

Research into the Labelling of Tobacco Products in Europe Grant Agreement S11.324433 (2001/CVG2-008)

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FINAL REPORT

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- La Ligue Nationale Contre le Cancer (France)



- German Cancer Society



- Hellenic Cancer Society (Greece)



- Catalan Association for Smoking Prevention (Spain)



- Swedish Cancer Society



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1.0 EXECUTIVE SUMMARY

International research has highlighted the potential of on-pack health information to inform smokers of the hazards of smoking, encourage quitting and disrupt tobacco brand imagery. EU legislation on such messages currently lags behind countries such as Canada and Brazil. However, the new EU Directive on Tobacco Product Regulation (Directive 2001/37/EC) has begun to address some of these shortcomings. This research examined the extent to which the Directive meets the needs of smokers and explored ways in which labels can provide targeted and personally relevant health messages.

The research was conducted in seven European countries (Finland, France, Germany, Greece, Spain, Sweden and the UK), using qualitative methods. Eight focus groups were conducted in each country with 16-64 year old smokers, half of whom were thinking about quitting (contemplators) and half of whom were not (pre-contemplators).

Current Messages

Very few smokers in any of the countries spontaneously mentioned the current messages, even when looking at and describing the pack. When prompted to look at the messages, all respondents saw them as ineffective, deriding their small size and lack of prominence. They also often felt that the labels were there to serve the self-interest either of government or the tobacco industry, rather than reflecting any genuine concern or empathy for smokers. A number of respondents, particularly those considering quitting, expressed a desire for larger, more effective messages that addressed issues of relevance to them.

The negative reaction to the current messages partly reflects their low-key design. However, over-familiarity and a lack of novelty also play a part. The messages seem simply to be worn out. This suggests a general need for on-pack messages to be varied and refreshed on a regular basis.

The New EU Messages

Format The new message format greatly increased the stand out and credibility of the messages for all the respondents, and it succeeded in encouraging them to consider the ill-effects of smoking. This greater power was well accepted by most smokers in Northern European countries, particularly among those who were thinking about quitting. However, it was less popular in Southern European countries, perhaps due to the current pro-smoking culture.

Content Twelve messages were tested, eight from the EU Directive, and four new ones introduced for research purposes (see Appendix 1). These can be divided into three principle types: 'health appeals' which highlight the health dangers of smoking (e.g. smoking kills); 'support appeals' which try and help people to quit (eg. by advertising a help line number) and 'social appeals', which focus on the social consequences of smoking (e.g. protect children). All three types of messages showed some potential across all the countries.

Health appeals were good at gaining the attention of smokers, and making them consider the negative effects of smoking. However, some smokers also found them quite threatening, and responded defensively by rationalising or rejecting the message. For example, a common reaction was to discuss the dangers of other products that were not subject to the same restrictions. It is important, therefore, to link such messages with more supportive appeals, perhaps in the form of cessation advice.

Support appeals were seen as a welcome change by smokers, who sometimes felt hectored by health promotion, and worked particularly well with those who wanted to quit. Their main strength lay in their ability to increase smokers' motivation and self-confidence about quitting.

Although the social appeal messages rarely prompted thoughts of cessation, they did address issues that were salient for most respondents and which they found easy to personalise.

One other message was tested that did not quite fit into any of the three categories: 'smoking can cause impotence'. This came as a surprise, and often something of a shock, to the majority of smokers in all countries, and its believability and veracity were questioned. Among males, at least, this may be a symptom of defensiveness – many found the message embarrassing and challenging. This message may therefore need some additional support, perhaps from supplementary media activity.

More generally, all the messages deal with sensitive issues for smokers, and therefore need to be carefully worded if they are to appeal across all countries. For example, two of the additional messages ('Want younger looking skin. Call 0800 148 484' and 'Ever thought how much you could save by quitting? Call 0800 148 484') triggered cynicism about what were felt to be commercial motivations on the part of the sender. Similarly the use of humour or puns received different reactions across Europe. While the humour was acceptable in the UK, smoking is considered a serious issue by smokers in Finland and Sweden. Finally, there were some translational difficulties with the text accompanying the Canadian pictures. All this highlights the need for messages to be carefully pre-tested with target audiences in each country.

Product Ingredients

As well as enhanced messages, the Directive requires more prominent tar, nicotine and (for the first time in many countries) carbon monoxide levels to be printed on the side of the pack. There is a great deal of confusion about this information. Only the tar level meant much to smokers, but even then most ignored it. For those who did consider it, some – typically new smokers, or established smokers trying an unfamiliar brand – used it to select a brand they might like, while a small minority used it to find what they perceived to be 'healthier' low tar products. Nicotine and carbon monoxide levels meant little to any of the respondents. They had a vague feeling that these levels relate to health consequences, but smokers do not want to dwell on this or make the mental effort to establish the connection. Making the information more prominent will do nothing to ease these communication problems. One option would be to include explanatory text

providing information on such ingredients for the smoker, but in practice this will present considerable challenges.

Targeting

As with other forms of health communication, there is a clear need for on-pack messages to be targeted to the needs of particular groups. Three 'segmentation criteria' emerged from the research:

- *Commitment to smoking.* In the UK for example, those who were thinking of quitting wanted support for and information about cessation and will pay attention to on-pack messages that provide this. By contrast, committed smokers are inclined to ignore any messages, so attention grabbing devices such as dramatic health warnings are needed.
- *Age.* There were key differences between younger and older smokers' information needs. Young people find the short term health and cosmetic effects most salient, while older smokers are more concerned about illness and premature ageing.
- *Geography.* Smokers in Southern European countries were less receptive to messages than those in the North. This seems to reflect a more pro-smoking culture in Southern European countries.

Pictorial Images

Respondents were shown a selection of the Canadian images. These were very good at gaining people's attention and typically communicated effectively. The images also caused serious disruption to the packs' tobacco branding.

However, the power of these messages does not make them popular. Many smokers (especially in Greece) said they would not want to be seen with this type of pack. This is not necessarily a problem, but avoidance, and the defensiveness it is driven by, can undermine the message. For this reason the more shocking pictures - such as the one depicting a disfigured mouth - need to be accompanied by supportive messages (for example about quitting services).

Finally, two recurrent themes in the research also emerge here. First, even with these very strong images, part of their power comes from novelty and unfamiliarity. Any message will need continual revision and refreshment if they are to remain prominent. Second, whilst in general, pictures do seem to speak louder than words, some of the pictures were difficult to understand. This suggests that, as with text messages, careful pre-testing is needed.

Source

The source of the message influenced its acceptability. Government and regulatory bodies were not seen to be caring or concerned about smokers' needs. Recognised bodies such as cancer leagues / charities were seen as more credible and trustworthy.

2.0 INTRODUCTION

This report presents findings from a European research study into the Labelling of Tobacco Products in Europe.

The principal sponsor of the research was the European Commission under the Europe Against Cancer funding programme. The research was also supported by partners from seven cancer societies throughout Europe:

- Cancer Society of Finland
- La Ligue Nationale Contre le Cancer (France)
- German Cancer Society
- Hellenic Cancer Society (Greece)
- Catalan Association for Smoking Prevention (Spain)
- Swedish Cancer Society
- Cancer Research UK

The project was co-ordinated by Cancer Research UK under the leadership of Professor Gerard Hastings, Director of the Cancer Research UK Centre for Tobacco Control Research in Glasgow, Scotland. The European Network for Smoking Prevention (ENSP) guided the financial and organisational management of the research process.

The project represents the first research to be conducted on this issue in some of the participant countries and the views of smokers from countries in northern, middle and southern Europe.

The authors would like to thank the following individuals and organisations for their contribution to the project:

- European Commission.
- European Network for Smoking Prevention.
- Partners from 7 cancer societies.
- Research agencies / researchers who conducted the qualitative research.
- Respondents who participated in the primary research.
- Cancer Research UK for legal and financial responsibilities.
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2.1 Background

Tobacco is the world's largest cause of preventable death and disease, killing 4.2 million smokers in 2000 (MacKay & Eriksen 2002). It is therefore vital to have a comprehensive tobacco control strategy and the labelling of tobacco packaging is an important element of this (Kaiserman 1993).

International research has underlined the potential of on-pack messages. Cigarette packaging is known to play an important role in honing and supporting the imagery associated with powerful

cigarette brands (Carr-Gregg & Gray 1993) and messages have the potential to disrupt this brand imagery (MacFadyen et al 2001). In addition, Mahood (1999) argues that an effective warning system will create a situation of informed consent among smokers regarding the risks of tobacco smoke. Research has also highlighted the role of on-pack messages as a valid health communication tool. Research in Australia (Borland 1997) found that new, more prominent health information on tobacco packs resulted in an increase in noticing the warnings, was more potent at stimulating negative thoughts about smoking and resulted in the premature stubbing out of cigarettes already lit.

Countries such as Canada, Brazil, Poland and Australia have already introduced tough new legislation in this area, including the use of larger, more prominent messages and pictorial images. Meanwhile, research in European countries has highlighted that current warning labels are inadequate (Krugman et al 1999, HEA 1990, 1998).

EU legislation has begun to address these shortcomings with the introduction of the EU Directive on Tobacco Product Regulation (Directive 2001/37/EC). This development marks significant progress for tobacco control and public health in Europe. As well as controlling the content of cigarettes themselves, the Directive will standardise the design and content of messages across Europe. For instance, the Directive will require messages to be printed in black on a white background and increase their size to cover at least 30% of the front and 40% of the back of the pack. The Directive also prescribes a list of 16 messages (2 for the front and 14 for the back) which are to be randomly rotated by member states.

Very little research has previously been conducted to assess smokers' response to the measures to be introduced in the Directive. This research was designed to examine response across Europe, to look at the potential use of tobacco packaging for health promotion and to identify and guide future tobacco labelling strategies in Europe.

2.2 Tobacco Control Context

The new EU Directive on Tobacco Product Packaging will shortly become law in all 15 countries of the European Union. When conducting research across Europe, it is important to recognise that the legislation will be implemented in countries with different levels of tobacco control, and different cultures and attitudes towards tobacco. Prevalence, cessation, marketing controls and current labelling practices in the seven participating countries are therefore summarised below.

Prevalence

Prevalence of smoking varies greatly across the seven countries. It is lowest in Finland and Sweden, where it currently stands at 23% and 19% respectively. By contrast, Spain (33.1%), Germany (34.5%) and Greece (37.6%) continue to have high smoking prevalence, with much of this attributed to an increase in the number of female smokers.

Table 1 summarises the key data.

Table 1: Smoking prevalence in adults across the seven participant countries (%)

Country	Total Adult Prevalence (1999-2001) %
Finland	23
France	27
Germany	34.5
Greece	37.6
Spain	33.1*
Sweden	19
UK	27

* Figure for 1994-1998

Source: Adapted from: World Health Organisation, Regional Office Europe, (<http://cisid.who.dk/tobacco>)

Cessation Services

All countries, with the exception of Greece, operate a national smoking cessation helpline providing information and advice to smokers. In Greece, the Hellenic Cancer Society provides cessation advice within its National cancer helpline and a new Quitline will be introduced in 2003. Nicotine Replacement Therapy (NRT) products are typically available without prescription in all seven countries, although there are a few exceptions. For example, in Finland and Sweden nasal sprays are not available over the counter, while in Germany inhalers are available on prescription only. Primary care cessation services operate in all countries. In 2003 more cessation clinics will be opened in public hospitals in Greece, following a recent ministerial decision.

Access and ETS

In Finland and Sweden, the minimum age for buying tobacco products is 18 years. There is no legal age limit in France. In all other countries, it currently stands at 16. Furthermore, in Sweden, Finland and France smoking is restricted in schools, hospitals, the workplace and in public places generally. Greece and Spain also have restrictions in hospitals, school and some public places.

Marketing Controls

The EU Directive (89/552/EEC) on television without frontiers amended by Directive (97/36/EEC) seeks to harmonise the broadcasting activities of member states. It prohibits all television advertising promoting cigarettes and other tobacco products. The Directive also prohibits program sponsorship by tobacco companies. This provides a minimum to which all member states must conform.

Some member states have introduced tougher legislation in this area. Finland and France have both introduced comprehensive restrictions with near complete bans on all forms of both direct and indirect marketing. Sweden also incorporates a comprehensive ban on direct forms of

marketing although the indirect marketing of tobacco products (with the exception of direct mail giveaways which is subject to a complete ban) is subject only to partial restrictions. Germany, Greece, Spain and the UK adhere mainly to the minimum standards set out by the EU although the UK does have numerous voluntary agreements with the tobacco industry which restrict some forms of direct and indirect marketing activities. The UK has recently passed its own comprehensive legislation banning tobacco advertising and promotion (Tobacco Advertising and Promotion Act 2002).

The European Parliament and the European Council of Health Ministers has recently adopted the Tobacco Advertising Directive in the sponsorship and advertising of tobacco products (2001/0119). The Directive covers: advertising in the press and other printed publications unless they are intended exclusively for professionals in the tobacco trade; all forms of radio advertising; sponsorship of events involving or taking place in several member states or otherwise having a cross border effect; and the free distribution of tobacco products in the context of the sponsorship of that event. However, the Directive does not cover indirect advertising or direct advertising on billboards.

Labelling

European legislation (Directives 89/622/EEC, 92/41/EC) requires a general message on the most visible surface covering at least 4% (6% for countries with two languages) of each large surface of the unit pack. An alternating specific warning is also required on the back of the pack covering around 5%. The warnings are required to be clear and legible, printed in bold letters and printed on a contrasting background.

France, Germany, Greece, Spain and Sweden all adhere to these minimum standards. Messages in Finland cover 6% of the pack and appear in two languages. The UK has introduced slightly stronger legislation requiring the messages to cover 6% of the pack (World Health Organisation Regional Office Europe (<http://cisid.who.dk/tobacco>)).

The EU Directive (2001/37/EC) on Tobacco Product Regulation modifies the existing legislation on tobacco pack messages as follows:

- A general message (either “Smoking Kills” or “Smoking seriously harms you and others around you”) must cover at least 30% of the front of the pack.
- A specific message, from a prescribed list of 14 (see Appendix 1) must cover 40% of the back of the pack. These warnings must be rotated in such a way as to guarantee their regular appearance.
- The new messages will be printed in black, Helvetica bold type on a white background in lower-case letters (except for the first letter of the message). The text must be centred in the area in which the text is required to be printed, parallel to the top edge of the pack. It should also be surrounded by a black border not less than 3mm, with no interference with the text.
- Tar and nicotine yields will be printed in black Helvetica bold type on a white background in lower case letters (except for the first letter of the message). It must be

centred on one side of the pack, printed horizontally, cover at least 10% of the surface and be surrounded by a black border not less than 3mm wide, with no interference with the information given.

3.0 AIMS AND OBJECTIVES

The project aimed to examine the extent to which the new EU Directive on Tobacco Product Regulation meets the needs of smokers, and to explore ways in which labels, as a form of health communication, can provide targeted and personalised messages to them.

Specifically, the project objectives were to:

- Examine how smokers in different European countries, and with different motivations to quit, respond to current information on tobacco packs.
- Examine how smokers in different European countries, and with different motivations to quit, respond to proposed information on tobacco packs.
- Identify credible sources of messages.

The project also aimed to contribute to the development of future tobacco labelling strategy in Europe.

4.0 METHODOLOGY

Theoretical Basis

The EU has identified those who want to quit smoking as a priority group (COM 1999). This research therefore considers whether or not tobacco product packaging has the potential to support smokers who want to quit, or encourage others to initiate a quit attempt.

Prochaska and DiClemente's Stages of Change or transtheoretical model provides a useful model for targeting health communications (Weinstein et al 1998). The model has five distinct stages that are defined in terms of a person's past behaviour and his/her plans for future action. For smoking cessation, the key stages are:

1. Pre-contemplation: where the individual is not thinking about quitting.
2. Contemplation: where the individual intends to quit in the next six months.
3. Preparation: where the individual intends to take action within the next month and may be making small preparatory changes.
4. Action: where the individual has successfully altered their behaviour for any period of time between one day and six months.
5. Maintenance: where the individual continues not to smoke but it requires active or conscious effort to be sustained.

At each of the different stages, information needs are different (Prochaska & Velicer 1997). The Stages of Change model therefore forms the basis of effective segmentation and allows messages to be designed that are tailored to the specific needs of the individual (Werch & DiClemente 1994).

This research explores the needs of smokers at the first two stages of the model: contemplators and pre-contemplators. Contemplators, as noted above, are a priority group for the EU and messages could help support their cessation efforts. However, as the majority of smokers in the EU are in the pre-contemplation stage (eg. Etter et al 1997, Reece et al 2000), it was also vital to consider their views and ensure that any strategy developed does not alienate them. It is also possible that on-pack messages could stimulate them to become contemplators.

The research findings are analysed and reported on the basis of this smoking status.

Research Design

Qualitative focus group methods were used. A focus group is a semi-structured group interview (Steckler et al 1991), typically comprising 6-8 individuals, where the focus is a particular topic of interest or collective activity (McDougall 1999). Participants interact with each other, put forward their own views and listen and respond to others (Bauer & Gaskell 2000). Such group interaction encourages a range of emotions, humour and spontaneity (Bauer & Gaskell 2000) and allows the researcher to gather insights and information on the individual's behaviour

(Parasuraman 1991). Focus groups provide rich and detailed data that cannot be obtained through other methodologies (Asbury 1995).

The focus group method was therefore felt to be the most appropriate way to explore smokers' response to tobacco labelling practices.

Sample

In total 56 groups were conducted across the seven partner countries (Finland, France, Germany, Greece, Spain, Sweden and the UK). Groups typically comprised six to eight respondents and lasted between one and two hours. The groups were purposively sampled according to:

- (i) *Age*: groups were conducted with 17-24, 25-34, 35-44, and 45-64 year olds.
- (ii) *Gender*: both genders were included in single sex groups to facilitate cohesion.
- (iii) *Smoking Status*: 'pre-contemplators' (those who are not thinking of quitting) and 'contemplators' (those who are thinking of quitting in the next 6 months) were interviewed in equal numbers. Occasional smokers (taken as those who smoke less than one cigarette per day) were excluded because the research needed to concentrate on those who regularly purchase and handle tobacco products.

The social class of respondents was also measured but was not used as a recruitment criterion. Educational attainment was used as a proxy measure here, as it provided consistency across the participant countries.

The sample profile, for each country, is summarised in Table 2:

Table 2: Profile of Focus Group Sample

	Gender	Age	Smoking Status
1	Male	17-24	Contemplator
2	Male	25-34	Pre-contemplator
3	Male	35-44	Pre-contemplator
4	Male	45-64	Contemplator
5	Female	17-24	Pre-contemplator
6	Female	25-34	Contemplator
7	Female	35-44	Contemplator
8	Female	45-64	Pre-contemplator

The focus groups were conducted between March and June 2002.

Smokers who worked in the fields of marketing, research, healthcare or tobacco were excluded from the research.

Recruitment Procedures

In order to ensure consistency across the project, all countries used a specially designed recruitment questionnaire (see Appendix 2) and followed agreed sampling principles. Provision was made, however, for cultural differences in research procedures. For example, recruitment of smokers in the UK was conducted door-to-door in residential locations, while Sweden advertised for volunteers.

Similarly, all respondents were offered an incentive to encourage their participation and to thank them for their contribution. Incentives across the project comprised monetary and other rewards, such as cinema tickets, according to local practice.

Some countries, particularly Greece, Germany and Finland, initially found smokers unwilling to participate in such group discussions. Some were suspicious of the aims of the project and suspected that they were being conducted on behalf of the tobacco industry. Smokers in Finland were concerned that they would receive cessation advice, while older female smokers in Greece were uncomfortable discussing their smoking behaviour in a group setting. However, with perseverance and reassurance from the research teams, all countries managed to recruit the desired sample.

With the exception of the UK, all countries reported some difficulties identifying true ‘contemplators’ and ‘pre-contemplators’. Recruiters in Germany and Finland found that smokers felt pressure to indicate an intention to stop smoking and believe it is rare to find smokers who will say that they ‘never’ intend to stop. France and Finland also found that contemplators in the older age groups were more difficult to identify. Older contemplators were considered to be in smaller numbers as, by this stage, they have been smoking all their lives and are less likely to have intentions to stop.

Interview Content

As with recruitment, it was vital that the focus group discussions employed a consistent approach across all countries. Consequently, a semi-structured discussion guide (see Appendix 3) was developed and translated into the relevant languages. It was also important, however, to allow for cultural differences in questioning techniques and to enable the participants to introduce their own salient points for discussion.

The discussion guide began by covering smoking attitudes and behaviour, and then examined response to:

- Current messages.
- The new EU messages, covering both format and content.
- The use of pictorial images.
- Different message sources.

Respondents were shown the following prompt materials during the discussion:

- Packs of the three most popular cigarette brands in each country, along with Marlboro (to enable international comparison). All of these packs incorporated the current on-pack messages for each country (see Appendix 4).
- Mock-up packs of the same four brands illustrating the new EU messages (see Appendix 4).
- Twelve different written messages (see Appendix 1).
- Product ingredient information (see Appendix 1).
- Four Canadian pictorial messages (Section 5.4), with corresponding text (see Appendix 1).
- Up to twelve possible sources for the messages (see Appendix 1).

Again, the use of visual materials was kept consistent across the groups. Member countries identified the three most popular brands in their country and provided the relevant translations for the on-pack messages. Production and distribution of the materials was co-ordinated in the UK.

Choice of Message Statements

The new Directive on Tobacco Product Regulation will introduce 2 statements to be used on the front of the packs and a list of 14 statements to be randomly rotated on the back of tobacco packs. Due to time constraints and potential respondent wear-out, the research tested the content of the 2 ‘front’ statements:

*“Smoking Kills”
“Smoking seriously harms you and others around you”*

and chose 6 of the ‘back’ statements to be used in the focus groups.

*“Smoking can cause a slow and painful death”
“Smokers die younger”
“Smoking when pregnant harms your baby”
“Protect children. Don’t let them breathe your smoke”
“Your doctor or pharmacist can help you stop smoking”
“Smoking may reduce the blood flow and cause impotence”*

A short cessation support message was shown to elicit responses to the idea of positive messages and sources of support on packs.

“You CAN stop smoking. Call 0800 148 484”

The research team also created 4 new statements to be tested in the groups. The statements were developed to reflect a more 'positive' framed message and to introduce concepts not already included in the EC's recommended list. The new statements tested in the groups were;

“Ever thought how much you could save by quitting? Call 0800 148 484”

“Want to improve your sex life? Call 0800 148 484”

“Want younger looking skin? Call 0800 148 484”

“Protect the environment. Quit now”

5.0 FINDINGS

5.1 Smoking Attitudes and Behaviour

This section explores respondents' smoking attitudes and behaviour, their perceived benefits and concerns about smoking and finally their cessation attitudes and intentions. Similarities and differences that emerged among respondents from different countries will also be highlighted. This section helps contextualise smokers' response to information on tobacco packaging.

Smoking Behaviour

The smoking behaviour of respondents did not differ significantly by smoking status (i.e. pre-contemplators and contemplators). Respondents in all seven countries had a routine to their smoking with it being a frequent and regular activity in their everyday lives. For example, many respondents told of how they would always have a cigarette with a coffee in the morning or after a meal in the evening.

“Over a coffee, it's sacred.”
(Spain)¹

“I need a couple of coffees, a couple of cigarettes - it doesn't matter how late I am, that's the routine.”
(UK, Female, 45-64, Pre-contemplator)

Smokers appeared to smoke more at certain times of the day with smoking intensity varying according to different social contexts. Smoking was generally more intensive when:

- Socialising with friends, particularly when consuming alcohol.

“Definitely when you're drinking. And if you are in a group you smoke, you just put one out and somebody is offering you one. Even if you didn't want to take it, you'd take it.”
(UK, Male, 35-44, Pre-contemplator)

- After meals.

“It feels good after supper.”
(Spain)

- During stressful situations.

“It reduces stress.”
(UK, Female, 45-64, Pre-contemplator)

¹ Demographics for Spanish quotes not provided by research agency

- Waiting.

“You look stupid if you don’t have anything to do while waiting.”
(Finland, Female, 17-24, Pre-contemplator)

- At breaks in work.

In Finland, for example, smoking in the workplace, particularly during break times, appeared to facilitate social interaction among colleagues and smoking areas were viewed as the right place to hear current news and gossip.

“You stay in the inner circle.”
(Finland, Female, 35-44, Contemplator)

Minor differences emerged between smokers in Finland and Sweden and the other member countries regarding smoking behaviour in the home. Respondents in these two Scandinavian countries told of how they did not smoke in the home because of concerns about passive smoking. This did not appear to be the case with the majority of smokers in the remaining countries.

“I smoke everywhere, at any time.”
(France, Male, 35-44, Pre-contemplator)

Benefits

The benefits respondents derived from smoking in all seven countries were remarkably similar. Firstly, smoking is recognised as an addiction and therefore cigarettes become a means of satisfying a physical craving. The majority of respondents recognised the hold smoking had on them. Secondly, smokers seemed to derive a number of specific benefits from smoking including a way of dealing with stress, relaxing and avoiding weight gain. Finally, there was a general recognition that smoking is an integral part of their lives that would be much missed.

“Can’t be without it.”
(Spain)

“It is a consolation ... It could be a pleasure ... It is not a fault, it is a vice ... But I always feel like one.”
(France, Female, 35-44, Contemplator)

In the UK, sub-group differences emerged between the benefits pre-contemplators and contemplators derived from smoking. Pre-contemplators were more enthusiastic about smoking and derived more benefits and enjoyment from it. Contemplators were less enthusiastic and somewhat resentful with the hold it had over them. They too, however, saw benefits - such as stress and weight management - in the habit.

“Basically there is nothing you can get out of it ... but say you are stressed or whatever; basically it is a relief...”

(UK, Male, 17-24, Contemplator)

Concerns

The majority of smokers, particularly those in the contemplation stage, held some negative attitudes towards smoking, and as with the benefits, these were remarkably similar across the seven countries. The concerns outlined below, to varying degrees, provided smokers with reasons and motivations to quit.

The most salient concerns were to do with health effects, but others included cost, pressure from significant others and the cosmetic effects (such as smell).

“I have trouble breathing, I cough in the morning...”

(Spain)

“Skins you, kills you, makes you stink.”

(UK, Male 17-24, Contemplator)

“You know the one that gets me is when you see a really old person and she is all wrinkly and they say she has been a smoker all her life. You know the face - the lined thick leathery face. I sometimes think, ‘Am I going to have a face like that?’ I worry about that. It’s really ugly.”

(UK, Female, 35-44, Contemplator)

“It’s dangerous for the health, it costs a lot, it smells bad in the house and about the clothes. Dear me!”

(Sweden, Female, 35-44, Contemplator)

However, the salience of these concerns varied considerably by stage of change and region. Thus pre-contemplators tended to see them as vague, distant and unlikely, and this tendency was more marked in southern European countries, where cultural norms were felt to facilitate and even encourage smoking. By contrast, contemplators in northern Europe were more conscious of the drawbacks of smoking and this was reinforced by a feeling that smoking is become stigmatised – a process which sometimes generated resentment.

“We are told we are allowed freedom of choice, but here it seems to be such a big deal about this you actually feel like a leper to be honest. Some people need a fag ‘cause they are stressed out. Well why not – if we want to have a fag, we’ll have a fag. They are just taking that away...”

(UK, Female, 35-44, Contemplator)

Sub-group variations also emerged within some countries. In France, Germany and the UK, for example, significant differences between younger and older respondents were apparent. Younger smokers did not appear to be as concerned or as able to personalise and relate to the dangers of smoking. In particular, the long-term health effects of smoking were not a salient issue among this group. They did not perceive quitting to be an issue particularly relevant to them and believed it to be something that would concern them in later years. Older smokers, however, demonstrated immediate concerns regarding their smoking behaviour.

In the UK, the differences between pre-contemplators and contemplators were more marked than in other countries. Contemplators expressed some real concerns and anxieties regarding their smoking behaviour, citing numerous downsides to it. Pre-contemplators also cited numerous downsides to smoking, but they tended to down play these and told of strategies to avoid or minimise them. For example, using perfume to disguise the smell or switching to rolling tobacco to ease the cost.

“I don’t really worry about it - a bit of perfume and ...”

“I try not to think about it.”

(UK, Female, 17-24, Pre-contemplator)

Cessation Experience

As a rule, contemplators considered giving up smoking in the near future, while pre-contemplators did not. Some younger pre-contemplators believed that they would try to give up at some point in the future for example when starting a family. The majority of smokers had tried to quit at some point in their lives. Many reasons for failing were cited, including:

- Withdrawal symptoms.
- Lack of motivation.
- Personal difficulties.
- Weight gain.
- Smoking friends and associates.

“I quit smoking but I started again for work and stress reasons.”

(France, Male, 45-64, Contemplator)

“I’ve given up for a couple of weeks here and there but I’ve never stuck to it.”

(UK, Male, 17-24, Contemplator)

Perhaps as a result, although a minority of respondents held some positive thoughts and attitudes towards cessation, many smokers were pessimistic about it and doubted their ability to quit successfully.

“Cigarettes are stronger than I am.”

(Spain)

In addition, smokers in countries where smoking is beginning to be viewed as anti-social (for example, in the UK and France) often resented this trend, and drew parallels with other products that were not socially unacceptable, such as alcohol.

This ambivalence about smoking and quitting led to a considerable amount of defensiveness in the discussions.

5.1.1 Summary

In summary, tobacco can fulfil three roles for the smoker: it satisfies a physical craving; it provides specific benefits like stress management; and it is a constant, reliable and integral part of their lives. The drawbacks to smoking are generally well known but not always salient. This salience did increase in Northern European countries and among those keen to quit. Even among these respondents, however, quitting is seen as difficult. The resulting ambivalence generates a degree of defensiveness among smokers.

5.2 Current Tobacco Labels

This section examines response to current labelling practices on tobacco packs. Respondents were shown packs of the three most popular brands from their country, plus a pack of Marlboro. Discussion initially centred on the pack as a communication tool before focusing specifically on on-pack information. This section also looks at response to current product ingredients, using the information on current packs (see Appendix 1).

5.2.1 Current Format

The pack performs a very basic function of providing information about the taste, strength and physical characteristics of the cigarette. However, in all seven countries, it is also very good at communicating brand image. When respondents were shown cigarette packs they typically commented on the taste and quality of the cigarettes and the aesthetic attributes of the packaging. For example, in the UK, Marlboro was described as 'classic' and Benson and Hedges as 'expensive'. Similarly, in Finland, Marlboro was associated with 'quality' and 'sport' and as 'international' and 'stylish' in Sweden. This seems to be important both for the individual smoker, and as a mechanism for them to communicate these associations to their peers.

Young people tended to smoke the same brands as their peers which were generally the most popular brand for that geographical area. This tendency was most apparent in the UK and France, where the imagery portrayed by the pack and the overall brand seemed to be most important to the young and those who have recently started to smoke. These smokers selected their tobacco brand with particular care.

“I think the packaging is quite important because if you smoke cheap cigarettes you don’t want to leave them lying on the table in the pub.”

(UK, Female, 25-34, Contemplator)

On-pack messages were not mentioned spontaneously by respondents in any country. This lack of prominence was partly blamed on design problems. Respondents found the lettering too small, there to be a lack of contrast with the background and the message to be produced in a style that complements the other features of the pack. As a result, it virtually disappears.

“You can barely see it.”

(Sweden, Male, 45-64, Contemplator)

“...those little letters you never notice.”

“I never pay attention to that.”

(Spain)

“That is just part of the package.”

(France, Male, 45-64, Contemplator)

“Not this small text on two lines, you don’t see it, you don’t give a damn about it.”

(Sweden, Female, 35-44, Contemplator)

It was clear that the current message is the least memorable element of the pack. They certainly do nothing to disrupt the brand imagery discussed above. Some respondents did, however, indicate that they would read the packaging if they had nothing else to do.

Given the ambivalence smokers feel about their habit, it is perhaps not surprising that many were happy to conspire with these cues, and ignore or rationalise away the messages. They raised suspicions about the motives behind them, seeing them as cynical:

“If they want to notice it, why do they make it so small?”

(Spain)

or the hypocritical fulfilment of a legal obligation.

“...so that no one can accuse them of not having warned you.”

“...to protect the cigarette companies against lawsuits.”

(Spain)

“The tobacco industry washes its hands. They make the texts so small that it doesn’t bother anyone, but they can claim having warned people.”

(Finland, Male, 25-34, Pre-contemplator)

Differences emerged between respondents in northern European and southern European countries regarding improvements in message design. A number of smokers in northern European countries expressed a desire for larger, more prominent messages and perceived the current information to be completely inadequate.

“They should put them bigger and in red like DANGER.”
(France, Male, 17-24, Contemplator)

“I think it should be bigger actually.”
(UK, Female, 25-34, Contemplator)

In southern European countries, however, although smokers did not perceive the current provisions to be effective, they expressed no desire for any improvements. Given that cultural norms facilitate and even encourage smoking in these countries, this is perhaps not surprising. Smokers are not familiar with strong tobacco control measures and consequently see no need for them.

5.2.2 Current Content

As stated above, on-pack messages were not mentioned spontaneously by smokers and only emerged as an issue after detailed discussion of the taste and quality of the cigarettes and a thorough examination of the appearance of the pack.

The content of the messages compounded the problem. They were felt to say nothing new and had remained unchanged for many years. Consequently respondents tended to either reject them as patronising and worn out, or displace them, arguing that they are only of relevance to children or new smokers.

“They treat us like children, we’re adults by now, we understand it’s not good for us and blather.”
(Spain)

“The warnings are addressed to new smokers”
(Greece, Male, 45-64, Contemplator)

Again there is a degree of rationalisation going on here, with many smokers all too happy to be ‘let off the hook’.

5.2.3 Product Ingredients

Respondents exhibited a high level of confusion over the meaning and relevance of tar and nicotine information. Some smokers in Finland were unclear whether the amounts listed were per pack or per cigarette. The information was viewed as abstract and unclear with smokers finding it difficult to associate the quantities given with anything specific.

“We don’t know how tar and nicotine act.”
 (France, Male, 25-34, Pre-contemplator)

Consequently, the majority of smokers did not pay much attention to this information.

In certain situations however, product ingredients facilitated respondents’ product purchase decision. Smokers used the information to check the brand was strong or light enough and it appeared particularly useful for unfamiliar brands (for example, when on holiday or trying a new brand).

“See when I’m on holiday and it’s a strange cigarette, that is what I read. I say 10 milligrams? And that one is 5? I’ll have the 10.”
 (UK, Male, 45-64, Contemplator)

Beginners also told of how they used this information to compare the strength of different brands.

“When I began to smoke, I had the habit to compare ingredients.”
 (France, Male, 35-44, Pre-contemplator)

“When I started smoking then we compared different brands, so we looked at that.”
 (Sweden, Male, 45-64, Contemplator)

“The young persons are perhaps influenced more by the indications. The old smokers do not change their label.”
 (Greece, Female, 17-24, Pre-contemplator)

The product ingredient information on the packs does not facilitate personalisation of the dangers of tar and nicotine and at present is quite scientific. Given the ambivalence smokers feel about their habit, the majority of smokers, particularly those from southern Europe and those not contemplating quitting, had no desire to elaborate on what this information meant in terms of their own personal health and were quite happy to keep this information abstract. The scientific presentation of these ingredients makes it difficult for respondents to personalise this information. It is not readily available on the pack and would require smokers to actively seek out additional information in order to understand the effects these ingredients would have on their health. This would require high levels of involvement on behalf of the smokers. The current attitudes of smokers means this is extremely unlikely. Making this information more prominent will do nothing to ease these communication problems. One option is to include explanatory text providing information on such ingredients for the smoker.

5.2.4 Summary

It is apparent that the current provision for information on tobacco packs is completely inadequate. There is clearly the need to improve the format to make it more visually prominent and stimulating, and to improve the content to make the messages more personally relevant and persuasive. In both areas change and novelty will increase message prominence. It is also important to recognise, however, that smokers are often ambivalent about the messages. They know the current ones are ineffective, but are frequently grateful for the opportunity this provides to ignore some unpleasant truths. Nonetheless, some smokers, particularly in northern Europe would be happy to see improved on-pack messages.

Information on tar and nicotine is generally ignored, except when making specific purchase decisions. Consumers tend to use this information when selecting unfamiliar or perceived lower tar brands.

5.3 New Tobacco Labelling Policy

Respondents were then shown mock packs of the proposed EU messages (see Appendix 4) and response to both the format and the content of the proposed messages was explored. Respondents were also shown a show card (see Appendix 1) illustrating the new form product ingredient information will take when the EU Directive on Tobacco Product Regulation is implemented.

5.3.1 New Format

The new message format was felt to be much more effective than the current one by the majority of smokers in most countries. It was generally the first aspect of the pack mentioned and clearly undermined its ability to communicate brand values.

“...the bigger it is, the better we see warnings. It is unusual, so we pay attention to it.”

(France, Male, 17-24, Contemplator)

“With this, I would not take the pack.”

(Spain)

“It’s not only about the texts how they are presented, another difference was that they had black text on white background which made it easier to see them instead of logotype.”

(Sweden, Male, 35-44, Pre-contemplator)

The majority of respondents were supportive of the new format, perceiving it to add credibility to the intended message. Perhaps most importantly, the new message format seemed to provoke an emotional response among smokers who appeared quite shocked when first presented with the mock packs.

“I feel sinful now and that is good.”
(Finland, Female, 25-34, Contemplator)

“Horrible! It can be seen even without reading glasses.”
(Finland, Female, 45-64, Pre-contemplator)

“Scary.”
“It’s so obvious. It’s bringing it home to you. It’s not just a wee bit of writing on the packet.”
(UK, Female, 45-64, Pre-contemplator)

It appeared to evoke feelings of guilt and prompted both thoughts and discussion around the negative aspects of smoking.

Smokers in Greece and Finland both related the new format to funeral announcements and epitaphs (macabre and scary).

“The black frame has an intent influence. It is macabre but the old smokers does not change their habits. Perhaps will influence young persons”
(Greece, Male, 45-64, Contemplator)

There were exceptions to these findings. Some respondents in southern Europe, and especially Greece, seemed indifferent to the new format, and a minority of male smokers expressed irritation and hostility towards them, seeing them as invasive and pointless. Again this response is consistent with their negative response to cessation and health communication. Similarly, pre-contemplators in Finland expressed some real irritation about the new format and felt that it would not have much effect. They did, however, accept that the labels would help young people and may deter others from starting. In this respect they were willing to accept the role of the labels. Some irritation towards the new labels was also expressed by older male smokers in France who felt that the dangers of smoking are already well known and it is therefore not necessary to repeat this information and make smokers feel guilty.

It is therefore clear that the new format is able to gain the attention of smokers although it does generate a degree of avoidance among certain groups of smokers. Many respondents exhibited disbelief that the tobacco industry would accept the new labelling practices.

5.3.2 New Content

Respondents were shown a total of 13 messages and response to each one was explored. The messages have been grouped into five appeal categories to aid analysis.

1. *Fear Appeals, addressing the health consequences of smoking:*
 - Smoking kills.
 - Smoking can cause a slow and painful death.
 - Smokers die younger.
 - Smoking seriously harms you and others around you.
2. *Social Appeals, addressing the effect of smoking on others:*
 - Protect children: Don't let them breathe your smoke.
 - Smoking seriously harms you and others around you.
 - Smoking when pregnant harms your baby.
3. *Cessation Support Appeals:*
 - Your doctor or pharmacist can help you stop smoking.
 - You can quit smoking. For help call 0800 148 484.
4. *Impotence:*
 - Smoking may reduce the blood flow and cause impotence.
5. *Additional 'positively framed' messages*
 - Want to improve your sex life. Call 0800 148 484.
 - Want younger looking skin. Call 0800 148 484.
 - Ever thought how much you could save by quitting. Call 0800 148 484.
 - Protect the environment. Quit now.

Response to these five appeal categories will now be discussed in turn.

(1) Fear Appeals

Fear Appeals, addressing the health consequences of smoking:

- Smoking kills.
- Smoking can cause a slow and painful death.
- Smokers die younger.
- Smoking seriously harms you and others around you.

This appeal category appeared to have a number of strengths. First, the messages were generally clear, short and to the point and respondents liked their simple and direct nature.

"I think that was quite effective because it is just simple."

(UK, Female, 25-34, Contemplator)

"It's blunt, no beating around the bush."

(Spain)

Second, the tone of the message was perceived as realistic and appropriate given the seriousness of the message.

"That is right because a distribution of responsibilities is done from the smoking."

(Greece, Male, 25-34, Pre-Contemplator)

Third, health appeals evoked a number of emotions among smokers such as anxiety and guilt. This was particularly true for descriptive messages such as ‘Smoking can cause a slow and painful death’. Finally, in the groups at least, these appeals gained the attention of smokers and prompted thoughts and discussion around the ill-effects of smoking. This often resulted in negative thoughts and attitudes about smoking.

Key differences emerged among smokers across Europe. Upon initial discussion, smokers in southern Europe tended to request fear orientated messages, perhaps because this type of message dominates health communication in these countries. However, upon discussion the majority of smokers adopted a very defensive attitude, viewing the messages as radical generalisations and consequently they tended to rationalise the possible dangers. This is perhaps not surprising given the positive views held among this group towards smoking.

“Using that guideline, they should also go after the cars as well, they also kill.”

(Spain)

“...traffic accidents kill too...”

(Sweden, Male, 17-24, Pre-contemplator)

In northern Europe and France, smokers did not perceive these messages to be providing them with any meaningful information. Consequently, they tended to be rejected as patronising and ‘worn out’. Sub group differences also emerged within Northern Europe and France. The long-term health effects of smoking were more salient among those in the contemplation stage and it is therefore not surprising they were more willing to elaborate on this type of message and make some attempt to personalise the effects. They seemed to realise that their health could be adversely affected by smoking. Pre-contemplators, however, made no attempt to personalise the messages and adopted a very defensive, hostile reaction.

The long-term health effects of smoking were not a salient issue among young people who also found it difficult to personalise and relate to this type of appeal category.

“Few people my age fall ill because of tobacco.”

(Finland, Male, 25-34, Pre-contemplator)

The use of probabilistic language in appeals (warning that tobacco ‘can’ provoke such an effect) is also used by smokers to rationalise the dangers. It appears that there is a need to provide smokers with definite consequences in order to minimise the risk of the message being rejected.

Overall, therefore, although this appeal category was able to stimulate negative thoughts and attitudes around the ill-effects of smoking, respondents were frequently inclined to rationalise the possible dangers and this reduced the effectiveness of the messages. This was particularly evident in Southern European countries.

(2) Social Appeals

Social Appeals, addressing the effect of smoking on others:

- Protect children: Don't let them breathe your smoke.
- Smoking seriously harms you and others around you.
- Smoking when pregnant harms your baby.

When messages in this category addressed the issue of children, respondents in all countries found such messages relevant and important, believing they had a moral obligation to protect children. Respondents, particularly females, were able to easily personalise and relate messages such as 'Protect children: Don't let them breathe your smoke' to their own children and grandchildren consequently such messages seemed to evoke a highly emotional response.

"For me that is definitely the worst because it is harming someone else."

(UK, Female, 25-34, Contemplator)

"Personally I get furious when adults smoke among kids because they are innocent and can't do anything about it."

(Sweden, Male, 25-34, Pre-contemplator)

"Don't force them to smoker, they are the future of humanity, we should protect them."

(Greece, Male, 25-34, Pre-contemplator)

"There is the whole future at stake."

(Finland, Female, 45-64, Pre-contemplator)

When social appeal messages did not relate specifically to children (eg. 'Smoking seriously harms you and others around you') differences between smokers in different countries emerged. The majority of smokers in Finland, France, Sweden, Germany and the UK found it reasonable to modify their behaviour around those who don't smoke. They were aware of the dangers of passive smoking and were uncomfortable when smoking around non-smokers.

"You do not feel guilty when you are sitting on your own having a cigarette, no guilt involved whatsoever. It is just your body. You feel guilty when there is someone next to you, so the most effective warning would be the guilt thing - a cigarette everybody around about you is going to catch. Do you know what I mean?"

(UK, Female, 25-34, Contemplator)

"For me that is definitely the worst because it is harming someone else."

(UK, Female, 25-34, Contemplator)

“Yes, not to harm others. It’s not about yourself for instance for the kids.”

(Sweden, Female, 25-34, Contemplator)

Smokers in Greece and Spain, however, felt messages should focus on the needs of the smoker and not the dangers of passive smoking. Similarly, some smokers across all the countries, particularly those in the pre-contemplation stage, did not view passive smoking as dangerous or harmful to others, seeing it as more of an inconvenience.

“It doesn’t seriously harm people around you if you’re in a restaurant. It annoys them but it doesn’t seem to harm them.”

(UK, Female, 45-64, Pre-contemplator)

Even at their most powerful (when focusing on children) these messages only prompted smokers to adapt their behaviour (eg. smoking in the garden or on the balcony). They did not suggest the need to quit.

In their weaker, more generalised form, they could be rejected out right as blaming and patronising.

More committed smokers in northern Europe were irritated by these messages, because they were seen to be contributing to the increasingly anti-social image of smoking.

Overall, this appeal category was able to prompt some negative thoughts around the effects of passive smoking, particularly when addressing children and in northern Europe. However they were largely rejected in southern Europe, and by more committed smokers in the north. In addition, wherever used, they typically prompt smokers to adapt their behaviour rather than to quit.

(3) Support Appeal

Cessation Support Appeals:

- Your doctor or pharmacist can help you stop smoking.
- You can quit smoking. For help call 0800 148 484.

This appeal category worked better in the north than the south, where smokers welcomed the supportive tone and saw it as a relief from fear orientated messages.

“It is nice because if you want to quit, people can help you, even if you previously failed quitting.”

(France, Male, 17-24, Contemplator)

“It’s encouraging, you CAN, we believe in you.”

(Sweden, Female, 35-44, Contemplator)

“They care about you, not only death.”

(Sweden, Female, 25-34, Contemplator)

They found the messages positive and encouraging; appreciating what they felt was a sympathetic and understanding approach. This was particularly true for those in the contemplation stage who seemed likely to seek out such advice and support.

“Aye, I think they are helpful.”

“It makes it sound a bit more achievable than ‘smoking kills’. That is nicer.”

(UK, Female, 35-44, Contemplator)

A number of smokers expressed an interest in the telephone helpline. Some had personal experience or knew of others who had used a similar helpline in the past and perceived it to be a source of help they would consider using in the future.

“If you’ve got the withdrawal pretty bad you can call – it would do me good to have someone to listen.”

(Spain)

In the south and among more committed smokers generally, this type of appeal category had little to recommend it. These respondents viewed quitting as an individual activity, driven by self-motivation and consequently did not see support as either useful or feasible. In many countries, especially in southern Europe, doctors and pharmacists were not seen as a realistic source of help, many feeling that they would not care about their smoking.

“When I make the decision I will go by myself – doctors treat you like you’re useless.”

(Spain)

“You go to a doctor because you have got something wrong with you, not because you canny give up smoking.”

“I wouldn’t need a doctor.”

(UK, Male, 25-34, Pre-contemplator)

Others questioned how helpful a telephone helpline would be, and mocked the help that they envisaged would be available.

“How are they going to be able to help me?...No way!”

(Spain)

Feelings about supportive appeals were therefore very mixed. They were popular amongst northern Europeans, especially those who were keen to quit, not least because they provided a respite from the usual hectoring health warnings. Among committed smokers and in southern Europe they tended to be dismissed as irrelevant. For example, more committed smokers in Finland were sceptical of the help doctors could realistically provide and questioned whether they would gain financially from it. Smokers in Germany also questioned whether the helpline number would be free phone.

(4) **Impotence**

Impotence:

- Smoking may reduce the blood flow and cause impotence.

Response to this message appeal was remarkably consistent across Europe. The concept clearly raised many anxieties among men.

“This would be worse than death.”

(Finland, Male, 25-34, Pre-contemplator)

“Then it may as well kill you and get it over with.”

(Spain)

Smokers in Greece felt that the statement was discriminating to women.

“I believe that it is racist (racist?) against women.”

(Greece, Male, 25-34, Pre-contemplator)

In France, impotence – unlike cancer and death – was viewed as an immediate problem and consequently one that was easier to relate to. However, the majority of smokers in Europe questioned the link between smoking and impotence. It was a completely novel concept for them and they were not presented with any supporting evidence. Given the ambivalence smokers feel about their habit combined with the anxieties associated with impotence, respondents were not keen to elaborate on the message and used a lack of evidence to rationalise away the danger.

Female respondents perceived the message as humorous although did not see it as relevant to them.

(5) **Additional ‘positive framed’ Messages**

Additional ‘positively framed’ messages:

- Want to improve your sex life. Call 0800 148 484.
- Want younger looking skin. Call 0800 148 484.
- Ever thought how much you could save by quitting. Call 0800 148 484.
- Protect the environment. Quit now.

The two messages ‘Want younger looking skin? Call 0800 148484’ and ‘Ever thought how much you could save by quitting? Call 0800 148484’ addressed issues that were salient among respondents in most countries. The majority of respondents had mentioned the financial burden of smoking as a concern and in Germany price was viewed as one of the most effective deterrents. A number of females had also raised concerns regarding the cosmetic implications of smoking. Such messages therefore appeared to have the potential to strengthen those negative attitudes towards smoking.

However the wording of these messages made respondents sceptical of the credibility of the messages as they perceived them to come from a commercial company.

“You think if you phone that number you would get a free sample of face cream or something.”

(UK, Female, 25-34, Contemplator)

“They’ll empty your wallet for sure.”

(Spain)

In Finland, the financial burden of smoking was not a salient issue among smokers and consequently, the message addressing this issue was not well received by respondents who did not appreciate its relevance.

“Nobody gets rich by quitting smoking.”

(Finland, Male, 35-44, Pre-contemplator)

Some smokers in France and the UK felt messages addressing the financial burden of smoking coming from the government were hypocritical given the taxes that are levied on tobacco products. This seemed to hinder acceptance of the message.

Smokers in all countries appeared to be offended by the message ‘Protect the Environment: Quit now!’. Respondents found the tone of the message to be blaming them for an issue they had little control over and consequently viewed the message as condescending and patronising. Furthermore, they did not believe the environment to be an issue of great importance to them.

“Therefore every factory would have to be closed down, why don’t they focus their attention on that?”

(Spain)

Many smokers recognised that smoking was becoming more anti-social, particularly in northern European countries and the more committed smokers seemed somewhat resentful of this. This type of message did nothing more than strengthen this resentment and prompt smokers to adopt a defensive strategy.

5.3.3 Product Ingredients

Respondents were then shown a prompt card (see Appendix 1) displaying the new product ingredients information which includes units of carbon monoxide. The majority of smokers did not fully understand what this additional information meant although there was general acknowledgement that it was harmful. Respondents in the UK appeared most concerned with this information and automatically associated it with car exhaust fumes. Similar to tar and nicotine information the new presentation of the carbon monoxide does not facilitate or encourage elaboration of the harmful effects on the smoker.

5.3.4 Summary

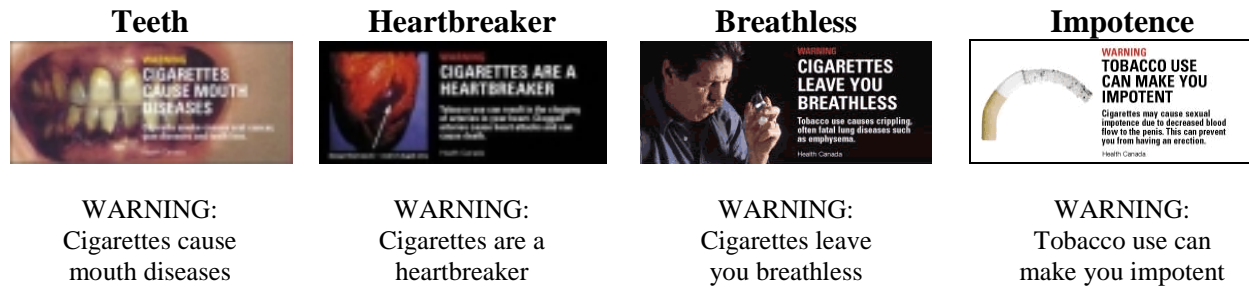
The new messages have a great deal of impact in contrast to the ones they will replace. Smokers in the north were generally more supportive of the new messages than their southern neighbours. They seemed more psychologically prepared for what are fairly dramatic changes. In southern Europe, where, as noted above, the culture is more pro-smoking, they came as something of a shock.

There appeared to be a paradox between response to novel and familiar messages. Response to familiar messages (namely those in the fear appeal category) were viewed as patronising and worn out. However, novel concepts were viewed with suspicion and the credibility of such messages questioned. Although the wording of the messages or a lack of evidence was used to disregard them, there does appear to be a place for this type of appeal in northern Europe. They are addressing issues that are salient among contemplators in the north and will possibly be effective if worded in the appropriate manner and backed up by evidence or wider educational campaigns. As mentioned, the acceptance of the new labelling practices will be more problematic in southern Europe and this is particularly true for novel appeals and the issue of passive smoking. If to be accepted among smokers from these countries, they clearly cannot stand on their own and need to be part of a wider campaign in changing the pro-smoking culture in the south.

Recurrent themes of guilt, blame and anxiety emerged from both general discussion on smoking behaviour and in response to on-pack information. Smokers recognise the addictive nature of their behaviour and the extreme difficulties in giving up successfully. Recurrent strategies of rationalisation and defensiveness also emerged, particularly among southern and more committed smokers. The majority of the messages focus on the behaviour of the individual and ways in which they should modify or change their behaviour. Consequently, many smokers perceive them to be blaming and a personal attack on their lack of willpower while not recognising the difficulties associated with cessation. This strategy does nothing to encourage smokers to elaborate on the message and personalise the dangers. It appears that there is a need to shift this focus from the individual smokers and focus on the wider problems of tobacco consumption.

5.4 Response to Pictorial Messages

Response to pictorial images on cigarette packs was examined using examples from Canada. Canadian packs comprise an innovative new warning system in the form of large pictorial images that cover 50% of the front surface of the pack. There are currently 16 different pictures used in rotation. Respondents were shown four of these images.



5.4.1 Initial Reaction

It was notable during the groups in all countries, although this was less apparent in Greece, that there was a spontaneous pause when confronted with these images. It was clear that they evoked a highly emotional response. After the initial surprise respondents were keen to pick up and examine the packs and they prompted thoughts and discussion around the ill-effects of smoking.

It was also clear that pictures were the most salient element of the pack design, and detracted from the brand's ability to communicate with the smoker. They also communicated the message more effectively than words, although there were problems with individual pictures, as noted below.

"You have seen the damage – it is in your face. You are not just reading it."

(UK, Female, 25-34, Contemplator)

"Image has power and worth a thousand words."

(Greece, M, 17-24, Contemplator)

"Even if you try to escape from the message,... it's difficult to get off the picture."

(Sweden, Male, 25-34, Pre-contemplator)

Despite their apparent effectiveness, the packs were not necessarily popular. Indeed most respondents expressed a strong desire not to be seen with them, especially the one depicting mouth disease.

"You'd pull the cigarettes out and throw the pack away."

(UK, Male, 17-24, Contemplator)

“If you put that on the package, I’d keep it in my pocket...it is morbid.”

(France, Male, 45-64, Contemplator)

Smokers in Greece, particularly male smokers, were more critical of the pictures than in other countries. They did not feel that they were relevant to them and found them annoying. This response is consistent with their response to the proposed EU format and their negative attitude towards cessation. However, even here there was some feeling that the pictures were impactful and would have some effect on the young. Furthermore, younger female smokers found them quite shocking and they stimulated negative thoughts around the ill-effects of smoking.

Despite the power of the pictures, there are also a number of drawbacks to them. First, it is difficult to say how much the strong reaction from many respondents was driven by novelty. Few respondents had ever seen anything like them before. How long this impact will last in reality is debatable.

Second, whilst in general, pictures do seem to speak louder than words, some of the pictures – as discussed below - were difficult to understand. And this is a situation where they were each supported by at least some text and based on material from Canadian packs, which are considerably larger than most European ones. These problems are likely to be exacerbated if there is no text and the picture is significantly smaller. In any case, it suggests that careful pre-testing of potential pictures is needed.

Third, although the pictures did drown out branding information, it is worth noting that the stimulus material was Canadian and the brands were unfamiliar to our respondents. When used on familiar brands, the imagery may be more resilient.

Finally, there was also some feeling among French respondents, and pre-contemplators in Finland, that images could be too shocking and this could cause defensiveness.

5.4.2 Detailed Response

Teeth



The image of the teeth provoked a highly emotional response in all the countries, generating feelings of horror and disgust, as well as negative thoughts about smoking.

“How sickening!! It is impacting.”

(Spain)

“Ah the teeth...Ah it is grim.”

(France, Female, 35-44, Contemplator)

“Can I take this home with me? I’d stick it to my balcony door, and then it wouldn’t be so easy to go for a cigarette.”

(Finland, Female, 25-34, Contemplator)

“More harsh than the others. The teeth belong to one’s appearance. You see it so easily.”

(Sweden, Male, 45-64, Contemplator)

Respondents also expressed a desire not to be seen with such packs and discussed strategies to avoid them, such as asking the shop keeper for an alternative pack, hiding the pack or transferring cigarettes to another box.

However, there was also an element of rationalisation and defensiveness among smokers, particularly in France, Spain and the UK who argued that such dental disease would be the result of bad oral hygiene generally, and not smoking specifically. Smokers in Greece felt the picture was simply exaggerating.

“The thing is if you have got teeth like that it is not ‘cos you are smoking. It’s ‘cos you are not really taking care of them. All of us smoke and we dinnae exactly look like that, do we?”

(UK, Male, 25-34, Pre-contemplator)

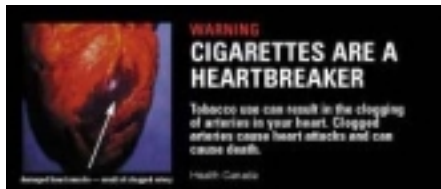
“Tobacco is not the simple cause of all this.”

“With proper hygiene you can prevent this even if you smoke.”

(Spain)

French smokers were not always able to link the picture with mouth disease.

Heartbreaker



Respondents in all countries found the ‘heartbreaker’ image quite abstract and often remarked that they did not know what a healthy heart looked like, and hence could not make any meaningful comparison.

“If I had a picture of a healthy heart on that then, aye, probably, but I just don’t know what a healthy heart looks like so it doesn’t really disgust me in any way.”

(UK, Male, 17-24, Contemplator)

“I don’t feel concerned as it is somewhat abstract.”

(France, Male, 35-44, Pre-contemplator)

“This could be pig’s liver ... we are not heart surgeons, we have no idea how a healthy heart should look like.”

(Finland, Male, 25-34, Pre-contemplator)

Key differences emerged between the UK, Spain and Greece and the other European countries in response to the ‘heartbreaker’ image. In these three countries the heart image provoked quite an emotional response (although it was not as emotive as the ‘teeth’ picture). It generated thoughts around the ill-effects on the heart of smoking, and again respondents expressed a desire not to be seen with such packs.

“It makes you fearful of dying in this way.”

(Spain)

“heart is vital part of the body....

without this life cannot exist.

(Greece, Male, 35-44, Pre-contemplator)

In all other countries, there appeared to be some translational difficulties. Respondents believed the message to be addressing the romantic notion of a broken heart and therefore viewed it as silly, irrelevant and mocking smokers.

“Message remains totally unclear. Tough guys smoke and break girl’s heart?”

(Finland, Male, 35-44, Pre-contemplator)

“It makes it really fun to smoke, it’s about love.”

(Sweden, Female, 25-34, Contemplator)

Breathless



Respondents in the majority of countries found the breathless message credible and believable. They were able to relate to the message easily through their own personal experience. This was particularly salient among older smokers who were most likely to be affected by this, but in France and the UK at least, young people also related to the condition.

“We know this feeling!”

(France, Male, 25-34, Pre-contemplator)

The ‘breathless’ image, however, was not as evocative as either ‘teeth’ or (in the UK and Spain) ‘heartbreaker’. Respondents found it difficult to relate to the character on the pack.

“It looks like he’s got asthma, which is what you see everyday.”

(UK, Male, 17-24, Contemplator)

In Finland, for example, it was seen as realistic but a little bit ordinary.

In Sweden, respondents exhibited a lack of understanding about the intended message, viewing it as slightly mocking.

Impotence



Respondents in all countries found the image humorous, and often appeared to find it difficult to take the intended message seriously. Many disliked the use of humour, seeing it as inappropriate for a serious health topic. Respondents in Sweden perceived the humorous tone to be mocking them.

Interestingly, there also seemed to be a degree of defensiveness in evidence, particularly among older men. They found it a difficult and sensitive issue to address, and were unwilling to discuss it openly. They also questioned the credibility of the message, and either dismissed it or demanded evidence to support the claim. The Greek men, for example, saw it as “fake” and “chauvinist”. Finally, they expressed a great reluctance to be seen with this pack.

“You’ve just got to laugh at these things – wives tales.”

(UK, Male, 25-34, Pre-contemplator)

Nonetheless, the image did gain attention among men. By contrast, women showed little real interest in it.

5.4.3 Summary

Smokers in northern Europe were generally supportive of this format, and perceived it to be an indication of progress. Consistent with earlier results, smokers in the south were more resistant to their implementation. Overall, the pictorial images were more eye-catching, prominent and able to gain smokers attention than simple written messages. However there is a novelty factor at work and pictures need to be carefully tested to determine their clarity and acceptability. The four tested here varied considerably in this respect. These potential problems are likely to be exacerbated if pictures are used on (smaller) European packs, and without supporting text.

5.5 Suggested Improvements

Towards the end of each focus group, respondents were asked what, if any, further improvements smokers would like to see on tobacco packs.

A number of suggestions were made. Smokers in Finland and France suggested the use of a web address on the pack where cessation information and advice could be obtained and also the number for a telephone helpline.

Smokers in Sweden, France and Greece requested statistical, proven data such as the number of deaths related to tobacco and the comparative number of traffic deaths. Female smokers in Greece expressed a desire for more cheerful messages and suggested that additional information should be provided inside the pack.

5.6 Response to Source

When the topic of on-pack messages was first introduced, respondents were asked who they thought was responsible for the current messages.

Most respondents were uncertain about the source of the messages, but assumed they came from a government or health body in their own country. Some respondents in the UK and Finland thought they might come from the tobacco industry. Either way, interestingly, the source was not felt to care about or empathise with smokers' needs. Rather they were motivated by self-interest - to lower the burden on the health service, perhaps, or avoid law suits. Some smokers in Germany indicated the source of the information was from the EU Member state health minister.

Response to possible source was then examined in more detail. Respondents were shown numerous prompt cards with various sources. The sources shown varied by country (see Appendix 1) but generally fell into the following categories:

- Government / Regulatory Bodies. For example: European Commission, Scottish Executive (UK).
- Health Authorities / Cancer Charities. For example: World Health Organisation, Ministry of Social Affairs and Health (Finland), Swedish Cancer Society (Sweden).
- Tobacco Industry. For example: British American Tobacco, Philip Morris.

Government / Regulatory Bodies

Smokers did not respond well to regulatory bodies as a possible source of messages. There appeared to be a lack of familiarity among respondents regarding the European Commission and what it does. Respondents did not perceive the EC to understand them or their lifestyles and consequently did not perceive them to care about their smoking behaviour.

“But they don’t take an active part in helping people to stop. What they are is just making laws and Acts and rules. It’s all political.”

(UK, Female, 45-64, Pre-contemplator)

Some respondents were aware of laws passed by the European Commission through media coverage. However, they mocked such laws, viewing them as silly and a waste of time.

“They have silly things like your bananas must be straight and you know this kind of stuff so maybe they lose their credibility – with me they do anyway.”

(UK, Female, 35-44, Contemplator)

Older respondents in particular were quite sceptical and cynical of government bodies, believing them to be motivated by self interest.

“They’ll try to show you they care but they’re still wanting you to buy fags.”

(UK, Male, 35-44, Pre-contemplator)

“There’s some distressed, reserved and boring guy at the Ministry of Social Affairs and Health who writes these texts because he has no other life.”

(Finland, Female, 35-44, Contemplator)

Respondents in Spain and Greece seemed to perceive government sources as particularly uncaring and did not believe they were interested in their smoking behaviour.

Health Authorities

There were varying responses to different health authorities among respondents. Generally, they were perceived to care about smokers although to varying degrees. The WHO was viewed as a credible source of information although they were perceived as quite distant from smokers’ lives.

In many of the countries there seemed to be a health authority or cancer league that was received particularly well by respondents. In the UK, for example, respondents were very encouraging towards the Health Education Board for Scotland (HEBS) as a possible source. They perceived

them as a localised, trusted health authority. Respondents recognised that HEBS were engaged in other tobacco control measures, such as anti-smoking ads in the mass media, and consequently perceived them to care about and empathise with their needs.

“Aye, cause if you think about it HEBS are putting out all those adverts going, ‘Oh that tastes boggin’, putting all that stuff out so they obviously care.”

(UK, Male, 17-24, Contemplator)

In France, the French Cancer League encountered numerous positive reactions and was generally viewed as a credible and trustworthy source. Similarly, in Finland, the National Public Health Institute was viewed as a relevant, credible source and one that respondents perceived as caring and empathetic.

Respondents in Spain seemed generally less receptive to possible sources of information. The only source they considered credible was personal testimonies by ex-smokers.

Tobacco Industry

Respondents appeared to feel quite resentful towards the tobacco industry, perceiving them to be motivated by money and not concerned with the health of smokers.

*“The amount of money those companies are f*****g making from us.”*

(UK, Male, 17-24, Contemplator)

“They are the nasty people. There is no doubt about it. They are the ones who are pretending to do something...”

(UK, Male, 25-34, Pre-contemplator)

They believed the industry would promote smoking, not the harmful effect that could be caused or cessation information or support. A small number of smokers believed the industry would put messages on cigarette packs in a bid to avoid lawsuits from smokers.

“I don’t know because there are a lot of people from a long time ago who are suing them cause they didn’t know the risks. So maybe they want to put as little as possible on just to cover themselves. But they don’t really care.”

(UK, Female, 17-24, Pre-contemplator)

5.6.1 Summary

Overall, it is clear that the source of the message is an influencing factor in smokers’ acceptance or rejection of the message. Smokers in all countries generally perceived government and

regulatory bodies to lack credibility and empathy with their needs which made it easier for them to reject the message. In most countries, the health authority was perceived as caring and understanding and consequently a reliable source of health information. Spain was the only exception where smokers were suspicious towards all organisations as possible sources. It is clear the source of the messages, in order to aid acceptance, has to be from a trusted health organisation, familiar to smokers.

Smokers in most countries, particularly in the north of Europe, currently hold some negative attitudes towards the tobacco industry, viewing them as manipulative and uncaring. Given that there appears to be the need to direct the focus of attention away from the individual smokers towards the wider problems of tobacco consumption, this is one area where existing negative attitudes already exist and have the potential to be strengthened.

6.0 CONCLUSIONS AND RECOMMENDATIONS

The research has revealed much about reactions to the existing and new messages and how these should be implemented now and in the future:

- The old messages are not working. This is partly because they are small and designed to blend in with the pack, and partly because they are thoroughly ‘worn out’. As a result smokers simply do not see them, even when they are actively encouraged to look at the pack.
- The new EU messages have many strengths:
 - They are novel.
 - Their format is striking and will attract attention.
 - They include messages that appeal to a range of smokers across Europe including health messages, support messages and social appeals.
- Pictures have the potential to add a powerful element to the messages: they can communicate quickly, be dramatic and seem able to disrupt the tobacco branding on the pack. Many smokers also expressed reservations about being seen with them, suggesting they have a strong anti-tobacco dimension.

However, there are potential logistical problems to be considered. Canadian packs are much bigger than European ones and their warnings all have explanatory text as well as images. Particular care with design and pre-testing will therefore be needed to ensure that the pictures communicate effectively in a European context. It may also be necessary for the Commission to introduce new legislation, further expanding the space available for messages.

- Every opportunity should be taken to maintain the novelty of the new messages, by regularly reviewing and refreshing them. Hence forward, the Commission should see the pack simply as a platform for health promotion.
- With both pictures and text:
 - Pretesting is very important; some messages will work, some will not and only the smoker can tell us which is which.
 - More shocking messages will cause defensiveness and alarm among some smokers. Care needs to be taken to link these messages with more supportive material and cessation services.
 - Tight control of the messages and images used is essential. The industry will exploit any weakness or vacillation; they have already done so in Brazil (where slips are being inserted into the packs for smokers to stick over the graphic image) and Canada (where tobacco companies are introducing silver and gold packs to symbolise ‘light’ and ‘mild’). It is suggested, for example, that when pictures are

added to the packs, there is a centrally held library of pre-tested images, administered by the EC, from which member states can choose.

- Response to both pictures and text varies by commitment to smoking, age and geography, suggesting that, as with other forms of health communication, targeting is desirable. For example, it is clear that southern Europe has a more pro-smoking culture than the north, and this creates a degree of resistance to all forms of health communication in these countries. This does not necessarily mean different messages for every member state, just that there is a need for some cultural sensitivity.
- Problems of acceptance and understanding could be greatly eased if the new messages are backed by well promoted service provision and other explanatory media activity. For example, the new message on impotency was received with uncertainty and scepticism by many respondents, but an accompanying media advocacy initiative explaining the scientific evidence underpinning it might dispel these reservations. This approach has been followed in Australia.
- Current and proposed product ingredient information on the packs does not encourage smokers to personalise the dangers of these ingredients. Making this information more prominent will do nothing to ease these communication problems. One option is to include explanatory text providing information on such ingredients for the smoker. However, in practice this is likely to present considerable challenges.
- The source makes a difference to message credibility. Recognised health bodies such as cancer leagues and charities have most credibility.
- Finally, smokers do feel victimised and harassed to some extent by the new on-pack messages (as well as other health promotion campaigns). This is reduced by the use of supportive messages. It may also be helpful, at least occasionally, to shift the focus away from individual behaviour and towards the social causes of smoking. In particular, it was apparent in the interviews that smokers were getting increasingly antagonistic towards the tobacco industry. This may be more relevant for supportive media activity, but it does represent an opportunity.

7.0 DISSEMINATION

Conference presentations

Anderson S, Hastings GB, MacFadyen L. Research into the labelling of tobacco products. *Presentation at European Network for Smoking Prevention General Assembly*, Sigtuna, Sweden, 30-31 March 2001.

Devlin E, Hastings G, Eadie D and Anderson S. Developing a pan-European Labelling Strategy: some results from the UK. *Presentation at 3rd European Conference on Tobacco or Health*, Warsaw, 20-22 June, 2002.

Press Release / Press Coverage

Cancer Research UK: announcement of project. *Warning: the images on your cigarette packet could shock you into quitting*. 6th June 2002.

Coverage in:

BBC Online: <http://news.bbc.co.uk/1/hi/health/2027680.stm>

Burton A (2002). Graphic warnings against smoking to go global?. *The Lancet Oncology*, 3(7), 1st July. <http://oncology.thelancet.com/journal/vol3/iss7/full/Ionc.3.7.newsdesk.21602.1>

Other Publications / Publicity

FORUM: Magazine of the German Cancer Society. "*Internationales Projekt mit Betweiligung der Deutschen Krebsgesellschaft e V*". Ausgabe 03/2002: 16-18. ISSN 0947-0255

Devlin E (2002). Improving pack warnings: developments in the European Union. *Alliance Bulletin: Magazine for the Framework Contention on Tobacco Control*. Geneva, Switzerland, 18th October: 1-2.

Hellenic Cancer Society:

Monthly Press Release

Annual Report

Framework of anti-tobacco activities

Radio

BBC Radio 4. Interview with Professor Gerard Hastings. 2nd December 2002.

Website Links

UK partner website: announcement of project:

<http://www.marketing.strath.ac.uk/ctcr/projects.htm#Labelling>

8.0 PARTNERS

Partner Agency	Address	Contact(s)
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German Cancer Society www.krebshilfe.de	German Cancer Society Deutsche Krebsgesellschaft e. V Hanauer Landstrasses 194 60314 Frankfurt/Main GERMANY	Mr Volker Beck Coordinator Prevention beck@krebsgesellschaft.de
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Societat Catalana Prevencio del Tabaquisme http://webs.comb.es/scapt/	Societat Catalana Prevencio del Tabaquisme Unitat de Tabaquismo Corporacio Sanitaria Clinic Mejia Lequerica s/n E - 08028 Barcelona SPAIN	Dr Dolors Marin-Tuya scapt@lander.es
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Details are as follows:

Total cost of the project	€240,419
<u>Sources of Funding</u>	
European Commission	€130,235
<u>Partner Contribution</u>	
Cancer Society of Finland	€ 17,496
La Ligue Nationale Centre le Cancer (France)	€ 7,263
German Cancer Society	€ 7,601
Hellenic Cancer Society (Greece)	€ 10,804
Catalan Association for Smoking Prevention (Spain)	€ 15,299
Swedish Cancer Society	€ 25,284
<u>Co-ordinator Contribution</u>	
Cancer Research UK	€ 22,412
University of Strathclyde (Centre for Tobacco Control Research)	€ 4,025
	€240,419

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APPENDIX 1:

Material and Statements Used in the Project

Material and Statements Used in the Project

EU Directive on Tobacco Product Regulation (2001/37/EC): content of warnings

Location on pack	Statement	Tested in Research
Front	Smoking kills	Yes
Front	Smoking seriously harms you and others around you	Yes
Back	Smokers die younger	Yes
Back	Smoking clogs the arteries and causes heart attacks and strokes	No
Back	Smoking causes fatal lung cancer	No
Back	Smoking when pregnant harms your baby	Yes
Back	Protect children: don't make them breathe your smoke	Yes
Back	Your doctor or your pharmacist can help you stop smoking	Yes
Back	Smoking is highly addictive, don't start	No
Back	Stopping smoking reduces the risk of fatal heart and lung diseases	No
Back	Smoking can cause a slow and painful death	Yes
Back	Get help to stop smoking: (telephone, postal address, internet address, consult your doctor / pharmacist)	No
Back	Smoking may reduce the blood flow and causes impotence	Yes
Back	Smoking causes ageing of the skin	No
Back	Smoking can damage the sperm and decrease fertility	No
Back	Smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide	No

FOUR NEW MESSAGES CREATED FOR THE RESEARCH PROJECT

Back new A	Want younger looking skin? Call: 0800 778778	Yes
Back new B	Want to improve your sex life? Call: 0800 778778	Yes
Back new C	Ever thought how much you can save by quitting? Call: 0800 778778	Yes
Back new D	Protect the environment. Quit now.	Yes

CESSATION SUPPORT SLIP

Back	You CAN quit smoking! For help, call 0800 778778.	Yes
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TOBACCO CONTENTS SHOWCARD

Side	Tar 10mg Nicotine 1 mg Carbon monoxide 10mg	Yes
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TEXT FOR CANADIAN PICTORIAL IMAGES

Canadian pictures 1	Warning. Cigarettes cause mouth disease	Yes
Canadian pictures 2	Warning. Tobacco use can make you impotent	Yes
Canadian pictures 3	Warning. Cigarettes leave you breathless	Yes
Canadian pictures 4	Warning. Cigarettes are a heartbreaker	Yes

SOURCES (UK EXAMPLES)

Government	Department of Health Scottish Executive European Commission EEC Council Directive (89-622-EEC)	Yes
Charity	Cancer Research UK Marie Curie Cancer Care	Yes
Industry	British American Tobacco Imperial Tobacco	Yes
Health Body	World Health Organisation NHS HEBS British Medical Association	Yes

APPENDIX 2:

Recruitment Questionnaire (UK Version)

Day/date of group:
Venue:
Time:

INFORMATION FOR SMOKERS RESEARCH

Recruitment Questionnaire - Spring 2002

Hello / good evening etc, I am doing some research on behalf of the University of Strathclyde about information available for smokers. Can you help me by answering a few quick questions?

[NB. Please ensure that respondent has answered all of the questions below, prior to recruitment]

Q1 Have you ever smoked cigarettes?

- Yes 1 GO TO Q2
 No 2 DO NOT RECRUIT

Q2 How often do you smoke cigarettes nowadays?

- Every day 1 GO TO Q3
 Most days 2 DO NOT RECRUIT
 2 or 3 days a week 3 DO NOT RECRUIT
 Once a week 4 DO NOT RECRUIT
 Less than once a week 5 DO NOT RECRUIT
 I'm not sure 6 DO NOT RECRUIT

Q3 During the past 12 months, have you on purpose given up smoking for one day or more? *[Need to have given up because they were trying to give up and need to have lasted for at least one day]*

- Yes 1 DO NOT RECRUIT
 No 2 GO TO Q4
 Not sure 3 GO TO Q4

Q4 Do you think you will try to give up smoking in the next 6 months?

- Yes 1 RECRUIT AS CONTEMPLATION, GO TO Q5
No 2 RECRUIT AS PRE-CONTEMPLATION, GO TO Q5
Not sure 3 RECRUIT AS PRE-CONTEMPLATION, GO TO Q5

DEMOGRAPHICS

Q5 Code gender of respondent.

- Male
Female

Q6 What age are you? (*age last birthday*)

- Write in 17-24
25-34
35-44
45-64

Q7 What is the highest level of general education or higher education you have completed? [For 17-24 year olds who live at home, what is the highest level of general education or higher education completed by your parents/guardian?]

- Basic education / schooling
Vocational training
College
University degree
Other
No education / training

Q8 Finally, do you or anyone close to you work in any of the following types of occupation?

- | | | | |
|--------------------|--------------------------|------------------------|--------------------------|
| Marketing | <input type="checkbox"/> | Health Care (nurse/GP) | <input type="checkbox"/> |
| Advertising | <input type="checkbox"/> | Pharmacist | <input type="checkbox"/> |
| Marketing Research | <input type="checkbox"/> | Tobacco Industry | <input type="checkbox"/> |

[DO NOT RECRUIT IF RESPONDENT WORKS IN ANY OF THE ABOVE]

IF RESPONDENT MEETS QUOTA CRITERIA:

Can you help us by taking part in a research study? We would like to invite you to take part in a discussion with 6 or 7 others at on and you will receive to thank you for your participation. Do you think you would like to take part?

Contact Details

First name: Surname:

Address:
.....

Telephone: (home / work / mobile)

APPENDIX 3:

Discussion Guide (UK Version)

Information for Smokers Research

Discussion Guide

1. INTRODUCTION

Introduce research ('information for smokers'), researchers, format of discussion, tape recorder
Ice breaker: ask everyone to introduce themselves, e.g. name, occupation, hobbies etc.

2. SMOKING ATTITUDES AND BEHAVIOUR

- a) Current smoking behaviour. *Probe: consumption, brand, where, when, how, where purchased.*
- b) Why do people smoke? *Probe for benefits of smoking, e.g. social, stress, family, risk*
- c) Why would people want to stop smoking? *Probe for concerns about smoking, e.g. health, money, social, family.*
- d) Have you ever tried to stop smoking? *Probe for experience of cessation: why, what did you do, what happened?*
- e) Do any of you plan to stop smoking / try again to stop smoking? *Probe for future cessation intentions (why they plan to / why they do not plan to).*

3. RESPONSE TO CURRENT TOBACCO WARNINGS

[Show Cigarette Packs – top 4 adult brands]

- a) Thinking now about the way that cigarettes are packaged. Looking at these packs, what do you think of the way that they are packaged? Like or dislike the packaging? *Ask respondents to describe packaging. Probe for full description: best / worst parts? Colour, style, text, size, etc.*
- b) Focus on cigarette warnings. Examine responses to labels in current format

• Immediate reaction to
• Emotional response to
• How noticeable?
• Who targeted at?
• Comprehension / relevance / believability
• Tone / personification of source
• Likely impact of?
• Size? Colour?

[Show Card – Product Ingredients]

- c) Focus on nicotine, tar and carbon monoxide levels. Remember to ask similar questions about the product ingredients and ask how, if at all, they interpret this information.
What do they think it means?
How much attention do you pay to it?
How interpret the information?
Likely impact of the information?

4. RESPONSES TO PROPOSED EU FORMAT

- a) Focus on new warnings. Examine responses to labels in new format

[Show ‘new’ Cigarette Packs – top 4 adult brands with new warning labels]

• Immediate reaction to
• Emotional response to
• How noticeable?
• Who targeted at?
• Tone / personification of source (see end)
• Likely impact of?
• Size? Colour?
• Compare to current warnings

- b) Focus on comprehension of new warnings.

[Show Visual Prompts – 10 warnings on card]

Focus on 10 warning texts. Use with showcards one at a time. Rotate order in each group and pre-test the warnings. What is this trying to tell you? etc.

- c) Comparison between new and old warnings.

- d) Standard measures to ask in each focus group:

Of all proposed warnings, which do they like best? Which do they like least? And WHY?
Which one cares most / cares least about you? Why?
Which understand people like you most / least? Why?

5. OTHER POTENTIAL IMPROVEMENTS

- a) Focus on Pictorial warnings. Examine responses to pictures/graphics

[Show cards with Canadian examples (x 4)]

• Immediate reaction to
• Emotional response to
• How noticeable?
• Comprehension
• Who targeted at?
• Tone / personification of source (see end)
• Likely impact of?
• Size? Colour?
• Compare to current warnings

- b) Comparison with current warnings.

- c) *Standard measures to ask in each focus group:*

Of all pictorial warnings, which do they like best? Which do they like least? And WHY?
Which one cares most / cares least about you? Why?
Which understand people like you most / least? Why?

- d) Focus on Cessation support

[Show card with cessation advice / helpline]

• Immediate reaction to
• Emotional response to
• Comprehension
• Who targeted at?
• Tone
• Likely impact of?

- e) Other improvements

Ask respondents what else they would like to see on packets? What information do you think should be available / would they like to see on packs.

6. SOURCE

- **[Unprompted]** Who do you think puts such messages / warnings on tobacco packs? / Why?

[Show cards with possible sources eg. Government, health body etc]

- Why would they be interested in such warnings?
- Which one, if any, understands you the most?
- Which one, if any, actually cares the most?
- Personification of source.
- Why do you think each source would promote anti-smoking?

APPENDIX 4:

Visual Prompts (current and proposed on-pack messages)