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Market Testing of New Health Warnings and Information Messages for Tobacco Product Packaging: Phase 3 Refinement of Health Warnings

Qualitative Formative Research Report

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June 2011

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1 EXECUTIVE SUMMARY

1.1 Background, objectives and methodology

The National Partnership Agreement on Preventive Health (NPAPH) has set the aim of reducing the proportion of Australians who smoke daily to 10% by 2018. Graphic health warnings on tobacco product packaging are an important tool in the battle to reduce the health burden associated with smoking. Market research is required to assist in the development of the new health warnings. To date, the project as a whole has involved gaining consumers' reactions to all the elements that make up the graphic warnings including:

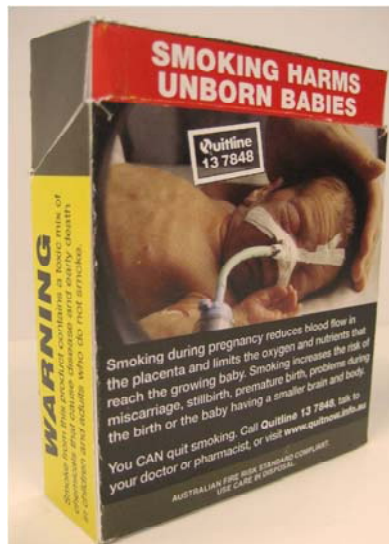
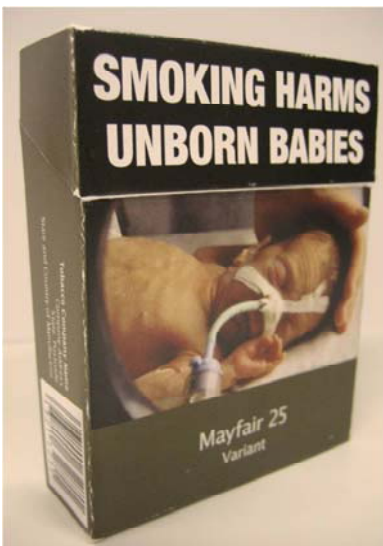
- side of pack information messages; and
- health warning images, statements and detailed explanatory messages on the front and back of packs.

Phase 1 of the research was designed to test elements that would constitute the new side of pack information messages. This involved exploring reactions to 29 potential new text messages for the side of packs as well as the use of different colours, symbols, and layouts. The research involved a qualitative methodology, comprising 20 group discussions and four in-depth interviews, conducted during April 2010.

Phase 2 focused on the market testing of potential new front and back of pack messaging. This included exploring consumers' reactions to new or revised warning statements, images and detailed explanatory messages which could be used on the front and back of packs to determine the most effective options.

This report covers Phase 3 and explores reactions to the refined graphic health warnings on the prototype plain packs. The overall objective was to focus on refining and finalising the new set of warnings. All elements were tested including the warning statements (headlines), images, explanatory messages (copy) and side of pack information messages to determine the most effective elements.

Figure 1.1.1: Prototype pack displaying each element which was tested





The research involved a qualitative methodology comprising 25 group discussions with mainstream audiences and four groups with Aboriginal and Torres Strait Islander peoples. The sample was designed to include smokers who were segmented by attitude using the Stages of Change model as well as quitters and non smokers. As in Phase 2, the health warnings were split into two stimulus sets to prevent participant fatigue and to ensure responses could be obtained in a significant level of detail. In this phase all elements of the new graphic health warnings were mocked up on prototype plain packs.

The research was conducted in metropolitan and regional areas of New South Wales, Victoria, Queensland and South Australia. Each group discussion was one and a half hours in length, and consisted of 6-8 respondents. All research was conducted between 11 April 2011 and 20 April 2011.

1.2 Attitudes to current health warnings

The reported behaviour of smokers demonstrated that current health warnings on packs continued to have an impact. This is consistent with the previous two phases of research. Although most smokers claimed to ignore the health warnings, their reported behaviours suggested that health warnings still serve a role in prompting a reaction in regard to their smoking behaviour. Many claimed to deliberately cover their packs or ask retailers for packs with images less personally relevant or graphic. Notably, with very few exceptions, all respondents could easily identify at least one specific health warning from the current suite that stood out to them. This was often the one they avoided buying if they could, demonstrating that the warnings continue to have some impact.

1.3 Overall attitudes to new health warnings

The new suite of health warnings will be immediately apparent to smokers for two key reasons. Firstly, although they claim to be desensitised to the existing warnings, their familiarity with the current suite will mean that they will notice the introduction of the content of the new warnings.

The strength of the proposed new suite of warnings lies in the fact that it is a multi-pronged information campaign that includes a variety of different approaches that impact on smokers and quitters in different ways. It was seen to be slightly different in terms of content and style than the current suite due to:

- a broader range of topic areas;
- a mix of different styles of images;
- greater emphasis on morbidity, rather than mortality; and
- a strong emotional component.

Secondly, smokers will immediately notice the larger size warnings and the new format and layout of the plain packs as they are distinctly different to current packs.

1.4 Smokers' attitudes towards the colour, layout and format of new plain packaging

The plain packaging colour was not spontaneously mentioned by respondents when they were first shown the prototype packs. When prompted, some felt the colour was seen to have very negative connotations, while others were unable to relate the colour to anything in particular. In contrast, the format of the new, larger warnings was immediately noticeable to smokers. Smokers' behaviour when handling the packs suggested that smokers had difficulty in escaping the images. The 'inescapable' impact of the new layout and format of the packs, as well as the new content of the health warnings, prompted a greater degree of anger among smokers than had been seen in the previous phases of research. Given that the introduction of the plain packaging and new suite of health warnings is likely to receive such a reaction, it will be imperative that the warnings are irrefutable in terms of content, the execution and their tone.

1.5 Smokers' attitudes towards the role of the different pack elements

Role of the images on packs

The image continues to be the key piece of communication in the health warnings and its larger size in the new format makes it difficult to avoid. The headline, copy and side panel message require greater effort for message comprehension by virtue of the use of words and as a result they can be more easily avoided. In the majority of warnings tested, the image achieved the goal of giving smokers an immediate message take out. In these instances the images were simple and could be directly linked to smoking and smoking consequences.

Role and colour of headline (warning statement) on packs

In this phase of research, it was important to test whether the use of the colour red or black in the background of the headline on the front of packs affects message take out and impact. It became clear that when the headline is placed on a black background, the image takes precedence as the key element of communication. The headline is more easily overlooked, due to the power of the image. In contrast, when the headline is placed on the red background, the headline stands out more due to the bright, red colour.

Using the black background initially for the headline on the front of packs will help focus attention to the new suite of warnings. It will allow the new or revised images to stand out more clearly, as black is more recessive and will blend in more with the rest of the packs. It may be useful to introduce the red headline background colour at a later date when fatigue with the new warnings occurs. Using a smaller, red background on the back of packs for the headline, as is done in the current suite, does not dominate or appear to affect message take out from the back of the pack.

Role of the copy on packs

The copy was seen to be irrefutable and unequivocal in terms of tone and content. This is consistent with the findings in Phase 2 and is indicative of the necessary approach for the health messages. The facts are presented in a manner that does not invite argument. The messages are short, sharp and to the point, avoiding any unnecessary words or phrases. For the most part, it avoids trying to be 'clever' and, therefore, avoids being perceived as 'ad speak' or marketing.

Role of the side of pack information message

Many smokers noticed the yellow side of pack information message when they were first shown the packs. To some extent, the colour and text provided relief from the more confronting images found on packs, and were seen as a 'safer' place to focus attention. Despite not being read by most, the use of the word 'WARNING' and the colour yellow helped to provide an indication of what the side of pack information message would contain.

When prompted, the information was seen to be largely consistent with the rest of the pack elements and was felt to contribute to the overall message of each pack. Messages which tied in with the rest of the pack elements were felt to be more relevant than those which were more generic.

1.6 Overall attitudes to new health warnings among Aboriginal and Torres Strait Islander audiences

Overall, responses from Aboriginal and Torres Strait Islander audiences were again very similar to the mainstream population. There were three distinct findings from the Aboriginal and Torres Strait Islander audiences. Once again the theme of 'family' and leaving loved ones behind came across as particularly powerful with Aboriginal and Torres Strait Islander audiences. In Phase 2 Aboriginal and Torres Strait Islander respondents reacted favourably to the heart disease warning because the comparative image communicated a clear message about there being a healthy and unhealthy choice. However, in this phase the image for the heart disease warning gained the same response as mainstream audiences and had less of an impact.

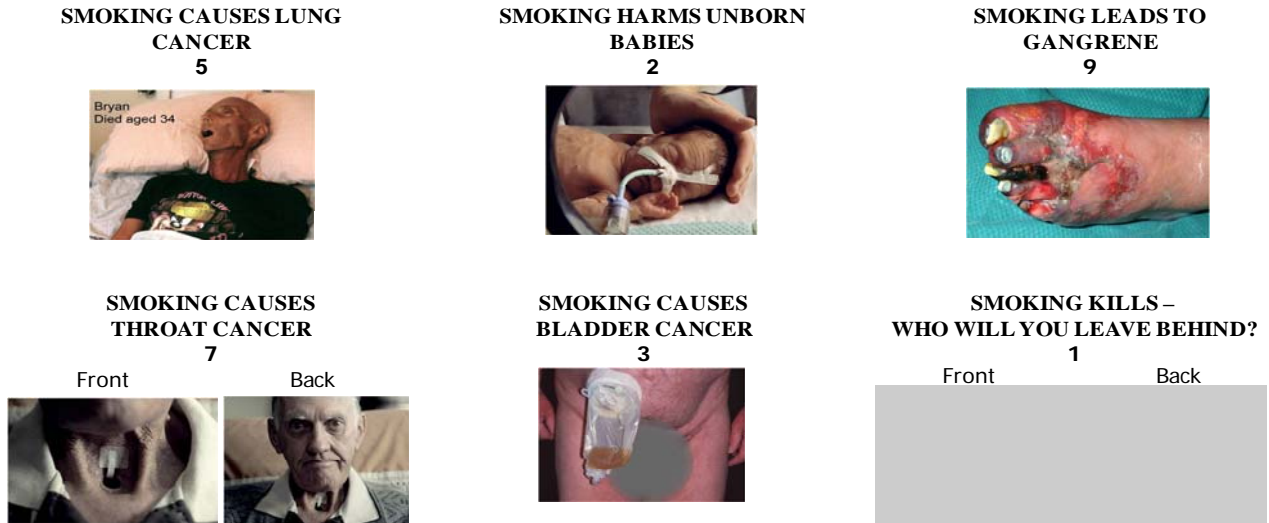
The health warning about impotence, while not identified as an issue in Phase 2, was regarded to be inappropriate by Aboriginal and Torres Strait Islander peoples, particularly by the more traditional Aboriginal and Torres Strait Islander group from the Northern Territory (Katherine). The image and topic made respondents feel very uncomfortable.

1.7 Summary of reactions to specific health warnings¹

Overall, as was found in Phase 2, the findings revealed that there is a set of health warnings which will have an impact across all audiences. Among these health warnings there is a mix of new and refined messages. Three of the health warnings are ready to be used as they are, with no executional changes (unborn babies, impact on significant others, bladder cancer). Three require minor changes to the headline (warning statement), image or side of pack information message (lung cancer, gangrene (Peripheral Vascular Disease), throat cancer).

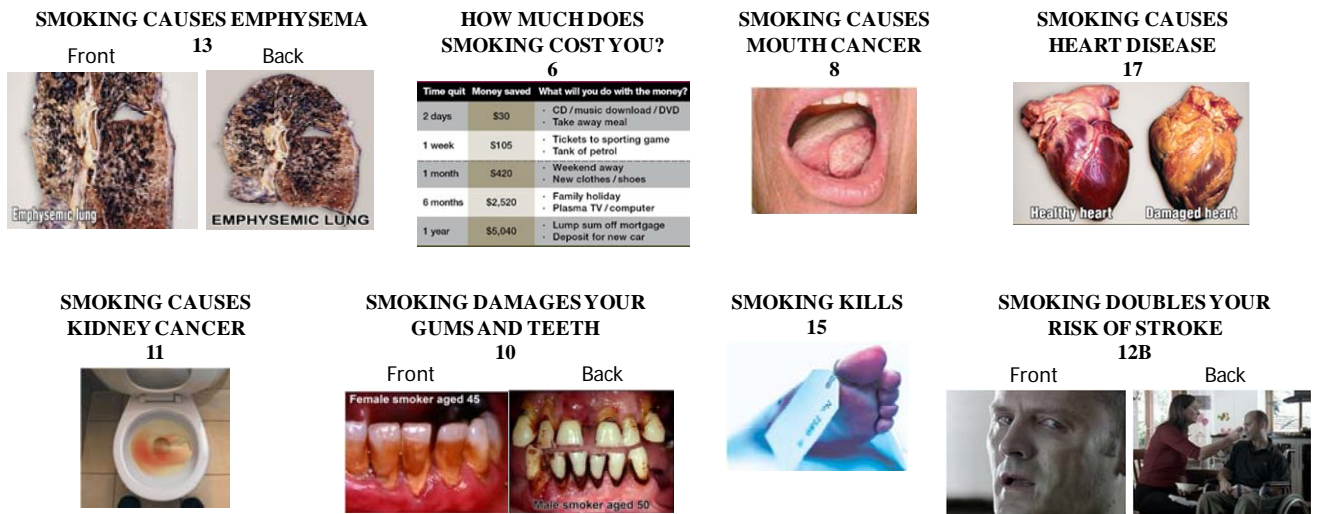
¹ Some images may be the subject of copyright. Many have been kindly provided by overseas governments, non-government organisations, medical practitioners and individuals. Where required, acknowledgements for particular images may be found at Appendix C.

Figure 1.7.1: Health warnings resonating across the sample²



There are other health warnings which resonated with specific sub groups, such as particular age groups or genders. Two of the executions do not require any further changes (financial and heart disease) and others require minor changes (emphysema, kidney cancer, mouth cancer). If possible, further consideration could be given to the images for death and dental disease. The stroke image requires further consideration to ensure credibility of the image.

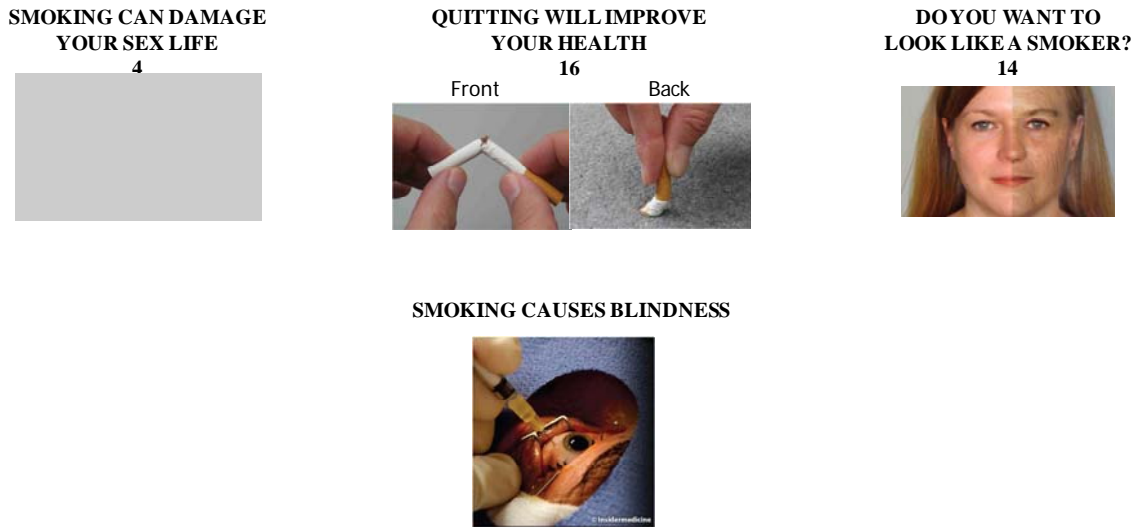
Figure 1.7.2: Health warnings resonating with specific sub groups



² Some images not shown due to privacy and/or copyright.

There are some health warnings (impotence, quitting and ageing) where the image affected message take out and impact to such an extent that they should be reconsidered prior to being included in the new suite of warnings. Consider finding alternative images to be used and these should be tested if time permits. The warning about blindness is not recommended for inclusion in the new suite.

Figure 1.7.3: Health warnings needing further consideration³



1.8 Main recommendations

1 Consider moving forward with the following warnings which require different actions.

Smoking kills – who will you leave behind? (1)	No changes necessary
Smoking harms unborn babies (2)	
Smoking causes bladder cancer (3)	
How much does smoking cost you? (6)	
Smoking causes heart disease (17)	
Smoking causes lung cancer (5)	Consider minor changes to image / headline/ copy/ side of pack information message
Smoking causes emphysema (13)	
Smoking leads to gangrene (9)	
Smoking causes throat cancer (7)	
Smoking causes mouth cancer (8)	
Smoking causes kidney cancer (11)	Consider minor changes to existing images (new
Smoking kills (15)	

³ Image not shown due to privacy and/or copyright.



Smoking damages your gums and teeth (10)	images tested if time permits)
Smoking doubles your risk of stroke (12B)	Consideration of final image (further consideration should be given to the image to ensure credibility and new image tested if time permits)
Quitting will improve your health (16)	Consider alternative images, in accordance with direction given from the research (these should be tested for credibility if time permits)
Do you want to look like a smoker? (14)	Source and test alternative images, in accordance with direction given from the research
Smoking can damage your sex life (4)	Source and test alternative images (may be more appropriate to release it at a later date)

- 2 The suite of warnings needs to be highly factual and be irrefutable in regards to content and execution, particularly in regard to the images.
- 3 In order to maximise relevance across demographics and credibility, ensure that the final suite of warnings contains both familiar health effects that continue to have a great deal of impact on smokers, as well as new health effects.
- 4 The suite of warnings should include a range of different image types to maximise engagement, from the graphic images of the foot and lung, through to those that have greater emotional appeal, such as the lung cancer warning, depicting the picture of Bryan.
- 5 Consider using black as the initial background colour for the headlines (warning statements) on the front of packs when the new suite is first released. This will help to maximise the impact of the introduction of the new warnings and the introduction of plain packaging. At the same time, continue using red as the background colour for the headlines (warning statements) on the back of packs.
- 6 Consider introducing the red background for the colour of the headlines on the front of packs in the future when message fatigue with the new suite becomes apparent.
- 7 There is no evidence to suggest that the words 'Health Authority Warning' are required on the front of packs. The decision to include it or not is a policy decision.

Recommendations on specific health warnings:

- 8 No executional changes are necessary for the following warnings:
- Smoking Kills – who will you leave behind? (1)
 - Smoking harms unborn babies (2)
 - Smoking causes bladder cancer (3)
 - How much does smoking cost you? (6)
 - Smoking causes heart disease (17)
 - in recognition that the heart disease warning will be effective with a niche audience (Aboriginal and Torres Strait Islander peoples).
- 9 The following warnings would benefit from minor changes to maximise impact:
- Smoking causes lung cancer (5):
 - remove the word 'probably' from the reference to kidney and prostate cancer in the side of pack information message. If necessary, remove the entire reference to kidney and prostate cancer.
 - Smoking causes emphysema (13)
 - Consider using the image tested on the back of packs on the front too as it was more clearly identifiable as a lung.
 - Smoking leads to gangrene (9)
 - consider changing the headline to 'Smoking causes gangrene' if this is accurate. If any doubt exists, replace the headline with the headline on current packs: 'Smoking causes Peripheral Vascular Disease'. Include the word 'gangrene' over the image if it cannot be used in the headline.
 - Smoking causes throat cancer (7):
 - continue to use the image of John, rather than the alternative of Leroy
 - slightly lightening the image on the front of the pack will assist in comprehension
 - if possible add in further personalised details, such as reference to John's family, in the copy.
 - Smoking causes mouth cancer (8):
 - consider some minor changes to the image in order to increase noticeability of the tumour. This may be achieved by exaggerating the tumour more and / or increasing the credibility of the mouth belonging to a smoker by making the teeth and skin appear slightly less healthy

- if space allows, contextualise ‘benzopyrenes’ in the side of pack information message by providing an everyday reference, such as fuel
 - consider omitting the word ‘normally’ in the side of pack information message if accurate.
 - Smoking causes kidney cancer (11):
 - revise the side of pack information message if possible as the message about 75 cancer causing chemicals is having minimal impact, in the context of smokers knowing there are over 4000 chemicals in cigarette smoke.
- 10 If possible, further consideration could be given to the images used on the following warnings to maximise impact. If time permits, consider testing new images for the following warnings:
- Smoking kills (15):
 - the concept would benefit from testing further images that signify death
 - if necessary, the concept could move forward with the toe tag as the image. Some superficial changes to colour and brightness of the blue background and the ‘pink’ foot would minimise associations with television shows and increase credibility.
 - Smoking damages your gums and teeth (10)
 - the concept would benefit from further testing of different images of damaged teeth to ensure that the most effective images that are credible, but still cause discomfort, are used.
 - if necessary, the concept could move forward with the two current images (smoker aged 45 and 50).
- 11 The images for the stroke warning require further consideration prior to inclusion in the suite of health warnings:
- the image that best fulfils the necessary criteria for the stroke concept is the image of the middle aged man (12B). However, there is a risk in moving forward with the image of the middle aged man given that he is an actor and not a real stroke victim. This could damage the credibility of other health warnings in the suite if it is broadly publicised
 - ideally, consideration should be given to further sourcing and if time permits the testing of new images
 - in addition, remove the words ‘inhaling tobacco smoke puts your health in immediate danger’ from the side of pack information message.
- 12 Alternative images should be used if the following warnings are to be included within the new suite. Ideally use a creative agency to advise and create images to depict the messages. These should be tested for credibility if time permits.
- Quitting will improve your health (16)
 - continue to source and test alternative images, with a view to ensuring higher quality production values



- aim to represent the unattractiveness of smoking in the image in order to provide an encouragement to quit. For example use a new image of an ashtray full of ash and butts, with the butt being crushed in. If a person's fingers are included ensure they appear 'dirty' and 'yellow' to clearly indicate they belong to a smoker. Another suggestion could be to include an image showing smokers inhaling smoke in a Designated Outdoor Smoking Area (DOSA).
 - Do you want to look like a smoker? (14)
 - continue to source and test alternative images, with a view to ensuring higher quality production values
 - a more ideal image would be of a typical smoker in her late 30s or early 40s with outward, physical signs of smoking, such as deep etched lines around her eyes and mouth, dry skin and stained teeth.
 - Smoking can damage your sex life (4):
 - while it tested well in the previous phase of testing, the slightly humorous image was perceived as trivialising changes to the health warnings when it was tested on the new layout and format of the pack and should not be used
 - it cannot be used without causing cultural offence to some Aboriginal and Torres Strait Islanders
 - consider testing new images with mainstream and traditional Aboriginal and Torres Strait Islanders with a view to ensure enhanced production values
 - the copy could benefit from including information about smoking potentially decreasing sperm count, if space permits.
 - it may be more appropriate to release this health warning on a later rotation regardless of the image used.
- 13 It is not recommended that the warning on blindness is included within the new suite of warnings as it did not have a strong impact and does not offer any new information. It is unlikely to attract attention as the image of the eyeball is not significantly different to the image used in the current graphic health warning.

2 BACKGROUND

2.1 Overview

The National Partnership Agreement on Preventive Health has set the aim of reducing the proportion of Australians who smoke daily to 10% by 2018. Graphic health warnings on tobacco product packaging are an important tool in the battle to reduce the health burden associated with smoking. At least 27 countries across the world have finalised requirements for graphic health warnings and a number of others have announced their intention or are undertaking the process to introduce them. Graphic health warnings have been required on almost all tobacco product packaging⁴ in Australia since 2006.

The Australian Competition and Consumer Commission (ACCC) administers the regulation of graphic health warnings on tobacco product packaging, while the Department of Health and Ageing (the Department) provides policy input. The purpose of the graphic health warnings is to:

- increase consumer knowledge of health effects relating to smoking;
- encourage the cessation of smoking; and
- discourage uptake or relapse.

In 2008 a comprehensive evaluation of the graphic health warnings used in Australia was conducted. The evaluation consisted of a literature review, as well as qualitative and quantitative consumer research. This indicated that the introduction of graphic health warnings has been highly successful. Consumer knowledge of the health effects of smoking has increased and the warnings have both encouraged smokers to quit and discouraged smoking uptake and relapse.

Images were found to have been particularly helpful in enhancing the impact of health warnings. Images were found to increase the noticeability of the messages and make them more difficult to 'screen out'. Importantly many consumers feel the graphic health warnings have helped to deglamourise smoking. Moreover, almost a quarter of smokers admit to hiding or concealing their packs, which indicates that the graphic warnings make them feel uncomfortable about their smoking. Images alongside messages that generate an emotional response, such as 'Don't let children breathe your smoke', have been found to be particularly effective. The explanatory text is also seen by some as credible and helps convey the potential health consequences of smoking.

However, areas for improvement were identified in the evaluation. In particular there was a decline in readership of the side of pack information that informs smokers about the chemicals in tobacco products and the chemicals released when they are smoked. There has also been a decline in readership of the front of pack warning, which currently only covers 30% of the front surface of packs. In addition, some consumers have problems with interpreting technical language in the health warning messages and some of the images were not felt to be clear, or their impact is declining. The need to ensure the Quitline number and statistics are up-to-date and accurate was also identified.

⁴ Warnings are currently not required on tobacco for export or cigars sold singly.



A great deal of research has been conducted internationally on graphic health warnings. In combination with the Australian research findings, the conclusions from international studies have helped to inform the re-design of potential new graphic health warnings in Australia.

2.2 The current need for research

Market research is required to assist in the development of potential new and revised graphic health warnings. Currently there are two sets of seven warnings which are rotated annually. The project as a whole involves gaining consumers' reactions to all the elements that make up the graphic warnings:

- side of pack information message;
- warning images;
- warning statements; and
- detailed explanatory messages.

The Department of Health and Ageing is considering replacing the current single message required on the side of tobacco packaging with a series of new statements on the constituents and emissions of tobacco products. As a result Phase 1 explored reactions to 29 potential new text messages for the side of packs as well as the use of different colours, symbols, and layouts. The research involved a qualitative methodology comprising 20 group discussions and four in-depth interviews conducted during April 2010 and has been reported on separately.

Phase 2 focused on the market testing of potential new front and back of pack messaging. This included exploring consumers' reactions to new or revised warning statements (headlines), images and detailed explanatory messages for the front and back of packs to determine the most effective options.

This report covers Phase 3 and explores reactions to the refined graphic health warnings on the prototype plain packs. All components were tested including the warning statements (headlines), images, explanatory messages and side of pack information messages to determine the most effective elements.



3 RESEARCH OBJECTIVES

The overall objectives of Phase 3 of the research were to:

- Focus on refining and finalising the new set of graphic health warnings on prototype plain packs:
 - by identifying the strongest messages and images.
- Identify the new/refined graphics, warning statements, explanatory messages and side of pack information messages that generate the greatest degree of:
 - salience, noticeability and cut-through;
 - emotional engagement;
 - believability/credibility;
 - personal relevance;
 - readability, clarity and understanding;
 - memorability and recall; and
 - ability to educate or increase knowledge.
- Identify the potential impact of messages on smoking attitudes and behaviours, specifically:
 - increasing and reinforcing awareness of negative health effects of smoking;
 - increasing intention and motivation to quit;
 - encouraging cessation; and
 - preventing uptake and relapse.
- Identify the optimal mix and rotation of warnings and components in order to avoid wear-out.
- Identify which warnings and graphics resonate with certain target audiences.
- Make recommendations and/or suggestions for improving the proposed new warnings to maximise their effectiveness.

4 RESEARCH METHODOLOGY

4.1 Overview

The research involved a qualitative methodology comprising 25 group discussions with mainstream audiences and four groups with Aboriginal and Torres Strait Islander peoples. The latter groups were conducted by CIRCA who regularly partner with GfK Blue Moon. The sample was designed to include smokers who were segmented by attitude using the Stages of Change model as well as quitters and non smokers (see section 4.3 for the rationale of the sample).

The research was conducted in metropolitan and regional areas of New South Wales, Victoria, Queensland and South Australia. Each group discussion was one and a half hours in length, and consisted of 6-8 respondents.

All research was conducted between 11 April 2011 and 20 April 2011.

4.2 The sample

The following sample was achieved in this phase of research.

Table 4.2.1: The Mainstream Sample

Grp	Stimulus set	Stage of change	Age	Gender	State	Location
5	A	Pre-contemplation	16-17	Female	QLD	Brisbane
6	A	Pre-contemplation	18-25	Mix	SA	Adelaide
7	A	Pre-contemplation	26-39	Mix	VIC	Shepparton
8	A	Pre-contemplation	40-65	Mix	NSW	Bathurst
25*	A	Pre-contemplation	18-25	Mix	NSW	St Leonards
1	A	Contemplation / preparation / relapse	16-17	Male	SA	Mt Gambier
2	A	Contemplation / preparation / relapse	18-25	Mix	VIC	Melbourne
3	A	Contemplation / preparation / relapse	26-39	Mix	NSW	St Leonards
4	A	Contemplation / preparation / relapse	40-65	Mix	QLD	Brisbane
17	A	Non-smokers (with family member or friend who smokes)	26-39	Mix	SA	Mt Gambier



Grp	Stimulus set	Stage of change	Age	Gender	State	Location
19	A	Non-smokers (in danger of starting)	16-17	Male	VIC	Melbourne
21	A	Non smokers (in danger of starting)	18-25	Mix	QLD	Brisbane
24	A	Action/ maintenance quitters	40-65	Mix	VIC	Shepparton
13	B	Pre-contemplation	16-17	Female	VIC	Melbourne
14	B	Pre-contemplation	18-25	Mix	NSW	St Leonards
15	B	Pre-contemplation	26-39	Mix	QLD	Townsville
16	B	Pre-contemplation	40-65	Mix	SA	Adelaide
9	B	Contemplation / preparation / action / relapse	16-17	Male	NSW	St Leonards
10	B	Contemplation / preparation / action / relapse	18-25	Mix	QLD	Townsville
11	B	Contemplation / preparation / action / relapse	26-39	Mix	SA	Adelaide
12	B	Contemplation / preparation / action / relapse	40-65	Mix	VIC	Melbourne
18	B	Non-smokers (with family member or friend who smokes)	40-65	Mix	QLD	Brisbane
20	B	Non-smokers (in danger of starting)	16-17	Female	NSW	Bathurst
22	B	Non-smokers (in danger of starting)	18-25	Mix	VIC	Shepparton
23	B	Action/ maintenance quitters	26-39	Mix	NSW	St Leonards

- *Please note an additional group was held due to low participant numbers in group 14.

Table 4.2.2: The Aboriginal and Torres Strait Islander groups

Group	Stimulus set	Stage of change	Age / lifestage	Gender	State	Location
1	A	Pre-contemplation	18-29	Mix	QLD	Gladstone
2	B	Pre-contemplation	18-29	Mix	VIC	Melbourne
3	B	Contemplation / preparation / action / relapse	30-65	Mix	NT	Katherine
4	A	Contemplation / preparation / action / relapse	30-65	Mix	NSW	Newcastle

4.3 Rationale for mainstream sample

Smoking behaviour

The sample was designed to include people who had smoked cigarettes, cigars or pipe tobacco in the last three months and was segmented by attitude using the Stages of Change model. Respondents were asked about their smoking behaviour in the last three months rather than the number of cigarettes they smoke on average, as occasional smokers sometimes have difficulty calculating their average consumption patterns.

The sample included a mix of daily and occasional smokers as well as people with different attitudes to quitting. In this phase the sample included quitters who had stopped smoking within the last two years, non smokers who had either never smoked or who had quit more than two years ago and who had a family member or close friend who smoked currently, as well as non-smokers who were aged 16-25 and were in danger of starting.

Stages of change

The groups were segmented using the Stages of Change model.⁵ Respondents at the pre-contemplation stage were separated from those at the contemplation / preparation / action / relapse stages to ensure homogeneity within the groups. All four stages were adequately represented across the sample to allow further analysis by each stage.

Age (lifestage)

The sample was split into the following age brackets: 16-17, 18-25, 26-39 and 40-65.

The sample included a mix of respondents at the pre-family, young family, older family, empty nester lifestages. Within these, quotas were also used to ensure the inclusion of parents with children of a range of different ages.

³ Prochaska JO, Velicer WF, Rossi JS, Goldstein MG, Marcus BH, et al. Stages of change and decisional balance for 12 problem behaviors. *Health Psychology* 1994 Jan;13(1):39-46.



Gender

Mixed gender groups were used for adults aged 18 to 65. Groups with 16-17 year olds were single gender.

SES / income / work status

The groups were conducted in relatively blue collar areas to ensure that the sample was skewed towards people from lower socio-economic groups. This reflects the demographics of smokers in Australia, and is based on the focus of the National Tobacco Strategy towards lower socio-economic groups.

CALD and disability representation

Quotas were also set to ensure the sample included adequate representation of people with disabilities and people with English as their second language.

4.4 Rationale for Aboriginal and Torres Strait Islander sample

Given the relatively small sample comprising four groups, broader age bands (18-29 and 30-65) were chosen to ensure age representation. Groups were carried out in four states including New South Wales, Victoria, Northern Territory and Queensland.

4.5 Recruitment of respondents

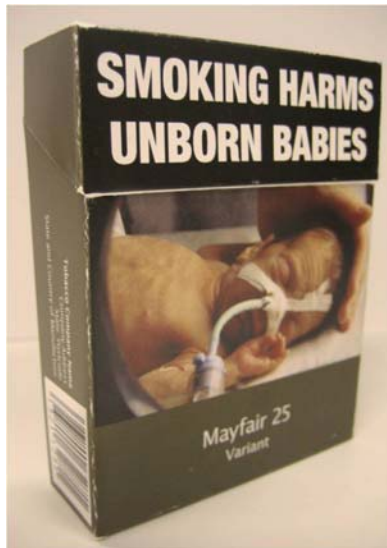
Recruitment for the discussion groups was completed through Interviewer Quality Control Australia (IQCA) accredited recruitment specialists. A recruitment screener including all relevant demographic variables was provided to use for recruitment. A copy of the recruitment screener is included in Appendix A.

4.6 Use of stimulus materials

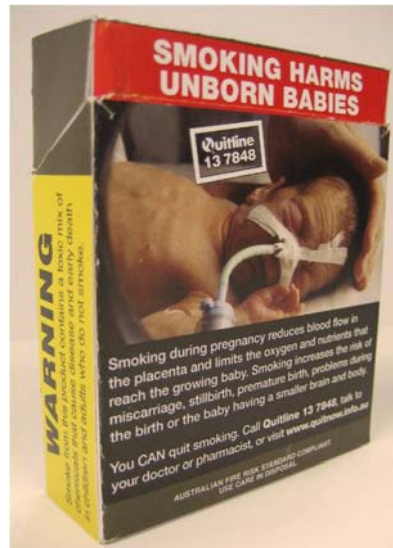
Twenty different health warnings were mocked up on the prototype plain packs. Figure 4.6.1 shows an example of a pack which was tested. The images of actual packs can be found at Appendix B.

Figure 4.6.1: Prototype pack displaying each element which was tested

Front of pack:



Back of pack:



The 20 different health warnings were split across the two stimulus sets (A and B). This was done to prevent respondent fatigue and to ensure responses could be obtained in a significant level of detail. Nineteen different health warnings were shown, as two different versions of the gangrene message were shown to participants. One version included the words 'Health Authority Warning' underneath the warning statement and one did not. In addition to this, a few other health warnings were mocked up on boards as these were sourced after the prototype packs had been developed. This included a warning about 'Smoking causes blindness', an alternative warning for throat cancer involving a personal story (Leroy) and an alternative warning for emphysema (Lena's personal story).

The two stimulus sets were organised in such a way to ensure that the 10 health warnings in each set comprised a range of different warnings with some using a testimonial approach and others using graphic health effects. It was also split to include a mix of refined and new messages within each set.

The methodology was designed to ensure that each set of messages (Set A and Set B) was reviewed by 12 groups in the mainstream sample and two among ATSI audiences, across a range of age groups.

The final composition of stimulus sets used in this phase of testing is shown below. Please note that some of the images in this report differ slightly from the images that were incorporated on the packs due to the final design and cropping that occurred at the printing stage (see Appendix B).

Figure 4.6.2: Stimulus material

Set A		Set B	
Impact on Significant others (Zita)	1	Impotence	4
Babies	2	Lung cancer (Bryan)	5
Bladder cancer	3	Throat cancer***	7
Financial	6	Gangrene (without Health Authority Warning)	9
Mouth cancer	8	Dental	10
Gangrene (with Health Authority Warning)	9	Kidney cancer	11
Stroke (woman's face)*	12A	Stroke (middle aged man's face + feeding)	12B
Stroke (younger man in wheelchair)	12C	Ageing	14
Emphysema**	13	Death	15
Quitting	16	Heart disease	17

*All 3 stroke images were shown in all groups (12A,B,C)

**Two alternative Emphysema warnings were tested – the lung image tested in Phase 2 and a testimonial approach (Lena's story)

*** Two alternative throat cancer warnings were tested – the warning with John tested in Phase 2 and another with Leroy. In addition, a warning 'Smoking causes blindness' was shown in most groups

These materials are discussed within relevant sections of this report.

A range of stimulus materials were used within group discussions. These included:

- 20 different health warnings mocked up on prototype plain packs (Stimulus Set A or B) to understand reactions to the new health warnings. In each group half the respondents viewed the front headline on a red background and half on a black background to gauge whether this impacted on their message take out;
- an A4 booklet comprising the headline, image, explanatory message (copy) and side of pack information message used to explore detailed reactions to the explanatory message (Stimulus Set A or B);
- A3 boards used to explore reactions to the headlines and front of pack images of the alternative stimulus set (Stimulus Set A or B); and
- boards of three alternative warnings that were sourced late on and were not mocked up on packs: Smoking causes blindness, throat cancer (Leroy) and emphysema (Lena).



4.7 Discussion guide

A semi-structured discussion guide was developed and approved by the Department prior to use. The general flow of the discussions is described below. The full guide is at Appendix C.

Each group were handed out 10 health warnings on the prototype packs, from Stimulus Set A or B. Half of the respondents viewed the headline statements on the front of packs on a red background and the others were shown them on a black background. Before discussing each of them as a group, respondents were asked to complete a quantitative self-complete exercise for each of the 10 health warnings.

A quantitative assessment tool was used to 'measure' consumers' perceptions of the new health warnings. The tool uses eight outcome measures, of which four relate to 'message take out' and four to 'message impact'. These have been taken and adapted from an advertising assessment tool that is validated for use elsewhere (World Lung Foundation) and were used by GfK Blue Moon in the NPAPH Tobacco Social Marketing Campaign for the Department.

Four of the measures relate to 'message take out':

- This health warning was easy to understand.
- This health warning taught me something new.
- This health warning is believable.
- This health warning is relevant to me.

The other four measures relate to 'message impact':

- This health warning makes me stop and think.
- This health warning makes me feel uncomfortable.
- This health warning makes me feel concerned about my smoking/other people smoking.
- This health warning makes me likely to try and quit/remain a quitter/continue to be a non-smoker.

After participants had completed the quantitative assessment tool, the health warnings were discussed at a broad level in terms of the new content and the design of the packs, including the size and image.



In order to test detailed reactions to all elements of the new health warnings respondents were handed an A4 booklet which comprised the headline, image, explanatory message and side of pack information message from their primary stimulus set. Respondents were asked to read each of the health warnings and individual elements were discussed in turn.

In order to gauge their immediate reactions to the alternative stimulus set, respondents were shown the front of the packs on boards. They were asked to complete a self-complete to say which three messages were most likely to make them stop and think and which three messages made them the most concerned about their own smoking or their family or friends' smoking behaviour. Respondents were also shown the warning about blindness and the alternative warnings for emphysema (Lena) and throat cancer (Leroy) on boards at the relevant points during the discussions.

Lastly, respondents were asked specifically about four of the side of pack information messages which were new or had been revised to test their suitability. Reactions to whether the words 'Health Authority Warning' should be included on the front of packs were sought by showing them two packs displaying the two different options.



GfK bluemoon

DETAILED FINDINGS

5 BROAD FINDINGS ABOUT EXISTING AND NEW HEALTH WARNINGS

5.1 Smokers' attitudes to existing health warnings

The reported behaviour of smokers demonstrated that current health warnings on packs are still effective. This is consistent with the previous two phases of research. Although most smokers claimed to ignore the health warnings, stating that they did not notice them or that they have largely forgotten what is on the packs, their reported behaviours suggested that health warnings still serve a role in prompting a reaction in regard to their smoking behaviour. Many claimed to:

- leave their pack in their handbag;
- deliberately cover the warning with their cigarette lighter;
- cover the pack with a sticker;
- put the pack into something else (a cover or container); and/or
- ask retailers for packs with images less personally relevant or graphic.

Notably, with very few exceptions, all respondents could easily identify at least one specific health warning from the current suite that stood out to them. This was often the one they avoided buying if they could. For some, the health warning stood out due to personal connection or experience of friends or family suffering from that medical condition, for example the warning about stroke or emphysema. Other warnings provoked an emotional reaction in some smokers. Most notably the baby was recalled often as this highlights that smoking affects others besides the smoker. Other warnings, such as the peripheral vascular disease (PVD) and the dental warnings, are noticeable due to the extreme or graphic nature of the image.

As was found in previous phases, smokers said that they viewed the health warnings as extreme and rare cases and claimed to respond in a rational manner by dismissing the health consequences as unlikely to happen to them. However, even the extreme images provoked an emotional reaction, with many smokers accepting the demonstrated health effect as possibly affecting them, or someone they know, to a lesser degree. The health warning portraying the 'teeth' is the most common example of this. It was often ridiculed as the most extreme and unrealistic of the current set of images. However, this warning does impact on smokers as, when viewed, the discussion often turned to smokers being highly conscious of their teeth and of the cost of the dentist.

"You can tell a smoker by their teeth."

"That's one thing I'm so careful of. I don't want to end up with those murky teeth you see on some smokers."

5.2 Smokers' attitudes towards the content of new health warnings

The new suite of health warnings will be immediately apparent to smokers for two key reasons. Firstly, although they claim to be desensitised to the existing warnings, their familiarity with the current suite will mean that they will notice the introduction of the content of the new warnings, discussed in this section. Secondly, smokers will immediately notice the larger size warnings and the new format and layout of the packs (see section 5.3).

Despite claims that the new health warnings would not have an impact, it became apparent that the suite of warnings prompted respondents to think about their smoking behaviour. For some smokers, the health warnings which portray medical conditions which they have some personal connection to, or experience with, are extremely powerful. For example, for older smokers aged 40 years and over, the emphysema warning was particularly powerful as many were beginning to notice the effects for themselves. Similarly, the stroke and heart disease warnings had a particular impact on those with friends or family with the condition.

As was mentioned previously, the graphic health warnings displaying extreme cases and disturbing images were highly noticeable amongst smokers and were often the ones which they turned away from to try to escape the imagery.

A number of health warnings, such as those portraying Zita and the baby, remained effective in evoking emotions of guilt, shame and embarrassment among smokers. The images and use of testimonials reminded smokers of the direct impact their behaviour can have on others, both physically and emotionally.

In addition, the health warnings about kidney and bladder cancer stood out as containing new information about the effects of smoking which most smokers had not previously heard. Similarly, other health warnings stood out, as they helped to display old news in a new and interesting way, such as the lung cancer warning displaying Bryan's image.

The strength of the proposed new suite of warnings lies in the fact that it is a multi-pronged information campaign that includes a variety of different approaches that impact on smokers and quitters in different ways. It was seen to be slightly different in terms of content and style than the current suite due to:

- a broader range of topic areas;
- a mix of different styles of images;
- greater emphasis on morbidity, rather than mortality; and
- a strong emotional component.

Broader range of topic areas

The incorporation of some 'non-health' messaging has helped to increase relevance overall. Given that smokers consistently deflected the health messages with the attitude that 'it won't happen to me', the warning about the financial impact of smoking, and the warnings that remind smokers of the potential impact their smoking behaviour has on others (impact on significant others and lung cancer), could not be dismissed by



smokers. The majority of smokers are highly conscious of the increasing cost of cigarettes. Similarly, most have friends or family who often ask them not to smoke, constantly reminding them of the potential impact their smoking behaviour may have on their friends and family.

Mix of different styles of images

The new suite of warnings was perceived to contain a range of image styles which is likely to contribute to making them visible. They were noted as being not simply just images of 'organs' and extreme cases of various conditions, which while highly noticeable, lose their impact when familiarity creeps in:

"It shows just another damaged inside bit of the body."

"I can't tell the difference between a cow's insides and my own, so it doesn't matter to me."

Several of the new images were seen to be more subtle in their message delivery and because of this are likely to be noticed. For example, linking the confrontational image of Bryan with the old message of lung cancer helped to increase message impact. Similarly, the 'first person' image of the blood in the toilet for the kidney cancer warning enabled the smoker to imagine their own reaction to the situation.

Greater emphasis on morbidity, rather than mortality

The new warnings were seen to place greater emphasis on morbidity rather than mortality. This will be an effective approach as smokers are more fearful of living with severe health consequences than death itself. Those warnings highlighting a diminished quality of life, such as the stroke warning, were particularly feared, due to a potential loss of independence and a reliance on family and friends to complete everyday tasks such as eating and bathing.

Those warnings that demonstrated consequences of their smoking behaviour that would be seen by others prompted emotions of shame and embarrassment amongst smokers. The warnings about throat cancer and dental disease, demonstrate that the consequences are a result of actions they have chosen and are not just random occurrences or accidents. Similarly, those warnings that show smokers that they may have to live with an outward sign or symbol of their choice to smoke are particularly effective as they remind smokers of their own inability and weakness to quit.

Use of life histories

As was found in the last phase, the use of case histories helped to increase the emotional engagement of smokers. The use of names and ages throughout the suite helps to increase the credibility of these messages. The use of the ages of Zita and Bryan assist in conveying they are not actors. Using names increases memorability of warnings, including facts about a person can increase personal relevance of the story, as they can act as a yardstick for smokers to compare to their own situations. The testimonial approach helps to emotionally involve people as they tend to relate to the situation.

5.3 Smokers' attitudes towards the colour, layout and format of new packaging

The plain packaging colour was not spontaneously mentioned by respondents when they were first shown the prototype packs. The colour was seen more as a background for the warning. When prompted, some felt the colour was seen to have very negative connotations:

"It looks like tar."

"Murky, swampy colour."

"A bit poo like."

Whilst others were unable to relate the colour to anything in particular:

"Boring."

"I don't know, it's a bit of a nothing colour really."

"Is it brown? Is it green?"

In contrast, the format of the new, larger warnings was immediately noticeable to smokers. Smokers' behaviour when handling the pack initially indicated some immediate discomfort. Initially, there was uncertainty of what constituted 'the front' and 'the back' of packs. Participants were consistently turning over the pack which meant that some people also noticed the yellow side of pack information message. Overall, this behaviour suggested that smokers had difficulty in escaping the images on the new packs. Their spontaneous reaction indicated that they felt that it was largely due to the size of the image:

"You can't really get away from it, can you?"

"I already keep mine in my handbag, now they will be buried at the bottom."

The 'inescapable' impact of the new layout and format of the packs, as well as the new content of the health warnings, prompted a degree of anger among smokers. Although some anger was present in past phases of testing, this phase provoked a more extreme response than that which had been seen previously. This anger stemmed from increasing pressure on smokers from a number of areas:

- increasing cost of cigarettes;
- laws about where they can smoke publicly, for example the ban on smoking indoors/certain public areas;
- laws against where they can smoke, for example in cars with children under the age of 16; and
- changing social norms making it easier for non-smokers to openly express their negativity.

"I've paid my taxes for years and now they are wasting money on putting these things all over....[the packets]. It's my choice to smoke, I pay the money for it."



"The cost of cigarettes goes up more than anything else [milk, petrol] ... they keep telling me they want people to stop smoking because of the cost but it's just atrocious. They shouldn't be allowed to do it."

"It's a waste of taxpayer's money. I'll smoke if I want to. The bastards make enough out of me as it is."

"It's my choice, I pay for it. How dare they think they can tell me what to do? They do enough to smokers, making us feel like lepers ... you can't smoke anywhere anymore."

All these pressures and factors have combined to make smokers feel increasingly isolated and alienated. Both the design and content of the new health warnings and packs contribute to the sense of social alienation due to a number of reasons. In regards to the design of the packs, the larger size of the images meant the messages were impossible for smokers to ignore. Non-smokers claimed they would also be more likely to notice the health warnings. Furthermore, the larger images will give further permission and evidence for non-smokers to pester and/or encourage their friends or family to stop. Removal of the branding also removes the relationship smokers have with their cigarette packs, contributing to a further loss of identity as a smoker. Given that the introduction of the plain packaging and new suite of warnings is likely to receive such a reaction, it will be imperative that the warnings are irrefutable in terms of content, the execution and their tone.

For the most part, the new health warnings achieve the goal of being irrefutable as they depict a highly factual delivery and tone across all elements. They are effective as the emotion is produced by the 'facts' rather than attempts at persuasive, marketing language. In many of the warnings, all elements of each health warning work together holistically to communicate the messages. The headline and image allow for an immediate message take out. The copy helps to provide further information and explanation of the message. In many instances the side of pack information message extends the level of detail further as it is relevant to the overall topic.

However, there are some health warnings that are open to questioning and criticism. Firstly, the image used for the warning about 'impotence', when seen in context of the new layout, and alongside the other prototype packs is seen to trivialise the topic area. Secondly, the warnings about 'ageing' and 'quitting' were regarded to have poor production values which was seen to undermine the seriousness and credibility of the topic. Thirdly, there were issues with the stroke warning. The fact that the middle aged man is an actor may undermine the credibility of the whole suite as smokers may begin to question whether Bryan (lung cancer), Zita (impact on significant others) or John (throat cancer) are actors too.



5.4 Smokers' attitudes towards the role of the different 'pack' elements

Role of the images on packs

The image continues to be the key piece of communication in the health warnings and its larger size on the front of the pack in the new format makes it difficult to avoid. The headline, copy and side of pack information message require greater effort for message comprehension by virtue of the use of words and as a result they can be more easily avoided. In the majority of warnings tested, the image achieved the goal of giving smokers an immediate message take out. In these instances the images were simple and could be directly linked to smoking and smoking consequences. Including a diverse range of image types helped to contribute to the overall effect of the suite of health warnings.

Role of the headline on packs

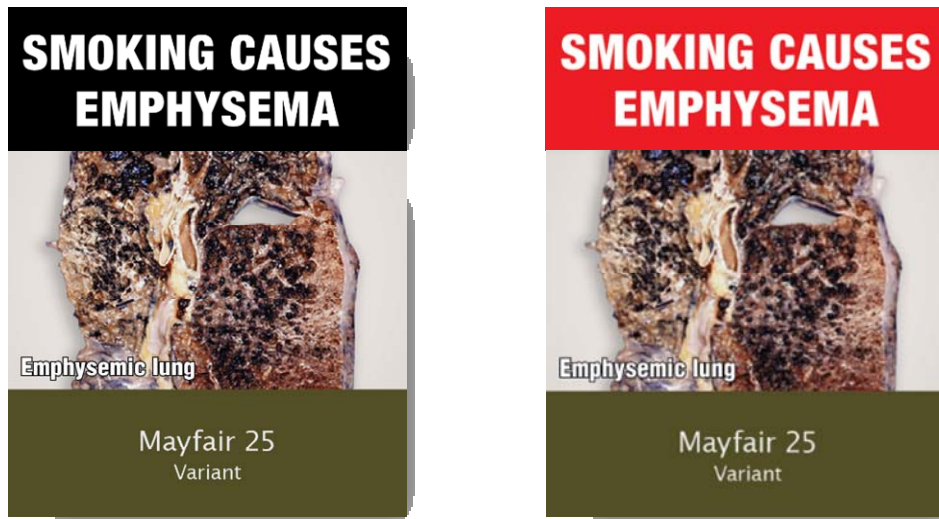
In this phase of research, it was important to test whether the use of the colour of the background of the headline on the front of packs affects message take out and impact. Half the respondents in each group were shown their primary stimulus set with the headlines displayed on a red background, and the other half were shown the headlines on a black background. Respondents were asked to record which pack makes them stop and think the most about their smoking, or in the case of non-smokers and quitters, other people's smoking. Figure 5.4.1 sets out the raw scores and shows how many chose the warning with the red background colour and how many chose the warning with the black background colour.

Figure 5.4.1: Effect of the headline background colour on message impact

ID No:	Warning	Total Score / 85 (Set A) / 84 (Set B)	Red Headline Background Colour	Black Headline Background Colour
5	Lung Cancer	31	14	17
2	Unborn babies	22	11	11
9	Gangrene Foot (non HAW)	19	7	12
9	Gangrene Foot (HAW)	13	5	8
7	Throat Cancer	11	9	2
1	Impact on Significant others (Zita)	10	7	3
3	Bladder Cancer	9	5	4
13	Emphysema	8	6	2
6	Finance	5	1	4
8	Mouth cancer	5	1	4
11	Kidney Cancer	5	4	1
15	Death - Toe Tag	5	1	4
17	Heart Disease	5	2	3
10	Dental Disease	2	2	0
12C	Stroke - Younger man	5	2	3
12A	Stroke - Woman	2	1	1
12B	Stroke – Middle aged man	2	0	2
4	Impotence	2	1	1
16	Quitting	3	2	1
14	Ageing	0	0	0
	N/A	5		
	Total number of responses	169		
	Sample for A =85		Sample for B= 84	

The above data is indicative only. However, it does not suggest that one headline colour resulted in greater message impact overall as there is little differentiation between the scores. In contrast, the qualitative research findings suggested that the use of colour in the headline can affect which element of the warning takes precedence.

Figure 5.4.2: Packs displaying the headline on a red and black background



When the headline is placed on a black background, the image takes precedence as the key element of communication. The headline is more easily overlooked, due to the power of the image. The exception to this was in the 'impotence' warning where the word 'sex' gains attention, regardless of the colour of the background.

In contrast, when the headline is placed on the red background, the headline stands out more due to the bright, red colour and smokers were more likely to read the headline. However, in these instances the image can become recessive.

There are strengths and weaknesses of using red on the front of the pack for the background colour to the headline. The strengths are that the colour red highlights the actual words of the headline. The fact that it is different to current packs, will also help to draw attention. However, there are downsides to using red. Most importantly smokers are likely to focus their attention on the headline and 'escape' the message impact from the image more easily. In a sense, the headline provides a relief from the image. In addition, using the red would add colour to the front of packs which decreases the overall sense of the new plain packs being 'boring', 'drab' or 'serious'.

Using the black background initially for the headline on the front of packs will help focus attention to the new suite of warnings. It will allow the new or revised images to stand out more clearly, as black is more recessive and will blend in more with the rest of the pack. It will also contribute to the key intentions of 'plain packaging', due to the limited association of the colour black with existing branding.

It may be useful to introduce the red headline background colour at a later date when fatigue with the new warnings occurs. At that stage the red would help to create a difference, and it is likely to encourage more people to read the headline, placing a different emphasis on the same warning.

On the prototype packs all warnings on the back of packs displayed a red colour background which is the colour used on current packs. Using a smaller, red background on the back of packs for the headline, as is done in the current suite, does not dominate or appear to affect message take out.

Reactions to the inclusion of 'Health Authority Warning' on the front of packs

In order to explore whether including the words 'Health Authority Warning' on the front of packs adds or detracts from the intended message, respondents were shown the two different options.

Figure 5.4.3: Packs including and excluding 'Health Authority Warning'



The majority did not notice a difference implying that if the 'Health Authority Warning' is included it is likely to go unnoticed on packs. When prompted, inclusion of the words did not make any difference to the interpretation of the message or credibility. The majority of adult smokers realised or assumed that the warnings are from a Government Department. The decision to include the words 'Health Authority Warning' or not is a policy decision.



Role of the copy on packs

As was found in Phase 2, the copy was seen to be irrefutable and unequivocal in content and tone. It is indicative of the necessary approach for the health messages. The facts are presented in a manner that does not invite argument. The messages are short, sharp and to the point, avoiding any unnecessary words or phrases. For the most part, it avoids trying to be 'clever' and, therefore, avoids being perceived as 'ad speak' or marketing. Once again, some of the new topic areas such as bladder cancer and impact on significant others and new approaches such as the lung cancer testimonial, encouraged some smokers to read the copy.

Role of the side of pack information messages

Many smokers noticed the yellow side of pack information message when they were first shown the packs. To some extent, the colour and text provided relief from the more confronting images found on packs, and were seen as a 'safer' place to focus attention. Despite not being read by most smokers, the use of the word 'WARNING' and the colour yellow helped to provide an indication of what the side of pack information message would contain. The black writing on a yellow background held associations with 'toxic' warning signage.

When the side of pack information messages were read, the information was seen to be largely consistent with the rest of the pack elements and was felt to contribute to the overall message of each pack. Messages which tied in with the rest of the pack elements were felt to be more relevant than those which were more generic.

The side of pack information messages which contained a reference point for the chemicals described were thought to be more effective and made more sense to smokers. For example, referring to 'cadmium found in batteries' has greater impact than simply mentioning 'cadmium' as many smokers had not heard of this chemical.

5.5 Overall findings from Aboriginal and Torres Strait Islander audiences

Overall, responses from Aboriginal and Torres Strait Islander audiences were again very similar to the mainstream population. As a result, findings have only been reported separately where differences occurred. There were three distinct findings from the Aboriginal and Torres Strait Islander audiences.

Once again the theme of 'family' and leaving loved ones behind came across as particularly powerful with Aboriginal and Torres Strait Islander audiences. This was not surprising given the poignancy of this theme in broader Aboriginal and Torres Strait Islander communications. For Aboriginal and Torres Strait Islander peoples, this theme of hurting or leaving behind the 'family' extends to include the broader community.

In Phase 2, the heart disease health warning using the image which compares a healthy heart to an unhealthy heart was more effective with Aboriginal and Torres Strait Islander audiences than mainstream audiences. The images were felt to tell an immediate story of the healthy option versus the unhealthy option. In this phase, the response from Aboriginal and Torres Strait Islander respondents was consistent with mainstream audiences and had less of an impact.



GfK bluemoon

In this phase, the health warning about impotence was regarded to be inappropriate by Aboriginal and Torres Strait Islander audiences, particularly by the more traditional group from the Northern Territory (Katherine). The image and topic made respondents feel uncomfortable, given that it is culturally inappropriate to discuss or mention sex in public (see section 8.1 for further details).

6 HEALTH WARNINGS RESONATING ACROSS ALL THE SAMPLE

In this section each of the health warnings which resonated across the entire sample are discussed. These health warnings created the greatest impact and all are recommended for inclusion in the suite of health warnings:

- lung cancer;
- babies;
- gangrene or PVD;
- throat cancer;
- impact on significant others; and
- bladder cancer.

Whilst some require no further changes, others could be further refined with minor changes to the images, headline, copy and/or side of pack information message.

6.1 Reactions to the 'Lung cancer' health warning


Figure 6.1.1: Summary of reactions to the 'Lung cancer' health warning

The lung cancer health warning depicting the skeletal image of Bryan continued to be one of the most powerful in the suite of warnings. It is a highly effective warning as it presents the 'old' information that smoking causes lung cancer in a new way that will be noticed. The image clearly communicates morbidity as well as mortality. It signifies that lung cancer can cause pain and suffering and a long drawn out death. It evoked emotions of guilt, shame and selfishness among even those who were most resistant and sceptical of the new health warnings.

It was highly credible that Bryan's condition resulted from lung cancer. Some smokers were familiar with the suffering and outward signs of cancer, having seen friends or family in a similar state. Others were uncertain as to what a person dying of lung cancer would look like. However, they believed that it is likely to be an unpleasant death and could easily relate to the image.

The new copy in Phase 3 challenged some of the criticisms voiced in earlier testing and this has strengthened the message. Inclusion of specific details about Bryan's life history in the new copy was much more powerful than referring to generic lung cancer facts. Use of a personal story and the words 'he wanted you to know' created a more emotional response and helped to increase the credibility of

**SMOKING CAUSES LUNG
CANCER** ✓



Bryan was a teenager when he started smoking. Like many others he never thought it would kill him. He died aged 34, just nine weeks after he was diagnosed with lung cancer. He wanted you to know – 'this is what happens to you when you smoke'. ✓

SIDE OF PACK MESSAGE

When you smoke you inhale cadmium, a toxic chemical used in batteries. It is known to cause lung cancer and probably kidney and prostate cancer. ✓

5

the image.

In the previous phase, some smokers were quick to judge and claimed that Bryan must have smoked heavily for a long time. Inclusion of the new words, 'was a teenager when he started smoking' have increased the relevance as most smokers also started smoking when they were in their teens. Another criticism was that smokers claimed that it is very rare to die so young at age 34. The copy 'like many others he rarely thought it would kill him' helped to challenge this assumption that smokers prefer to make. It is also strengthened by the words 'he died...just nine weeks after he was diagnosed' which made smokers conscious that lung cancer can be diagnosed at any age and death can happen at any time.

The side of pack information message helped to contribute to the overall warning about lung cancer as it adds further detailed information. It was very effective as it linked cadmium, an 'unknown' chemical, with batteries which most identify as being an everyday, toxic item. This helped to increase relevance as many smokers were reminded of battery acid and the need to dispose of batteries carefully, implying that the chemical must be toxic. Stating a definitive fact such as 'it is known to cause lung cancer' meant that all believed this message. In contrast, use of the word 'probably' in relation to cadmium causing kidney and prostate cancer undermined the strength of the message. Removing the word 'probably', or if necessary the reference to kidney and prostate cancer, will strengthen this side of pack information message.

6.2 Reactions to the 'Unborn babies' health warning

Figure 6.2.1: Summary of reactions to the 'Unborn babies' health warning

In this phase, the unborn babies health warning continued to prompt feelings of guilt across all audiences as it successfully demonstrated the vulnerability of others in relation to smokers' behaviour. Whilst it reminded smokers of the harmful implications of smoking during pregnancy, the image also made them think about the possibilities of harming other people more broadly, such as their own children, friends and family.

"It's so sad. You think 'they never had a chance'. It's all taken away from them before they're born."

"It really does make you think about what you're doing when you're smoking around others."

The headline, image, copy and side of pack information message all act to reinforce this warning. The headline is well known and is not something any smoker would doubt. A sense of shame overrides them when they think of the possibility of harming others, particular those who are vulnerable and innocent such as babies and children.

SMOKING HARMS UNBORN BABIES ✓



✓

Smoking during pregnancy reduces blood flow in the placenta and limits the oxygen and nutrients that reach the growing baby. Smoking increases the risk of miscarriage, stillbirth, premature birth, problems during the birth or the baby having a smaller brain and body. ✓

SIDE OF PACK MESSAGE

Smoke from this product contains a toxic mix of chemicals that cause disease and early death in children and adults who do not smoke. ✓

2

The copy is factual, clear and accessible. For some this was new information which helped to increase knowledge and understanding of how smoking affects unborn babies. The side of pack information message helps to promote consideration of smoker's own behaviour in relation to others by explicitly stating that chemicals in smoke cause disease and death in children and adults who do not smoke.

6.3 Reactions to the 'Gangrene' health warning

Figure 6.3.1: Summary of reactions to the 'Gangrene' health warning

The health warning about gangrene (Peripheral Vascular Disease) continued to resonate with some smokers across all age groups. The current PVD health warning was often recalled as the one smokers try and avoid above all others. The new image is seen to be even more graphic and shocking:

"It's all those different colours – on the foot, the nails, I can't look at it."

Although it is seen as an extreme case, it is still likely to impact across all age groups, for different reasons. For younger smokers, the graphic image was seen to be 'disgusting' and made them immediately feel uncomfortable. They were also reminded of living with the consequences of their actions:


"To lose your foot would mean you lose your job you couldn't play sport, it would wreck your whole life."

For older smokers it made them realise that getting gangrene is a real possibility as it successfully prompted awareness of lesser symptoms, such as 'tingling' in their feet.

There were no issues with the copy as it clearly explains how smoking causes the disease. The side of pack information message is consistent with the rest of the warning.

In the last phase of testing, the headline 'Smoking causes Peripheral Vascular Disease' was largely unfamiliar to smokers, despite the fact that it is on a current health warning. It was suggested an alternative headline be tested, such as 'Smoking causes gangrene' if it is accurate. In this phase, the headline 'Smoking leads to gangrene' was tested, provoking mixed reactions. Most do not doubt that the image of the foot is caused by gangrene as it is a condition that they are familiar with. This is partly due to the fact that the current warning includes the word 'gangrene' over the image of the foot.

SMOKING LEADS TO GANGRENE ?


✓

Smoking narrows and blocks your blood vessels, reducing blood and oxygen supply to your extremities (feet, legs, hands, arms). Over time this can result in pain, open sores that don't heal and gangrene. Gangrene leads to amputation. ✓

SIDE OF PACK MESSAGE ✓

The toxic chemicals in tobacco smoke can go everywhere that your blood flows, causing harm all over your body. ✓

9

However, saying that smoking 'leads to' gangrene as opposed to 'causes' resulted in the threat of gangrene from smoking losing some impact. Older smokers in particular linked gangrene to other medical and lifestyle conditions such as Type 2 diabetes, obesity and infections. They argued that smoking is not the only cause of what can 'lead to gangrene':

"The only person I've ever known to have gangrene was diabetic."

By suggesting that smoking is not a direct cause of gangrene, and the fact that other factors may contribute to the condition, meant smokers felt they would be able to act and prevent gangrene, should they begin to have symptoms. 'Smoking causes gangrene' is a more definitive statement that should be considered. However, if there is any room for doubt about the claim, consider reverting to 'Smoking causes Peripheral Vascular Disease' as the headline and include 'gangrene' on the image.

6.4 Reactions to the 'Throat cancer' health warning

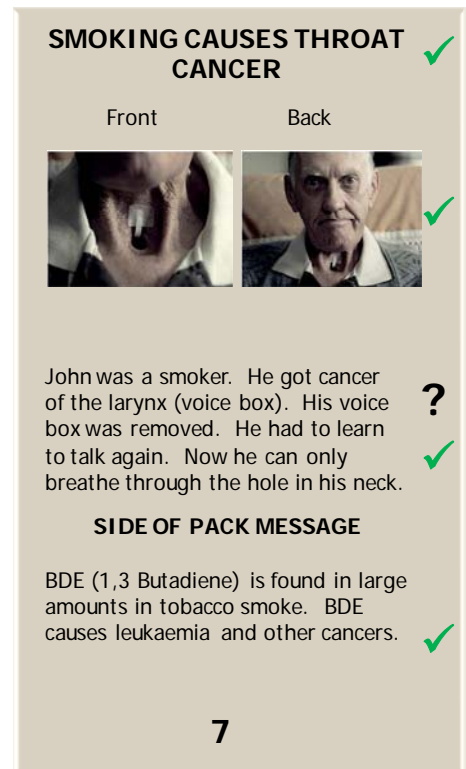
Figure 6.4.1: Summary of reactions to the 'Throat cancer' health warning (John)

Smokers readily accepted that throat cancer is a consequence of smoking, given that inhaled cigarette smoke and the toxins pass directly through the throat. Many smokers were familiar with the consequence, having seen someone with a hole in their throat.

The health warning clearly demonstrates John's lost quality of life. It prompted emotions of embarrassment and guilt as his condition shows the outward, physical manifestation of the consequences of smoking.

Smokers were able to immediately identify with the image on the front of the packs. However, it could be lightened slightly for easier comprehension. The thought of having a hole in the throat was highly disturbing for some smokers. Some participants reacted physically to this warning. They tended to touch their throat and began to imagine what having a hole in their neck may feel like. Others also spoke out and questioned whether their insides would be open to the outside world or whether insects would be able to crawl in. The headline also provided strong direction as to what the image represents.

The copy outlining John's personal story was welcomed, however, as raised in previous testing, some additional detail about the impact on his family is likely to further increase emotions. That said, if this is not possible, the copy will still have an impact.




The side of pack information message referring to Butadiene was not as impactful as others as there is no point of reference for the chemical. That said, it is still credible as causing leukaemia and other cancers and still sounded frightening to many.

As was found in Phase 2, the only potential weakness of this message is the fact that John's physical appearance increased the perception of throat cancer being a consequence of long-term heavy smoking experienced by older smokers. In order to see if an image of a younger smoker would increase the effectiveness, an alternative image and testimonial story were tested (Leroy).

Figure 6.4.2: Summary of reactions to the alternative 'Throat cancer' health warning (Leroy)

The execution of Leroy did not achieve its intention of increasing relevance for younger smokers. Leroy was not regarded to be young enough, as most felt he still appeared to be in his 40s or 50s. He was also seen to be less familiar and relevant to Australian smokers, believing he was American due to his name and appearance. In addition, his appearance suggested the image was dated, which made it harder for smokers to relate to him. Overall, smokers showed greater empathy towards John. Even if the younger smokers could not imagine throat cancer happening to them, many felt he could be their father or grandfather.

**SMOKING CAUSES THROAT
CANCER** ✓



✗

Leroy was a smoker. He got cancer of the larynx (voice box) at 48. His voice box was removed. He had to learn to talk again. Now he can only breathe through the hole in his neck. ✗

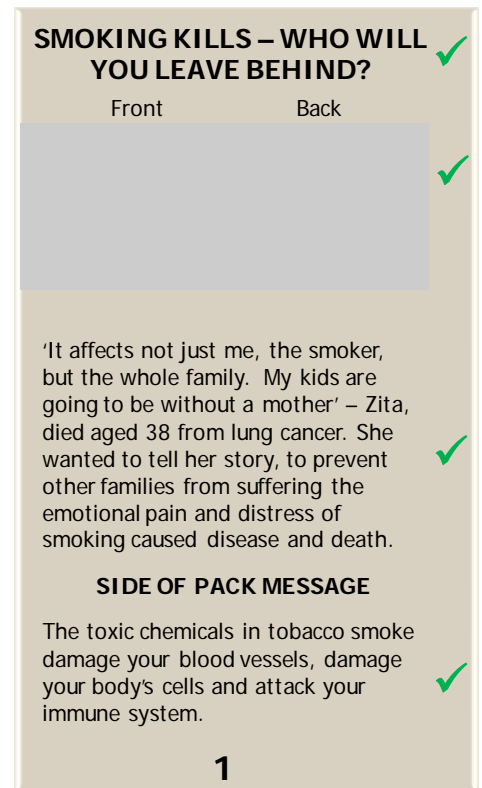
6.5 Reactions to the ‘Impact on significant others’ health warning⁶

Figure 6.5.1: Summary of reactions to the ‘Impact on significant others’ health warning

The real strength of Zita’s story continued to be its ability to capitalise on the strong emotions generated by the television advertisement. The images and copy on the pack reminded smokers of the sadness they felt when watching the television advertisement and made them feel guilty about the possibility of leaving loved ones behind. The warning was still effective in states where the television advertisement did not air, such as South Australia and Queensland, because all the components of the warning combine to tell the story of loss and leaving family behind.

The two images work effectively to illustrate Zita’s suffering and the pain caused to her children. Including her age helped to increase the relevance of the message to all. The rhetorical question used in the headline is particularly powerful at provoking smokers to answer the question for themselves, making it hard for them to ignore.

The copy is likely to be read as it is a new topic and the testimonial style was intriguing and engaging for most. The words prompted thoughts among all participants of not being around for family members, not just mothers. The line ‘she wanted to tell her story’ was particularly impactful and provoked further feelings of guilt. While the side of pack information message does not actively contribute to this particular warning it was seen to be credible and reminded smokers of the damage that smoking can do to their immune system.



⁶ Image not shown due to privacy and/or copyright.

6.6 Reactions to the 'Bladder cancer' health warning

Figure 6.6.1: Summary of reactions to the 'Bladder cancer' health warning

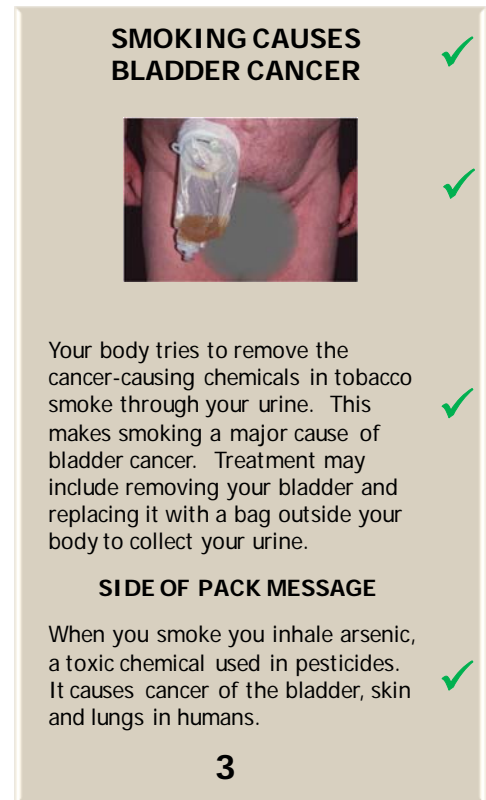
The bladder cancer warning continued to be a powerful, new message as most smokers were unfamiliar with the disease being caused by smoking. Overall, the image is the core strength of the warning as it communicates a reduced quality of life as a direct result of smoking. A picture of an urostomy bag is shocking without being too grotesque. It prompted people to consider how their quality of life would be affected if this happened to them, with many explaining they would be embarrassed and disgusted. It was particularly emasculating for men as the image of a man meant they could easily visualise themselves in that situation.

"That is pretty shocking, I'd really want to avoid that at all costs."

"I'd hate to be like that. I'd be so embarrassed. You couldn't go swimming, lay at the beach, feel comfortable naked...that's horrible."

A small number of smokers found it difficult to empathise with the man in the situation and could not identify with someone who had 'done this to themselves'. This lack of empathy was due to people's unfamiliarity with the health condition being caused by smoking.

The copy strongly reinforces the headline and the image as it provides a straightforward and logical explanation of how smoking causes bladder cancer, which is extremely important given that it is new information. The side of pack information message also reinforces the danger to the bladder effectively by referring to 'arsenic' used in 'pesticides'.



6.7 Quantitative data on the health warnings resonating across all the sample

A quantitative assessment tool was used to ‘measure’ consumers’ perceptions of the new health warnings. The tool uses eight outcome measures, four of which relate to ‘message take out’ and four to ‘message impact’. The data below show the proportion of group participants who agreed or strongly agreed with the eight statements for each of the health warnings which resonated across all the sample.

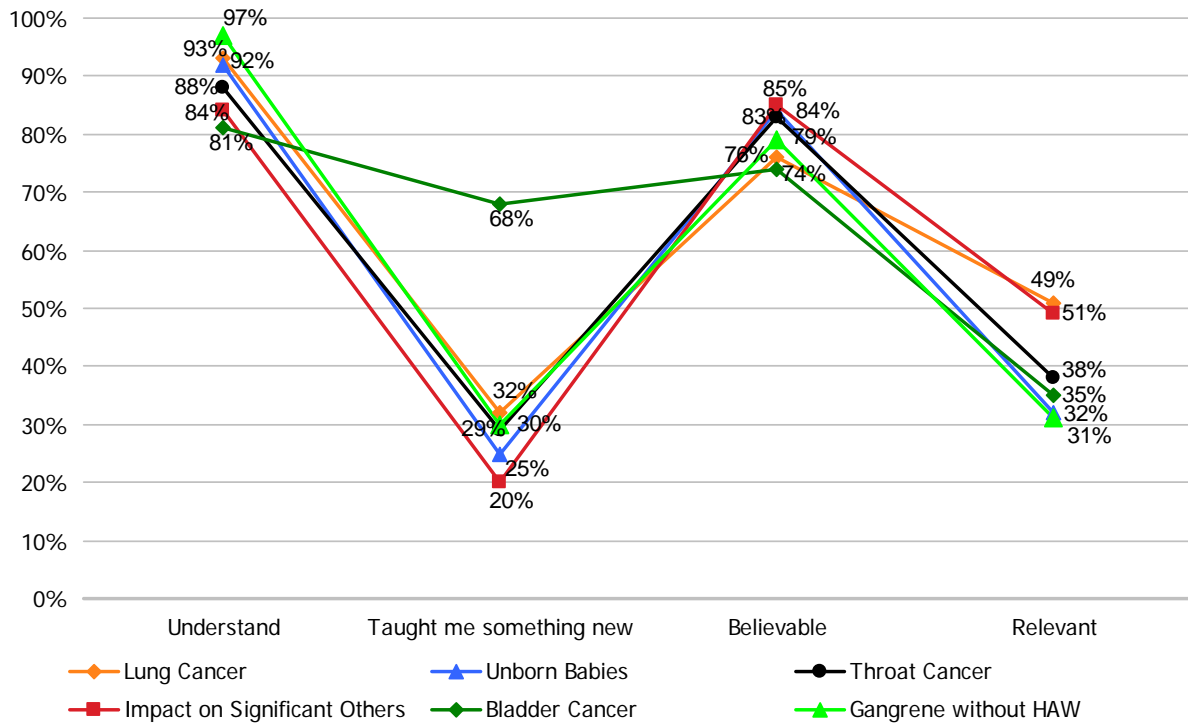
Table 6.7.1: Data based on responses to statements relating to the health warnings resonating across all the sample

Measures for message take out and impact	Lung cancer %	Unborn babies %	Throat Cancer %	Impact on Significant others %	Bladder cancer %	Gangrene (without HAW) %
Easy to understand	93	92	88	84	81	97
Taught me something new	32	25	29	20	68	30
It's believable	76	84	83	85	74	79
It's relevant to me	51	32	38	49	35	31
Makes me stop and think	76	60	63	64	64	61
Makes me feel uncomfortable	79	70	62	58	66	76
Makes me feel concerned about my smoking/other people smoking	76	64	57	65	55	66
Makes me feel more likely to try and quit/remain a quitter/continue to be a non-smoker	58	51	50	55	47	51

The first four measures in the table relate to message take out and the latter four relate to message impact.

% refers to proportion of participants who agreed or strongly agreed with the statement

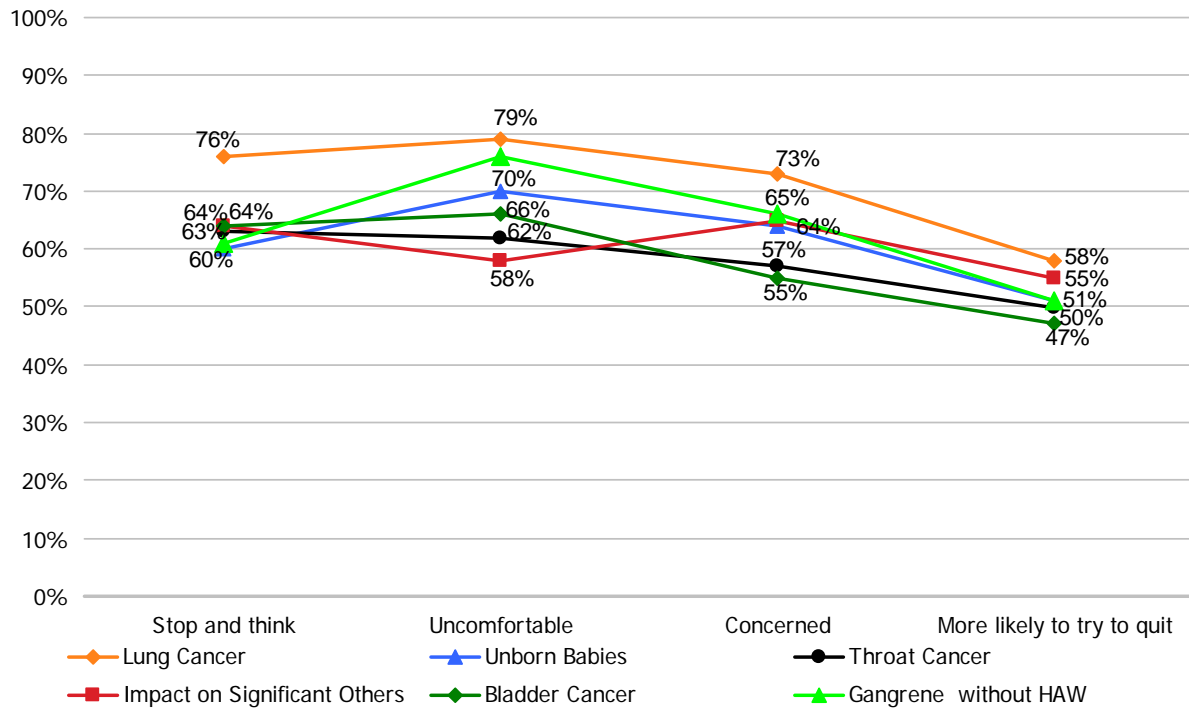
Figure 6.7.1: Message take out measures for health warnings resonating across all the sample



The graph shows that most of these health warnings follow a typical pattern in terms of message take out measures for health warnings. The pattern shows that the majority of smokers understand the message and believe it. In terms of relevance, there will always be different attitudes depending on whether smokers are contemplating giving up, but a third to half of people will find the warning relevant.

This tool helps to highlight the fact that the bladder cancer warning stood out as providing new 'news' to smokers, as 68% of the sample agreed that it taught them something new. This is much higher than for the other warnings included in this graph, where only 20-32% of smokers agreed they taught them something new.

Figure 6.7.2: Message impact measures for health warnings resonating across all the sample



The graph shows that out of all the health warnings that resonate across the sample, the warning about lung cancer stood out as having the strongest impact. It was the warning depicting Bryan's image that made people most likely to stop and think, feel uncomfortable and be concerned about their smoking.

Table 6.7.2: Data based on responses to statements relating to the gangrene executions

Measures for message take out and impact	Gangrene without 'Health Authority Warning'	Gangrene with 'Health Authority Warning'
	%	%
Easy to understand	99	91
Taught me something new	30	29
It's believable	79	74
It's relevant to me	31	25
Makes me stop and think	61	58
Makes me feel uncomfortable	76	68
Makes me feel concerned about my smoking/other people smoking	66	53
Makes me feel more likely to try and quit/ remain a quitter/continue to be a non-smoker	51	59

The first four measures in the table relate to message take out and the latter four relate to message impact.

% refers to proportion of participants who agreed or strongly agreed with the statement

Figure 6.7.3: Message take out measures for gangrene executions

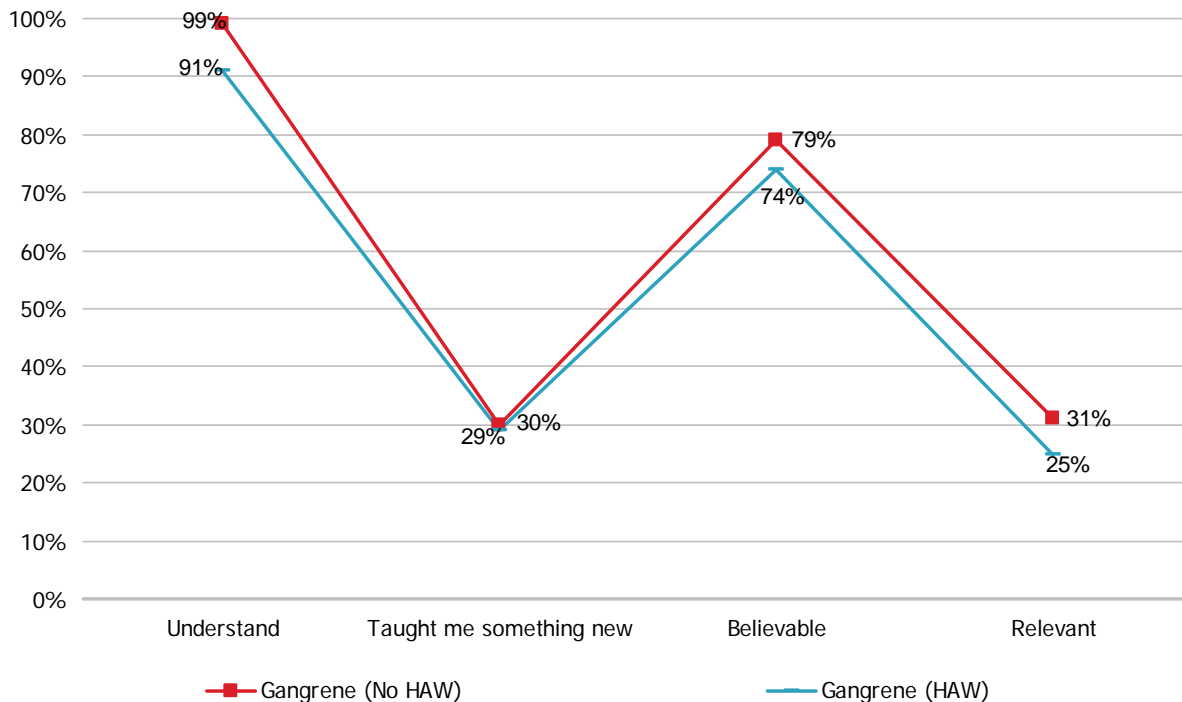
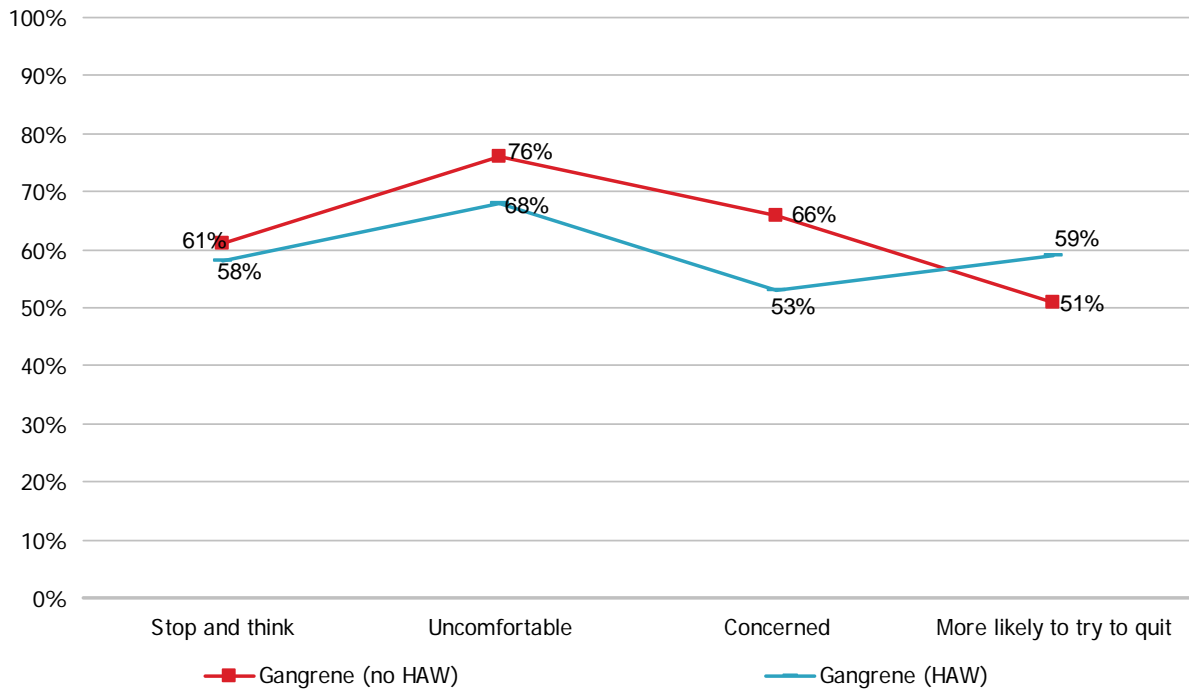


Figure 6.7.4: Message impact measures for gangrene executions



The same gangrene image was included in both sets of packs. In Stimulus Set A, the words 'Health Authority Warning' were included on the front and back of the pack and in Stimulus Set B these words were excluded from the pack. These two graphs illustrate that including the words 'Health Authority Warning' on the packs did not make any real difference to both the message take out or message impact.

7 HEALTH WARNINGS RESONATING ACROSS SPECIFIC SUB GROUPS

Reactions to those health warnings which resonated with specific sub groups, such as particular age groups or genders, are discussed in detail below. The health warnings include:

- emphysema;
- financial;
- mouth cancer;
- kidney cancer;
- dental;
- heart disease;
- death; and
- stroke.

All of these health warnings are recommended for inclusion in the forthcoming suite. Some do not require any further changes, whilst consideration could be given to minor changes for others. If time permits, different images for the dental and death images would ideally be sourced and tested. Careful consideration of the final stroke images will be required before their inclusion in the set.

7.1 Reactions to the ‘Emphysema’ health warning



Figure 7.1.1: Summary of reactions to the ‘Emphysema’ health warning (lung)

Although the emphysema warning did not provide any new information, it continued to have an impact. The message that smoking causes emphysema is well known and familiar, prompting high recall amongst most smokers of previous emphysema and lung cancer campaigns.

This warning continued to be particularly effective among older smokers. This is because they were more likely to know someone with emphysema or were already feeling the effects of smoking on their lungs which could be symptoms of emphysema. The copy is particularly strong and smokers can strongly relate to the words ‘living, breathing hell.’

As in Phase 2, there was some disconnect from the message due to the clinical image of the lung, which provoked a more rational response. In addition, it was hard to immediately identify it as a lung, especially on the front of the pack, where the cropped image meant respondents drew comparison to a mushroom or T-bone steak. The image on the back of the pack is

SMOKING CAUSES EMPHYSEMA

Front	Back
	
Emphysemic lung	EMPHYSEMIC LUNG

✓

Smoking causes most cases of emphysema. Emphysema is the slow and **permanent** destruction of the airsacs in your lungs. Over time it becomes harder and harder to breathe. You slowly start to die from lack of air. Sufferers describe it as a living, breathing hell. ✓

SIDE OF PACK MESSAGE

Tobacco smoke contains hydrogen cyanide. Inhaling hydrogen cyanide damages the cleaning system of your lungs, allowing other toxic substances to build up in the lungs. ✓

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more clearly identifiable as a lung and should be used on the front and back of packs in the final suite.

There was some call for a comparative image of two lungs which was tested in the previous phase and is on current packs. However, continuing with a similar image is likely to make the warning feel even more like old news if executed in exactly the same manner.

A real strength was that smokers recognised that the image is of a damaged lung. All were aware that lungs should be pink rather than black and brown.

"It'd be good to see a healthy lung, but I guess at the same time I know when I see that it's not right."

"That ain't right to be in anyone's body...you know somethin' is goin' wrong there."


The side of pack information message complements the rest of the health warning as it directly explains that hydrogen cyanide is a chemical that damages the cleaning system of the lungs. Most smokers related 'cyanide' to poison, which they immediately equated to damage.

Figure 7.1.2: Summary of reactions to the alternative 'Emphysema' health warning (Lena)

An alternative warning was tested showing Lena who was diagnosed with emphysema aged 42 to see whether this personal approach would increase relevance to all smokers, but particularly younger ones. Overall, this execution did not address the issue. Lena's image and testimonial approach did help to convey the loss of quality of life and the reliance on an oxygen tank, however smokers did not necessarily link the cause to emphysema, claiming it could be due to another illness.

All smokers found it hard to reconcile the age of 42 described in the copy with Lena's image as they felt she looked much older than this. This meant that younger smokers found it hard to relate to the situation and older smokers questioned the credibility of the story. In addition, this image is reliant on the copy to provoke an emotional response because without prior knowledge of the consequences of emphysema and the need for an oxygen tank, the image is not instantly understood. For these reasons, it is recommended that the health warning about emphysema proceeds with the image of the lung.

SMOKING CAUSES EMPHYSEMA ✓



✗

'I was diagnosed with emphysema at 42. Without my oxygen tank, it feels like I'm breathing through a straw. Just breathing is torture.' – Lena ✗

7.2 Reactions to the 'Financial' health warning

Figure 7.2.1: Summary of reactions to the 'Financial' health warning

The impact of the financial warning will differ from the health effects warnings as it is a message that is likely to be absorbed over time, rather than having an immediate impact. As with the previous phase of testing, it was felt to be a new and encouraging theme which complements the health effects warnings.

The information was seen as being highly factual and irrefutable. The issue of the cost of cigarettes impacting on finances resonated with all demographics, but was more pertinent for younger smokers who were working and those with families. Those least affected were 16-17 year olds who do not use their own money to buy cigarettes. The examples used in the table are highly relevant across a range of demographics and provide a positive, motivating reason to quit. The question used in the headline is straight to the point and direct. Many smokers identified a double meaning of 'cost' being related to finances as well as health and even emotional loss of family.

The risk of the current execution is that smokers will not engage with the image. The comparatively dense text, table format and bland colours means that there is no immediate, visual message take out for the reader. Instead, this message is likely to be absorbed and read over time. The 'inoffensive' image is likely to offer some relief to smokers which will assist in engaging their attention at some point. It is highly likely that most smokers will read the message at a 'quiet' time.

Respondents noticed that the side of pack information message does not directly relate to the rest of the warning, however given that this has never been the intention for all the messages and would be difficult in this instance, this message was felt to be relevant and credible.

HOW MUCH DOES SMOKING COST YOU? ✓

Time quit	Money saved	What will you do with the money?
2 days	\$30	<ul style="list-style-type: none"> • CD /music download / DVD • Take away meal
1 week	\$105	<ul style="list-style-type: none"> • Tickets to sporting game • Tank of petrol ✓
1 month	\$420	<ul style="list-style-type: none"> • Weekend away • New clothes / shoes
6 months	\$2,520	<ul style="list-style-type: none"> • Family holiday • Plasma TV /computer
1 year	\$5,040	<ul style="list-style-type: none"> • Lump sum off mortgage • Deposit for new car

A pack of 25s costs around \$15. If you smoke a pack a day that's \$105 a week. Quitting will save you money. ✓

SIDE OF PACK MESSAGE

Inhaling tobacco smoke releases benzene into your body. Benzene causes leukaemia, increases the risk of other cancers and is believed to be dangerous at any level of exposure. ✓

6

7.3 Reactions to the 'Mouth cancer' health warning

Figure 7.3.1: Summary of reactions to the 'Mouth cancer' health warning

While the message about mouth cancer remained powerful, the credibility of the image was questioned in this phase of testing. Smokers readily accepted that 'smoking causes mouth cancer', given that the mouth is the closest point of contact to cigarettes and inhaled smoke. Its strength lies in its ability to explain that smokers can be left with a visible, physical deformity, which prompted emotions of embarrassment and guilt. In this phase, it was noticeable that younger smokers in particular fear this type of physical deformity:

"Who is going to want to kiss that?"

The irrefutable copy helped to contribute to the fear of physical impairment by referring to the struggle with everyday, simple actions, such as eating and speaking.


However, in this phase of testing the image depicted on the pack often failed to provoke an immediate reaction. Many claimed that the image of the tumour is not obvious, leaving them wondering which part was the tumour and which was the tongue:

"So is this a tumour or are they just twisting their tongue around?"

The credibility of the image was also questioned, with many claiming that it looks like the mouth of a non-smoker, given the perfect white teeth and the healthy pink skin and lips. In order to enhance credibility, some consideration could be given to making some minor changes to the image. This would include further exaggeration of the tumour, without it being too extreme, and changing the teeth and skin to look somewhat less healthy and more like that of a smoker. This could include depicting stained / yellow teeth and slightly yellow / grey skin.

The side of pack information message was one which was not seen to directly relate to the rest of the warning. Most smokers had not heard of 'benzopyrenes' and a lack of an everyday point of reference allowed smokers to distance themselves from the message. Further, they claimed to not know how the body 'normally' protects itself from getting cancer and, therefore, did not understand how benzopyrenes could damage the body. It may make more sense if the word 'normally' is omitted. If space allows, the message may benefit from including an 'everyday' point of reference, such as fuel, to contextualise 'benzopyrenes'.

SMOKING CAUSES MOUTH CANCER ✓



?

Smoking is the major cause of cancers of the throat, voice box (larynx), and mouth. Treatment can include surgery that may deform your face and neck or leave permanent scars. It can also leave you struggling with problems breathing, eating, speaking, and coping with life. ✓

SIDE OF PACK MESSAGE

Inhaling tobacco smoke releases benzopyrenes into your body. Benzopyrenes damage how your body normally protects itself from getting cancer. **8** ?

7.4 Reactions to the 'Kidney cancer' health warning

Figure 7.4.1: Summary of reactions to the 'Kidney cancer' health warning

Kidney cancer being attributed to smoking is once again new and powerful information which smokers will find hard to ignore. In this phase an image of blood in the toilet was tested to see whether showing an outwardly, visible sign of kidney cancer would be more successful than the image of an organ which tested poorly in the previous phase.

This new image successfully achieves this as it assists in 'externalising' an internal organ and related consequence of smoking which is not easy to achieve. Whilst not as shocking as some of the more graphic images, the 'first person' image and situation increased personal relevance by effectively placing people in that situation. Respondents could imagine themselves standing over the toilet bowl, looking down at the blood in the toilet. Its subtlety helped to prompt engagement among smokers. The image was significantly stronger for men, given that seeing blood in a toilet is an unknown situation in comparison to the experience of women.

The copy offers a clear explanation for the new information, demonstrating the direct link between smoking and kidney cancer, communicated in a manner that leaves little room for ambiguity. The reference to 'your' body and 'your' kidneys is engaging and credible. The bolding of the word 'tries' also highlights the damage smokers are choosing to cause to themselves whilst the body tries to correct itself. This played on smokers' guilt by demonstrating how they are betraying their own bodies. Referring to smoking as a 'major' cause of kidney cancer elevated perceived risk levels.

The side of pack information message caused confusion among some smokers as 75 cancer causing chemicals is not seen to be a high number to those who are familiar with numbers such as there being over '4000 chemicals in cigarette smoke'. While for others, numbers have little meaning and are easily dismissed.

SMOKING CAUSES KIDNEY CANCER ✓



✓

The cancer-causing chemicals you inhale with each puff, go through your kidneys as your body **tries** to get rid of them in your urine. ✓
This makes smoking a major cause of kidney cancer. Blood in the urine is one of the most common symptoms.

SIDE OF PACK MESSAGE

Inhaling tobacco smoke releases more than 75 cancer causing chemicals into your body. ?

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7.5 Reactions to the 'Dental' health warning

Figure 7.5.1: Summary of reactions to the 'Dental' health warning

The new images of the damaged teeth and gums will always be the subject of some criticism due to their extreme nature, with many smokers trying to dismiss the message on a rational basis. As is the case with the current health warning about dental disease, smokers claimed that the images were not credible or relevant to them.

"I'd never let my teeth get that bad."

"I'd get mine whitened."

That said, this warning effectively reminded smokers of the lesser consequences. On an emotional level these images scared or embarrassed smokers. They immediately thought about yellowing and stained teeth and the damage they are causing to their own teeth. Many people, particularly long term smokers, are highly conscious of the impact smoking has on their own teeth, looks and image. The images also prompted wider discussion of other less extreme physical signs attributed to smoking, such as yellow fingers.

While being 'old' news, the headline and copy are considered to be inescapably true. Smokers accept that smoking causes damage to teeth and gums, as they can see the damage on others and themselves. The copy is accepted as factual and succinctly explains how the damage can occur. While not offering any new information, the side of pack information message complements the health warning.

In the previous phase of testing, two images were tested (see Figure 7.5.2). One showed teeth of a female smoker aged 45 which was also included in this phase, and one of a female smoker aged 30. The image of the smoker's teeth aged 30 was too easily dismissed as being caused by other factors such as her diet or drugs. Smokers dismissed the image due to the extreme damage at such a young age. As a result it was suggested that different images be tested in this phase of testing, including a male's teeth and teeth of an older smoker.

SMOKING DAMAGES YOUR GUMS AND TEETH ✓

Front	Back	
		✓ ?

Smoking causes inflammation of the gum and other tissue around your teeth (periodontitis). Symptoms can include gum redness, swelling, bleeding, infection and pain. The gum, bones and other tissue supporting your teeth can be destroyed resulting in tooth loss. ✓

SIDE OF PACK MESSAGE

The toxic chemicals from tobacco smoke can be found in your breath, blood and urine every time you smoke. ✓

10

Figure 7.5.2: Dental health warning images tested in Phase 2



In this phase, the use of older ages in the images has increased the relevance of this message for older smokers. Using older ages has also assisted in increasing credibility. Despite the continued criticism, the tested images in this phase could move forward as they are if necessary.

7.6 Reactions to the 'Heart disease' health warning

Figure 7.6.1: Summary of reactions to the 'Heart disease' health warning

As was found in the last phase, the heart disease warning continued to be effective among those with a family history of the condition or who had friends or family who had died from heart disease. The headline and copy resonated with this audience for a number of reasons. The headline in particular is irrefutable:

"My old man died of a heart attack so this one stood out to me."

The copy effectively explains how smoking causes heart disease and explains to smokers that they are at greater risk than non-smokers. It also provides a positive, motivating factor for quitting, involving a short time frame by stating, 'Quitting today can cut your risk of heart disease in half by this time next year'.

The side of pack information message complements the rest of the health warning as it directly relates hydrogen cyanide, the chemical singled out in the side of pack information message, as being one which damages the heart.

As was found in the last phase, heart disease was not a major concern for other smokers and it is unlikely they will pay much attention to the warning. Smokers identified multiple possible causes of heart disease, such as obesity, poor diet and stress. They found the warning easy to dismiss as smoking was not seen to be a direct cause.

SMOKING CAUSES HEART DISEASE ✓




Healthy heart
Damaged heart

Smoking causes heart disease by damaging the blood vessels and blood supply to your heart. Smokers have more heart attacks, repeat heart attacks and angina than non-smokers. Quitting today can cut your risk of heart disease in half by this time next year. ✓

SIDE OF PACK MESSAGE

Inhaling tobacco smoke releases hydrogen cyanide into your body. Hydrogen cyanide damages your heart and causes breathing problems, eye and skin irritation, headaches and nausea. ✓

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The comparative image of the healthy and unhealthy hearts did little to disrupt this assumption and behaviour among these smokers. The organ comparison provoked a purely rational response by virtue of it being 'clinical' and 'scientific'. Given that smokers have no point of reference for what a healthy and damaged heart look like, both looked unfamiliar and unpalatable:

"These could be animals' hearts for all I know."

In the last phase, Aboriginal and Torres Strait Islander respondents reacted more favourably to this warning because the comparative image communicated a clear message about there being a healthy and unhealthy choice. However, in this phase of testing the responses given by Aboriginal and Torres Strait Islander peoples did not differ from the rest of the mainstream sample.

Ultimately, the execution does not excite interest but the content of the warning remains the strength of the concept for smokers with a family history of heart disease.

7.7 Reactions to the 'Death' health warning

Figure 7.7.1: Summary of reactions to the 'Death' health warning

The warning about death continued to have the greatest impact on older smokers who are 40+ years. It triggered thoughts about their own death and the impact this would have on friends and family. The headline and copy remained effective. No one could argue with the reality of the powerful headline 'Smoking Kills', as death is a concept that is frightening to all. The statistics stating '40 Australians will die today' and 'Half of all lifetime smokers are killed' were particularly confronting and difficult to ignore:

"That's a shock – that could easily be me."

"Half seems really significant."

The side of pack information message complements the rest of the warning by referring to the chemicals in tobacco smoke which build up to high levels over time, increasing the risk of death and disease. Referring to 'the longer and more you smoke' is particularly relevant for older, longer term smokers to whom this warning is most relevant.

In this phase, the toe tag image has potential to still be relevant as it remains a recognisable symbol of death and finality. It was especially impactful for those who had seen one on their own friend or family member as it triggered an emotional response.

SMOKING KILLS ✓


?

Around 40 Australians will die today from smoking. Don't think it won't happen to you - half of all lifetime smokers are killed by their smoking. ✓

SIDE OF PACK MESSAGE

The chemicals in tobacco smoke build up to high levels in your body over time. This increases your risk of death and disease the longer and more you smoke. ✓

15

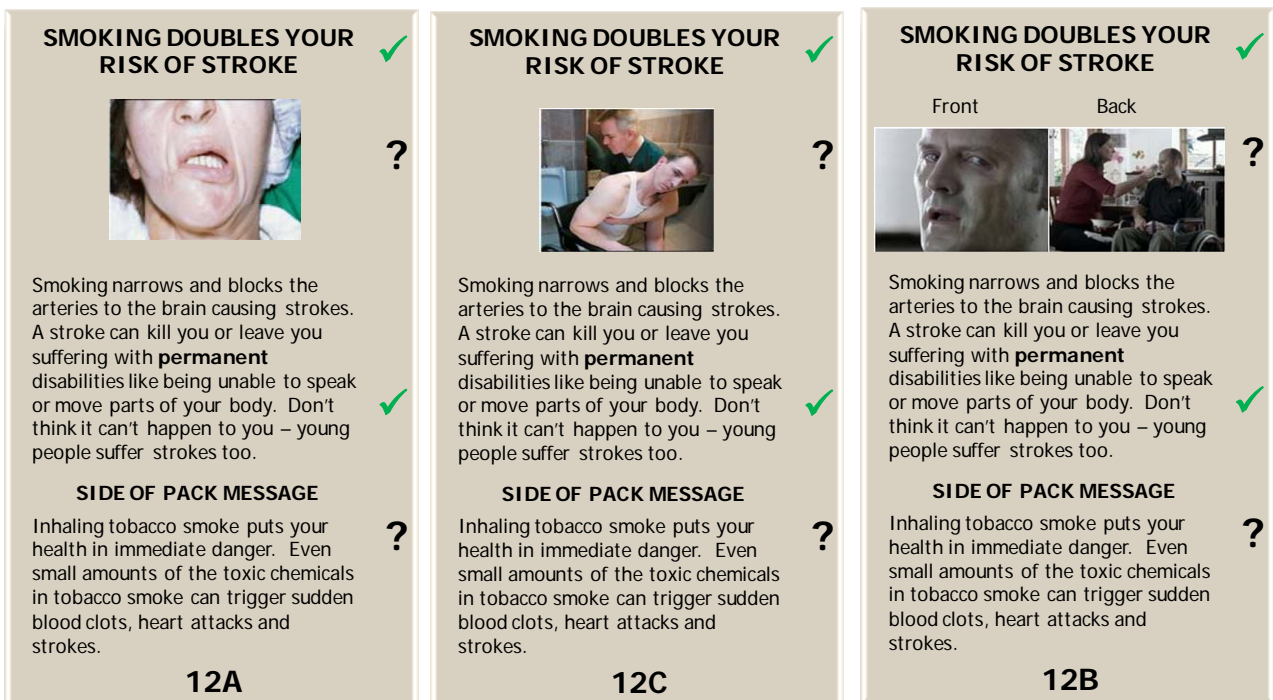
However, there continued to be heavy criticism as the toe tag image was seen to be too theatrical and staged. As was found in the previous phase with the image of the dead body in the morgue, the picture of the toe tag was immediately associated with a scene from a Hollywood movie or television shows such as CSI (Crime Scene Investigation). The bright blue colours enhance this 'science-fiction' look and feel. It was also critiqued as the foot was said to be too pink and healthy for a corpse's foot. For some, it made mortality seem much less frightening than morbidity:

"This makes death look quite peaceful."

Overall, the image impacts on the sense of irrefutability and seriousness of the message and ultimately its credibility. The over dramatised nature of the image caused smokers to dismiss the image too easily. The credibility of the image could be strengthened by toning down the blue background colours and making the foot look more like a corpse's foot by appearing less pink and healthy. If time permits, the concept would benefit from testing of further images that signify death.

7.8 Reactions to the 'Stroke' health warnings

Figure 7.8.1: Summary of reactions to the 'Stroke' health warnings



Stroke is still regarded to be a highly powerful topic area. It is one of the health conditions particularly feared by smokers due to the loss of quality of life and permanent, physical impairment. Creating a reliance on others for even the most basic functions, such as eating and bathing, provoked feelings of guilt and embarrassment, particularly amongst male smokers.

Both the headline and copy of the stroke executions continued to work well. The use of ‘doubles your risk of stroke’ in the headline is highly credible and impactful as it does not claim that ‘only smoking’ causes stroke. There is a general acceptance that smoking causes greater risk of most health conditions, and, therefore, smoking ‘doubling’ the risk of what people see as a common health condition is particularly fearful.

The copy successfully reinforces the morbidity of the condition by explaining that stroke can leave you with ‘permanent disabilities like being unable to speak or move parts of your body.’ It also challenges the perception that stroke only affects older people by saying ‘Don’t think it can’t happen to you...’.

Some minor changes could be made to the side of pack information message to strengthen it further. The words ‘Inhaling tobacco smoke puts your health in immediate danger’ were perceived as an unnecessary attempt to be persuasive. It was seen as old information being used to increase the dramatic effect. It was felt that these words could be excluded from the message. Use of the words ‘Even small amounts ...’ appeared to be effective for younger and older smokers, reminding them that anyone can be affected by the toxic chemicals in tobacco smoke.

The last phase of research tested two images for stroke, one of someone in a wheelchair and the other of a female stroke victim. It was recommended that other images be tested in this phase of research to include images that better conveyed the condition of stroke and which were more relevant to younger people. In this phase three different images were tested. A new cropped image of the woman stroke victim from Phase 2 was shown. An image of a younger man being helped in a wheelchair was tested. The third execution involved two images of a middle aged man used in an anti-tobacco television commercial.

In order to be an effective image it needs to depict the physical disability caused by stroke, whilst at the same time demonstrate the physical incapacity and reliance on others. Showing an image of a younger stroke victim will help to reinforce the idea that stroke does not only happen to older people. Figure 7.8.2 shows that none of the tested images met all the necessary criteria for an effective ‘stroke’ image.

Figure 7.8.2: Criteria of an effective ‘stroke’ image

Criteria			Front	Back
	Female Stroke Image	Younger, Male Stroke Image	Middle Aged, Male Stroke Image	
Recognisable as ‘stroke’ due to (drooping mouth and eye)	½	✘	✓	
Demonstrates physical incapacity / imposition on others	½	✓	✓	
Capitalises on emotion of embarrassment and shame due to having to rely on others	✘	½	✓	
Increases relevance to young people	✘	✓	½	

Female stroke image

The female stroke image was only effective for those who were familiar with the physical impairment a stroke can cause. Not showing her eyes still minimised the immediate comprehension of stroke, as smokers were unable to identify the physical impairment through a drooping eye. It also minimised personal relevance and provoked less of an emotional reaction amongst smokers.

The perception of physical incapacity associated with having a stroke is only able to be inferred by those familiar with the condition as it is not demonstrated in this image. As was found in the previous phase of testing, the age of the woman reinforced the perception that only older people should be concerned about stroke. In addition, some questioned the credibility of the image as the woman's teeth appeared too white and undamaged for a smoker.

Younger male stroke image

The younger male stroke image helped to communicate that stroke can happen at a young age. However, the key issue with the image is that the man is not immediately identified as a stroke sufferer. Respondents dismissed this image as there was no apparent facial paralysis with the characteristic droop of the mouth and the eyes. They argued his condition could be due to an accident or other illness:

"He looks buff. He probably dropped a barbell on his head at the gym."

There was some uncertainty about who the other man in the image was and what they were trying to do. Some thought he was a nurse which limited feelings of guilt, as it does not show the impact stroke can have on other family members. The image was also difficult to comprehend as the wheelchair was not easily seen. Although it attempted to communicate the message that a stroke can lead to a reliance on others, the image was too complex for an instant message take out.

Middle aged male stroke image

The image of the middle aged male stroke sufferer fulfils almost all the criteria. The front of pack image of his face shows he has suffered a stroke. That said, it was felt that the 'drooping' mouth and eye could be more pronounced by using a wider angled shot. His complexion looks 'ashen' and 'ill' and his eyes communicated the sadness and helplessness that a stroke victim is expected to experience. This helped to provoke an emotional reaction.

The image on the back of the pack of him being fed by his partner demonstrated the physical incapacity and reliance on others. It capitalised on smokers' feelings of guilt. His age was still regarded to be relatively young which meant it was relevant for younger people.

Despite these strengths, a key consideration is whether using these images of the middle aged man could impact on the credibility of the message. The man was recognised by some as being from a television advertisement. On a positive note, this increases the potential impact due to residual feelings prompted by the television advertisement. That said, some believed they could identify makeup being used, making them question whether he was a 'real' stroke victim. This was reinforced by the fact that no 'personal' story was

used to accompany the image. Knowledge of this man being an actor could undermine the irrefutable and factual nature of the rest of the warnings in the suite. For this reason, it is recommended that the stroke image requires further consideration before it is included in the suite of warnings.

7.9 Quantitative data on the health warnings resonating across specific sub groups

In this section the quantitative data for all those health warnings that resonated across specific sub groups is displayed. For ease of looking at the data in the tables and the graphs, not all the warnings have been displayed together. Thus, there are three separate tables displaying the data.

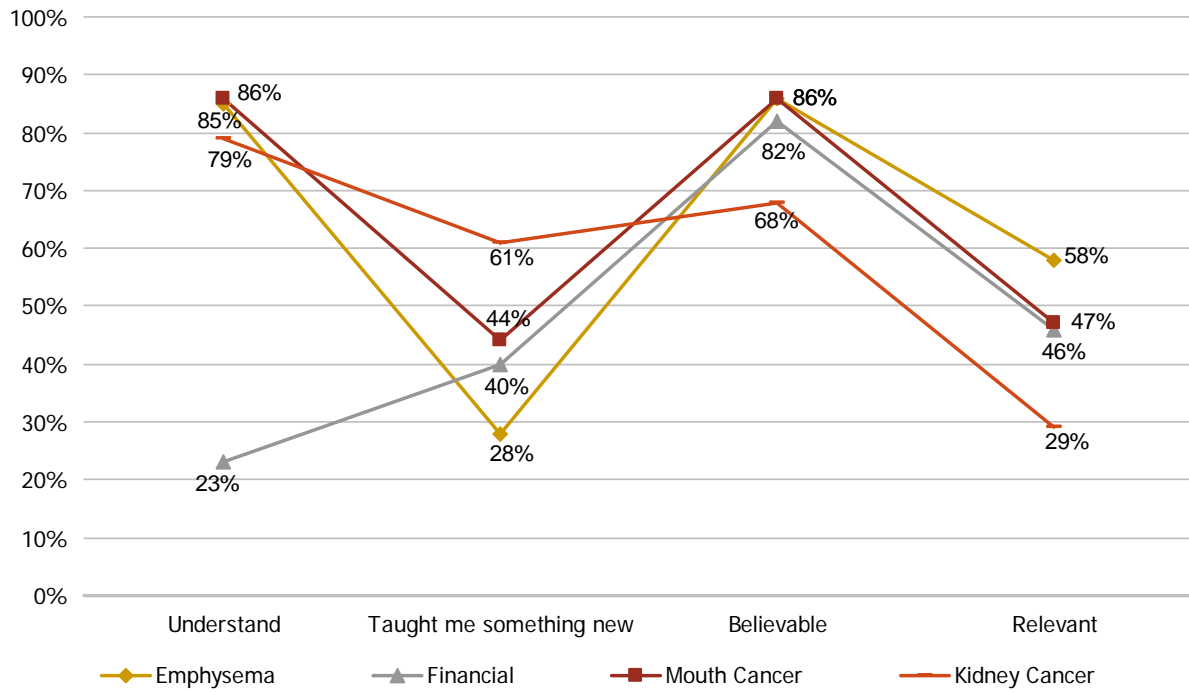
Table 7.9.1: Data based on responses to statements relating to the health warnings resonating across specific sub groups (1)

Measures for message take out and impact	Emphysema %	Financial %	Mouth cancer %	Kidney cancer %
Easy to understand	85	23	86	79
Taught me something new	28	40	44	61
It's believable	86	82	86	68
It's relevant to me	58	46	47	19
Makes me stop and think	62	57	61	56
Makes me feel uncomfortable	64	25	65	48
Makes me feel concerned about my smoking/other people smoking	71	32	64	55
Makes me feel more likely to try and quit/ remain a quitter/continue to be a non-smoker	62	51	60	49

The first four measures in the table relate to message take out and the latter four relate to message impact.

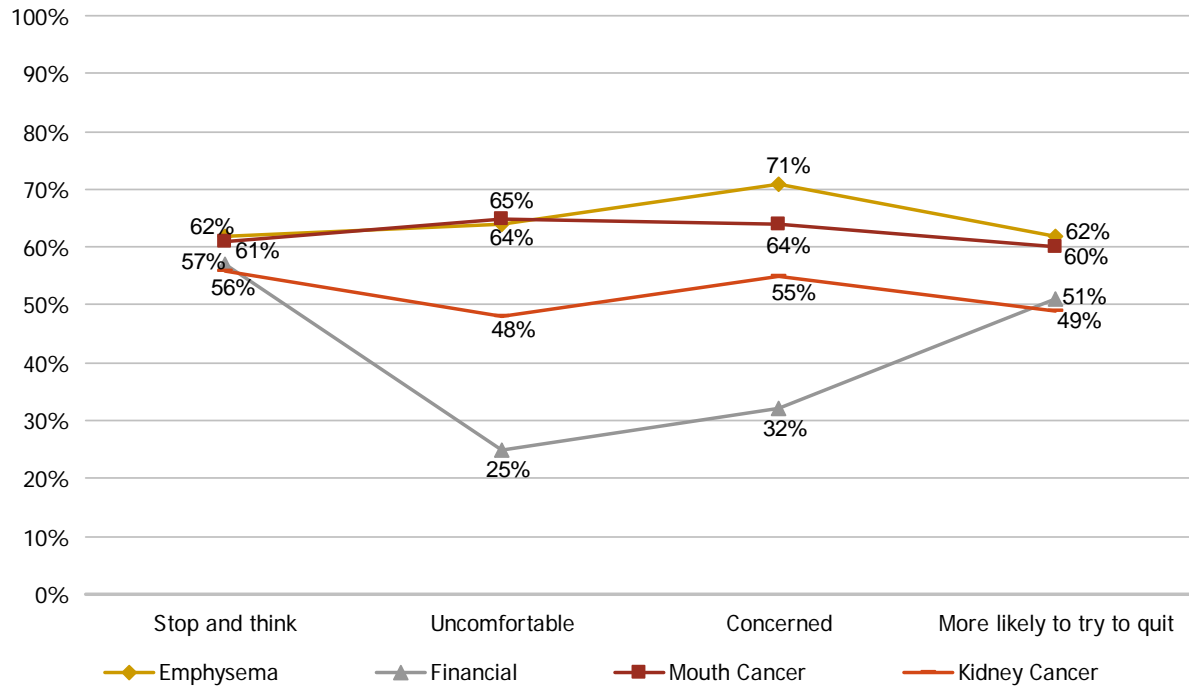
% refers to proportion of participants who agreed or strongly agreed with the statement

Figure 7.9.1: Message take out measures for health warnings resonating across specific sub groups (1)



The quantitative data shows the lack of an immediate message understanding in the financial execution, given that only 23% of respondents felt it was easy to understand. In addition, the data shows that the kidney cancer warning stood out as being new 'news' as 61% of respondents agreed that it taught them something new.

Figure 7.9.2: Message impact measures for health warnings resonating across specific sub groups (1)



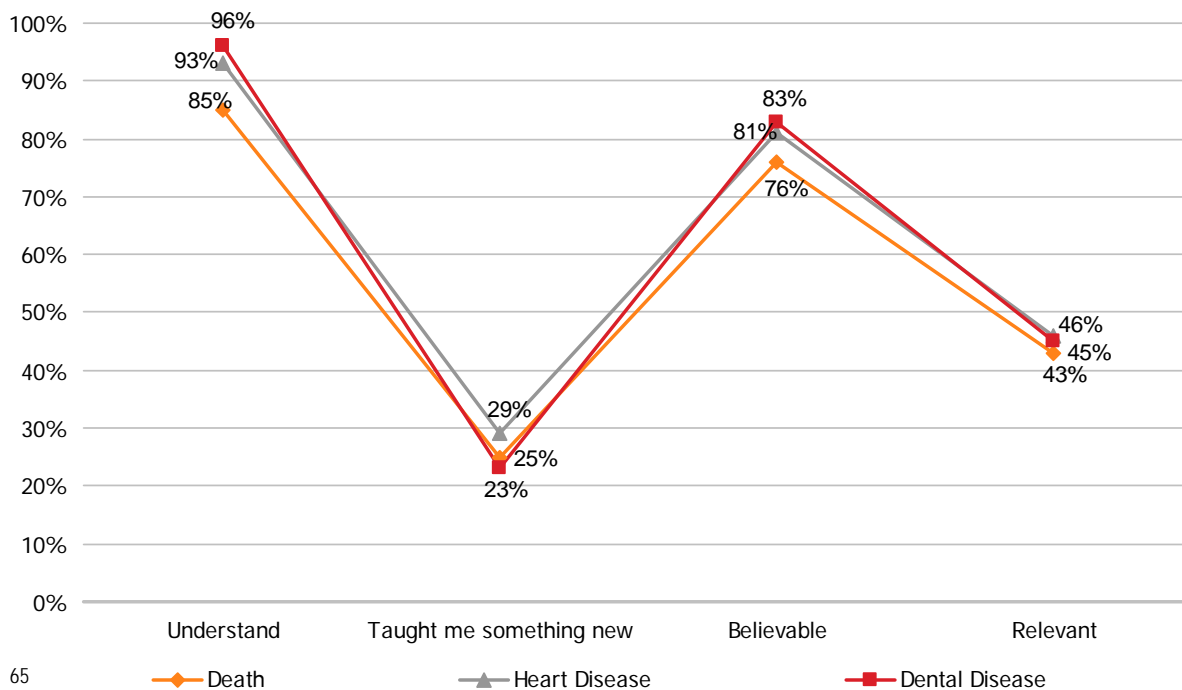
The difference in the type of impact the financial execution has compared to the other health effects messages is demonstrated in the graph above. Whilst the financial warning is less likely to make smokers feel uncomfortable or concerned, it will make some smokers stop and think and be a factor that makes them more likely to try to quit.

Table 7.9.2: Data based on responses to statements relating to the health warnings resonating across specific sub groups (2)

Measures for message take out and impact	Death %	Heart Disease %	Dental Disease %
Easy to understand	85	93	96
Taught me something new	25	29	23
It's believable	76	81	83
It's relevant to me	43	46	45
Makes me stop and think	51	51	52
Makes me feel uncomfortable	43	26	55
Makes me feel concerned about my smoking/other people smoking	54	61	51
Makes me feel more likely to try and quit/ remain a quitter/continue to be a non-smoker	49	50	50

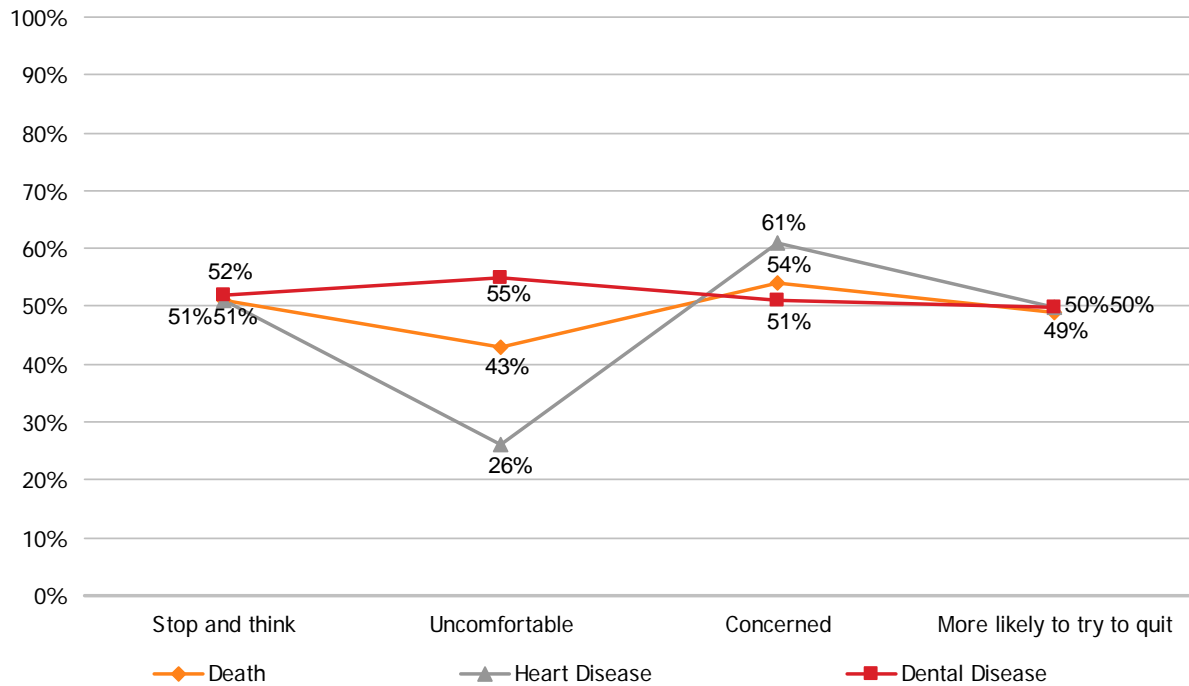
The first four measures in the table relate to message take out and the latter four relate to message impact.
% refers to proportion of participants who agreed or strongly agreed with the statement

Figure 7.9.3: Message take out measures for health warnings resonating across specific sub groups (2)



This graph shows that the warnings about death, heart disease and dental disease all had similar ratings in regard to message take out measures. This graph shows that smokers typically rated these different measures as we would expect them to.

Figure 7.9.4: Message impact measures for health warnings resonating across specific sub groups (2)



This graph shows smokers' rational response to the heart disease execution, as demonstrated by fewer people claiming the warning made them feel uncomfortable. Although the image of the heart is less effective at making some smokers feel uncomfortable as it is not regarded to be particularly graphic, it is more powerful at making them feel concerned. This is likely to include those people whose family have a history of heart disease.

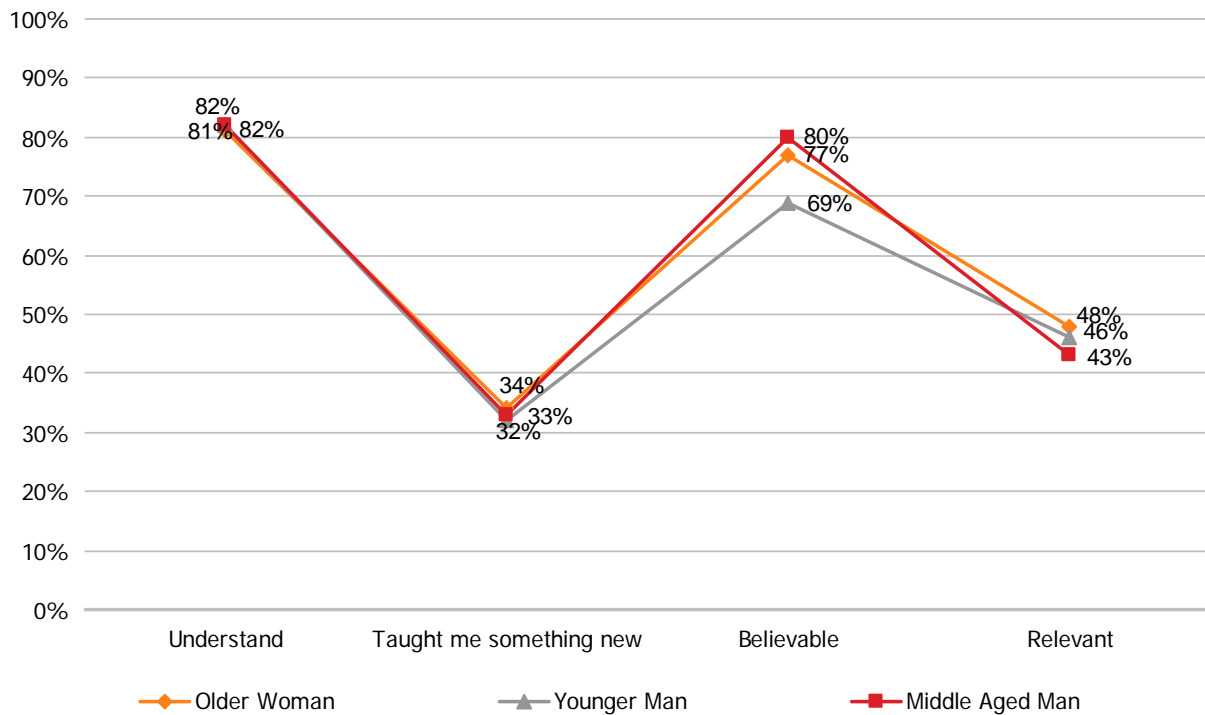
Table 7.9.3: Data based on responses to statements relating to the stroke health warnings

Measures for message take out and impact	Stroke older woman %	Stroke younger man %	Stroke middle aged man %
Easy to understand	81	82	82
Taught me something new	34	32	33
It's believable	77	69	80
It's relevant to me	48	46	43
Makes me stop and think	53	52	56
Makes me feel uncomfortable	45	39	48
Makes me feel concerned about my smoking/other people smoking	51	57	56
Makes me feel more likely to try and quit/ remain a quitter/continue to be a non-smoker	49	21	51

The first four measures in the table relate to message take out and the latter four relate to message impact.

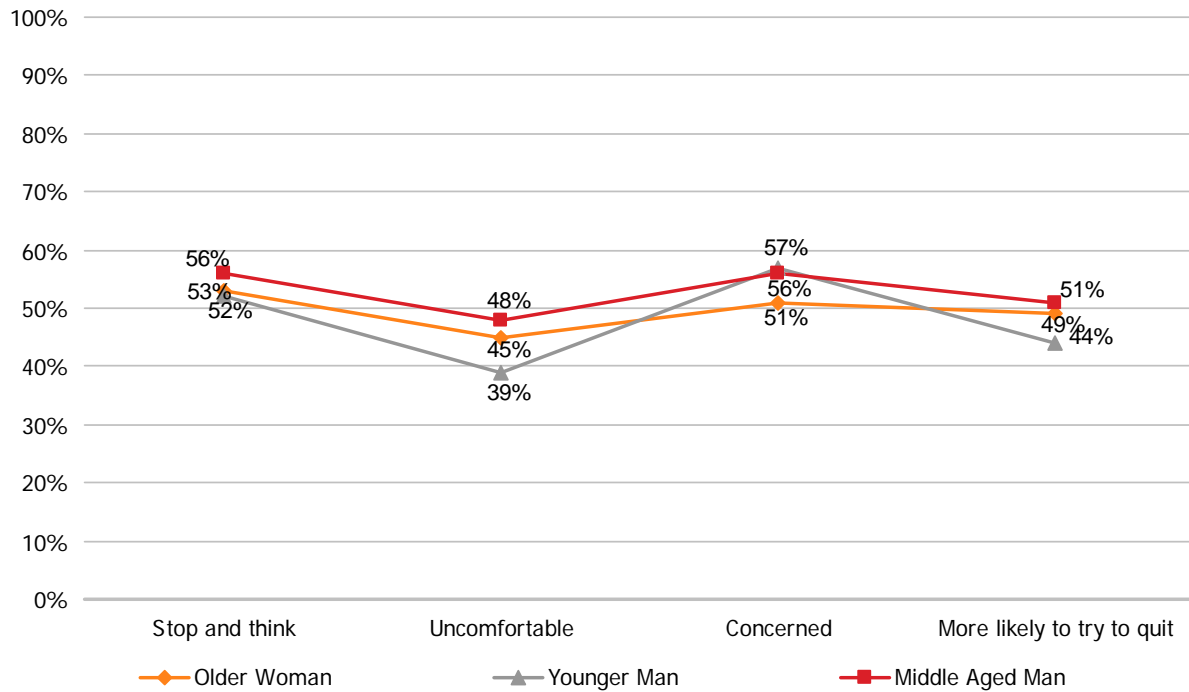
% refers to proportion of participants who agreed or strongly agreed with the statement

Figure 7.9.5: Message take out measures for the stroke health warnings



The graph shows that message take out in terms of understanding, relevance and whether it is new 'news' is similar for all the stroke executions. The data shows the image of the younger man as a stroke victim is thought to be less believable than the other two images.

Figure 7.9.6: Message impact measures for the stroke health warnings



The graph shows that the execution of the middle aged man scores slightly higher in relation to the message impact. The image of the younger man has the least impact, in particular when it comes to making smokers feel uncomfortable or making it more likely to make them try to quit.

8 HEALTH WARNINGS NEEDING FURTHER CONSIDERATION

Overall, there were four health warnings (impotence, quitting, ageing and blindness) which were less successful in encouraging smokers to question their behaviour and consider quitting. It is recommended that alternative images are sourced and tested for the warnings about impotence, quitting and ageing if they are to be included in the new suite as the images did not successfully communicate the message. The health warning about 'smoking causing blindness' did not have a strong impact, and is not recommended to be pursued.

8.1 Reactions to the 'Impotence' health warning⁷

Figure 8.1.1: Summary of reactions to the 'Impotence' health warning

The overall concept of 'impotency' and smoking affecting sex lives continued to have potential with mainstream audiences. The warning contains new information which is likely to prompt discussions. The headline appealed to a broad audience and was seen to be relevant to both males and females, and non-smoking partners. The word 'sex' immediately captured people's attention.

The copy is seen to be logical, informative and highly factual as it clearly explains how smoking can cause impotence. Some minor improvements are suggested to strengthen the copy even further. Including information about smoking potentially decreasing sperm count could increase relevance. This message would be picked up by younger women in their late 20s and early 30s wanting to have children, and then passed onto partners.

The side of pack information message was not perceived to be directly related to the topic area, nor was it perceived to be high in impact. That said, any side of pack information message will be largely recessive with this concept.

In Phase 2 testing, the image of the 'thumbs down' was felt to be humorous, yet the message remained credible and managed to not overstep the boundary. However, when placed on the pack with the new layout and format, the image appeared to cross the line and prompted negative reactions among mainstream and Aboriginal and Torres Strait Islander audiences, albeit for different reasons.

SMOKING CAN DAMAGE YOUR SEX LIFE ✓

✗

Smoking can cause a decrease in blood flow to the penis. This can prevent you from getting and/or keeping an erection when it is wanted. This can be a permanent problem. Quit before smoking damages your sex life. ✓

SIDE OF PACK MESSAGE

The toxic chemicals in tobacco smoke damage your blood vessels, damage your body's cells and attack your immune system. ✓

4

⁷ Image not shown due to privacy and/or copyright.



Mainstream audiences' reactions

Mainstream audiences tended to express their discomfort with this image through anger. The 'humorous', 'comical' image could be the subject of condemnation if it were to be used as some felt the image was a direct insult and waste of Government money.

"It rubs smokers' noses in it."

"It trivialises what they [Government] are trying to do."

Even those who support the changes to the health warnings overall, may not support this image due to its attempt at humour and means of trivialising the topic.

Aboriginal and Torres Strait Islander audiences' reactions

As visual communicators, Aboriginal and Torres Strait Islander audiences had difficulty understanding the image as it did not communicate an immediate story. This image relies heavily on the copy to communicate the message. However, the key issue was that this warning was seen to be inappropriate by Aboriginal and Torres Strait Islander audiences in this phase of testing. In this phase a more traditional Aboriginal and Torres Strait Islander group from the Northern Territory (Katherine) was included. This group in particular believe that it is culturally inappropriate to discuss or mention sex in public. There was a large degree of discomfort when the warning was shown in the group and it was not openly discussed in terms of understanding, impact and effect. It is possible a large portion of this discontent came from the image, showing nudity from the waist down. This was thought to be inappropriate, given that there are protocols in traditional communities about covering up from the waist down. As such, a new image is required for this warning. It is recommended that any new images are tested with more 'traditional' Aboriginal and Torres Strait Islander Australians, as well as mainstream audiences.

8.2 Reactions to the 'Quitting' health warning

Figure 8.2.1: Summary of reactions to the 'Quitting' health warning

Despite the fact that a message about the benefits of quitting is very much old news, a positive message about the benefits of quitting is appreciated, particularly in the context of the other warnings. Inclusion of the word 'quitting' in the headline provides a clear call to action:

"It's nice to see something positive, something that prompts some kind of positive action."

The copy is a particular strength of the warning, as it quite clearly articulates the benefits of quitting, which were well received particularly amongst contemplators. This copy could be strengthened further by including one or two short term benefits of quitting in order to prompt immediate considerations of quitting:

"I'd want to have some kind of immediate effect, that's telling me I've done long term damage which will take a long time to repair...it would make me feel better if I knew there was something which would get better right away."

The side of pack information message is new information for some younger smokers who were unaware that tobacco products that taste lighter, milder or less harsh also contain a toxic mix of chemicals.

However, the overall execution is comparatively much weaker than the other warnings. The images failed to encourage or empower the majority of smokers, which is arguably a difficult task for any 'quitting' image to achieve. The real weakness relates to the images' poor production values and lack of credibility. The poor production values were thought to suggest a lack of seriousness on the Government's behalf about the significant changes they are making to packs:

"It looks like a school project."

"...just cheapens the whole thing."

This in turn meant smokers questioned the credibility of the image, claiming the fingers are not that of a smoker as they are too 'clean' and 'pink'. They claimed the situation also looked 'mocked up', given that the ground would have smudge marks where the cigarette is being crushed out.

QUITTING WILL IMPROVE YOUR HEALTH ✓

Front	Back
	

Long term smokers can and do quit. Quitting smoking at **any** age has immediate and long term health benefits. Compared with a smoker, quitting today will **halve your risk** of: ✓

- heart disease (after one year);
- mouth and throat cancer (after five years); and
- lung cancer (after ten years).

SIDE OF PACK MESSAGE

There are no known health benefits in smoking products that taste lighter, milder or less harsh. The smoke still contains a toxic mix of chemicals that cause death and disease. ✓

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A new image for the quitting health warning will need to be sourced before the warning can be included in the suite. A suggestion is to include an image of a cigarette being stubbed out in an overflowing ashtray full of ash and butts. If a smoker's hands are included in the image, ensure the fingers appear 'dirty' or 'yellow' to clearly indicate it is a smoker. This would help provide a reason to quit as it would remind smokers of the 'unattractive' parts of smoking. Another suggestion could be to include an image showing smokers inhaling smoke in a Designated Outdoor Smoking Area (DOSA). This would again remind them of the unattractive part of smoking and the social isolation they experience as smokers.

8.3 Reactions to the 'Ageing' health warning

Figure 8.3.1: Summary of reactions to the 'Ageing' health warning

The idea that smoking causes premature ageing still resonated with females, particularly the very young respondents (16-17 years) and the older participants (40-65 years). They found this message potentially very relevant and motivating as the majority admitted their vanity and that looks are important to them. As a warning it will complement the warnings depicting more severe health effects and is likely to stand out in the suite of warnings.

However, as with the last phase, this concept suffered significantly from a poor execution. The image of the faces acted as a distraction. It made smokers question the headline and most failed to engage with the copy:

"That is so unrealistic and so over the top."

"It's computer generated, as if you'd believe that."

The poorly produced execution undermines the message. It was criticised for being 'a poorly Photoshopped' image and led many to dismiss the message by claiming other factors, such as sun damage / sun bed, poor diet or hereditary factors cause ageing:

"It looks so fake, like they've ironed her skin."

"She's not drunk enough water."

"Her tanned skin looks like she's been under a sun bed."

This resulted in extremely low engagement with the execution, expressed by an uncertainty in what it was trying to communicate:

DO YOU WANT TO LOOK LIKE A SMOKER? ✓

Smoking causes early, permanent and deeper wrinkles. Keep smoking and by middle age you could look around 10 years older than a non-smoker. Smokers get more wrinkles, especially around their eyes and mouth, and often a yellow-grey skin colour. ✓

SIDE OF PACK MESSAGE ✓

10 drags per smoke x 20 smokes per day x 365 days per year = 73,000 toxic drags per year.

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"Is that a picture of the woman as a non-smoker and a smoker, or the same woman as a smoker, and at what points in time?"

Using an image to contrast the differences of a smoker and a non-smoker does not appear to be an effective means of conveying the message. It is clear that smokers can make this comparison in their own mind as the question in the headline forces them to think about the appearance of a typical smoker.

The fact the woman does not have many physical characteristics of a typical smoker, such as deep etched lines around her eyes and mouth, or decayed or discoloured teeth, undermined its credibility. As suggested in the previous phase, ideally an alternative image of a typical smoker in her 30s or 40s who has all the visible signs of a smoker, such as deep etched lines around her eyes and mouth, stained teeth and dry skin would be more credible. Using an image of a typical smoker would strengthen the headline and copy as this is the typical image the headline prompts smokers to think of.

In this phase of testing the copy was overlooked due to the poor execution. When prompted, smokers questioned its credibility because the image fails to match the description:

"She doesn't look 10 years older, she looks way more than that."

"But she hasn't got those obvious wrinkles around her eyes and mouth, they've just given her wrinkles everywhere."

The side of pack information message calculating the number of toxic drags was polarising. For some smokers the statistics provided new, shocking information. These people tend to take all statistics to be 'factual' and 'trustworthy', and for them 73,000 toxic drags per year is a large number which makes them stop and think:

"That's pretty full on, makes you realise that what you're doing each day soon adds up."

However, this message was quickly dismissed by those who smoke less than 20 a day, such as the 16-17 year old girls to whom this message is targeted. That said, this negative reaction may have been a continuation of the negativity caused by the poor execution. The side of pack information message is likely to test more positively among this audience if a different image for ageing can be sourced.

8.4 Reactions to the 'Blindness' health warning

Figure 8.4.1: Summary of reactions to the 'Blindness' health warning

A revised health warning about smoking causing blindness was included for testing and was shown to respondents on a board and not on a pack. The warning about blindness did not have a strong impact on smokers. It was seen as 'old news' and not as frightening a message as other warnings. Referring to 'age-related macular degeneration' (AMD) in the copy allowed the majority of smokers to dismiss the message, as they claimed this will only affect older people, aged 50+. Although blindness is regarded to be a disability and morbidity is what smokers fear the most, the majority could dismiss this as only affecting older people.

This warning did not have a significant impact on older smokers either. Many claimed to know other smokers and non-smokers with failing eyesight but all had been successfully treated, for example with a cataract operation. They assumed that AMD could be treated in the same way.

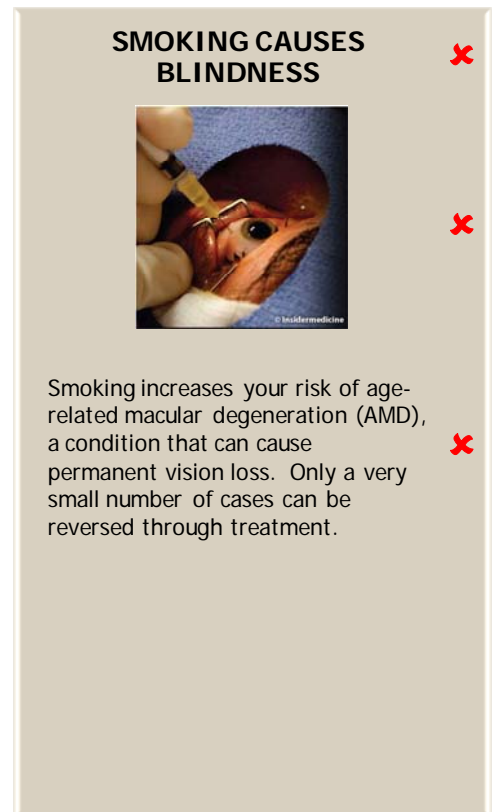
Using another graphic image of an eyeball does not distinguish it from the image used for the current blindness warning. Many smokers claimed to be immune to the old image, explaining that they would overlook this one too as it is not significantly different. In addition, it was not easily understood by all, affecting immediate message take out:

"It took me a while to work out that's a needle, not a pen."

The copy also undermined the credibility of the message. It was said to be very vague in its indication of the risk which allowed smokers to dismiss the message:

"Smoking increases your risk' means nothing as it increases your risk of most things."

The words, 'only a very small number of cases can be reversed', have potential to backfire as it explains that some cases can be reversed, and was, therefore, not seen as being particularly frightening. Overall, this warning is not likely to be particularly effective in a new suite and is not recommended for inclusion. The topic did not appear to be a concern to most smokers. It is not a new message for most and it is not executed in a new and different way. If there is a need to include a warning on blindness, recognise that it will more likely impact on older smokers (40+). If it were to be included, an image which is significantly different to the current



one of the eyeball is likely to capture attention. If possible the copy could be more definitive in linking the risks of smoking to blindness.

8.5 Quantitative data on the health warnings needing further consideration

Quantitative data was recorded for the health warnings about impotence, quitting and ageing which are three health warnings requiring further consideration. Data was not collected for the blindness warning as this was not mocked up on packs.

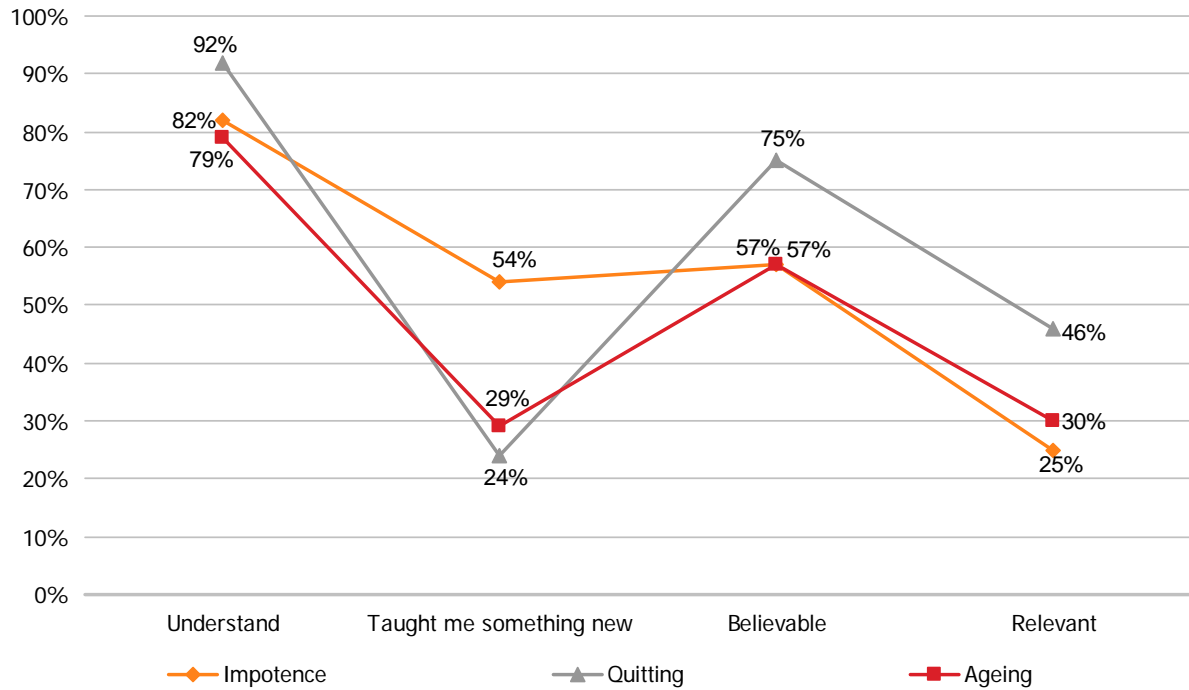
Table 8.5.1: Data based on responses to statements relating to the health warnings needing further consideration

Measures for message take out and impact	Impotence %	Quitting %	Ageing %
Easy to understand	82	92	79
Taught me something new	54	24	29
It's believable	57	75	57
It's relevant to me	25	46	30
Makes me stop and think	45	32	41
Makes me feel uncomfortable	26	14	11
Makes me feel concerned about my smoking/other people smoking	37	33	46
Makes me feel more likely to try and quit/ remain a quitter/continue to be a non-smoker	31	35	39

The first four measures in the table relate to message take out and the latter four relate to message impact.

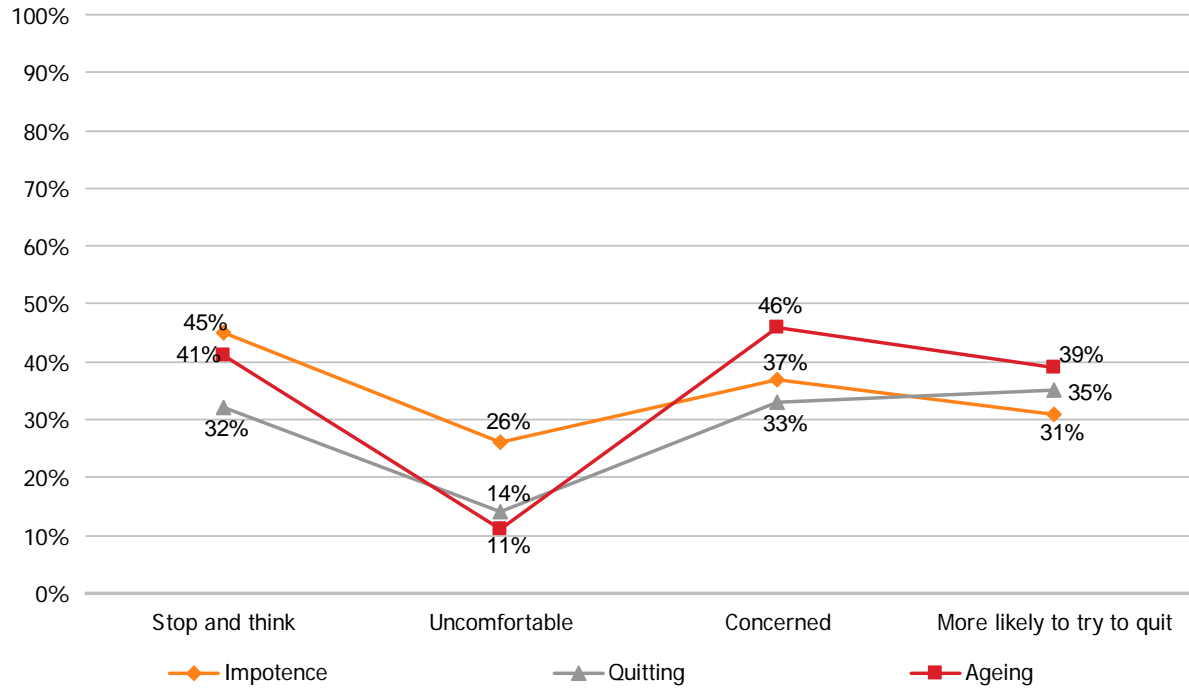
% refers to proportion of participants who agreed or strongly agreed with the statement

Figure 8.5.1: Message take out measures for health warnings needing further consideration



The fact the impotence warning is regarded to be new information is demonstrated by the graph, with 54% of respondents agreeing that the message taught them something new.

Figure 8.5.2: Message impact measures for health warnings needing further consideration



The low message impact of the current executions for impotence, quitting and ageing is reflected in the low quantitative scores, as depicted on the graph above.

9 RECOMMENDATIONS

Main recommendations

- 1 Consider moving forward with the following warnings which require different actions.

Smoking kills – who will you leave behind? (1)	No changes necessary
Smoking harms unborn babies (2)	
Smoking causes bladder cancer (3)	
How much does smoking cost you? (6)	
Smoking causes heart disease (17)	
Smoking causes lung cancer (5)	Consider minor changes to image / headline/ copy/ side of pack information message
Smoking causes emphysema (13)	
Smoking leads to gangrene (9)	
Smoking causes throat cancer (7)	
Smoking causes mouth cancer (8)	
Smoking causes kidney cancer (11)	Consider minor changes to existing images (new images tested if time permits)
Smoking kills (15)	
Smoking damages your gums and teeth (10)	Consideration of final image (further consideration should be given to the image to ensure credibility and new image tested if time permits)
Smoking doubles your risk of stroke (12B)	
Quitting will improve your health (16)	Consider alternative images, in accordance with direction given from the research (these should be tested for credibility if time permits)
Do you want to look like a smoker? (14)	Source and test alternative images, in accordance with direction given from the research
Smoking can damage your sex life (4)	Source and test alternative images (may be more appropriate to release it at a later date)

- 2 The suite of warnings needs to be highly factual and be irrefutable in regards to content and execution, particularly in regard to the images.
- 3 In order to maximise relevance across demographics and credibility, ensure that the final suite of warnings contains both familiar health effects that continue to have a great deal of impact on smokers, as well as new health effects.

- 4 The suite of warnings should include a range of different image types to maximise engagement, from the graphic images of the foot and lung, through to those that have greater emotional appeal, such as the lung cancer warning, depicting the picture of Bryan.
- 5 Consider using black as the initial background colour for the headlines (warning statements) on the front of packs when the new suite is first released. This will help to maximise the impact of the introduction of the new warnings and the introduction of plain packaging. At the same time, continue using red as the background colour for the headlines (warning statements) on the back of packs.
- 6 Consider introducing the red background for the colour of the headlines on the front of packs in the future when message fatigue with the new suite becomes apparent.
- 7 There is no evidence to suggest that the words 'Health Authority Warning' are required on the front of packs. The decision to include it or not is a policy decision.

Recommendations on specific health warnings:

- 8 No executional changes are necessary for the following warnings:
 - Smoking Kills – who will you leave behind? (1)
 - Smoking harms unborn babies (2)
 - Smoking causes bladder cancer (3)
 - How much does smoking cost you? (6)
 - Smoking causes heart disease (17)
 - in recognition that the heart disease warning will be effective with a niche audience (Aboriginal and Torres Strait Islander peoples).
- 9 The following warnings would benefit from minor changes to maximise impact:
 - Smoking causes lung cancer (5):
 - remove the word 'probably' from the reference to kidney and prostate cancer in the side of pack information message. If necessary, remove the entire reference to kidney and prostate cancer.
 - Smoking causes emphysema (13)
 - Consider using the image tested on the back of packs on the front too as it was more clearly identifiable as a lung.
 - Smoking leads to gangrene (9)
 - consider changing the headline to 'Smoking causes gangrene' if this is accurate. If any doubt exists, replace the headline with the headline on current packs: 'Smoking causes



Peripheral Vascular Disease'. Include the word 'gangrene' over the image if it cannot be used in the headline.

- Smoking causes throat cancer (7):
 - continue to use the image of John, rather than the alternative of Leroy
 - slightly lightening the image on the front of the pack will assist in comprehension
 - if possible add in further personalised details, such as reference to John's family, in the copy.
 - Smoking causes mouth cancer (8):
 - consider some minor changes to the image in order to increase noticeability of the tumour. This may be achieved by exaggerating the tumour more and / or increasing the credibility of the mouth belonging to a smoker by making the teeth and skin appear slightly less healthy
 - if space allows, contextualise 'benzopyrenes' in the side of pack information message by providing an everyday reference, such as fuel
 - consider omitting the word 'normally' in the side of pack information message if accurate.
 - Smoking causes kidney cancer (11):
 - revise the side of pack information message if possible as the message about 75 cancer causing chemicals is having minimal impact, in the context of smokers knowing there are over 4000 chemicals in cigarette smoke.
- 10 If possible, further consideration could be given to the images used on the following warnings to maximise impact. If time permits, consider testing new images for the following warnings:
- Smoking kills (15):
 - the concept would benefit from testing further images that signify death
 - if necessary, the concept could move forward with the toe tag as the image. Some superficial changes to colour and brightness of the blue background and the 'pink' foot would minimise associations with television shows and increase credibility.
 - Smoking damages your gums and teeth (10)
 - the concept would benefit from further testing of different images of damaged teeth to ensure that the most effective images that are credible, but still cause discomfort, are used.
 - if necessary, the concept could move forward with the two current images (smoker aged 45 and 50).

- 11 The images for the stroke warning require further consideration prior to inclusion in the suite of health warnings:
- the image that best fulfils the necessary criteria for the stroke concept is the image of the middle aged man (12B). However, there is a risk in moving forward with the image of the middle aged man given that he is an actor and not a real stroke victim. This could damage the credibility of other health warnings in the suite if it is broadly publicised
 - ideally, consideration should be given to further sourcing and if time permits the testing of new images
 - in addition, remove the words 'inhaling tobacco smoke puts your health in immediate danger' from the side of pack information message.
- 12 Alternative images should be used if the following warnings are to be included within the new suite. Ideally use a creative agency to advise and create images to depict the messages. These should be tested for credibility if time permits.
- Quitting will improve your health (16)
 - continue to source and test alternative images, with a view to ensuring higher quality production values
 - aim to represent the unattractiveness of smoking in the image in order to provide an encouragement to quit. For example use a new image of an ashtray full of ash and butts, with the butt being crushed in. If a person's fingers are included ensure they appear 'dirty' and 'yellow' to clearly indicate they belong to a smoker. Another suggestion could be to include an image showing smokers inhaling smoke in a Designated Outdoor Smoking Area (DOSA).
 - Do you want to look like a smoker? (14)
 - continue to source and test alternative images, with a view to ensuring higher quality production values
 - a more ideal image would be of a typical smoker in her late 30s or early 40s with outward, physical signs of smoking, such as deep etched lines around her eyes and mouth, dry skin and stained teeth.
 - Smoking can damage your sex life (4):
 - while it tested well in the previous phase of testing, the slightly humorous image was perceived as trivialising changes to the health warnings when it was tested on the new layout and format of the pack and should not be used
 - it cannot be used without causing cultural offence to some Aboriginal and Torres Strait Islanders
 - consider testing new images with mainstream and traditional Aboriginal and Torres Strait Islanders with a view to ensure enhanced production values



- the copy could benefit from including information about smoking potentially decreasing sperm count, if space permits.
 - it may be more appropriate to release this health warning on a later rotation regardless of the image used.
- 13 It is not recommended that the warning on blindness is included within the new suite of warnings as it did not have a strong impact and does not offer any new information. It is unlikely to attract attention as the image of the eyeball is not significantly different to the image used in the current graphic health warning.



GfK bluemoon

APPENDICES



APPENDIX A – RECRUITMENT SCREENER

TOBACCO HEALTH WARNINGS 3 RECRUITMENT QUESTIONNAIRE

1a. Do you or any of your close relations, work in any of the following industries?

Market research	1	TERMINATE
Advertising, marketing, public relations	2	
Media and journalism	3	
Water industry	4	CONTINUE
Energy industry	5	
Automotive manufacture or retail	6	
Teaching	7	
Medicine or healthcare	8	TERMINATE
Department of Health & Ageing	9	
Tobacco manufacturing, for a tobacco company, at a tobacconist	10	
An organisation dealing with health issues	11	
Other	12	CONTINUE

1b. When was the last time you took part in a group discussion or depth interview? (Write in)

TERMINATE IF LESS THAN 6 MONTHS AGO

2a. Which of the following applies to you?

Under 16 years old	1	CLOSE
16-17 years	2	See Quotas
Between 18-25 years old	3	
Between 26-39 years old	4	
Between 40-65 years old	5	
Over 65 years old	6	CLOSE



2b. Which of the following applies to you?

No children	1	PRE - FAMILY	See Quotas
At least one child under 10 living at home	2	YOUNG FAMILY	
At least one child between 10 and 17 living at home	3	OLDER FAMILY	
No kids aged under 18 living at home (may have adult children living at home)	4	POST FAMILY	
Never had children	5	NO FAMILY	

3a. **READ OUT:** This research is on what people think about the warnings on tobacco packaging. We are looking for smokers and non-smokers who are willing to speak honestly about how they feel about this. Importantly, no one will judge you for being a smoker or tell you to quit.

Do you, or have you ever, smoked cigarettes, pipe tobacco or cigars?

Yes, cigarettes	1	CONTINUE
Yes, pipe tobacco or cigars	2	
No (have never smoked any of the above)	3	

3b. Which of the following statements describes your behaviour in relation to smoking cigarettes, cigars or pipe tobacco:

I smoke daily	1	DAILY SMOKER
I smoke at least once every two weeks	2	OCCASIONAL
I have smoked in the last month	3	
I have smoked in the last 3 months	4	
I have not smoked in the last three months	5	CONTINUE (Consider for action/maintenance & non smoker categories)

3c. Which of the following statements describes your general attitude and behaviour in smoking:



I think it would be too hard to quit or I don't want to quit (Pre-contemplation)	1	Go to Q6
I would like to quit, and hope to do so, but am worried it will be too hard (Contemplation)	2	
I'm planning to quit in the near future (Preparation)	4	
I have quit smoking in the last 6 months but have started again (Relapse)	6	
I quit smoking in the last 2 years (Action/Maintenance quitter)	7	
I quit smoking more than 2 years ago (Non-smoker – quit more than 2 yrs ago)	8	GO TO Q4
I have never smoked (Non-smoker- never smoked)	9	

4. **FOR ALL NON-SMOKERS**

Do you have immediate family or close friends who smoke?

Yes	1	CONTINUE (consider for Non-smokers with family member or friend who smokes) Ask 16-25 next question
No	2	Terminate if 25 years and over – except if aged 16-25 years ask next question

5. For the 16-25 yr olds, non-smokers in danger of starting, which of the following statements are you most likely to agree with:

I am very against cigarettes and dislike people smoking	1	TERMINATE
I have not smoked cigarettes previously, but might do in the future (Non-smoker –in danger of starting)	2	CONTINUE
I'm not anti-smoking and have smoked cigarettes previously (Non-smoker –in danger of starting)	3	CONTINUE



6. Record gender.

Male	1
Female	2

SEE QUOTAS

7. **ASK THOSE WITH CHILDREN ONLY:** How old are each of your children under 18 who live at home with you? **WRITE IN AGES**

Child no 1	
Child no 2	
Child no 3	
Child no 4	

8. What is your employment status?

Working full or part time	1
Unemployed	2
Full time student	3
Retired	4

SEE QUOTAS

9. What is the occupation of the chief wage earner in your household? (Record job and SES)

--

White collar	1
Blue collar	2

SEE QUOTAS



10. We need to ensure we include a representative sample of the population in our study. How would you describe your family's ethnic background? **READ LIST AND CODE ANY THAT APPLY**

Aboriginal or Torres Straight Islander	1
African	2
Asian	3
Australian	
Eastern European	4
Latin American	5
Middle Eastern	6
North American	7
Northern European	8
Southern European	9
Other (please specify)	10

SEE QUOTAS

11. Do you ever speak a language other than English at home?

Yes	1
No	2

SEE QUOTAS

12. We also need to ensure we include a representative sample of the population, with regard to disabilities. Do any of the following apply to you?

You have sight problems not fully corrected by glasses or contact lenses		SEE QUOTAS
You have a mobility related disability e.g. arthritis, walking with a stick		SEE QUOTAS
You have hearing problems		THANK & CLOSE
You have speech problems		THANK & CLOSE
You have difficulty learning or understanding things (e.g. learning disability)		THANK & CLOSE
You have another type of disability – please specify		CHECK WITH GfK BLUE MOON



QUOTAS

Each group should include 6-8 respondents and will last for one and a half hours. Please tell respondents they will not be admitted to the group if they arrive late and will not be given their incentive.

Attitudes and Behaviour

NB: The most important variable for this project are the behavioural and attitudinal groups. It is vital that respondents select the appropriate answer for their group.

Behaviour

We can expect that some groups will have higher number of daily smokers to occasional ones (and vice versa), but we would like to ensure that we have coverage of occasional smokers across all groups. Please aim to recruit 2 occasional smokers per group (this will likely be higher in younger groups).

Please aim to recruit 1-2 people across your state sample that smoke cigars or pipe tobacco rather than just cigarettes. We can expect that cigar smokers might smoke both cigarettes and cigars.

Attitudes and definitions

Smokers – attitudes as per the screener

For the Contemplation/ preparation/relapse groups, please aim to recruit 2-3 from each stage, for each group.

Maintenance/action quitters

Respondents who have quit smoking in the last 2 years
Ensure a mix of lengths of time people have quit from 0-2 years.

Non-smokers (in danger of starting) – all aged 16-25

Must agree with either statement 2 or 3 at Q5:

I have not smoked cigarettes previously, but might do in the future

I'm not anti-smoking and have smoked cigarettes previously

They must NOT have very strong anti-smoking views (Q5 – statement 1)

Non-smokers (never smoked or quit more than 2 years ago)

Respondents who have never smoked OR who have quit more than 2 years ago

Please ensure a mix of those who have never smoked and those who have quit more than 2 yrs ago



Demographics

Within each mixed gender group include:

- 4 men and 4 women
- a mix of socio-economic status where possible
- a spread of ages within the defined age bands
- a representative proportion of employed, unemployed people and non-working parents / retired people for that lifestage

Lifestage:

- For each age group – please recruit a mix of the possible lifestages
- 16- 17 year olds – we can expect that these will mainly be no children
- 18-25 year olds – expect no children and some young family
- 26-39 year olds - expect mainly young and older family. Please ensure some inclusion of pre / no family in these as well. Please ensure a mix of ages of children.
- 40-65 – expect mainly older / post family with some no family. Use young family if falls naturally in recruitment.

Ethnicity

Across the sample include:

- A representative mix of ethnic backgrounds and those who speak a language other than English at home for the area that each group is being conducted. No quotas- but we expect a natural fall out – we are OK with a couple 1-2 respondents across all groups in your state who have good enough English to participate in groups but still might not be totally proficient in English. They will be able to help us identify any specific issues with language that may arise. For example, their conversational English may be fine, but they may have greater difficulty with more technical terms or words. These usually fall out naturally, but please monitor.

Disability question

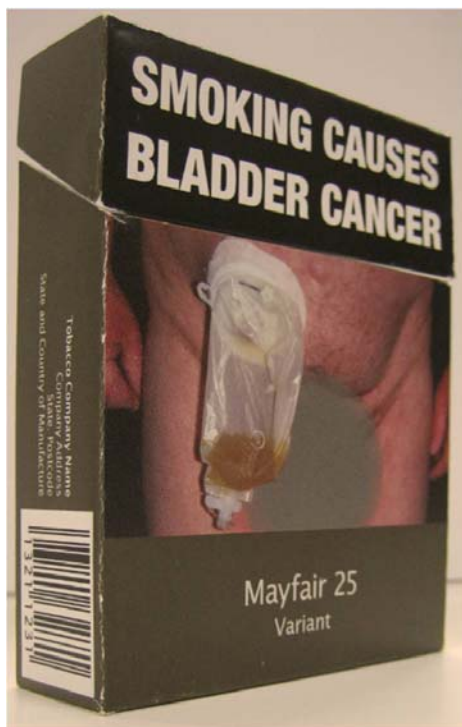
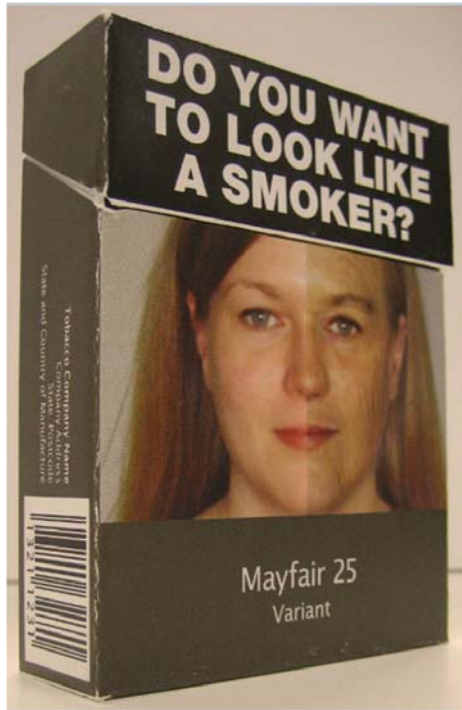
Please include people that respond positively to the disability question as they fall out naturally.

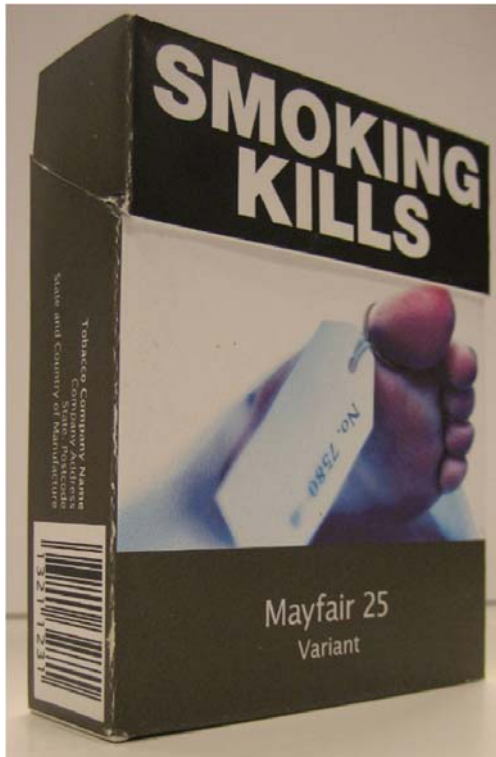
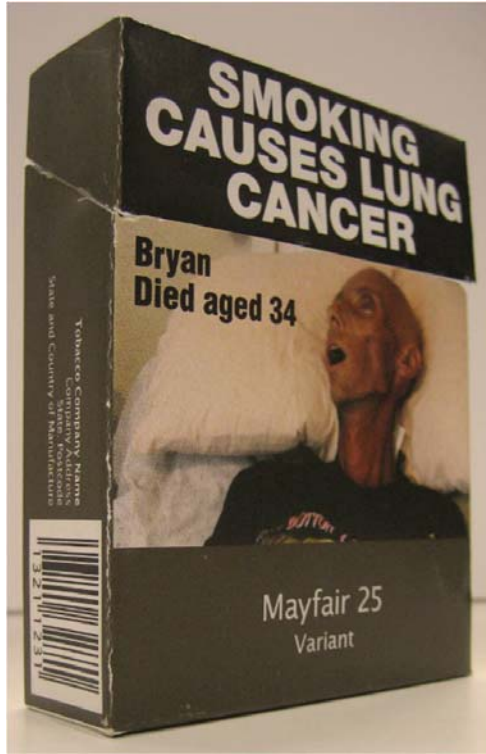
ATSI Sample:

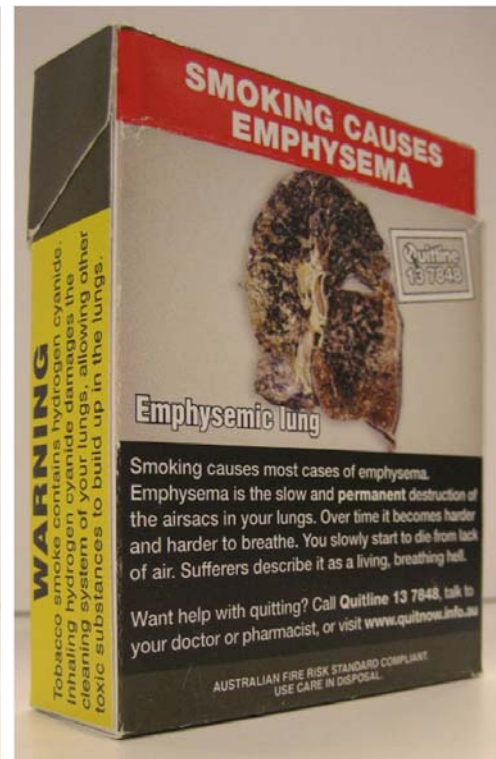
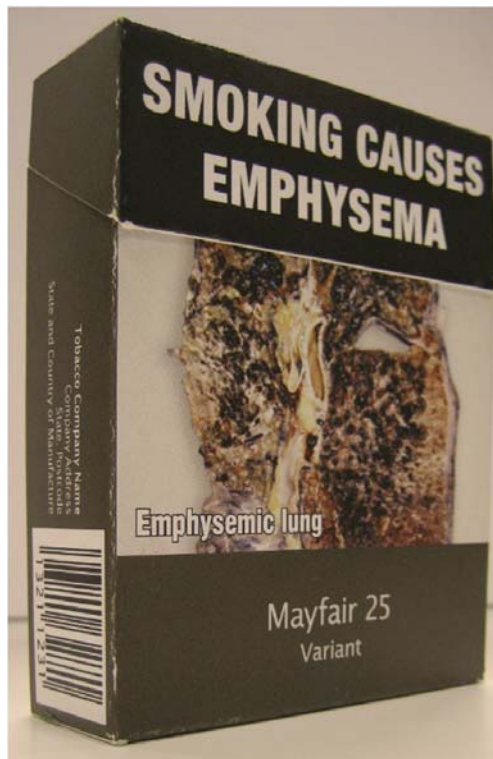
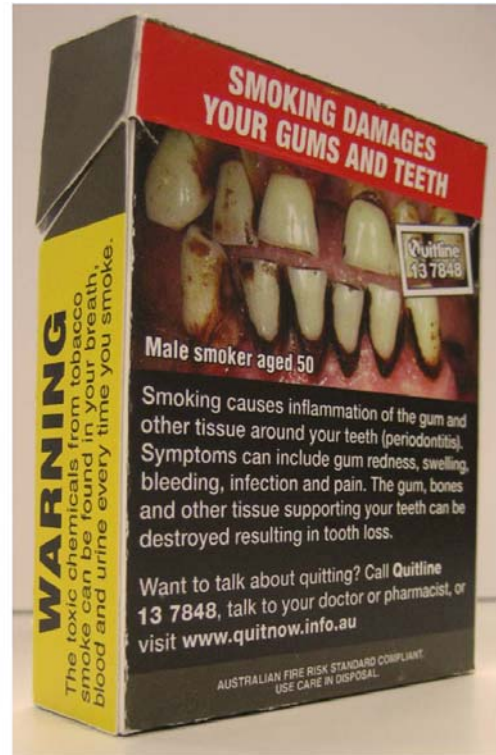
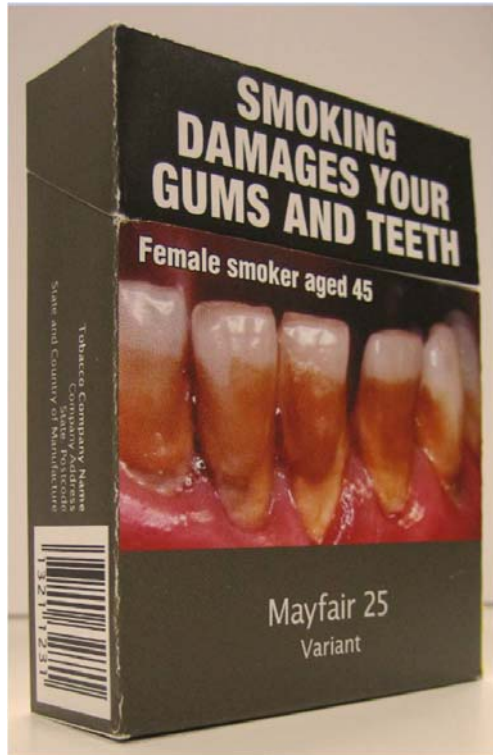
PLEASE NOTE – CIRCA WILL ADJUST ABOVE RECRUITMENT SCREENER FOR USE WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

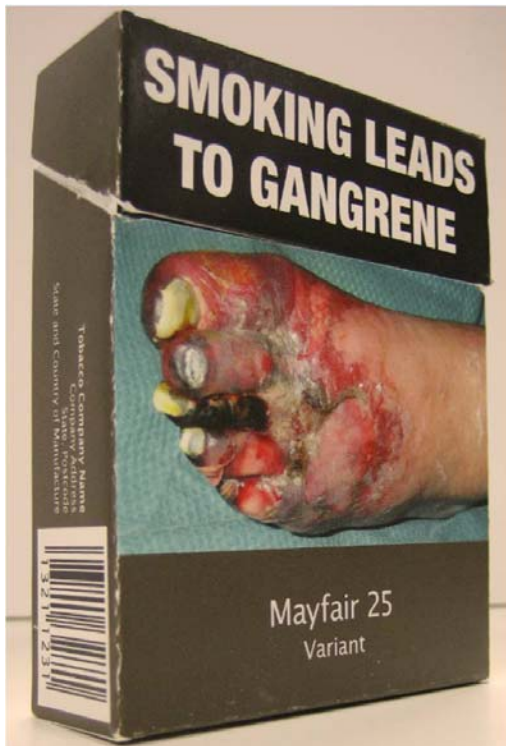
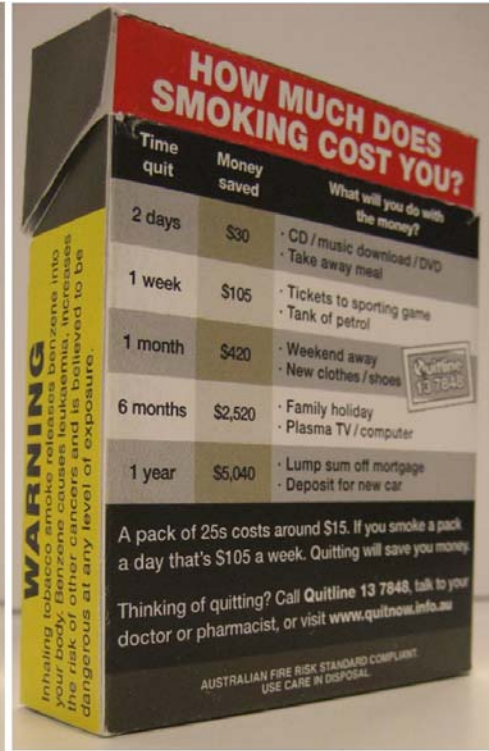
APPENDIX B - STIMULUS

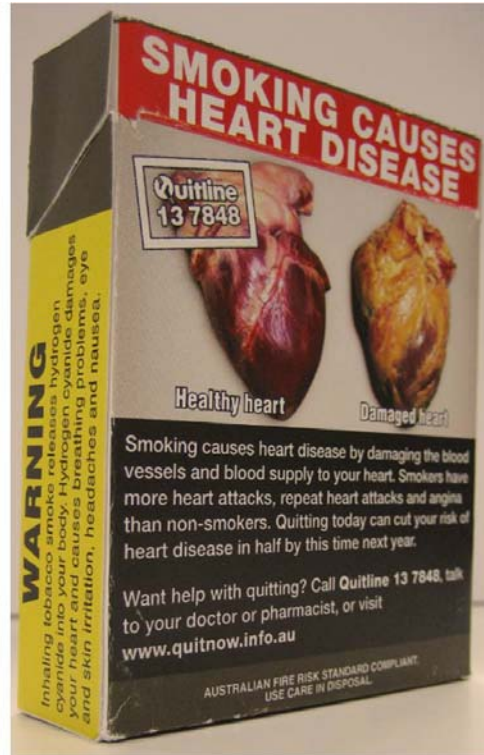
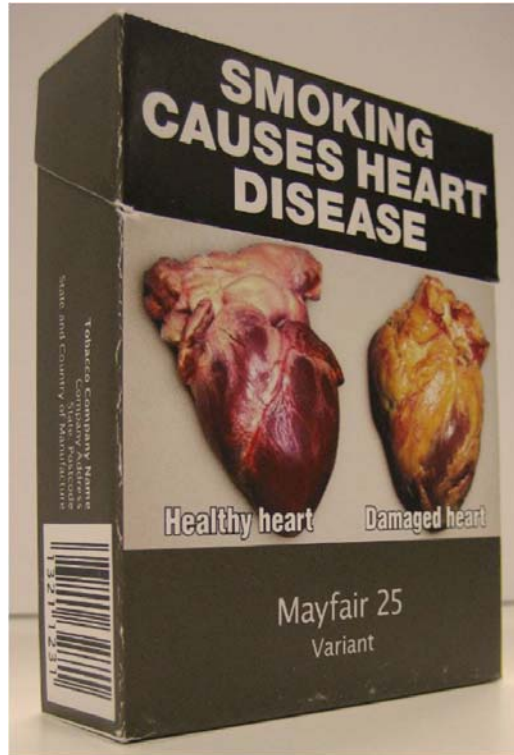
Packs photographed may show signs of wear due to handling by market research participants.











**SMOKING CAN
DAMAGE YOUR SEX
LIFE**

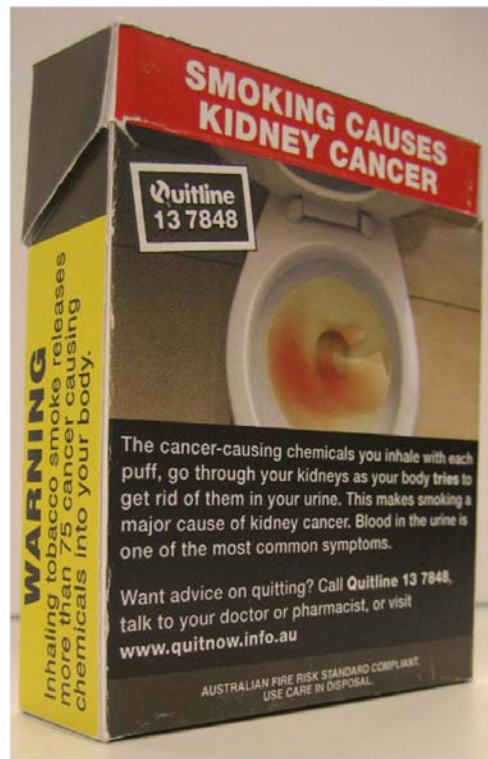
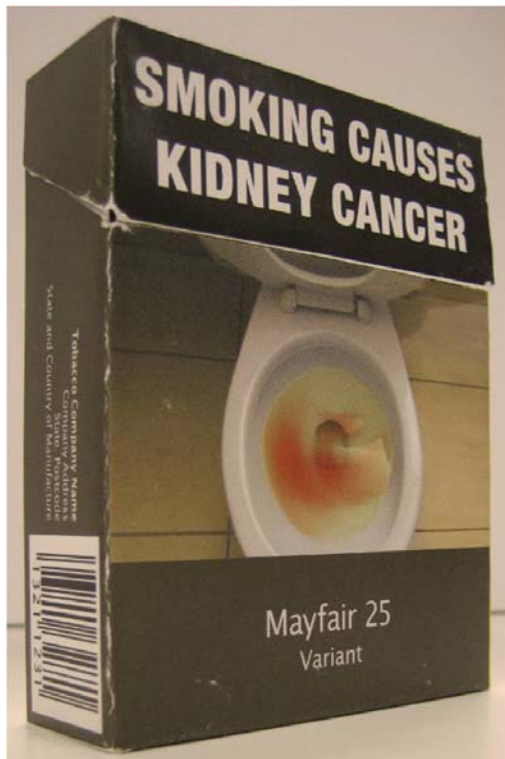
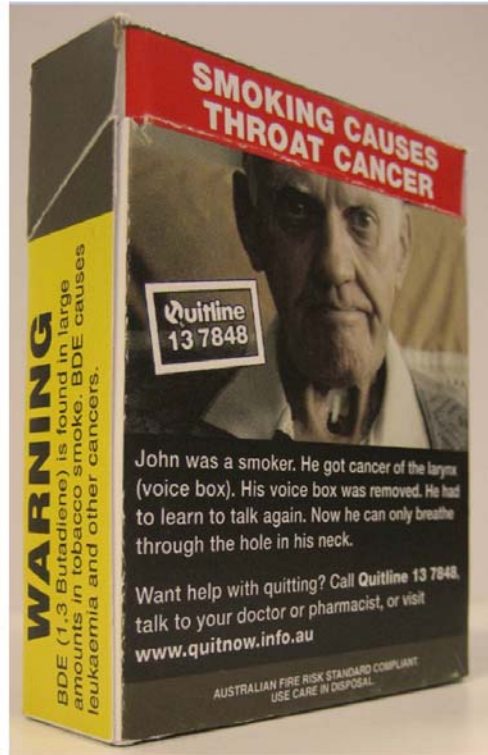
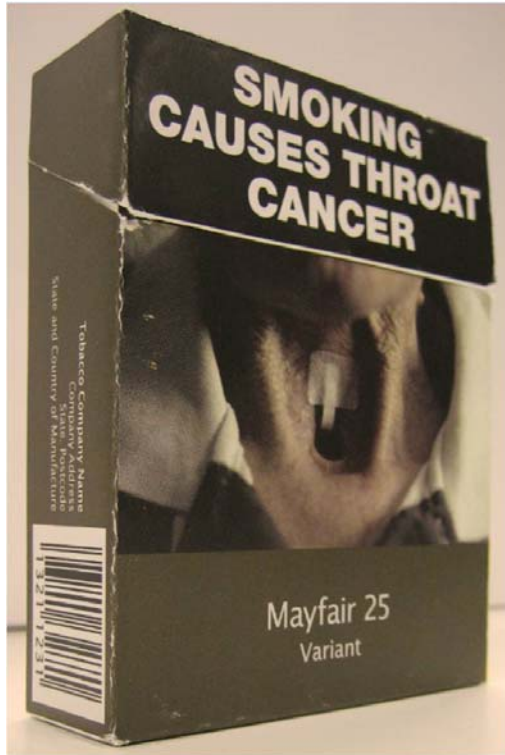
Front

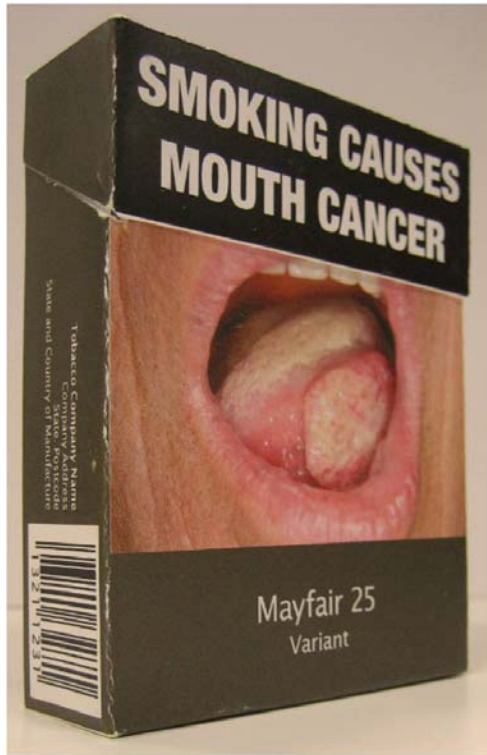
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to privacy and / or
copyright

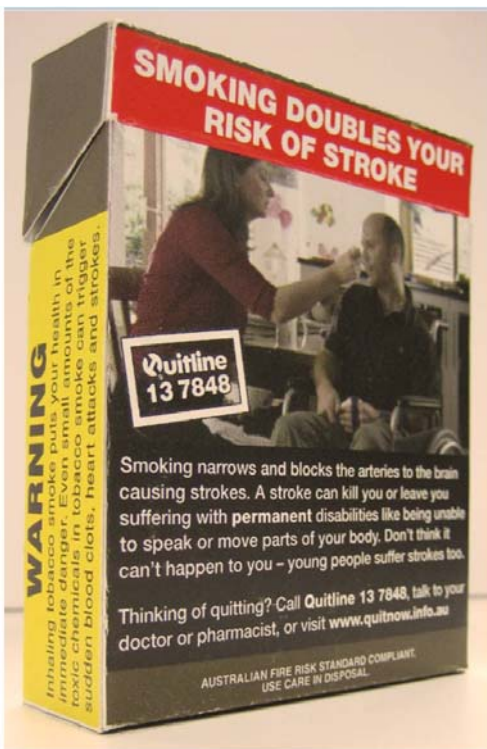
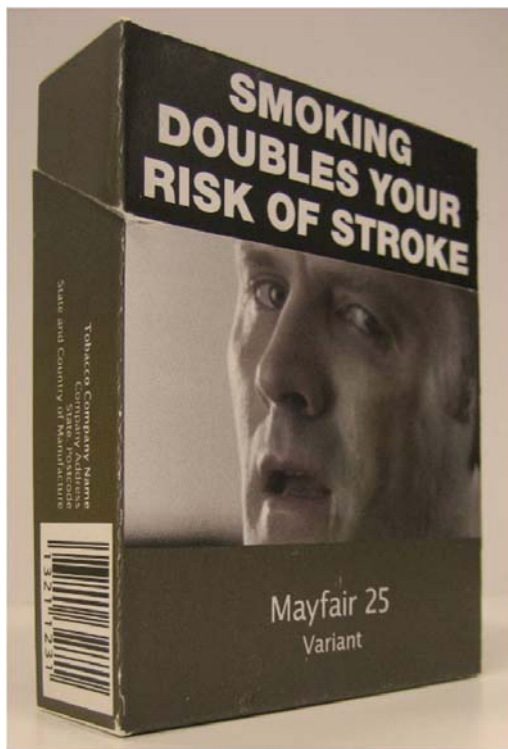
**SMOKING CAN
DAMAGE YOUR SEX
LIFE**

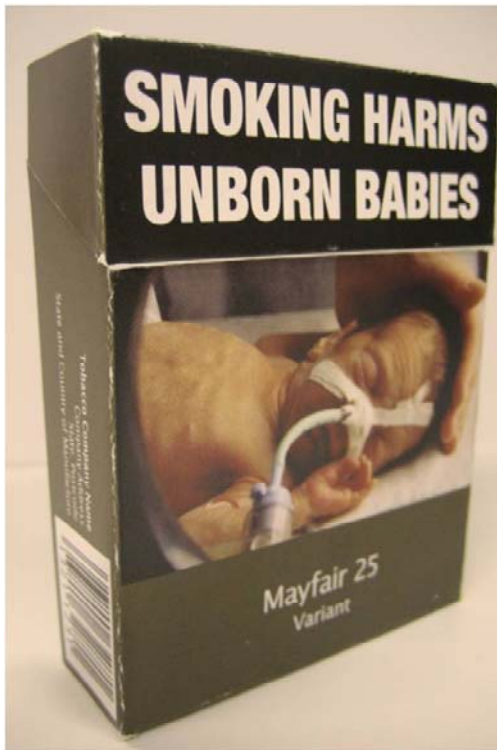
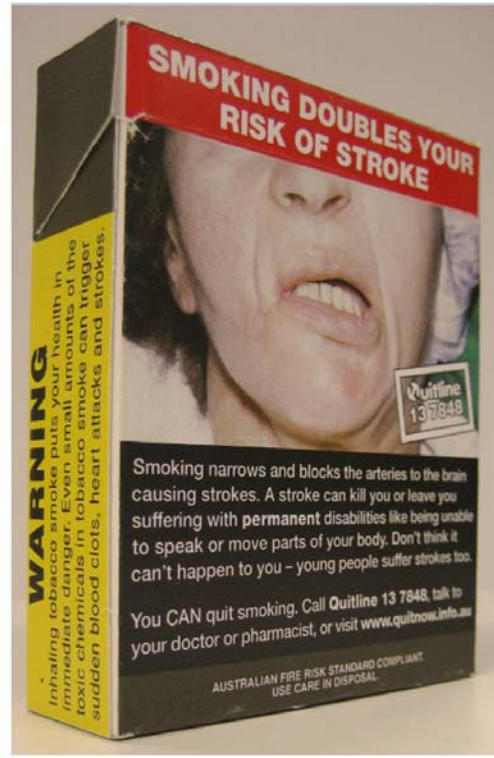
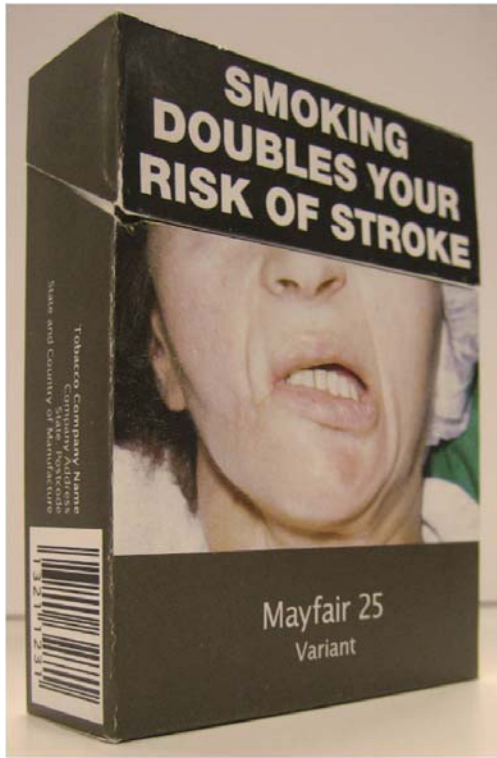
Back

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to privacy and / or
copyright









**SMOKING KILLS –
WHO WILL YOU
LEAVE BEHIND?**

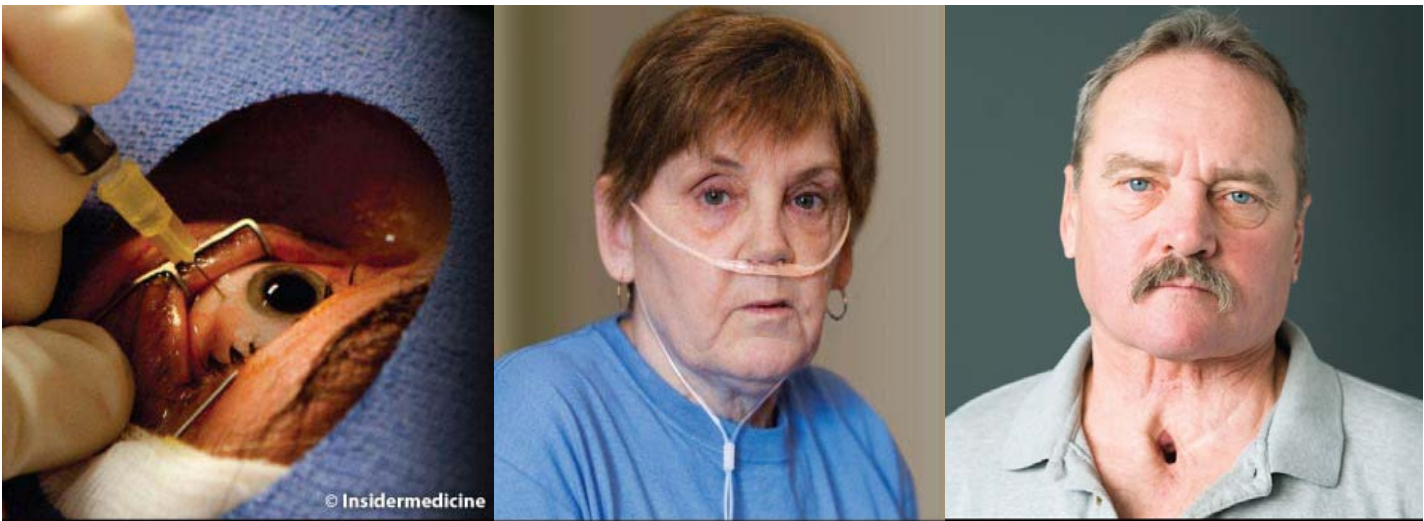
Front

Images not shown due
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**SMOKING KILLS –
WHO WILL YOU
LEAVE BEHIND?**

Back

Images not shown due
to privacy and / or
copyright



Some images in Appendix B not shown due to privacy and/or copyright.

APPENDIX C – IMAGE ACKNOWLEDGEMENTS

- 1 Impact on significant others (Zita) – permission kindly granted by Zita’s family, Cancer Council Western Australia and the West Australian Newspaper
- 2 Babies – © Commonwealth of Australia; image originally supplied by Photolibrary Pty Ltd
- 3 Bladder cancer – © Commonwealth of Australia; originally supplied by Photolibrary Pty Ltd
- 5 Lung cancer (Bryan image) – © V. Jane Windsor / St. Petersburg Times (Fla.), United States
- 7 Throat cancer (John image) – © Cancer Council Western Australia; permission kindly granted by John
- 8 Mouth cancer – © St Vincent’s Hospital, Darlinghurst, New South Wales, Australia
- 9 Gangrene – © Commonwealth of Australia; originally supplied by Fremantle Hospital & Health Service, Western Australia
- 10 Dental – © Professor Laurence J Walsh, The University of Queensland, Australia
- 11 Kidney cancer – © Health Canada
- 12A Stroke (female face) – © Winnipeg Regional Health Authority, Canada
- 12B Stroke (middle aged male face + feeding) – supplied by Cancer Institute NSW, Australia
- 12C Stroke (younger male in wheelchair) – © Health Canada
- 13 Emphysema – © Mater Misericordiae Health Services Brisbane Limited, Queensland, Australia
- 14 Ageing – © Roswell Park Cancer Institute, Buffalo, NY, United States
- 15 Death – © European Community, 2005
- 16 Quitting – © Commonwealth of Australia
- 17 Heart disease – healthy heart sourced from Wikimedia Commons; unhealthy heart © Winnipeg Regional Health Authority, Canada

Additional images:

- Throat cancer (Leroy) – © Health Canada
- Emphysema (Lena) – © Health Canada
- Blindness – © Insidermedicine (www.insidermedicine.com), Queen's University, Kingston, Ontario, Canada



APPENDIX D – DISCUSSION GUIDE

1 Introduction (5 mins)

Purpose of section is to introduce topic of discussion, explain the group process to the participants and obtain some brief demographics about respondents.

- Introduce self
- Explain confidentiality/viewing facility/recording
- Explain project background:
 - Research is on cigarette and tobacco products packs. (Moderator to keep this deliberately broad as to what parts of the packaging that we will be looking at specifically. We want to gain some spontaneous reactions first).
 - Reiterate that not here to discuss or judge their smoking behaviour, just to get their views on some ideas about the packaging.
- Participant introduction:
 - Name
 - Home set up
 - Smoking/quitting habits (where applicable. Please ask if anyone smokes any other tobacco products other than cigarettes, e.g. cigars, cigarillos, beadies etc)
 -

2 Broad Reactions 10 prototype packs (20mins)

Moderator note – Please explain to group that half of them will be looking at one set and the other half at the corresponding 'set' but opposite colour (i.e if one half views 'A Red', the other half views 'A Black'). Explain the principles of passing the packs down the line and that everyone needs to look at the 10 different packs in their set, can complete the questions for each before we move on.

*Ask them to complete **Exercise 1**, before discussing broad reaction as a group:*

- Which pack do you notice the most?
- Why do you think that is?
- What stands out the most on the packs?
- What do you think about the health warnings on the pack?
- Which ones would you be more likely to read?
- Which ones stand out the least?
- Why do you think that is?



Reactions to the design of the pack:

- How are these packs different from what you are used to?
- Probe in detail about the spontaneous replies, then prompt with:
- What are your thoughts on the colour?
 - How would you describe the colour?
(note to moderators: do not spend too long on discussion of pack colour. Gather brief general overview only)
- On the layout of the health message?
- What do you notice first when looking at it – image/ statement /both?
- Size of the health message?
- What about the colour of the statement panel (ie red or black)?
 - (just get spontaneous reactions for now).
- Side warning message and colour?

3 Detailed Discussion on warnings, graphics and side of pack (40 mins)

Hand out A4 booklet containing headlines, images and copy

Moderator to explain that we are going to discuss each message in detail now.

Rotate starting point of messages. Display corresponding pack of the red and black in front of group (on table) to discuss. Please ensure correct stimulus set (A or B) is used for each group.

Ask respondents to refer to the same message in their booklet

- What stands out to you about this message? (image, headline, content of message once they read it) Why?
- What is the message of the health warning? (Comprehension)
- Do they believe it? Why? Why not?
- Does it have any new information?
- What emotion does it make them feel?

Reactions to the headline?

- Does it contain any new information?
- Do you believe the headline?
- Does anyone NOT believe the headline?
- How would you describe the tone of the headline?



- Which is more noticeable – the red or the black?
 - Why do you say that?
 - What impact does the colour have on the message?

Reactions to the image

- What does the picture say to you?/What does it communicate?
- Does it make sense?
- Does it portray new information?
- Are they credible?
- Is there anyone that does NOT think the picture looks real/convincing (where relevant)?
- Do they fit with the headline?

Reactions to the copy

- Does it help explain the headline and/or picture?
- Does the copy make the health warning more believable?
- Would it impact on your attitude to smoking? If so, how?
 - What was it saying to you? (Message comprehension)
 - Does it have any new information in it?
 - Is it believable?
 - What about the language? Is there anything you did not understand?
 - How would you describe its tone?
- For overall message, what changes would you make? #

4 Alternate stimulus set (15 minutes)

Show the front of pack of the alternate stimulus set three boards. Ask respondents to complete *Exercise 2*

- Which of the messages make you stop and think? Why?
 - Which of the message make you think about your own smoking / friend or family smoking? Why?
- Then for each briefly ask about overall message:
- Understanding?
 - Credibility of headline? Of image?
 - Any changes to the message to make it more impactful?



Show the 2 new images (Lena and Leroy) – ascertain, in particular for Lena, how these compare to the existing health messages (Emphysema and Throat Cancer)

Show the 3 stroke images together and repeat – ascertain which image / message is most impactful and why? Strengths and weaknesses across them? Recommended changes?

Show the warning about blindness

5 Side of pack message (5 minutes)

Ask all respondents to grab a cigarette pack in front of them as if they were going to get a cigarette from it.

Ask them to look at the side of pack and identify who is seeing the side of pack warning message.

For those who are not looking at it – ask them to turn pack around.

- Did you notice it?
- What do you think of the colour used?
- Would you be likely to read it? Why / why not?
- What is the message communicating to you just by looking at it?

FOR TWO REVISED AND TWO NEW MESSAGES – SHOW ON BOARDS (and use point respondents to relevant packs)

- Is the content credible?
- Is there anything you do not understand in it?
- How do these compare to the other side of pack messages?
-

6 Health Warning Authority message (3 mins)

Show warning message with or without health warning on a board

- Ask respondents to identify the difference between the two
 - Prompt if not noticed (and prompt to relevant packs if not noticed)
- What does the health warning authority message mean?
- What does it contribute to the message (if anything?)
- Does it impact on the credibility of the message if it is not there?

7 Summing up: (2 mins)

- Out of everything you have seen today, what one thing has had most impact on you?



APPENDIX E – USING THIS RESEARCH

It is important that clients should be aware of the limitations of survey research.

Qualitative Research

Qualitative research deals with relatively small numbers of respondents and attempts to explore in-depth motivations, attitudes and feelings. This places a considerable interpretative burden on the researcher. For example, often what respondents do not say is as important as what they do. Similarly, body language and tone of voice can be important contributors to understanding respondents' deeper feelings.

Client should therefore recognise:

- that despite the efforts made in recruitment, respondents may not always be totally representative of the target audience concerned
- that findings are interpretative in nature, based on the experience and expertise of the researchers concerned

Quantitative Research

Even though quantitative research typically deals with larger numbers of respondents, users of survey results should be conscious of the limitations of all sample survey techniques.

Sampling techniques, the level of refusals, and problems with non-contacts all impact on the statistical reliability that can be attached to results.

Similarly quantitative research is often limited in the number of variables it covers, with important variables beyond the scope of the survey.

Hence the results of sample surveys are usually best treated as a means of looking at the relative merits of different approaches as opposed to absolute measures of expected outcomes.



The Role of Researcher and Client

Blue Moon believes that the researchers' task is not only to present the findings of the research but also to utilise our experience and expertise to interpret these findings for clients and to make our recommendations (based on that interpretation and our knowledge of the market) as to what we believe to be the optimum actions to be taken in the circumstances: indeed this is what we believe clients seek when they hire our services. Such interpretations and recommendations are presented in good faith, but we make no claim to be infallible.

Clients should, therefore, review the findings and recommendations in the light of their own experience and knowledge of the market and base their actions accordingly.

Quality Control and Data Retention

GfK Blue Moon is a member of the Australian Market and Social Research Organisations (AMSRO) and complies in full with the Market Research Privacy Principles. In addition all researchers at GfK Blue Moon are AMSRS members and are bound by the market research Code of Professional Behaviour.

GfK Blue Moon is an ISO 20252 accredited company and undertakes all research activities in compliance with the ISO 20252 quality assurance standard

Raw data relating to this project shall be kept as per the requirements outlined in the market research Code of Professional Behaviour.