however, 'macular degeneration' was generally not understood.

5.8.10 "Smoking Causes Lung Cancer"
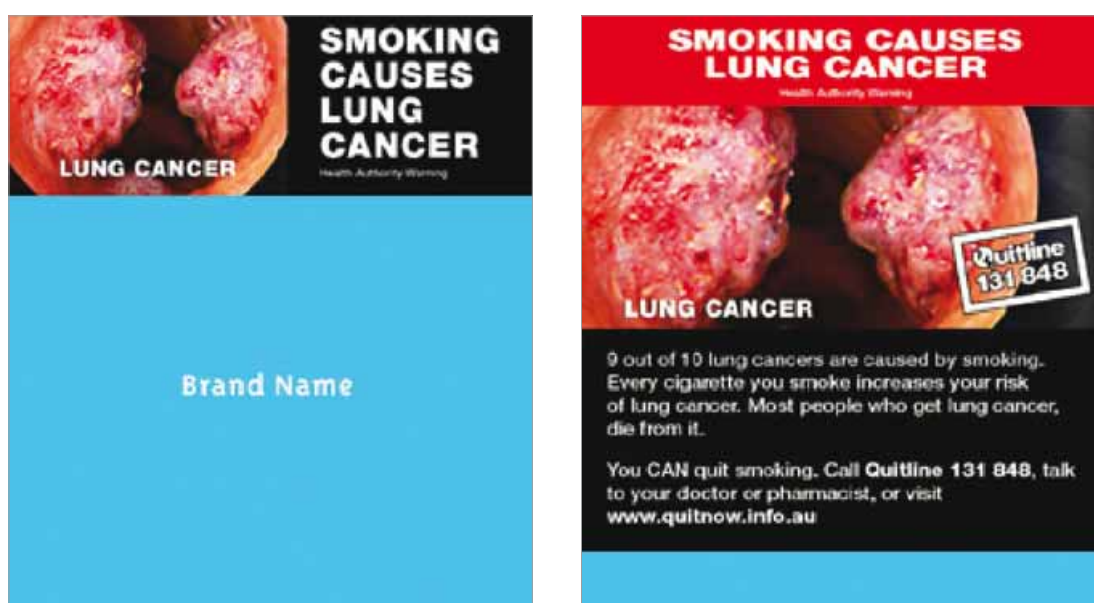
Across all group discussions lung cancer was strongly linked to smoking. It has a well established association and the message reinforced a long held existing consumer belief.

> "Lungs, stroke, and breathing are more relevant to me than gangrene or the baby. I'm in my mid 40's perhaps if I had more energy I'd do things better." (Male, 40-69 years, Contemplator, Shepparton)

> "The one that you think about when you smoke is lung cancer. I don't really think about the other ones, like mouth cancer and stuff like that. Everyone always emphasises how easy it is to get lung cancer from it. And you can get it from passive smoking too. I think you would have to smoke excessively to get other sorts of cancer but lung cancer seems more realistic." (Female, 15-17 years, Non-Smoker, Sydney)

Interestingly, this was one warning for which group discussion participants had stronger recall of the text message than the graphic image. The graphic image was not always recognised as a lung; however, the text warning was very strong and memorable.

"That could be anything. It could be moon rock or something. You can't see inside your lungs, so it's hard to relate to." (Male, 25-39 years, Committed Smoker, Coffs Harbour)

The message was believable because of the long association and acceptance of the effects of the process of "breathing smoke into the lungs" and the potential damage caused. The explanatory text reference of '9 out of 10' was an extremely powerful message and added to the credibility of the warning and its overall acceptance.

"The bit about 9 out of 10 lung cancers being caused by smoking was good. It's hard to argue with that.

Yeah that one wasn't so bad. It was a short, simple story.

And it has that clear link to tobacco." (Females, 15-17 years, Committed Smokers, Brisbane)

"This one's not complicated. It's short, simple and gets to the point.

Yeah, 9 out of 10, that's a 90% chance." (Males, 15-17 years, Non-Smokers, Sydney)

5.8.11 "Smoking Causes Heart Disease"
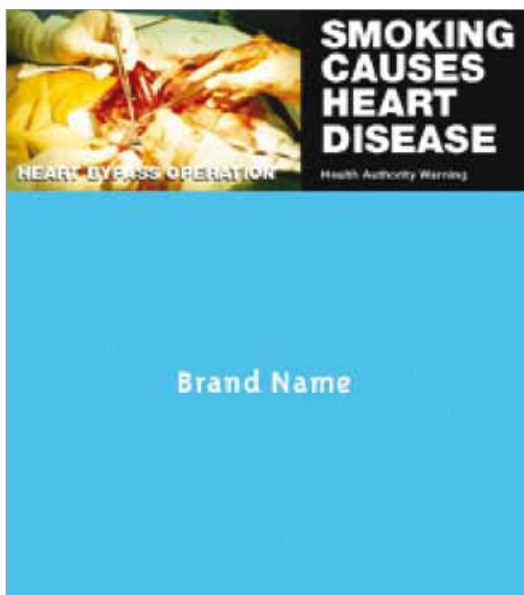
The link between smoking and heart disease was well understood, particularly among older people in the group discussions. Even though the message was sometimes considered a "little old" and "worn" the consequence was believable. However, there was a mixed reaction to the graphic image. The graphic image was not always felt to be appropriate, nor as dominant as that for some of the other graphic health warnings; for example:

- some in the group discussions appeared to be desensitised to pictures of surgery and operations, while others, treated it as denoting a particularly serious condition;

- the TV reference heightened credibility; and

- while the sub-title of "Heart Bypass Operation" helped explain the graphic image for some of those who found it confusing, it was difficult for others to comprehend what was happening in the operation.

The explanatory text was said to be "easy to follow" and understand, and "smoking doubles your risk of dying from heart attack" was an important message because it suggested a high risk for the condition. The absence of medical jargon was also appreciated.

> *"Doubles your risk, that's a good thing to say.*
>
> *Yeah, and at least they haven't used all these words as if we were doctors or something."*
> (Male, 15-17 years, Non-Smokers, Sydney)

5.8.12 "Smoking Doubles Your Risk of Stroke"
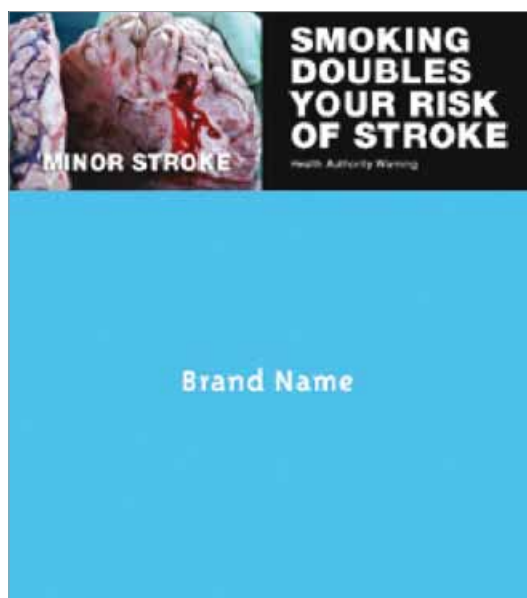
This was also considered one of the more traditional health messages regarding the effects of smoking. Middle-aged male smokers in particular, were more concerned about this possible consequence than were others in the group discussions. Stroke was considered by young people to be a greater risk for older smokers. In fact, a few of the young participants did not know what stroke is.

"Stroke is what I worry about." (Male, 40-69 years, Committed Smoker, Shepparton)

"I associate stroke with old age. I don't know anyone my age who's had a stroke. I'm sure there have been some but not from smoking." (Male, 25-39 years, Contemplator, Sydney)

"It's a pretty nasty photo, but it's not really relevant to us. Stroke's another one of those things that you'll eventually shake and you wont have to deal with for too long." (Male, 18-24 years, Committed Smoker, Sydney)

Many found the message believable because of the knowledge they had of people with stroke. Some did not understand the graphic image; nonetheless, it was described as *"gross".* Others maintained that TV advertising of the condition aids understanding of what's happening and supports the graphic health warning.

The text accompanying the graphic image was informative and provided impact by claiming smoking doubles the chance of having a stroke. The explanatory text did improve participant understanding and knowledge of stroke. It was "new" information for some, but surprisingly the term "paralysis" was not always understood by young participants. A few mentioned that the text did not suggest stroke was "debilitating" and felt that this could be a more powerful message.

5.8.13 "Smoking is Addictive"

This was considered a very familiar warning but according to many, has little impact. This graphic health warning was often said to be *"ineffective"* but nonetheless, was often recalled and discussed. Mention of the addictive quality of tobacco was frequently spontaneously discussed in virtually all group discussions. It was always regarded as a believable message. Smokers claimed to frequently experience the addictive quality of nicotine.

> *"I didn't believe it was as addictive as it is.*
>
> *I think addiction is the most important thing. Once you're addicted these are the possible outcomes."* (Females, 18-24 years, Committed Smokers, Melbourne)

The graphic image of the "yellow fingers" dominated response:

- it conveyed the notion that smoking is a "dirty", and "disgusting" habit;

- it suggested unfavourable cosmetic consequences;

- it was linked to an older, long term, heavy smoker; and

- the young smokers claimed they would do something about the yellow stain.

> *"I think the hand does play a part in making you feel really dirty while you're smoking. You're not yet sick but you're gross and your hand is going to smell and it could be in the process of changing colour without you really knowing."* (Female, 25-39 years, Committed Smoker, Sydney)
>
> *"I remember my nails used to get yellow. It's gone now.*
>
> *Especially when you got your nails done too – they would go yellow.*
>
> *Your fingers wouldn't but your nails would – that's why that one affected me."* (Female, 18-24 years, Ex-Smoker, Sydney)
>
> *"That's like saying smoking is smelly.*
>
> *It just looks like somebody holding a cigarette.*
>
> *To me they don't look like really yellowy fingers – they just look like an old person smoking.*
>
> *It's not really scary enough."* (Females, 25-39 years, Contemplators, Coffs Harbour)
>
> *"You are more worried about your external appearance than internal things. You don't know what's inside your body but you're definitely concerned about face and hands and eyes and feet."* (Female, 18-24 years, Ex-Smoker, Sydney)

The explanatory text was considered *"too long"* and *"boring"*. Many felt that addiction is an important message but hard to convey. Some suggested the explanatory text needed to be "re-worded" and the graphic image renewed.

5.8.14 "Tobacco Smoke is Toxic"

This graphic health warning tended to be categorised among the least effective by smokers because it was considered neither dramatic nor impactful. It was however, a believable warning, although not particularly interesting.

This graphic health warning reinforced to some extent the increasingly, unfavourable image of smoking as a disgusting and dirty habit. The picture tended to convey the "tar" content of cigarettes, but it was generally seen as a "boring" image. Many related this graphic health warning to previous TV advertising and to a poster on toxicity.

The explanatory text:

- uses jargon/technical names (e.g. benzopyrenes) many of which were considered irrelevant or not understood. Many stated that the use of everyday names (e.g. rat poison, nail polish remover, cleaning products, etc) instead of more technical terms would improve understanding;

- according to many in the study, the text does not say enough about the effects of toxicity (however, the message "within 10 seconds" was an impactful copy line); and

- some preferred the term "poison" to "toxic", because it's an everyday, simple word.

"Oh, it's disgusting. It's the tar that builds up in your lungs." (Male, 15-17 years, Non-smokers, Sydney)

"That's how much tar a pack a day smoker has in their lungs in a year." (Females, 25-39 years, Contemplators, Coffs Harbour)

"That's a lot of big words

Yeah it's way too technical for us. Why don't they do it like the ad on TV (NYTC Tobacco Smoke is Toxic), use some of the stuff they mention in that ad." (Females, 15-17 years, Committed Smokers, Brisbane)

"No, people don't understand chemicals. Isn't there rat poison and other stuff in there." (Female, 40-69 years, Ex-Smoker, Brisbane)

5.9 GROUP DISCUSSION VIEWS ON CIGAR GRAPHIC HEALTH WARNINGS

Consumer knowledge of the potential health effects of cigars is not as strong as that for cigarettes. However, the warnings and images for cigars were generally effective.
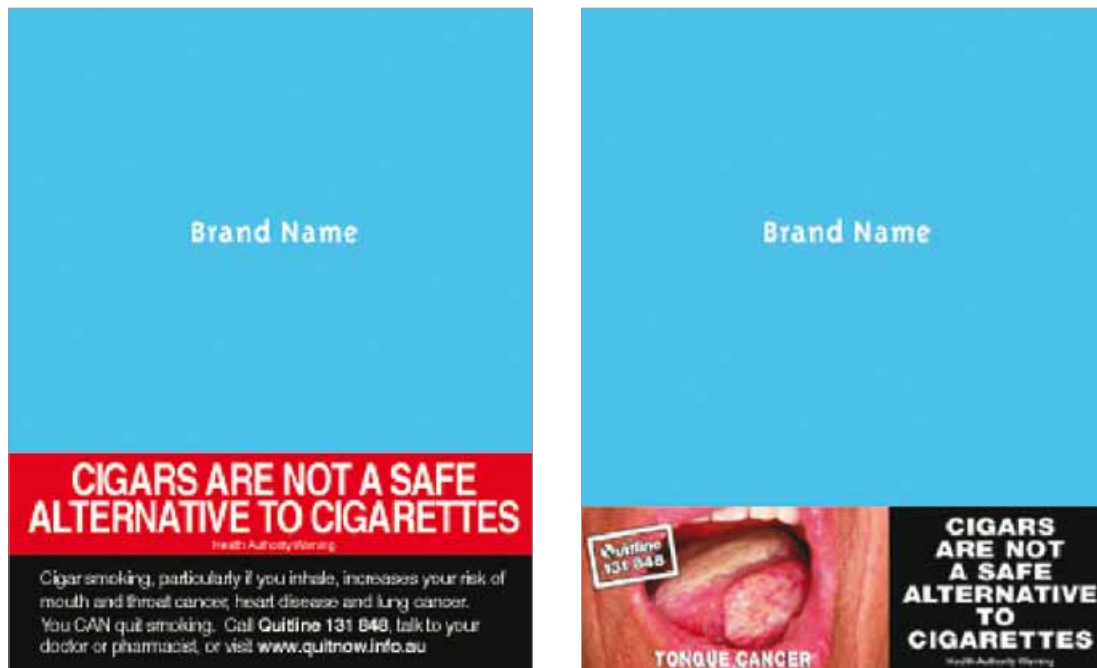
There were only a few cigar smokers in the group discussions. However, those aware of graphic health warnings maintained they were the same as those on cigarette packs. Key findings focussed on:

- response to the messages on cigar packs was similar to that given to the corresponding messages on cigarette packs;

- the warning, "Cigars are not a safe alternative to cigarettes" was not well known. There is still a tendency for cigars to be regarded as less harmful than cigarettes because it was assumed most people don't inhale cigar smoke; and

- the graphic health warning, "Cigars are not a safe alternative to cigarettes" (with tongue cancer image) on cigar packs was shown to group discussion participants. It generally had strong impact and for some the image was considered "more revolting" than the image used for 'mouth and throat cancer' on cigarette packs. It was thought a particularly relevant message for cigars because cigar smoke is not usually inhaled. Interestingly, this image reinforced negative health issues to do with cigarettes, as well as providing information on cigars.

5.10 WEAR OUT

Smokers and ex-smokers felt that some of the graphic health warnings have become so familiar that they are potentially less effective.

Some smokers who took part in the group discussions maintained that some of the graphic health warnings and specifically the graphic images, have become so familiar that as a result, their effectiveness has lessened. Those images most frequently mentioned in this regard were:

- "Smoking clogs your arteries";

- "Smoking causes heart disease";

- "Tobacco smoke is toxic";

- "Smoking causes lung cancer";

- "Smoking is addictive"; and

- "Smoking causes emphysema".

Consequently, some in the group discussions suggested an update to the warnings by adding new pictures, and possibly changing warning design aspects, to revitalise the strategy.

"When those photos first came out I kind of looked at it and thought 'Oh God', but now I don't even look at them." (Male, 18-24 years, Contemplator, Brisbane)

"It's not that they are old now, you just become conditioned to them. It doesn't take very long." (Male, 18-24 years, Committed Smoker, Sydney)

"I used to put them in another box but I just got sick of doing it in the end, it was just another thing to do, so now I just don't care. No matter how bad it is, people do get used to it and you just stop seeing it." (Female, 25-39 years, Committed Smoker, Sydney)

"I went to Thailand last year and when I looked at a packet, the photos on their packets shocked me, really, really bad. They weren't any worse than ours were but they were different so I noticed what they looked like. I think it's the repetitive issue, the same photos all the time means that you don't see them." (Female, 25-39 years, Committed Smoker, Sydney)

"I remember when they first came out. We'd go out in the breaks to have a smoke and it was like 'oooh what have you got on your packet, that's disgusting', but that was only when they first came out." (Female, 40-69 years, Ex-Smoker, Brisbane)

"They are getting a bit stale now, everybody's used to them, and getting immune to them, like, 'I've seen that before'." (Male, 25-39 years, Committed Smoker, Coffs Harbour)

"I don't even take any notice of them anymore. At first, when they first came out I'd be thinking, 'oh how gross', that tube thing with that stuff coming out. It used to really make me gag, that was the main one I couldn't stand, but now it doesn't even register." (Female, 25-39 years, Committed Smoker, Coffs Harbour)

5.11 PLAIN PACKAGING

Pack design elements were said to influence recall of health warnings and with a perceived conflict between manufacturer messages and use of colour with the graphic health warnings, consumers raised the possibility of plain packaging.

Smokers maintained that package design and colour can be an attraction to purchase and try a brand. It was further stated by some group participants that pack design elements influence recall of the health warnings particularly on the front of packs. As mentioned previously in this report (see Section 5.5), participants in the group discussions perceived a conflict between tobacco manufacturer's messages, as depicted through the size of the brand name, the use of colour (and its link to particular brands) and the graphic health warnings. Discussion of these aspects led some to spontaneously raise the issue of generic packaging.

"By using different colours it's encouraging young people to smoke more. Everybody wants a pretty little thing and those new fancy xxx ones that open in half. It's new packaging. I went looking for them. I'm so easily influenced. I wanted this cool pack of xxx that split in the middle instead of opening like that (flip-top)." (Female, 25-39 years, Committed Smoker, Sydney)

Consideration of plain packaging was further seen in the response given by some to one of the telephone survey attitude statements, 'I think that cigarettes should be sold in plain (generic) packs, specifying only brand name and Government information such as health warnings and information to assist smokers to quit'. Overall, 57% of people agreed with the statement, with those aged 18-44 years significantly more likely to agree than those 45-64 years of age.

Other key significant findings in regard to response to this statement were:

- rural respondents were more likely to agree with the statement than were those from metropolitan areas, 62% to 54%;

- non-smokers (62%) and long term ex-smokers (53%) were more likely to agree with the statement than were recent quitters (50%) or smokers (43%);

- male smokers (46%) were more likely than female smokers (36%) to agree with the statement;

- those recent quitters who maintained their knowledge of the health effects of tobacco consumption had improved as a result of the graphic health warnings were more likely to agree compared to those who said their knowledge was no different, 47% to 38%;

- male recent quitters (47%) were more likely to agree than were female recent quitters (40%); and

- those recent quitters whose annual income was less than or equal to $40k (56%) were more likely than all other income groups (35% to 46%) to agree with the statement (see Computer Table 246, Total Set).

5.12 SUGGESTED IMPROVEMENTS BY CONSUMERS

Consumers felt that the effectiveness of the graphic health warnings would be improved with changes to pack design elements, key messages, introducing new warnings and the possibility of plain packaging.

Consumers made a number of suggestions for improving the effectiveness of the graphic health warnings in addition to the possibility of introducing plain packaging. These suggestions covered the following:

DESIGN ELEMENTS

Consumers suggested that confusion in identifying some of the graphic images affected recognition and understanding of the health warning messages. The suggestion was made that there needs to be more recognisable images that relate more obviously to the warning text, particularly for 'lung cancer', 'emphysema', and 'stroke'.

As well, other design improvements suggested included:

- some said the key messages could be retained but paired with different images to keep the system fresh;

- increasing the size of the front of pack warnings; and

- placing a more conspicuous statement on front of pack warning, perhaps white on red background.

"I think they should change the pictures every year or so. Like even if it's a similar foot but just to grab people's attention. They'd look at it again because it's different." (Male, 18-24 years, Committed Smoker, Sydney)

"When you see the heart one you're not going to see nothing of it, but when you see a photo of a man in a wheelchair, can't do anything with his kids, you're like 'wow, that's a lot more effective than just a picture of a heart', the heart does nothing, but show what you would look like in a few years, like in a wheelchair, that hits you.

A picture of a heart is just a heart, it's an object, a person who has a face is different to just an object." (Females, 18-24 years, Ex-Smokers, Sydney)

"We've all said that we never read the packs before, so obviously it's the picture that you take notice of it, so why not increase it." (Female, 40-69 years, Recent Quitter, Brisbane)

"You open the pack from the front, why not put more stuff on the front, the big picture could be there, because you actually have to go to the front to access the box.

Or if you had the brand on the back and all plastered shit on the front, because no one looks at the back. The smokes sit up like that and you only ever look at the front of your pack.

To open the packet you have to access the front of it, so that's really where most of the stuff should be.

And when you get a smoke you are in there [under the flip top lid] and there's never anything in there. I don't know if there should be something there. It could be more beneficial than the back." (Males, 25-39 years, Recent Quitters, Sydney)

UPDATING TEXT

Allied to the request to include more easily recognisable graphic images was the suggestion by some to update the accompanying explanatory text. A number of ideas were put forward:

- the information on the back of the pack could be simpler, more straightforward and to the point;

- the information on the back could personalise the message by using 'you' more often;

- to improve credibility add some information about the authenticity of the images, (i.e., 'these images are from people who smoked'); and

- other suggested warnings/areas for consideration:

  – the monetary cost of smoking to the individual;

  – amount of time lost from family, friends, children, because of smoking; and

  – to ensure that TV advertising links to the warnings, as some warnings prompted recall of the TV commercials, which in turn, improved the visceral reaction to the warnings.

POSSIBLE NEW WARNINGS

Any new warnings that could increase the variety of warnings were also perceived as an improvement.

"There's a lot of a certain type. There needs to be a little bit more diversity. A lot of it is quite generic.

And you already know about it. So perhaps more stuff that we don't know about." (Males, 18-24 years, Committed Smokers, Sydney)

• More warnings that are relevant to younger people indicating:

– social consequences, and

– short-term health effects.

"That's one thing that gets to me. When I'm on the footy field and you're running around and you're dragging your bum and you think, 'geez, if I didn't smoke, I'd be keeping up with these young guys you know'." (Male, 25-39 years, Committed smoker, Coffs Harbour)

"They need to make them more realistic as well, like you think it's probably an 80 year old man whose smoked 5 packets a day." (Female, 15-17 years, Non-smoker, Sydney)

• Young male smokers and recent quitters suggested that more male oriented warnings might be needed and agreed that mention of impotence as a possible effect of smoking might be an effective warning. They also questioned whether smoking could "shrink your testicles" and if so, suggested it would also be a meaningful warning.

"I know what's going to happen next. They'll think 'there's a lot of blokes smoking so let's say it makes you impotent, or makes your dick shrink'. You watch, they'll do it.

What about prostate cancer, because that's a pretty bad one." (Males, 25-39 years, Recent Quitters, Sydney)

"As I said before, more towards, like impotence, you know male masculinity stuff, like shrink your testicles, shrinks your cock, something like that. Obviously it's got to have a basis but I'm sure I've heard something along those lines." (Male, 18-24 years, Committed Smoker, Sydney)

"You've got to hit guys where it hurts. You gotta say 'makes your testicles shrink' or 'makes you not go well in bed', you know hit somewhere like that." (Male, 15-17 years, Non-Smoker, Sydney)

"You hear of erection problems, everyone knows what you mean, but not everyone knows what impotence means, especially the younger guys, like 15, 16 year olds that start smoking, they're not going to know, but they'll know what an erection is." (Male, 15-17 years, Non-Smoker, Sydney)

6. STAKEHOLDER REACTIONS TO GRAPHIC HEALTH WARNINGS

6.1 OVERALL PERCEPTIONS OF THE GRAPHIC HEALTH WARNINGS

6.1.1 Perceived Impact and Effectiveness

> Stakeholders saw graphic health warnings as impactful and effective, in conveying the health consequences of smoking and an improvement on text-only warnings, but in need of updating and refreshing.

Overall, most stakeholders in the study were extremely positive about the graphic health warnings, seeing them as a significant improvement on the text-only warnings that they had replaced, in both informing consumers about the variety of health conditions caused by smoking, and contributing to the increasingly disapproving societal perceptions of smoking.

Stakeholders pointed to the use of the graphic images as critical to the effectiveness of the health warnings. It was felt that the graphic health warnings:

- presented well known and less known smoking related diseases in highly disturbing ways;

- highlighted a variety of serious health conditions that can result from smoking;

- through constant exposure to the warnings, the images serve as a constant reminder of the variety of potential negative health consequences their habit might be fuelling; and

- irrespective of whether they affected smokers immediately or in the longer term, the warnings would eventually prompt thoughts about quitting.

Research assessing the direct impact of the graphic health warnings in Australia was not available at the time of interviewing, stakeholders were therefore reluctant to suggest in specific terms how effective the graphic health warnings had been in bringing about attitudinal or behavioural change. Nonetheless, several stakeholders pointed to general markers that they considered indicate that the warnings had a positive effect, noting that since the warnings were introduced in 2006: calls to the Quitline had doubled nationally in the twelve months after their introduction, and smoking rates had fallen significantly (in NSW).

Many stakeholders also recounted anecdotes about avoidance behaviours, with smokers buying covers to hide the packs or asking for packs with less "disturbing images". This was seen as further indication that the graphic health warnings were having an impact.

Many of those interviewed feared that the salience of the warnings was beginning to wane. It was hypothesised that the current range of warnings was no longer attracting the same level of attention that they had when they were first introduced. It was further felt that smokers were becoming somewhat desensitised to the images, and perhaps indifferent to their messages. Several stakeholders pointed to the importance of updating and refreshing the range of warnings in order to sustain the impact of this tobacco control strategy, and to alert people to additional health risks from smoking.

6.1.2 Tone

> Stakeholders considered the tone of the warnings to be appropriately negative, with the inclusion of some positive message content generally seen as an important addition. There was a mixed response to the possible inclusion of more warnings in a positive tone.

Overall, most stakeholders felt that the tone of the graphic health warnings was appropriate and very effective, with its use of negative, fear-arousing images and statements, coupled with some equally appropriate positive text/messages. The tone was described as informative, emotive, and serious in its style and content.

It was speculated that the graphic nature of the warnings would elicit an emotional response from smokers, generating concern about the possibility of contracting the health conditions depicted, and potentially triggering thoughts about quitting. The emotive content was thought to be complemented by factual information on the side and back panels of the cigarette packs.

Most stakeholders asserted that the use of some positive messages in the graphic health warnings (e.g. the "You CAN quit" statement, and the "Quitting smoking will improve your health" health warning) remain an important inclusion, as they demonstrate that it is possible to avoid these potential health problems.

Some emphasised that, without the inclusion of some positive content, the warnings could reinforce defeatism about quitting. This view was voiced most strongly by stakeholders who work closely with heavily committed smokers. They asserted that there was a risk that, instead of prompting thoughts about quitting, the fear-arousing imagery would make dependent smokers stressed and anxious about their habit, and could unintentionally encourage them to smoke more.

While these stakeholders acknowledged that the generally negative tone of the warnings was most likely an effective motivator for 'light' smokers, they believed that there was a need to develop additional positive health warnings to target 'heavy' smokers, focusing on the benefits of and strategies for quitting. Such messages were also thought to be effective for discouraging relapse.

However, there were other stakeholders interviewed who were openly opposed to this notion, believing any positive messages were considered obvious and redundant. They maintained health is the primary motivator for quitting, and that, using dramatic graphics and disturbing statements about the variety of potential negative health conditions from smoking is a more powerful approach. Moreover, they pointed out that the majority of smokers were not heavily committed, with the average number of cigarettes smoked per day in decline.

Another tonal issue raised by some stakeholders was that while the visual impact of the graphic health warnings system was undeniable, they were concerned that their tone was impersonal. They felt there was a risk that smokers would not engage with the more clinical depictions and descriptions of health conditions, and suggested that presenting the implications of the diseases on lives and loved ones may be more involving.

6.1.3 Relevance for Different Community Segments

> The graphic health warnings were said to have most relevance for older and 'light' smokers and for the non-Indigenous community. However, many considered the warnings will help deter the uptake of smoking among the young.

The relevance of the graphic health warnings system was thought to vary for different groups in the community.

Age Groups: It was generally assumed that the warnings would have strongest impact on older smokers (i.e. 50+ years), primarily because health is a more salient concern for this group. It was pointed out that older people are more likely to be conscious of both smoking related and non-smoking related health problems, and therefore more likely to relate to the diseases and conditions depicted by the warnings. Moreover, several stakeholders asserted that older smokers are generally more motivated to quit, and potentially more receptive of any message that encourages them to do so.

Conversely, stakeholders speculated that the warnings were probably less likely to have an impact on younger smokers (i.e. under 30 years of age). They contended that, in contrast to older smokers, younger smokers were less likely to see the diseases depicted as a genuine risk for their age, with many believing they will quit before these health conditions become a real threat. Nonetheless, many stakeholders maintained that the graphic nature of the warnings may act as an effective deterrent for young potential smokers, by presenting smoking in an unfavourable light and contributing to de-glamorising the behaviour.

'Light' Smokers vs. 'Heavy' Smokers: 'light' smokers and those contemplating quitting were thought to be most receptive to negative appeals and "shock tactics", and to see them as motivation for quitting. By contrast, heavily committed and dependent smokers were predicted to respond less favourably, or even negatively to the overall tone of the graphic health warnings.

A few stakeholders pointed out that 'heavy' smokers were over-represented in several groups for whom smoking rates remain very high, namely among: lower socio-economic groups; the Indigenous community; and people with mental illness. It was speculated that the warnings might be more likely to trigger stress or even defeatism amongst smokers in these groups. These stakeholders suggested that such community groups may have difficulty interpreting the more complex imagery and terminology used in some of the graphic health warnings.

The Indigenous Community: Stakeholders working with the Indigenous community stated that, in contrast with the Non-Indigenous community, smoking rates among Indigenous Australians have not declined in recent years, remaining significantly higher than that for the general population. They asserted that, without empirical evidence, it was not possible to determine whether or not graphic health warnings on tobacco product packaging had an impact on the attitudes or behaviours of Indigenous smokers.

It was hypothesized that a range of issues may have compromised the relevance, and possibly the effectiveness of the warnings for Indigenous smokers; for example:

• smoking was thought to be more accepted as 'everyday' or a 'normal' behaviour among people of all ages in Indigenous communities compared with the non-Indigenous population. This was said to pose a greater challenge generally for social-marketing activities and tobacco control strategies attempting to elicit positive change in relation to attitudes and behaviours regarding smoking;

• stakeholders also maintained that Indigenous Australians are often faced with a wide variety of health issues, and tend to be subjected to a large number of messages relating to lower life expectancy and the high incidence of significant health problems among their communities. As a result, it was pointed out that personal life-expectations generally can be very low, with serious illness almost accepted as unavoidable. Stakeholders speculated that health warnings that graphically convey the risk of contracting serious health conditions may reinforce generally held negative attitudes about their health;

• given the many health issues pertinent to the Indigenous community, Indigenous people were thought by stakeholders to show greatest concern for diabetes, mental illness, and cardiovascular disease: illnesses which often have a more immediate effect, and which are not readily associated with smoking. It was felt that these may overshadow well known smoking related illnesses that typically present in the longer-term. Cancer, for instance, was regarded as an 'emerging issue' among Indigenous Australians despite high incidence rates;

• similarly, it was speculated that other common forms of substance abuse, such as drug-taking and excessive alcohol consumption, which cause more obvious and immediate health and social problems, would be likely to take precedence over smoking;

• lower educational standards (including, in some cases, limited English language skills) among many Indigenous communities were said to present additional problems in terms of comprehension of the graphic health warnings. However, it was noted that the graphic health warnings were considerably more meaningful (because of the pictures) for those with poor literacy skills than text-only warnings; and

• moreover, it was claimed that the use of illegal tobacco or 'chop chop' has increased among some Indigenous communities as a result of the escalating price of over-the-counter tobacco products. In addition, several rural communities continue to use native tobacco including 'pituri' (chewing tobacco). Consequently, stakeholders considered that some Indigenous smokers may therefore have limited exposure to the graphic health warnings.

6.1.4 Understanding of Graphic Health Warnings

> Stakeholders believed that consumer understanding of the health messages and warnings is enhanced by the use of graphic images.

Overall, most stakeholders claimed that the inclusion of a health warning image on tobacco packs results in a 'clearer' and more meaningful communication than text-only health warnings, with several stakeholders noting in the same way that consumers did, that 'a picture tells a thousand words'. The use of graphic images was thought to significantly improve understanding of health warnings, particularly for less educated members of the community.

The graphic image was considered the main element responsible for communicating the health warning message. Stakeholders felt that the 'clearest' warnings were those depicting easily recognisable, external health effects (for example, "Smoking causes mouth and throat cancer", "Smoking causes peripheral vascular disease"). Warnings relating to well-known health problems were also thought to be easier to understand due to the existing high level of awareness of many of these conditions. "Smoking causes lung cancer" and "Smoking is addictive" were given as examples. Conversely, warnings depicting internal health effects, and less known conditions were seen as more challenging. Some stakeholders suggested that narrative style depictions of these conditions may make them more meaningful and facilitate consumer understanding of these potential health consequences.

Stakeholders were also concerned about the use of medical terminology in several explanatory text passages and warning statements, claiming that this could be difficult for some people to comprehend (e.g.: 'peripheral vascular disease', 'toxic', 'benzopyrenes' etc). This was predicted to be particularly problematic for younger consumers, the Indigenous community, and less educated consumers generally.

6.1.5 Credibility of Graphic Health Warnings

> The graphic health warnings were considered believable and their credibility reinforced by promotion of the health messages through other media.

Stakeholders speculated that most of the graphic health warnings would be credible for most smokers. Several factors were thought to contribute to their believability, including:

- the fact that the warnings were presented by the Government;

- the evidence-based explanations of the depicted conditions; and

- the reinforcement and extension of the health messages through other media.

Nonetheless, stakeholders acknowledged that the perceived credibility of certain warnings was likely to vary, reflecting existing awareness of the link between specific diseases and smoking, and personal experience with the condition. It was suggested that, as there was less awareness of smoking as a cause of mouth cancer, gangrene, or blindness, these warnings may be less credible. Moreover, a few stakeholders were concerned that the publicity surrounding the use of an actor in the State/Territory television commercial on "mouth and throat cancer" may have had a negative impact on the credibility of this particular health warning.

Even so, most stakeholders emphasised the importance of reinforcing warning messages through promotion in other media (particularly through television commercials). There was a strong belief expressed that the use of television was generally very effective in aiding consumer understanding and in generally strengthening the credibility of the graphic health warnings.

6.2   PERCEPTIONS OF THE RANGE OF GRAPHIC HEALTH WARNINGS

6.2.1   The Existing Range of Graphic Health Warnings

> The existing range of graphic health warnings was regarded as a well balanced, effective combination of a wide variety of health messages. They were said to reinforce and extend existing consumer knowledge and, in some cases, provide new information.

With a few exceptions, stakeholders were generally positive about the existing range of warnings. They were thought to combine effectively as a series, with some reinforcing and extending existing knowledge of well-known and accepted smoking related conditions, and others raising awareness of conditions that were less well-known. The use of a wide-variety of warnings was considered of particular benefit, in enabling a range of community groups to be specifically targeted.

There was, overall, most support for:

- hard-hitting, high impact warnings that were thought to elicit a particularly visceral response; for example:
  - "Smoking causes mouth and throat cancer",
  - "Smoking causes peripheral vascular disease",
  - "Smoking causes blindness",
  - "Smoking harms unborn babies",
  - "Smoking clogs your arteries",
  - "Smoking doubles your risk of stroke";

- warnings that depict external health problems, that were considered easier to identify:
  - "Smoking causes mouth and throat cancer",
  - "Smoking causes peripheral vascular disease",
  - "Smoking causes blindness",
  - "Smoking harms unborn babies";

- warnings that are reinforced in other well-known media campaigns:
  - "Smoking clogs your arteries",
  - "Smoking causes peripheral vascular disease",
  - "Smoking causes emphysema";

- warnings with greater relevance for particular groups; for example:
  - "Smoking harms unborn babies"; and, "Don't let children breathe your smoke" (for parents),
  - "Smoking causes lung cancer", "Smoking causes heart disease"; and, "Smoking doubles your risk of stroke" (for older smokers),
  - "Smoking causes peripheral vascular disease" (for the Indigenous Community).

With some exceptions, the graphic warnings that were considered less effective included:

- warnings depicting 'mild' images, that were considered to have a weaker impact:

  - "Quitting smoking will improve your health",

  - "Smoking is addictive";

- warnings that were more general and unrelated to specific health consequences:

  - "Smoking - A Leading Cause of Death",

  - "Tobacco Smoke is Toxic";

- warnings featuring images that were considered difficult to discern:

  - "Smoking causes emphysema",

  - "Smoking causes Lung Cancer".

6.2.2 Graphic Health Warnings Update

> Despite the belief in the relevance of the existing range of warnings, stakeholders expressed the view that there is a need to update.

While there was general support for the existing range of graphic health warnings, many stakeholders felt that they need to be updated. There were numerous suggestions for what were considered potentially effective new warnings; for example:

- several stakeholders requested additional warnings alerting consumers to the myriad of specific health risks also related to smoking;

- others suggested introducing more 'personalised' warnings, focussing on the effects of smoking on lifestyle; and

- some stakeholders identified a need to increase the relevance of the graphic health warnings for younger people by developing warnings depicting the cosmetic effects and social consequences of smoking (see 'Suggested Improvements' Section 6.4 for specific suggestions).

Those stakeholders working with heavily committed smokers and the Indigenous community were less positive about the existing range of warnings, claiming that they focussed too strongly on the negative health effects of smoking. These stakeholders endorsed the introduction of more positive warnings, conveying the benefits of quitting, and providing advice about how to quit.

Those working with the Indigenous community additionally identified a need for warnings to raise awareness of the effects of smoking on health problems prevalent among Indigenous Australians. It was suggested, for example, that the warning "Smoking causes Peripheral Vascular Disease" could be revised to convey the association between this disease and diabetes more effectively.

6.2.3 Rotation of Warnings

There was strong support for the system of rotation for the graphic health warnings.

On the condition that warnings were more regularly updated and refreshed, there was strong support for the rotation system as a means of maintaining the salience of the graphic health warnings. Several stakeholders suspected that tobacco companies failed to comply with the rotation rules, choosing certain warnings for certain products, in order to lessen their impact. Some stakeholders advocated shortening the rotation time-frame to six months, or introducing a 'sale by' date, to prevent tobacco companies and retailers 'stockpiling' old warnings. Conversely, other stakeholders asserted that it was important that the warnings were circulated for at least 12 months, so that they could be effectively reinforced through promotions via other media.

6.2.4 Graphic Health Warnings on Other Tobacco Products

Many stakeholders expressed the need to extend the warnings to other tobacco products.

All stakeholders contended that all tobacco products should feature a graphic health warning, equivalent to those displayed on cigarette packs. There was concern that labelling was not effectively done on some tobacco products, particularly for tobacco used in shisha/hookah/water-pipes (popular among some cultural groups) and cigars sold individually (which, stakeholders pointed out, was how they were often purchased). Further, stakeholders were "shocked" by the fact that many of the warnings on "other tobacco products" (e.g.: packs of cigars) were adhesive and could be easily removed.

Most stakeholders endorsed the use of specific warnings for specific tobacco products, addressing the particular risks and misconceptions associated with those products. The current range of cigar warnings was generally considered appropriate, with particular support for the inclusion of warnings challenging the misconception that cigars are a safe alternative to cigarettes, and alerting cigar smokers to the heightened risks of developing mouth cancer. It was suggested that an additional warning be developed relating to the risk of addiction to cigars. It was felt cigar smokers are largely unaware of the risk of addiction to cigars.

It was thought that packs for tobacco smoked in water-pipes and 'roll-your-own' tobacco require specific health warnings. It was suggested that messages on these products should refute the commonly held perception they are 'cleaner', 'more natural' and because some are strongly fruit flavoured, less harmful than tailor made tobacco products. It was suggested that if the individual purchase of tobacco for water-pipes is sold in individual paper/plastic bags these should be labelled with a health warning. It was acknowledged that labelling of these tobacco products can be difficult; nevertheless, it was felt that there should be more overt labelling of these forms of tobacco.

6.3 PERCEPTIONS OF GRAPHIC HEALTH WARNING ELEMENTS

> There were positive perceptions of the various components of graphic health warnings but a desire to improve and revise some of the pack elements.

It was commented that Australia is a world leader in terms of graphic health warning design, with a high proportion of the surface area of the pack covered by the warning, and effective reinforcement of images and messages on the front and back of the pack. Nonetheless, a number of shortcomings with several aspects of the graphic health warnings were identified by stakeholders.

Front panel warning: While the graphic health warnings on the front of the pack were considered a significant improvement on the previous text-only health warnings, there was a great deal of criticism elicited in regard to the size and position of the graphic health warning. Many stakeholders were disappointed that the size of this warning was 30% not 50% of the surface area, pointing out that research shows the front of the pack to be the most noticeable and most effective position for a health warning. Moreover, its position on the flip lid was thought to enable smokers to easily tear it off.

The image on the front panel was considered more important than the accompanying text health warning statement due to its high visual impact. Nonetheless, stakeholders saw a need for the accompanying text, in order to clarify the image.

However, there were mixed views about the inclusion of the 'Health Authority Warning' as a source for the health warning. Some thought that it weakened the impact of the warning, speculating that, if it were removed, consumers might assume that the warning was from tobacco companies rather than the Government, and therefore see it as more credible. Others contended that citing the source gave the warning more authority.

Back panel warning: While the larger sized graphic health warning on the back of the pack was thought to have considerably greater impact, there were mixed views regarding the size of the image relative to the explanatory text.

Some stakeholders felt that the graphic image on the back of the pack should be larger, as the image was more likely than the text to be noticed. It was claimed that the explanatory text was unlikely to be read, and was less important for the overall effect and impact of the warning. These stakeholders suggested that it would be more effective to disseminate this information through other media (both promotional and unpaid), where it was thought more likely to be noticed and absorbed.

Others contended that the explanatory text plays an important role in clarifying and demystifying the diseases depicted, particularly those that were less well known. It was considered a rational component to the warning, giving credibility to the imagery and to the warning statements in general. These stakeholders felt that there was a need to increase the prominence of the text by using a larger font size, and potentially shortening the length of explanatory copy to encourage reading. They commented that on some packs the explanatory text seemed "cluttered" and "off-putting".

There were mixed views of the content of the explanatory text. Some felt that it was appropriately informative, factual and concise. Others thought that it could go further in conveying the seriousness of the diseases depicted, using more emotive language that could stress the need to act. It was also suggested that the fear arousing tone could be made more involving and personal through the presentation of anecdotal stories about the effects of these diseases on lifestyle and everyday living.

Quitline number and Quitnow website address: For most stakeholders, the inclusion of the Quitline number and the Quitnow website address on the warning was important, giving smokers direction for accessing support and assistance to quit. Some felt that the Quitline text should be written in a larger font, and it was pointed out that the number cited is "not up to date".

There was limited awareness of the Quitnow website. Some stakeholders felt that a website providing advice for quitting was a potentially useful source of information for smokers, though were doubtful about its effectiveness as an aid to quit. It was also pointed out that access to the internet amongst disadvantaged groups remains limited.

Other stakeholders saw more value in the website, noting the popularity of online resources for young people in particular. It was suggested that the website could be further enhanced by the inclusion of videos of people who had been affected by various smoking related diseases (or alternatively presenting these on YouTube with links on the warnings). It was felt that this would provide an effective means of extending and personalising the messages conveyed on the health warnings, and would be particularly involving for younger people. Supporting this with interactive web-based means of discussing smoking related issues was also endorsed.

Side of pack warning: Many stakeholders felt that the side of pack warning was unlikely to be read, and needed revising to have greater impact.

While alerting smokers to the quantity of chemicals in tobacco smoke was considered important, several stakeholders asserted that the current statement was incorrect and misleading, claiming that there are, in fact, over 4000 chemicals, including 69 carcinogens.

Some stakeholders saw a need for extending the "ingredients" information, to provide more comprehensive information about the ingredients of tobacco products. It was noted that there were currently no requirements for tobacco companies to disclose to consumers what is in their products, allowing them to use a plethora of chemicals, masking agents, and 'sweeteners' to enhance the taste and addictiveness of tobacco.

6.4　SUGGESTED IMPROVEMENTS

Stakeholders made a number of suggestions for improving the graphic health warnings. It should be noted that there was some inconsistency in these suggestions (as marked). They included the following:

6.4.1 Revisions to Existing Warnings

> Further refinements and revisions to the pack elements were suggested to heighten the impact and sustain interest in the graphic health warnings.

The following revisions were suggested by most stakeholders:

- increasing the size of the image on the front of the pack;

- simplifying warnings, by replacing medical imagery and terminology with less complex alternatives;

- updating the quitline number and increasing its prominence;

- revising the side of pack message to have greater impact; and

- including more information about the specific ingredients of tobacco products.

Some also suggested:

- minimizing explanatory text and increasing the prominence of the image on the back warning;

- increasing the font-size of the explanatory text, and enhancing readability;

- revising the tone of statements and explanatory text to sound more urgent, potentially with the use of statistics;

- altering explanatory text to focus on the effects of diseases on lifestyles in order to 'humanise' messages, including anecdotal stories of real people suffering these diseases; and

- extending quitting information to stress the benefits of quitting and provide more instruction about how to do it.

6.4.2 Revising the Mechanism for Introducing New Warnings

> The need to develop a more efficient process to update and introduce new or revised health warnings was regarded as an important consideration.

Most significantly, stakeholders strongly advocated reviewing the existing system for updating and revising warnings by introducing a new mechanism that would enable this to be done more efficiently. It was strongly suggested that there is a need to establish a regulatory body whose role was to constantly review new research evidence, monitor developments made by the tobacco industry, and initiate changes to both the warnings and packaging elements as required.

6.4.3 Suggestions for New Health Warnings

> Stakeholders felt that new health warnings need to reflect new research findings on the health effects of smoking as well as encouraging quitting.

Many stakeholders stressed a need to include more graphic health warnings to the existing range, to raise and maintain the salience of this tobacco control measure and to keep up with developments in tobacco research.

Suggestions for new warnings included:

- warnings relating to specific health risks, for example:
    - smoking effects every part of your body – blood, kidneys, pancreas, heart, eyes, cognitive problems,
    - other cancers: bladder cancer, pancreatic cancer, bowel cancer,
    - impotence,
    - kidney disease,
    - meningococcal disease,
    - infertility,
    - hearing loss,
    - osteoporosis;
- warnings using imagery from existing television commercials – for example, the bronchoscopy TVC;
- warnings conveying the effects of smoking related illness on lifestyle, including:
    - diminished quality of life as a result of disability,
    - emotional impact on loved ones of smoking related conditions;
- warnings conveying differences in life-expectancies as a result of smoking;

- warnings appealing to young people and 'social smokers', such as:

  – cosmetic effects of smoking,

  – immediate health effects of smoking,

  – social consequences of smoking;

- warnings appealing to heavily dependent smokers, including:

  – the benefits of quitting now and in the future,

  – quitting advice and strategies,

  – self-efficacy messages, acknowledging the difficulty of quitting but encouraging persistence,

  – vulnerability to addiction;

- warnings addressing health problems prevalent among Indigenous communities, particularly diabetes.

6.4.4 Media Support

> A strong belief that improved effectiveness and strengthening of the graphic health warnings occurs through the use of additional media support.

It was recommended that the warnings be reinforced and supported via other media promotions, particularly television commercials. Several stakeholders maintained that the impact, understanding, and relevance of health warning messages would be strengthened and extended by supportive media campaigns. This was considered particularly important in encouraging consumers to relate to messages on a more personal level, by presenting narrative portrayals of the consequences of the smoking related diseases depicted on the warnings.

Some stakeholders felt that there was a need to better co-ordinate state and federal operations in order to ensure that media campaigns link more effectively to warning messages.

Stakeholders also advocated the use of "Web 2" communication as a support for the warnings. They suggested citing links to online videos (possibly via You Tube) of people recounting their personal experiences with smoking related conditions and/or attempts to quit. It was thought that these could be supported with discussion forums to enable users to ask questions and make comments.

Those working with the Indigenous community further pointed to the potential to support warnings on a local level through campaigns developed with involvement from the local community. They emphasized the importance of recognising both regional and inter-state differences between Indigenous communities, in the development of supportive material.

6.4.5 Other Means of Tobacco Control

> Develop and maintain an integrated strategy to enhance the effectiveness of the graphic health warnings.

Stakeholders emphasised the importance of viewing graphic health warnings as one part of an overall strategy to control tobacco consumption. They stressed that in order to affect attitudinal and behavioural change, tobacco control activities need to work together, reinforcing, and supporting one another.

More specifically, the following measures were envisaged to lend significant support to the graphic health warnings strategy:

- the removal of packs from display at point of sale;

- the placement of graphic warnings at point of sale;

- the introduction of plain tobacco packaging; and

- more regulation and closer monitoring of the tobacco industry and their efforts to target consumers.

6.4.6 More Consumer Research

> Stakeholders maintained that ongoing consumer research is needed on health warnings.

Several stakeholders pointed to the importance of conducting more research with consumers, assessing and monitoring the impact of the current warnings, and determining effective ways for revising and updating them. Stakeholders working with the Indigenous community in particular, highlighted the need to undertake specific consumer research with Indigenous Australians, including those residing in regional, rural and urban areas, and in different States. An evidence-based approach was considered critical to the successful continuation of the graphic health warning system.

6.4.7 Plain Packaging

> Plain packaging was seen as the next major step.

The perceived benefits of plain packaging for tobacco products were raised spontaneously in almost every stakeholder interview. It was considered a critically important development in tobacco control activities, potentially eliminating one of the last remaining means of tobacco promotion.

Many stakeholders pointed to the importance of packaging as a promotional tool for the tobacco industry. It was asserted that tobacco companies invest large sums of money in researching and developing ever more creative ways of designing packaging to maximise the appeal and impact of their products. Many examples were provided of the way in which tobacco companies use packaging colours, shapes, fonts and product names both to enhance their desirability to specific target audiences, and reduce the impact of the graphic health warnings.

It was suggested that the removal of branding cues would weaken the attractiveness of tobacco products, while increasing the salience of the health warning. Stakeholders contended that plain tobacco packaging would have most impact on young people who were thought to be most susceptible to the power of the brand. It was therefore seen as a potentially very effective means of deterring the uptake of smoking, in particular.

All stakeholders were of the strong opinion that the more branding cues that are removed from the pack, the greater the impact of health messages on the consumer. Most claimed that, ideally, all aspects of the pack design, including shape, size, packaging material, fonts and colour should be standardised. Some felt that trade information should be limited to the brand and the number of cigarettes in the pack, and should be written in a generic font on a relatively inconspicuous part on the pack. A few suggested that the entire surface area of the pack should feature health warnings.

Few stakeholders were prepared to compromise on the standardisation of all pack features, and claimed that the arguments presented by the tobacco industry in opposition to this were spurious. Others felt that if complete generic packaging was not a viable option, the graphic health warning on the front of the pack should, at the very least, be made significantly larger, and with legislation introduced to prevent packs being displayed at point of purchase.

7. CONCLUSIONS

7.1 THE GRAPHIC HEALTH WARNINGS HAVE INCREASED KNOWLEDGE AND GENERATED BEHAVIOURAL CHANGE

The 2008 Evaluation of the effectiveness of the graphic health warnings on tobacco product packaging has shown, on a number of indicators, that the introduction of the graphic health warnings has achieved their purpose.

7.1.1 Increased Consumer Knowledge of the Health Effects of Smoking

The link between exposure to health warnings and knowledge of the health consequences of smoking has been well established[1]. Studies both overseas and in Australia[2,3] have shown that smokers' knowledge of potential health effects of smoking increases as a result of exposure to text health warnings and particularly graphic health warnings[4,5]. Similar findings have emerged in the current evaluation research.

In the 2008 Evaluation, 38% of smokers and 59% of recent quitters claimed the graphic health warnings had improved their knowledge of the health effects of tobacco consumption. As well:

- 91% of smokers disagreed with the statement "I don't think smoking has any real negative effect on your health at all". A significant increase on the 85% of people who disagreed with the statement in 2000;

- in 2008, 96% of smokers contemplating quitting (either 6 month or 1 month) disagreed with the statement, "I don't think smoking has any real negative effect on your health at all";

- 88% of smokers agreed with the statement "I think that smoking probably does increase the risk of a heath problem occurring for me". Again, a significant increase on the 81% who agreed in 2000;

- in 2008, 48% of smokers said they "have worried more about the effects of cigarettes on my health since the (picture) health warnings were put on cigarette packs". This is a significant increase on the 42% who "worried more about the effects of cigarettes on their health since the health warnings were put on cigarette packs" in 2000;

- in 2008 contemplators (6 month or 1 month) were more likely than non-contemplators to "have worried more about the effects of cigarettes on my health since the (picture) health warnings were put on cigarette packs";

- the graphic health warnings have been effective in communicating health effects; six out of ten people considered the pictures to be effective in this regard: 63% of smokers and 73% of recent quitters thought this;

- in 2008, among non-smokers, 97% (the same proportion as in the 2000 Evaluation) agreed with the statement, "I think that smoking probably does increase the risk of a health problem occurring"; and

- there was a significant increase in 2008 compared to 2000, in the proportion of non-smokers who agreed "I am more aware of the effects of cigarettes on my health since the (picture) health warnings were put on cigarette packs", 58% to 48%.

7.1.2 Encouraged the Cessation of Smoking

The 2008 evaluation study has shown through a number of measures that the graphic health warnings have encouraged the cessation of smoking reflecting what has been found in overseas studies[5,6,7]. These measures include:

- 62% of recent quitters and 36% of smokers said the graphic health warnings have "helped people smoke less";

- 62% of recent quitters maintained that the graphic health warnings had "helped people give up smoking and stay quit";

- 34% of smokers and 64% of recent quitters agreed they had "helped you try to quit";

- 57% of smokers and 75% of recent quitters agreed that the warnings "have made them think about quitting". This was confirmed through response to an attitude statement, where 56% of smokers maintained that "seeing the health warnings on packs makes me think about quitting"; and

- the 56% of smokers agreed with the statement, "Seeing the health warnings on packs makes me think about quitting" is a significant increase on the 50% of smokers who agreed with the statement in 2000.

7.1.3 Discouraged Smoking Uptake or Relapse

Graphic health warnings have been found to be more effective than text-only health warnings and have a stronger impact on potential smokers[8,9]. In the 2008 Evaluation, there was a strong belief in the preventative value of the warnings:

AMONG NON-SMOKERS

- 22% of non-smokers claimed the graphic health warnings had "helped them from taking up smoking";

- 63% of non-smokers thought the warnings would help prevent people from taking up smoking; and

- the belief non-smokers showed in the effect of health warnings was reflected in their responses to the statement, "I think seeing the health warnings on packs would make people think about quitting", where 76% agreed with the statement compared to 50% who agreed in 2000.

RECENT QUITTERS

- a total of 55% of recent quitters felt the warnings had "helped them stay quit". This was further supported by the response of recent quitters to the statement, "seeing the health warnings on packs made me think about quitting", where in 2008, 62% agreed compared to 55% in 2000; and

- there was also a significant increase in agreement with the statement, "I worried more about the effects of cigarettes on my health since the (picture) health warnings were put on cigarette packs", 67% in 2008 compared to 40% in 2000.

LONG TERM EX-SMOKERS

- 35% of long term ex-smokers agreed that "they had helped them to stay quit";

- 54% of ex-smokers thought the warnings would help prevent people from taking up smoking; and

- 14% of long term ex-smokers said that "they had helped them to quit".

In terms of discouraging people from smoking the warnings considered most effective were:

- "Smoking causes throat and mouth cancer";

- "Smoking causes lung cancer";

- "Smoking causes peripheral vascular disease"; and

- "Smoking harms unborn babies".

7.1.4 Greatest Effect on Contemplators and 'Light' Smokers

Like previous studies[10,11] the 2008 Evaluation has shown that the graphic health warnings have had an effect on the behaviour of smokers, in particular on those contemplating quitting. In 2008, behaviour change included adopting avoidance behaviours, smoking less, triggering an intention to quit, and quitting itself.

For example, 51% of one month contemplators (36% of smokers) said the graphic health warnings had 'helped them smoke less', 58% of one month contemplators (34% of smokers) said 'helped them try to quit', and 71% of one month contemplators (57% of smokers) said they 'have made them think about quitting'.

There has also been a significant increase in the proportion of smokers who in the future "intend to make a definite attempt to quit", 53% in 2008 compared to 47% in 2000.

The findings from the 2008 Evaluation strongly suggest that contemplators and 'light' smokers are already exhibiting a predisposition to quit. They are more likely than non-contemplators or 'heavier' smokers to: consider the warnings effective in communicating health effects; consider it 'important' that there be warnings on packs; more likely to find the warnings 'very believable'; and be more likely to have called the Quitline or intend to call the Quitline.

7.2 THERE IS STRONG SUPPORT FOR THE GRAPHIC HEALTH WARNINGS

Reflecting what has been found in other countries[12,13] the 2008 Evaluation has demonstrated strong public support for the graphic health warnings in Australia. The vast majority (85%) of people considered it 'very' or 'quite' important that the Government has health warnings on tobacco packs. Indeed, seven out of ten Australians believed it was 'very important'.

In 2008 the same proportion of smokers (71%) as in 2000 maintained it was 'very' or 'quite' important that the Government has health warnings on tobacco packs. Among recent quitters in 2008, 84% compared to 78% in 2000 thought the health warnings were 'important'. Indeed, in 2008 there was also a significant increase in the proportion of recent quitters saying it was 'very important', 68% in 2008 compared to 50% in 2000.

In addition, the 2008 Evaluation has also shown strong support among stakeholders for the inclusion of graphic health warnings on tobacco product packaging. Stakeholders also thought it important to extend the use of graphic health warnings to other tobacco products, most notably to cigars sold individually and to tobacco used in water pipes.

7.3   THE GRAPHIC HEALTH WARNINGS ARE BELIEVABLE

Recent studies[14,15] continue to indicate the importance of health warning credibility in increasing knowledge and awareness of the health effects of smoking. In 2008, there is widespread acceptance of the graphic health warnings, with 92% of smokers and 97% of recent quitters saying they found them 'believable'. A high proportion find them 'very believable' (smokers, 56%; recent quitters, 64%).

7.4   THE GRAPHIC HEALTH WARNINGS ARE NOTICEABLE

The graphic health warnings have achieved a high level of noticeability among smokers in particular. They have:

- heightened concerns about smoking and its impact on health and, in so doing, contributed to deglamourising smoking, making it a less desirable behaviour; and

- generated controversy and facilitated community discussion about smoking and its health effects, as well as the effects of passive smoking.

7.4.1 Changes Noticed

Close to two out of three (64%) of people and in particular smokers (86%) and recent quitters (80%) have noticed changes to tobacco packaging in the last two years. Importantly, close to nine out of ten (90% - 6 month contemplators, 88% - 1 month contemplators) of those smokers contemplating quitting have noticed the changes. In all cases, the change most frequently noticed was the introduction of graphic images, with nine out of ten (90%) smokers mentioning these images.

7.4.2 Unaided Awareness

Unaided recall of health information/messages on the front of the pack remains high with 91% of smokers claiming awareness. However, this represents a decline from what was recorded in 2000 (98%). Similarly, there has been a significant decline among smokers in unaided recall of side of pack health information, 67% in 2000 to 46% in 2008. However, there has been a significant increase among smokers in unaided recall of the health information on the back of pack, from 62% in 2000 to 73% in 2008.

The decline in recall of the front of pack appears to be due to positioning of the picture and the warning as well as its size (compared to that on the back of pack). The decline in recall of side of pack information appears to be the result of removal of information relating to strength of ingredients. Smokers now have no need to read the side of pack to identify or verify their choice of cigarette. Unlike the front and back of pack, the side of pack is not linked to the other panels through the inclusion of similar visual imagery or the repeat of the health warning.

7.4.3 Importance of the Graphic Image

Unaided recall of the health information either as a 'picture only' or 'in combination' with the text health warning has been instrumental in noticeability and the potential effectiveness of specific health messages for the front and back of pack health warnings. For 13 out of the 14 warnings, some reference to the picture was made by the majority of both smokers and recent quitters (Tel Sur 2008) in their recall. To this end, the 2008 Evaluation has indicated that:

- most recalled the picture and not the text for most graphic health warnings;

- the pictures raise the salience of the warnings;

- in a sense, the graphic health warnings represent a "forced exposure", some stated that they can't help but notice them;

- consumer recall and understanding of the health message was often derived from the graphic image;

- graphic health warnings and the pictures specifically, position smoking as disgusting and undesirable;

- the graphic image was most important for poor readers; and

- many of the graphic health warnings generated a strong emotional response from all segments of the community.

7.4.4 A Range and Variety of Health Consequences/Images

The series of images and health messages appears to have presented a balanced approach through the range and variety of health consequences depicted. Some images were frequently recalled or commented on throughout the study. Warnings portraying graphic, "shocking images" were often the warnings that received high recall and most comment; for example:

- "Smoking causes mouth and throat cancer";

- "Smoking causes peripheral vascular disease"; and

- "Smoking causes blindness".

Most of these depict external body parts and the graphic image was particularly important either on its own or combined with text. For example, even though peripheral vascular disease was not always understood, the image was responsible for the high awareness, and the emotionally confronting nature of this health warning. It was described as *"gruesome", "grotesque", "ugly"*, and *"disturbing"*.

However, there were other health warnings that also elicited a strong and often emotional response from those who took part in the study. These warnings did not necessarily have "shocking" imagery, but were meaningful because they touched an emotion or on rational grounds were acknowledged as having a close association with smoking; for example:

- "Smoking harms unborn babies";

- "Don't let children breath in your smoke";

- "Smoking causes lung cancer";

- "Smoking doubles your risk of stroke";

- "Smoking causes heart disease";

- "Smoking is addictive"; and

- "Smoking – a leading cause of death".

7.4.5 Reinforcement of Health Consequences Via Other Media

The integration of the images/messages through other media heightens overall effectiveness. Interestingly, some images and messages were recalled in nearly all groups (although not by all people) due to their previous coverage in anti-tobacco campaigns (either State or Federal); (e.g. "tar/toxic" content, "clogged artery", "the Quitline"). Recall of TV advertising featuring the imagery used on the tobacco product packs has not only aided recall of the graphic image but also enabled people to interpret the image and warning in a more involving way. TV advertising appears to have helped personalise the health message and made the graphic health warning image on tobacco/cigarette packs even more meaningful.

Stakeholders also made mention of what they considered to be the improved effectiveness and strengthening of the graphic health warnings through the use of additional media support.

7.5   AREAS FOR IMPROVEMENT AND FUTURE CONSIDERATION

The graphic health warnings on tobacco product packaging have emerged as an important and effective component of tobacco control in Australia. However, areas for improvement were raised by participants in all components of the 2008 Evaluation; including, changes to design and content elements as well as, the introduction of other messages.

Consumers and several stakeholders also pointed to the importance of updating and refreshing the graphic health warnings in order to sustain their impact. In addition, the 2008 Literature Review[1] points out that periodically reviewing and revising health warnings are commonly advocated as a means of increasing variety, and thereby boosting warning salience and relevance for different consumer groups. Variety has been found to be significant in counteracting over-exposure and wear out of health warnings[1,11,16,17,18].

DESIGN ELEMENTS:

The results of the 2008 Evaluation including the 2008 Literature Review[1] point to the following for consideration:

- consumers suggested that confusion in identifying the graphic images used in some of the graphic health warnings affected recognition and understanding of the health warning message. Suggestions were made by them to use only clear, well-defined pictures. These need to be recognisable and easily identified. Other research also indicates the need to use clear, simple and direct warnings and images[22-24];

- readership of the front of pack has declined. Suggestions were made by both consumers and stakeholders about the need to increase the size of the graphic health warning on the front of pack. This, it was thought, would promote visibility, noticeability, and reduce clutter; and would enable the graphic health warnings to compete with other perceived conflicting pack elements (such as branding). Other research has also found that increasing the size of the warning is important in this regard[15,27,28]; and

- the 2008 Literature Review[1] makes mention of a number of design features and the use of simple language in the text that influences readability, aids understanding, and lessens confusion. Consumers also made reference to these elements including:

    – taking care in the choice of typeface, size and style of print;

    – using uncluttered text in simple non-technical language; and

    – consideration of the use of statistics in some explanatory texts (for example, as currently used "9 out of 10 lung cancers are caused by smoking"). Stakeholders felt that the use of statistics in some of the explanatory texts could alter the tone by adding a sense of urgency.

MESSAGES:

In regard to the graphic health warning images and associated text:

- reaction by most consumers and some stakeholders that some graphic images were confusing or were suffering from over-exposure led them to request updating and refreshing some of the existing images (e.g. Heart Disease, Stroke, Toxic, Addictive, Lung Cancer, Children, Emphysema, Clogged Arteries, Quitting);

- consumers and stakeholders suggested that to introduce new diseases with established links to smoking (e.g. Impotence, Kidney Disease, Bladder Disease, Bowel Cancer, Pancreatic Cancer, Infertility, Hearing Loss, Osteoporosis) would revitalise the series of health warnings. Stakeholders felt that new warnings need to reflect new research findings on the health effects of smoking, as well as encouraging quitting;

- allied to the suggestion made by consumers and stakeholders to introduce new diseases and graphic images was consideration to update the text of messages. In many cases the text will relate to describing the new disease/condition; however, other suggestions focussed on:

    – keeping some of the key messages (e.g. those relating to Heart Disease, Stroke, Lung Cancer) and pairing them with new images;

    – personalising the text with use of pronouns;

    – adding more credibility to the warning with mention (when applicable) that 'images are from people who smoked'; and

    – mention of the social consequences of smoking (e.g. time lost from family, children). Several studies have shown that young people are receptive to messages pertaining to social consequences, social threat and social disapproval[17,22,26];

- readership and recall of the side of pack information has declined. Some suggestions were made by consumers and some stakeholders for inclusion of content such as: tips to quit, a large Quitline phone number, information about ingredients (in lay terms). Stakeholders suggested simplifying the text by replacing terminology (and in some cases modified imagery) with less complex alternatives.

OTHER SUGGESTED IMPROVEMENTS:

Other proposed improvements from consumers or stakeholders included:

- the suggestion to integrate pack imagery for use in other media (e.g. TV). This it was thought would reinforce the warning and heighten impact in general;

- a suggestion by stakeholders to extend graphic health warnings to other tobacco products, particularly tobacco for water pipes and cigars sold individually;

- stakeholders also suggested developing a more efficient mechanism for introducing new warnings, and more consumer research on the impact of the graphic health warnings; and

- consumers maintained that package design and colour can be an enticement to purchase a brand. Design elements were thought to often be in conflict and competition with the health message for consumer attention. To this end, plain packaging (i.e. restricting or prohibiting the use of logos, colours, brand imagery or text other than brand names printed in a standard colour and font size), was suggested by both consumers and particularly stakeholders as one way of strengthening the impact of health messages. The suggestion made by many of those who took part in the 2008 Evaluation that the potential effect of plain packaging is in strengthening the impact of the health warnings has also been put forward in other research.[19,20,21]

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8. APPENDIX

Appendix A: Countries requiring graphic health warnings on tobacco product packaging

Appendix B: Fieldwork Report

Appendix C: Questionnaire

Appendix D: Group Discussion/Interview Guide

Appendix E: Stakeholder Participant Organisations

APPENDIX A: Countries requiring graphic health warnings on tobacco product packaging

The table below lists the countries where, at the time of writing, graphic health warnings on tobacco product packaging had been, or were intended to be, introduced.

COUNTRY	YEAR IN EFFECT	NUMBER OF WARNINGS	SIZE AND POSITION	REFERENCE
Canada	2000	16	50% of front and back panels	Physicians for a Smoke-Free Canada, 2008
Brazil	Series 1: 2002 Series 2: 2004	Series 1: 9 Series 2: 10	100% of front or back panels	Physicians for a Smoke-Free Canada, 2008
Singapore	Series 1: 2005 Series 2: 2006	Series 1: 6 Series 2: 6	50% of front and back panels	Physicians for a Smoke-Free Canada, 2008
Jordan	2005	1	Image: 33% of front or back panels Written warning: 33% of front or back panels	Physicians for a Smoke-Free Canada, 2008
Thailand	Series 1: 2005 Series 2: 2007	Series 1: 6 Series 2: 9	50% of front and back panels	Physicians for a Smoke-Free Canada, 2008 Thai Government Public Relations Department, 2005
Venezuela	2005	10	100% of front or back panels	Physicians for a Smoke Free Canada, 2008
Panama	2005	2	100% of front or back panels	Physicians for a Smoke Free Canada, 2008
Australia	2006	Set 1: 7 Set 2: 7	30% of front panel 90% of back panel	Department of Health and Ageing, 2007a
Uruguay	Series 1: 2005 Series 2: 2008	Series 1: 8 Series 2: 6	50% of front and back panels	Tobacco Labelling Resource Centre, 2008
Chile	2006	1 graphic warning 1 text warning	50% of front and back panels	Tobacco Labelling Resource Centre, 2008
Belgium	2007	3 x sets of 14	48% of front panel 63% of back panel	Physicians for a Smoke Free Canada, 2008
Hong Kong	2007	6	50% of front and back panels	Tobacco Labelling Resource Centre, 2008
Korea	2008	2	30% of bottom of pack	Park Chung-a, 2007
New Zealand	2008	Set 1: 7 Set 2: 7	30% of front panel 90% of back panel	Physicians for a Smoke Free Canada, 2008
Romania	2008	14	30% of front panel 40% of back panel	Physicians for a Smoke Free Canada, 2008
UK	2008	15	43% of front panel 53% of back panel	Tobacco Labelling Resource Centre, 2008
Vietnam	2008	5	30% of package surface	VietNamNet, 2008
China	2009	(not known)	30% of pack	Reuters, 2007
Finland	2009	(not known)	(not known)	Finnish News Agency 2007 cited in tobacco.org, 2008
Switzerland	2010 2012 2014	Series 1: 14 Series 2: 14 Series 3: 14	48% of front panel 63% of back panel	Tobacco Labelling Resource Centre, 2008
Ireland	TBC	14	unknown	Tobacco Labelling Resource Centre, 2008

APPENDIX B: Fieldwork Report

	TOTAL	SYD	NSW	MEL	VIC	BRI	QLD	ADE
Complete Interviews	**1304**	263	126	216	109	173	87	71
Quota failures screened	**3244**	699	274	584	259	416	182	191
Quota failures not screened	**1738**	357	106	354	84	337	21	146
Refused	**11153**	2813	745	2480	781	1493	518	525
Invalid number	**16966**	3683	1151	3055	1827	2147	730	728
No contact less than 5 attempts	**1717**	192	53	391	73	215	83	126
Unavailable for Duration	**279**	77	19	49	22	32	19	12
Language Barrier	**473**	216	4	151	17	21	10	22
Unsuccessful after 5 attempts	**3915**	1192	285	805	262	561	161	156
Fax/Business	**3627**	899	192	786	162	668	164	181
Total	**44416**	**10391**	**2955**	**8871**	**3596**	**6063**	**1975**	**2158**

	SA	PER	WA	HOB	TAS	DAR	NT	ACT
Complete Interviews	30	89	47	27	14	17	9	26
Quota failures screened	75	254	151	26	28	30	18	57
Quota failures not screened	43	105	164	0	0	0	0	21
Refused	277	757	375	110	87	64	36	92
Invalid number	595	872	1348	168	168	165	171	158
No contact less than 5 attempts	48	77	194	49	62	46	46	62
Unavailable for Duration	5	13	11	15	1	4	0	0
Language Barrier	7	16	2	0	0	4	1	2
Unsuccessful after 5 attempts	69	264	124	6	2	15	2	11
Fax/Business	50	269	120	26	27	31	11	41
Total	**1199**	**2716**	**2536**	**427**	**389**	**376**	**294**	**470**

APPENDIX C: Questionnaire 2008

Smokers and Recent Ex-Smokers Questionnaire (Section A)

Q1. Could you please tell me if you currently smoke cigarettes, are an ex-smoker or a non-smoker? **PROMPT:** What I mean by currently smoke is you could smoke regularly or even if you only smoke on the odd occasion, such as when you're out with friends? (If **EX-SMOKER**, **probe:** how long since you smoked?)

I've never smoked .... 1 - Go to Section B, Q3

I use to smoke, but haven't smoked for years .... 2 - Go to Section B, Q1

I use to smoke, but haven't smoked for at least 12 months .... 3 - Go to Section B, Q1

I use to smoke, but gave it up in the last 12 months .... 4 - Go to Q2

I currently smoke .... 5 - Go to Q2

Q2. In the last year have you smoked any cigars or pipes?

Cigars only 1

Pipes only .... 2 – Go to Q3

Both 3

No, neither .... 4 – Go to Q3

Q2a. Do you usually buy cigars in a pack or singularly?

Pack 1

Singularly 2

IF CODE 4 AT Q1 AND CODE 4 AT Q2 GO TO Q3b.

Q3. Which of the following statements describes your current use of tobacco? **READ OUT**

Smoke regularly, everyday or most days 1

Smoke occasionally not everyday but at least once a week 2

Smoke occasionally but less than once a week 3

Use to smoke, gave it up in last 12 months 4

Q3a. ASK CIGARETTE SMOKERS (and Ex-Smokers) ONLY: On the days you smoke(d), about how many cigarettes would you smoke a day?

5 or less 1

6 to 10 2

11 to 15 3

16 to 20 4

21 to 25 5

26 to 30 6

31 + ... 7

Q3b. In the last 12 months have you... **READ OUT**

Tried to give up and been successful for at least one month 1

Tried to give up and been successful for less than one month 2

Never tried to give it up 3

Q3c. ASK recent ex-smokers: Apart from quitting smoking…

ASK smokers: In the past 12 months have you...**READ OUT**

Changed to brands with lower tar or nicotine content 1

Reduced the amount of tobacco you smoke in a day 2

Increased the amount of tobacco you smoke a day 3

Changed to brands with higher tar or nicotine content 4

Switched to cigar or pipe 5

Done nothing different 6

Anything else (specify) 7

Q3d. In terms of quitting which statement best describes your feelings? **READ OUT**

I intend to quit next month 1

I intend to quit in the next 6 months 2

I do not intend to quit in the next 6 months 3

I quit more than 6 months ago 4

I quit less than 6 months ago 5

Q4. Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years?

Yes 1

No ....2 – Go to Q5

Q4a. What specific changes have you noticed? **DO NOT PROMPT**

Pictures/explicit images/graphics/colour 1

Warnings cover more of the package/is bigger/90% of back? 30% front? 2

More information 3

Tougher/stronger messages 4

Quitline telephone number 5

Average levels of tar, nicotine and carbon monoxide yields on the side of 6
pack missing/replaced with text description/chemicals in tobacco smoke

Nothing 7

Quitnow web address 8

There is a new set of graphic health warnings on packs/the pictures

have changed 9

Other (specify) 10

Don't know 11

Can't recall 12

Q5. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack in the last 2 years? - **ASK FOR FRONT, SIDE, BACK**

Front of Pack	Yes	1
	No	2
	Don't know	3
Side of Pack	Yes	1
	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

Q6. Have you read any health messages or health information on the front, side or back of the tobacco/cigarette pack? - **ASK FOR FRONT, SIDE, BACK**

Front of Pack	Yes	1
	No	2
	Don't know	3
Side of Pack	Yes	1
	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

Q7. IF YES TO FRONT OF PACK ASK: (RECORD BELOW)

What health message or information is on the **front** of the cigarette pack? **Prompt:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both? **Prompt:** Are there any other messages or information you recall? **Prompt:** What was that information? **DO NOT PROMPT MESSAGES**

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4

Q8. IF YES TO BACK OF PACK ASK: (RECORD BELOW)

What health message or information is on the **back** of the cigarette pack? **Prompt:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both? **Prompt:** Are there any other messages or information you recall? **Prompt:** What was that information? **DO NOT PROMPT MESSAGES**

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4
Visual/graphic same as front (if mentioned recoded to Q7)	1	2	3	4
Larger visual/graphic	1	2	3	4
More info about health message, more details relating to front	1	2	3	4
Quitline phone number	1	2	3	4
Visit Quitnow website address	1	2	3	4
Talk to doctor, pharmacist	1	2	3	4
Sale to underage persons prohibited	1	2	3	4

Q9. **IF YES TO SIDE OF PACK ASK: (RECORD BELOW)**

What health message or information is on the **side** of the cigarette pack? **Prompt:** What was that information? **Prompt:** Are there any other messages or information you recall? **DO NOT PROMPT MESSAGES**

Smoking exposes you to more than 40 harmful chemicals...1

These chemicals damage blood vessels, body cells and the immune system.................................2

Quit now to reduce your risk of chronic illness or premature death 3

More details relating to front/back panel 4

Average levels of tar, nicotine and carbon monoxide yields on the side of pack 5

Other (Specify)...6

Don't know..7

Can't recall...8

Q10. When you see health warnings or health information on a cigarette or tobacco pack, what do you think of? What goes through your mind? **(PROMPT:** Anything else?)
DO NOT PROMPT MESSAGES

I should stop/quit..1

I ignore it/take no notice/keep smoking 2

Smoking is bad for your health 3

Message not strong enough 4

Can't stop/I'm addicted 5

Already aware of dangers 6

Why do I do it/I am an idiot 7

Smoking can kill you 8

Some impact initially but now used to it..9

I know its true..10

Depends on individual/everyone is different...11

It's a warning/good to warn you 12

Feel guilty/guilt..13

Reminds me of other media ads 14

Doesn't apply to me..15

I think about quitting 16

I won't start smoking again..17

I don't believe it 18

Nothing 19

Other (Specify)...20

Q11. Which one of the warnings on cigarette/tobacco packs do you think is the most effective at discouraging people from smoking? **PROMPT:** Is that the written warning or the picture or both? **RECORD IF TEXT AND/OR VISUAL. DO NOT PROMPT WARNING NAME.**

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Cigar smoke is toxic	1	2	3	4
None of them	1			
All of them	1			
Don't know	1			
Can't recall	1			

Q11a. Why do you say that? (**Probe:** Any other reasons?)

Q11b. Are there any other warnings on cigarette/tobacco packs that you think are effective in discouraging people from smoking? **PROMPT:** Is that the written warning or the picture or both? **PROMPT:** Any others? **RECORD ALL THOSE MENTIONED**

	Text	Visual	Both	Not Sure
CIGARETTE SMOKERS				
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
CIGAR SMOKERS				
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Cigar smoke is toxic	1	2	3	4
None of them	1			
All of them	1			
Don't know	1			
Can't recall	1			

Q11c. Overall, do you find the health warnings very believable, somewhat believable or not at all believable?

Very believable 1

Somewhat believable 2

Not at all believable 3

Can't say 4

Q12. I'm going to read out to you some health messages and information. Could you please tell me if the messages or information appears on the cigarette pack/cigar pack or does not appear at all or if you are uncertain? **(ROTATE & READ) IF CIGARETTE OR PIPE USER CODE UNDER CIGARETTE. IF BOTH CIGARETTE/CIGAR SMOKER ASK WHICH MOST OFTEN AND RECORD IN RELEVANT SECTION.**

	Yes	No	Uncertain
CIGARETTE SMOKERS			
Smoking cause peripheral vascular disease/gangrene	1	2	3
Smoking causes emphysema	1	2	3
Smoking cause mouth and throat cancer	1	2	3
Smoking clogs your arteries	1	2	3
Don't let children breathe your smoke	1	2	3
Smoking – a leading cause of death	1	2	3
Quitting will improve your health	1	2	3
Smoking harms unborn babies	1	2	3
Smoking causes blindness	1	2	3
Smoking causes lung cancer	1	2	3
Smoking causes heart disease	1	2	3
Smoking doubles your risk of stroke	1	2	3
Smoking is addictive	1	2	3
Tobacco smoke is toxic	1	2	3
Smoking exposes you to more than 40 harmful chemicals	1	2	3
These chemicals damage blood vessels, body cells and the immune system	1	2	3
Quit now to reduce your risk of chronic illness or premature death	1	2	3
CIGAR SMOKERS			
Cigars are not a safe alternative to cigarettes	1	2	3
Cigar smoke causes mouth and throat cancer	1	2	3
Cigar smoking causes lung cancer	1	2	3
Don't let children breathe your smoke	1	2	3
Cigar smoke is toxic	1	2	3

Q13. During the last 2 years, have you ever avoided buying packs with particular health warnings or concealed or hid the health warning on your pack in some way?

Yes, avoided buying packs with particular health warnings 1

Yes, concealed/hid the pack in some way...2

Both (avoided buying packs and concealed health warnings) 3

No .... 4 – Go to Q14

Q13a. IF YES: Do you still do this?

	Avoid Buying	Conceal Pack
Yes always	1	1
Sometimes	2	2
No	3	3

Q14. How important is it that the Government has health warnings on packs of tobacco and cigarettes? Would you say... **ROTATE & READ**

Very Important 1

Quite Important 2

Neither Important nor Unimportant 3

Quite Unimportant 4

Very Unimportant 5

Q14a. How effective are the pictures on packs at communicating the health effects of smoking? Would you say…**ROTATE & READ**

Very Effective 1

Quite Effective 2

Neither Effective nor Ineffective 3

Quite Ineffective 4

Very Ineffective 5

Q15. I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements. **READ & ROTATE**

If agree ask: Do you agree a **LITTLE** or **A LOT**?

If disagree as: Do you disagree a **LITTLE** or **A LOT**?

	Agree		Disagree		Unsure	DK
	A Little	**A Lot**	**A Little**	**A Lot**		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
Seeing the health warnings on packs makes(d) me think about quitting	1	2	3	4	5	6
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that (past) smoking probably (has) does increase the risk of a health problem occurring for me	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I (have) worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
Perhaps for some people smoking affects their health, but it hasn't affected mine	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6
Your smoking can harm others	1	2	3	4	5	6

Q16. Would you say the inclusion of health warnings and health information on cigarette packs has improved your knowledge of the health effects of tobacco consumption… **READ.**

A lot 1

A little 2

Made no difference 3

Don't know .... 4 **(DO NOT READ)**

Q17. In terms of the way you feel about your own smoking behaviour would you say the health warnings on packs of cigarettes and tobacco have...**READ AND ROTATE. (RECORD FOR SPECIFIC GROUP)**

	Yes	**No**	**Don't Know**
			(DO NOT READ)
Raised your concerns about smoking	1	2	3
Helped you smoke less	1	2	3
Have helped you try to quit	1	2	3
Helped you give up smoking (Ex-Smokers)	1	2	3
Had no effect on your behaviour	1	2	3
Have made you think about quitting	1	2	3
Have helped you stay quit (Ex-Smokers)	1	2	3

ASK RECENT EX-SMOKERS Q17a, Q17b. SMOKERS GO TO Q18.

Q17a. Please tell me which, if any, of the following factors helped you decide to quit smoking. **ROTATE AND READ LIST...(PROMPT: ANY OTHER?)**

( ) Health warnings on cigarette packets - Text

( ) Health warnings on cigarette packets - Pictures

( ) Health warning advertisements on TV (Tobacco Campaign)

( ) Quitline (NB phone number is on Cigarette packet)

( ) Quitnow website

( ) I wanted to get fit

( ) I was pregnant or planning on starting a family

( ) I think it was affecting my health

( ) My Doctor advised me to give it up

( ) Family and/or friends asked me to quit

( ) I was worried it was affecting the health of those around me

( ) It was costing too much

( ) I had a young family/young children

( ) Other...

Q17b. And what was the **main reason** you quit? **(RECORD ONE ONLY)**

(   )   Health warnings on cigarette packets - Text

(   )   Health warnings on cigarette packets - Pictures

(   )   Health warning advertisements on TV (Tobacco Campaign)

(   )   Quitline (NB phone number is on Cigarette packet)

(   )   Quitnow website

(   )   I wanted to get fit

(   )   I'm pregnant or planning on starting a family

(   )   I think it was affecting my health

(   )   My Doctor advised me to give it up

(   )   Family and/or friends asked me to quit

(   )   I was worried it was affecting the health of those around me

(   )   It was costing too much

(   )   I had a young family/young children

(   )   Other ....

Q18. Are you aware of a Quitline telephone number which is included with the health messages on tobacco packs?

Yes.. 1

No 2

Q19. Have you ever called the Quitline?

Yes.. 1

No 2

Q20. Do you think you will call the Quitline in the future?

Yes.. 1 – Go to Q22

No 2

Q20a. IF NO ASK: Why not?

Prefer to do it by myself/don't want help giving up/will use own willpower 1

I like smoking/gives me pleasure/don't want to give it up 2

Already given up smoking 3

Don't need to 4

Have all the info I need 5

It would not help/work 6

Not interested 7

Not a heavy smoker/not addicted 8

Prefer to go to doctor/use medical help to give up 9

Get info from elsewhere 10

Have given up before/would give up again 11

Prefer to use patches 12

Have used them before/didn't help 13

Can't give up/I'm addicted 14

Other:(Specify)

Q21. Are you aware of a Quitnow website address which is included with the health messages on tobacco packs?

Yes 1

No 2

Can't say 3

Q22. Would you be more likely to access the Quitnow website address now that the website address is available on tobacco packs?

Yes 1

No 2

Can't say 3

Q23. Thinking about your future smoking do you think you will...**READ & ROTATE**

Increase my smoking	1
Smoke just as much as I do now	2
Try and ease up on my smoking	3
Change to a lower tar brand	4
Make a definite attempt to quit	5
Continue not smoking (Ex-smokers)	6

DEMOGRAPHICS

D1. **Gender:** Male 1

Female 2

D2. **Age:** 15-17 1

18-24 2

25-34 3

Actual age in years _____

35-44 4

45-54 5

55-64 6

65-74 7

75+ 8

Refuse 9

D3. **Country of birth:** Which country were you born in?

Australia/New Zealand	1
UK	2
Other Europe	3
North America	4
South America	5
Africa	6
S.E.Asia	7
N.E Asia	8
Middle East	9
S.P. Islands	10

D4. Would you consider yourself to be of Aboriginal or Torres Strait Islander descent?

Yes...1

No 2

D5. What is the main language spoken at home?

English 1

Other (specify)

_____

D6. Level of Education you are now at or have completed?

University 1

TAFE/Trade..2

Year 12 completed 3

Year 11 completed 4

Year 10 completed 5

Year 9 completed 6

Year 8 completed 7

Year 7 completed 8

Primary school only 9

D7. Are you a...

Student...1

Unemployed 2

In part time employment..3

In full time employment 4

Retired 5

Home duties 6

D8. Occupation of Respondent if employed full or part time.

Occupation: Managers 1

Professionals 2

Technicians and trades workers 3

Community and personal service workers 4

Clerical and administrative workers 5

Sales workers 6

Machinery operators and drivers 7

Labourers 8

Occupation 9

Other (specify) 10

Refused/Can't say 11

D9. Are you the main income earner in your household?

Yes 1

No 2

D10. What is the annual household income before tax?

Under $40,000 1

$41,000 - $60,000 2

$61,000 - $80,000 3

$81,000 - $100,000 4

$101,000+ 5

Refused 6

D11. Which of the following would best describe your household?

Single or Peer group 1

Young couple - no children 2

Young family - all children under 6 3

Middle family - children 7-12 4

Older family - children mainly 13+ 5

Mature couple - children left 6

Mature single/ widowed 7

Refused 8

Thank you for helping us with this important survey.

EX-SMOKERS/NON-SMOKERS QUESTIONNAIRE (SECTION B)

Note: Ask Q1 & Q2 of Ex-Smokers <u>ONLY</u> Non-smokers start at Q3.

Q1. When did you quit smoking?

10 years & over	1
5 - 9 years	2
3 - 4 years	3
1 - 2 years	4
Can't remember	5

Q2. How long had you been smoking prior to quitting?

Under 5 years	1
5 - 10 years	2
More than 10 years	3
Don't Know/Uncertain	4

Q3. Have you noticed any changes to the warnings on tobacco/cigarette packs in the last 2 years?

Yes	1
No	2 – Go to Q4

Q3a. What specific changes have you noticed? **DO NOT PROMPT**

Pictures/explicit images/graphics/colour	1
Warnings cover more of the package/is bigger/90% of back? 30% front?	2
More information	3
Tougher/stronger messages	4
Quitline telephone number	5
Average levels of tar, nicotine and carbon monoxide yields on the side of pack missing/replaced with text description/chemicals in tobacco smoke	6
Nothing	7
Quitnow web address	8
New/different/change in graphic health warnings on packs	9
Other (specify)	10
Don't know	11
Can't recall	12

Q4. Are you aware of any health messages or health information on the front, side or the back of a tobacco/cigarette pack in the last 2 years? **- ASK FOR FRONT, SIDE, BACK**

Front of Pack	Yes	1
	No	2
	Don't know	3
Side of Pack	Yes	1
	No	2
	Don't know	3
Back of Pack	Yes	1
	No	2
	Don't know	3

Q5. IF YES TO FRONT OF PACK ASK: (RECORD BELOW)

What health message or information is on the **front** of the cigarette pack? **PROMPT:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both? **Prompt:** Are there any other messages or information you recall? **Prompt:** What was that information?

DO NOT PROMPT MESSAGES

	Text	**Visual**	**Both**	**Not Sure**
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4

	Text	Visual	Both	Not Sure
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
Other (Specify)	1	2	3	4
Don't know	1	2	3	4
Can't recall	1	2	3	4

Q6. IF YES TO BACK OF PACK ASK: (RECORD BELOW)

What health message or information is on the **back** of the cigarette pack? **Prompt:** What was that information?

RECORD IF TEXT AND/OR VISUAL. Prompt: Is that the written warning or the picture or both? **Prompt:** Are there any other messages or information you recall? **Prompt:** What was that information?

DO NOT PROMPT MESSAGES

	Text	Visual	Both	Not Sure
Smoking causes peripheral vascular disease/gangrene	1	2	3	4
Smoking causes emphysema	1	2	3	4
Smoking cause mouth and throat cancer	1	2	3	4
Smoking clogs your arteries	1	2	3	4
Don't let children breathe your smoke	1	2	3	4
Smoking - a leading cause of death	1	2	3	4
Quitting will improve your health	1	2	3	4
Smoking harms unborn babies	1	2	3	4
Smoking causes blindness	1	2	3	4
Smoking causes lung cancer	1	2	3	4
Smoking causes heart disease	1	2	3	4
Smoking doubles your risk of stroke	1	2	3	4
Smoking is addictive	1	2	3	4
Tobacco smoke is toxic	1	2	3	4
Cigars are not a safe alternative to cigarettes	1	2	3	4
Cigar smoke causes mouth and throat cancer	1	2	3	4
Cigar smoking causes lung cancer	1	2	3	4
Don't let children breathe your smoke (cigar)	1	2	3	4
Cigar smoke is toxic	1	2	3	4

	Text	Visual	Both	Not Sure
Pictures/visuals/graphics/diseases in general	1	2	3	4
Information on nicotine content	1	2	3	4
Information on carbon monoxide	1	2	3	4
Information on tar content	1	2	3	4
Other (Specify)	1	2	3	4
Don't' know	1	2	3	4
Can't recall	1	2	3	4
Visual/graphic same as front (if mentioned recode to Q6)	1	2	3	4
Larger visual/graphic	1	2	3	4
More info about health message, more details relating to front	1	2	3	4
Quitline phone number	1	2	3	4
Visit Quitnow website address	1	2	3	4
Talk to doctor, pharmacist	1	2	3	4
Sale to underage persons prohibited	1	2	3	4

Q7. IF YES TO SIDE OF PACK ASK: (RECORD BELOW)

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

Prompt: What was that information?
Prompt: Are there any other messages or information you recall? **DO NOT PROMPT MESSAGES**

Smoking exposes you to more than 40 harmful chemicals 1

These chemicals damage blood vessels, body cells and the immune system 2

Quit now to reduce your risk of chronic illness or premature death 3

More details relating to front/back panel 4

Average levels of tar, nicotine and carbon monoxide yields on the side of pack 5

Other (Specify) 6

Don't know 7

Can't recall 8

Q8. How important is it that the Government has health warnings on packs of tobacco and cigarettes. Would you say…**ROTATE & READ**

Very Important 1

Quite Important 2

Neither Important nor Unimportant 3

Quite Unimportant 4

Very Unimportant 5

Q8a. How effective are the pictures on packs at communicating the health effects of smoking? Would you say…**ROTATE & READ**

Very Effective 1

Quite Effective 2

Neither Effective nor Ineffective 3

Quite Ineffective 4

Very Ineffective 5

Q9. Would you say the current health warnings and health information on packs of cigarettes and tobacco…**READ OUT**

	Yes	No
Have helped you from taking up smoking (Non-smoker)	1	2
Are a good way of getting across how smoking affects health	1	2
Would help prevent people from taking up smoking	1	2
Have helped you quit (Ex-Smoker)	1	2
Have helped you stay quit (Ex-Smoker)	1	2

Q10a. ASK NON-SMOKERS ONLY

I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.
READ & ROTATE

If agree ask: Do you agree a **LITTLE** or **A LOT**?

If disagree as: Do you disagree a **LITTLE** or **A LOT**?

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
I think seeing the health warnings on packs would make people think about quitting	1	2	3	4	5	6
Knowing what I know about the effects of smoking on health I wouldn't take up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that smoking probably does increase the risk of a health problem occurring	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I am more aware of the health effects of smoking since the picture warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
If I was to take up smoking I doubt that it would affect my health	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6
Smoking can harm others	1	2	3	4	5	6

GO TO Q12

Q10b. ASK EX-SMOKERS ONLY

I am now going to read out to you a series of statements or comments people have made to us about smoking. I would like to know if you agree or disagree with the statements.
READ & ROTATE

If agree ask: Do you agree a **LITTLE** or **A LOT**?

If disagree as: Do you disagree a **LITTLE** or **A LOT**?

	Agree		Disagree		Unsure	DK
	A Little	A Lot	A Little	A Lot		
The health warnings on cigarette packs should be stronger	1	2	3	4	5	6
I believe smoking is definitely addictive	1	2	3	4	5	6
Seeing the health warnings on packs makes(d) me think about quitting	1	2	3	4	5	6
If I'd known what I know now about the effects of smoking on health I wouldn't have taken up smoking	1	2	3	4	5	6
I don't think smoking has any real negative effect on your health at all	1	2	3	4	5	6
You're going to die of something, so why not cigarettes	1	2	3	4	5	6
I think that (past) smoking probably (has) does increase the risk of a health problem occurring for me	1	2	3	4	5	6
I believe most people don't take any notice of the health warnings on cigarette packs	1	2	3	4	5	6
I (have) worried more about the effects of cigarettes on my health since the picture health warnings were put on cigarette packs	1	2	3	4	5	6
I think the health warnings on cigarette packs take up too much space on the pack	1	2	3	4	5	6
Perhaps for some people smoking affects their health, but it hasn't affected mine	1	2	3	4	5	6
I think that cigarettes should be sold in plain (generic) packets, specifying only brand name and government information such as health warnings and information to assist smokers to quit	1	2	3	4	5	6
Your smoking can harm others	1	2	3	4	5	6

Q11a. Please tell me which, if any, of the following factors helped you decide to quit smoking. **ROTATE AND READ LIST… (PROMPT: ANY OTHER?)**

(   )   Health warnings on cigarette packets - Text

(   )   Health warnings on cigarette packets - Pictures

(   )   Health warning advertisements on TV (Tobacco Campaign)

(   )   Quitline (NB phone number is on Cigarette packet)

(   )   Quitnow website

(   )   I wanted to get fit

(   )   I was pregnant or planning on starting a family

(   )   I think it was affecting my health

(   )   My Doctor advised me to give it up

(   )   Family and/or friends asked me to quit

(   )   I was worried it was affecting the health of those around me

(   )   It was costing too much

(   )   I had a young family/young children

(   )   Other ....

Q11b. And what was the main reason you quit? **(RECORD ONE ONLY)**

(   )   Health warnings on cigarette packets - Text

(   )   Health warnings on cigarette packets - Pictures

(   )   Health warning advertisements on TV (Tobacco Campaign)

(   )   Quitline (NB phone number is on Cigarette packet)

(   )   Quitnow website

(   )   I wanted to get fit

(   )   I'm pregnant or planning on starting a family

(   )   I think it was affecting my health

(   )   My Doctor advised me to give it up

(   )   Family and/or friends asked me to quit

(   )   I was worried it was affecting the health of those around me

(   )   It was costing too much

(   )   I had a young family/young children

(   )   Other ....

Q12. **ASK ALL:** Are you aware of a Quitline telephone number which is included with the health messages on tobacco packs?

Yes 1

No 2

Q13. Have you ever called the Quitline?

Yes 1

No 2

Q14. Are you aware of a Quitnow website address which is included with the health messages on tobacco packs?

Yes 1

No 2

Can't say 3

DEMOGRAPHICS

D1. **Gender:** Male 1

Female 2

D2. **Age:** 15-17 1

18-24 2

25-34 3

Actual   35-44 4

age in   45-54 5

years   55-64 6

65-74 7

75+ 8

Refuse 9

D3. **Country of birth:** Which country were you born in?

Australia/New Zealand 1

UK 2

Other Europe 3

North America 4

South America 5

Africa 6

S.E.Asia 7

N.E Asia 8

Middle East 9

S.P. Islands 10

D4. Would you consider yourself to be of Aboriginal or Torres Strait Islander descent?

Yes 1

No 2

D5. What is the main language spoken at home?

English 1

Other (specify)

_____

D6. Level of Education you are now at or have completed?

University 1

TAFE/Trade 2

Year 12 completed 3

Year 11 completed 4

Year 10 completed 5

Year 9 completed 6

Year 8 completed 7

Year 7 completed 8

Primary school only 9

D7. Are you a...

Student 1

Unemployed 2

In part time employment 3

In full time employment 4

Retired 5

Home duties 6

D8. Occupation of Respondent if employed full or part time.

Occupation: Managers 1

                           Professionals 2

                           Technicians and trades workers 3

                           Community and personal service workers 4

                           Clerical and administrative workers 5

                           Sales workers 6

                           Machinery operators and drivers 7

                           Labourers 8

                           Occupation 9

                           Other (specify) 10

                           Refused/Can't say 11

D9. Are you the main income earner in your household?

Yes 1

No 2

D10. What is the annual household income before tax?

Under $40,000 1

$41,000 - $60,000 2

$61,000 - $80,000 3

$81,000 - $100,000 4
$101,000+ 5

Refused 6

D11. Which of the following would best describe your household

Single or Peer group 1

Young couple - no children 2

Young family - all children under 6 3

Middle family - children 7-12 4

Older family - children mainly 13+ 5

Mature couple - children left 6

Mature single/ widowed 7

Refused 8

Thank you for helping us with this important survey.

The approach taken will be very much **target group 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 study participants to **express the issues they perceive to be important in regard to the health warnings and graphics.**

It should be noted that the issues may not be explored in the order detailed below. The issues discussed spontaneously will likely reveal those aspects thought to be most important or relevant or of most significance/concern/ interest to the various target groups.

General Introduction about the Topic:

*   Explain research and the discussion format; and

*   Thank participants for attending.

Today/tonight we are interested in hearing your thoughts, impressions and opinions about aspects of the health warning system on tobacco products, either cigarettes or cigars. The study will involve hearing the views of people representing a cross-section of the community and both smokers and non-smokers. It will be a very informal, relaxed discussion about your views and experiences.

1. General discussion about smoking (Short warm-up to provide a context to understand responses to the labels)

As a brief warm-up for the discussion, I'd like to hear your thoughts about smoking in general….

*   How do you feel about smoking as an activity generally?

*   **Smokers:** Briefly explore smoking behaviour:

    –   How would you describe your smoking habits? (Occasional smoker? Social smoker? Moderate smoker? Heavy smoker?)

    –   When do you smoke?

    –   How much do you smoke?

    –   How long have you been smoking for?

    –   What do you like about smoking?

    –   Do you have any concerns about smoking? For yourself? For others? Why are they concerning?

    –   Do you want to give up? Have you ever tried to give up? If so, why? What prompted you to try?

*   **Non smokers:** Briefly explore general attitudes:

    –   What are your impressions of smoking?

    –   Are there any aspects of concern? What are they?

    –   What do you think people think about smoking these days?

2.   Perceptions of new tobacco warning system overall

Now, thinking about cigarette and cigar packs – what changes have you noticed over the past 18 months to 2 years?

- Record spontaneous comments offered:

    – is it message or visual recall?

- Perceptions of changes overall? Probe:

    – What do you think of the new warnings? Did you like/ dislike them? Why? (Note: emotional/ rational response?)

    – Do/did you think/talk about them?

    – How would you describe them?

    – What are the main messages of the warnings? What are they trying to convey?

    – Do you believe or accept the warning messages? Why/ why not? (Note: does there appear to be any denial in relation to the warnings?)

    – Do you think they are relevant to you or your life? Why/why not?

- Did/do the warnings have any affect on you or the way you think about smoking?
  What was that? Probe:

    – (Smokers/ former smokers): Did they affect the way you purchase your cigarettes/ cigars? In what way?

    – (Smokers/ former smokers): Did they prompt you to change the pack at all? In what way?

    – Did they have any effect on your understanding of the health effects of smoking? In what way?

    – Did they have any effect on the way you view smoking? In what way?

    – (Smokers/ former smokers) Did they have any influence on your thoughts about quitting? In what way? (Note: Did they generate an intention to smoke less/ stay quit? Did they reinforce defeatism regarding quitting?)

- Do you think it is important to have health warnings on tobacco packs? Why/ why not? (Note: do they see them as an effective means of preventing/ reducing smoking?)

- How do you think the graphic health warnings compare with the previous text-only tobacco warnings?

- What do you think about the use of images on tobacco pack warnings? Why? Do you think they have any influence on how effective the warnings are? If so, to what extent do you think they influence the effectiveness of the warning?

- Has the way you think about the graphic health warnings changed at all over time? In what way? (Note: Is there any evidence of wear-out?)

3. Unaided awareness and perceptions of warnings

We'd now like to explore your perceptions of the new warnings in a bit more detail…

- Unaided awareness and perceptions of pack health warnings:

  – What specific health messages can you recall? For each message: What are your thoughts about that message? What is it saying? What do you think they're trying to convey? Were you previously aware of this? Do you believe it? Why/ why not?

  – What graphics do you recall? For each mentioned: What is the image depicted? What are your thoughts about that visual/graphic? What sort of words would you use to describe it? What do you think they're trying to convey? Do you believe it? Why/ why not?

- What else can you recall about the warnings on the pack? Do they display any other information? (Gauge unaided awareness of content on front/ back/ side of pack):

  – Explanatory messages on the back?

  – Side of pack statement?

  – Inclusion of the quitline number and web address?

- Probe perceptions of each raised:

  – What is it trying to convey?

  – Do you believe it? Why/ why not?

  – Do you think it's an important inclusion on the warning? Why/ why not?

  – Do you think that would have any effect? If so, what sort of effect? On whom?

4. Health Warnings (Aided)

- Show Packs all at once:

  – observe which pack(s) generates initial spontaneous response and what type of response;

  – focus on the packs in order of discussion.

- For each pack examine (if not already covered in detail):

  – aided awareness (front, back, side panel);

  – reaction to warning statement on front of pack and on back of pack: What do you think of the warning statement?

  – reaction to visual/graphic on front and back of pack: What do you think of the photos on the pack? (note difference in reactions of internal v. external disease photos)

  – reaction to explanatory messages on the back: What do you think of the message on the back of the pack?

- If not raised, probe:
  - interest in warning: (Note: do they seem tired/bored of it?)
  - perceived message and comprehension of warning/visual/ explanatory messages: What do you think it's trying to convey? Do you think it's clear? Why/ why not?
  - believability/acceptance of warning/visual/ explanatory message: Do you believe what it's trying to say? Why/ why not?
  - perceived suitability of pairing text and visual: What do you think about pairing the text and image on this pack? Does it make sense to you? Why/ why not?
  - tone of warning: What sort of words would you use to describe it?
  - involvement and personal relevance: Do you think it's relevant to you and your lifestyle? Why/ why not? (Note: do they appear to personalise/internalise the warning? The visuals?)
  - usefulness of warning/visual/ explanatory messages: Do you think the warning is useful? Are there any parts of the warning that are more useful than others? What? Why?
  - prior awareness of warning/explanatory messages: Were you aware of this health effect previously? Is there any new information there?
  - Does this warning have any affect on the way you think about smoking? In what way?
  - Does it affect the way you think about quitting in any way? How is that?
  - How do you think this warning might affect other people?
  - (Note: Are there any particular elements of the warnings that seem to trigger these responses?)

- If not already covered, examine response to side of pack statement:
  - What do you think about the information on the side of the pack?
  - What is it trying to convey? How clear is it in doing that? Were you aware of that previously?
  - Do you believe it? Why/ why not?
  - How would you describe the tone of that message?
  - Do you think it's useful? Important? Why/ why not?

- If not already covered: What do you think of the reference to the quitline and web address?
  - Do you think it's useful? Important? Why/ why not?
  - Do you think it would prompt people to call the quitline or access the website? Why/ why not?
  - Has it prompted you to call the quitline or access the website? Why/why not?

- If not already covered: What do you think of the overall visual appearance of the warnings? (Prompt: size, position on pack, colours, font-size)
  - Does it attract attention?
  - Do you think it encourages people to read the warnings? Why/ why not?

- Are you aware that there are two sets of graphic health warnings? SHOW DIFFERENT SETS: The two sets of warnings are rotated on a 12 month basis – Set A is used for 12 months and then is replaced with Set B which is used for the next 12 months – and so on… What do you think of that?

5. Improvements?

- Do you think the warning labels should be changed in any way? How? Why? Probe:
    - The range and number of warnings overall?
    - Warning statements?
    - Graphics?
    - Text?
    - Back of pack message?
    - Side of pack message?
    - Tone of warning?
    - Health effects covered?
    - The system of rotation?

6. Tobacco product packaging

- Do you think tobacco product branding and imagery on tobacco packs has an impact on how noticeable and/or effective the graphic health warnings are? In what way?

7. Conclusion

- Thank you very much for your thoughts today. Is there anything you want to add about the graphic health warnings that hasn't already been raised today?

APPENDIX E: Stakeholder Participant Organisations

Face to Face Interviews/Discussions

1.   Action on Smoking and Health Australia (ASH)

2.   University of Sydney

3.   Centre for Behavioural Research in Cancer (CBRC) (6 stakeholders)

4.   The Cancer Institute NSW

5.   University of Sydney, Smoking Cessation, Faculty of Medicine

6.   Quit Victoria (two stakeholders)

7.   The Cancer Council NSW (three stakeholders)

8.   The Cancer Council Australia

9.   The Cancer Council Victoria

10.   Royal Australian College of Physicians and Surgeons (RACPS)

11.   Aboriginal Health & Medical Research Council (two stakeholders)

Telephone Interviews

12.   Australian Medical Association

13.   Analyst National Drug Policy, New Zealand

14.   National Heart Foundation (WA Division)

15.   The Cancer Council Queensland

16.   Tobacco Control Research and Evaluation Program, The Cancer Council South Australia

17.   Australian Council on Smoking and Health

18.   The Centre for Excellence in Indigenous Tobacco Control

19.   University of Wollongong