

Consultation on the Introduction of Picture Warnings on Tobacco Packs

Report on Consultation

DH Information Reader Box			
Policy HR/Workforce Management Planning Clinical		Estates Performance IM & T Finance Partnership working	
Document purpose:	Consultation/Discussion		
ROCR ref:	N/A	Gateway ref:	8548
Title:	Consultation on the introduction of picture warnings on tobacco packs - report on consultation		
Author:	DH		
Publication date:	August 2007		
Target audience:	PCT CEs, SHA CEs, Directors of PH, Local Authority CEs		
Circulation list:	N/A		
Description:	A report on the consultation on the introduction of picture warnings on tobacco packs, which was launched on 27 May 2006		
Cross ref:	Consultation on the Introduction of Picture Warnings on Tobacco Packs Choosing Health: Making Healthy Choices Easier		
Superseded docs:	N/A		
Action required:	N/A		
Timing:	N/A		
Contact details:	Tobacco Policy Team Health Improvement Directorate Wellington House 133-155 Waterloo Road SE1 8UG		
For recipient's use:			

© Crown copyright 2007
First published August 2007

Published to DH website, in electronic PDF format only.
<http://www.dh.gov.uk/publications>

Contents

Introduction	4
Summary of responses	5
Analysis and key points	6
Key questions	8
Conclusions and policy implications	14
Annex A: consultation respondents	17
Annex B: www.packwarnings.nhs.uk	18
Annex C: summary of market research	20
Annex D: picture warnings library	23

Introduction

1. On 27 May 2006, the Department of Health published a consultation paper, *Consultation on the Introduction of Picture Warnings on Tobacco Packs*. The consultation period ended on 25 August 2006 and over 450 submissions were received.
2. The consultation proposed the introduction of picture warnings on all tobacco packs that are subject to the current written warnings. Views were invited on:
 - general opinions of the European Commission library of picture warnings;
 - specifically, which warnings will have the most impact;
 - which products will be affected;
 - the rotation of warnings;
 - whether there is a need to increase the size of the warnings;
 - timescales for introducing the warnings; and
 - enforcement arrangements.
3. Around 450 copies of the consultation paper were distributed to UK organisations, with further copies available on request, and it was also published on the Department of Health's website.
4. In parallel with the consultation paper, the Department ran a website at www.packwarnings.nhs.uk. This website allowed people to select the warnings that they felt would have the most impact. Over 20,000 completed responses were logged on the website.
5. The Department also undertook market research to assess the impact of the various warnings on UK smokers. The final choice of picture warnings takes into account consultation responses, results from the website and market research.
6. This document outlines the main points arising from the responses received, and indicates where changes to the original proposals have been made. It also covers themes that came out of the consultation that were not covered by specific questions.

Summary of responses

7. There were 488 submissions (by post or e-mail) received in response to the consultation. Of these, 367 were from individual respondents; 15 from the tobacco or retail industry; and 106 from NHS organisations, local bodies, charities, etc. Table 1 sets out the submissions in greater detail. Annex A lists all of the organisations that responded to the consultation.
8. The www.packwarnings.nhs.uk website received 20,944 completed responses. Annex B shows a detailed breakdown of the website results, and the contribution of these results to the final selection of picture warnings is discussed in the *Conclusions and policy implications* section.
9. Annex C provides a summary of the market research work that the Department undertook to understand in greater detail which of the picture warnings will be most effective. The contribution of this research is also discussed in the *Conclusions and policy implications* section.

Table 1. Responses by organisational type

Type of organisation	Number of responses
Academic institutions and research groups	2
Business and industry	15
Individual	367
Local bodies/local strategic partnerships	27
Local government	7
NHS bodies	21
Non-governmental and charitable bodies	12
Professional bodies and royal colleges	16
Regional government and regional bodies	19
Other	3

Analysis and key points

10. Almost all individual responses received were via email. Rather than a formal response to the consultation, these tended to be general comments on the idea of picture warnings. A large number were from people who had completed the online survey. These comments have been considered where relevant to the consultation. Box 1 gives an example of the type of comments received.

Box 1. Selection of individual responses

“Wow some horrific images and pretty powerful. The hand reaching out to the smokers hand made me cry. I’m a smoker and am sitting doing this survey with my baby on my knee. It made me think what will happen to my kids if something happens to me. I think maybe it’s time I got help to quit.”

“I am a physiotherapist working with amputees in an acute hospital...I’m distressed not to see any pictures or reference to the fact that smoking causes amputation...most people have no idea that smoking is a major factor in the cause of a vast number of amputations.”

“My preference would be to combine some of the images with information on help lines, ways to stop...I would think the campaign should focus on ‘encouragement’ to people to stop rather than shock tactics, which will largely be ignored.”

“I am highly delighted to see that the Department of Health has realised that the most powerful way to change someone’s behaviour is to show them the possible consequences of what they are doing in an immediate and personalised way. ‘Seeing is believing’.”

11. All responses from NHS organisations, local bodies, charities, etc, were in favour of introducing picture warnings, and not one favoured an option other than **Option 2** in the partial regulatory impact assessment (RIA). The key points raised in these submissions were:

- much support for an increase in size – to 90% of the rear of the pack was an oft-cited figure;
- warnings should signpost information on how to get help to quit;
- all tobacco products should have the same timescale for the introduction of picture warnings;
- the reaction to picture warnings be monitored, and any ineffective images should be replaced; and
- the Department should lobby the European Commission to refresh the image library to include stronger pictures, and to allow picture warnings to appear on the front of packs.

12. Responses from retail bodies did not comment on the introduction of picture warnings *per se*, but focussed on timescales and the practicalities of introducing picture warnings.

13. Responses from the tobacco industry, and their representative bodies, generally put forward the opinion that the current written warnings are sufficient to inform people of the dangers of smoking. If picture warnings were to be introduced, then there was strong feeling that 'minority' tobacco products, such as cigars and pipe tobacco, should be exempted for the reasons set out in paragraph Q3.2. This was not, however, a unanimous view, with one manufacturer supporting consistent warnings on all tobacco packs.

Key questions

14. Below is a summary of consultation responses received, as they referred to key questions asked in the consultation document. There is also a section covering themes that came out of the consultation that were not covered by specific questions

Q1. What do you think of the warnings?

- Q1.1. The majority of respondents thought that the picture warnings were an improvement on written warnings and would be effective in increasing awareness of the risks of smoking. However, there was strong feeling that the current European Commission library of 42 images could be significantly improved. The observation by Action on Smoking and Health (ASH) that *“the proposed warnings vary considerably from gruesome to bland and puzzling”* was the prevailing message. Indeed, it was felt that many of the images do not fulfil the criteria, based on international evidence, for the most successful picture warnings.
- Q1.2. Generally, it was felt that the stronger images would have the biggest impact on smokers, although a few cautioned that such images may be seen as patronising and that smokers might disassociate from them. There was also a strong feeling that warning messages about the harms caused by tobacco are more likely to be effective if combined with information on where to get help to quit, and positive messages emphasising that quitting is possible. Though this was not asked about in the consultation, the main suggestions were to include reference to the NHS Stop Smoking Helpline or website on all packs. As one individual respondent put it, *“it’s no good warning people without telling them how to get out of it”*.
- Q1.3. Several respondents felt that the accompanying written warnings should be changed. Some felt that there should be a greater proportion of positive statements, whilst others called for warnings relating specifically to certain diseases, most notably blindness. There was also a strong feeling that the message *“Your doctor or your pharmacist can help you stop smoking”* fails to signpost to the NHS Stop Smoking Service, which is seen as the best first port of call for smokers wishing to quit.
- Q1.4. It was pointed out by several respondents that the people featured in the images do not accurately reflect the UK population, being mostly white males. It was felt that this could undermine the impact of the picture warnings across a diverse population.
- Q1.5. The tobacco and retail industry generally chose not to comment on the pack warnings, asserting that the content should be chosen by the Government and public health experts. A number put across the viewpoint that the current written health warnings were fit for purpose for warning smokers of the dangers of smoking.

Q2. Which warning in each set of three do you think will have the biggest impact on smokers in the UK?

- Q2.1. Alongside the formal consultation responses, submissions on the most effective picture warnings were collected at www.packwarnings.nhs.uk. The Department also undertook

focussed market research to assess attitudes and opinions in specific demographic groups across the UK.

- Q2.2. Submissions from organisations differed greatly in how the preferred warnings were put forward. Some were recommendations from a small group on behalf of the organisation, whilst others, such as Easington PCT, ran ‘mini consultations’ with preferred images judged on the views of numbers running into the hundreds.
- Q2.3. There was a reasonable consensus across around half of the groups – these tended to be the more graphic images that stood out from others (such as images 17 and 29). However, across the other half, there was no real consensus – reflecting the views of a number of respondents that selecting a preferred image was often a case of “*choosing the least-worst image*”.
- Q2.4. A very similar pattern was seen amongst the responses from the packwarnings.nhs.uk website. The website did not ask respondents to select one from each group of three images, but rather to select the images that were felt to be most effective. Annex B sets out these results in detail.
- Q2.5. The detailed market research surveyed a wide range of smokers – from recent young converts to ‘social smoking’ to lifelong ‘veterans’ who had been smoking since their early teens. The majority of smokers welcomed the proposed use of images. Many felt that this would allow less scope to ‘screen out’ warnings. Others felt that the warnings would be more direct if visually represented. Annex C contains a summary of the market research.
- Q2.6. There was good consensus between the market research data, submissions and information received from the packwarnings.nhs.uk website. Where the market research suggested a different image to the majority vote from the website, these tended to be where the voting differences were marginal, and amongst the warnings perceived to be weaker (i.e. fewer overall votes).

Q3. Views on the proposed product groups that would be covered by picture warnings

- Q3.1. Views from organisations other than the tobacco industry and their representatives were unanimous in agreeing that picture warnings should be introduced onto the packs of all products covered by the 2001 EU Labelling Directive, agreeing with the arguments in the consultation. A large number of responses also questioned the exemptions given to individually sold cigars and cigarillos. It was felt that individually sold products should have to display picture warnings at the point of sale.
- Q3.2. The response from Philip Morris Ltd also supported the proposal to require all tobacco packs to carry picture warnings. All other submissions from the tobacco industry – a number of which were directly from cigar manufacturers or importers – supported exemptions for certain products. The suggested exemptions were generally for cigars and pipe tobacco. There were a number of reasons cited for including such exemptions:

- the wording of EU Directive allows for picture warnings to be on some or all products;
- that Belgium (the only EU state to so far have introduced picture warnings) are only requiring picture warnings on cigarette packs, and Portugal have signalled the intention to do the same;
- because cigar and pipe smoking represents such a small proportion of tobacco consumed, it is questionable whether picture warnings will have additional value over written warnings;
- the profile of cigar and pipe smokers – i.e. more likely to be male, middle-aged, occasional smokers;
- that studies on the effectiveness on picture warnings have focussed on the effect on cigarette smokers, and as such there is no evidence base for introducing picture warnings on cigars and pipe tobacco;
- the cost of implementing picture warnings for small- and medium-sized manufacturers will be proportionately more expensive than for larger manufacturers and restrict their ability to be competitive;
- that such cost is exacerbated by the fact that cigars and pipe tobacco often come in non-uniform shapes and materials; and
- that the present warnings contain the same information as the picture warnings, the only difference being the way that the message is communicated.

Q3.3. It was also argued that a number of other countries that require picture warnings on all tobacco products (Canada, Brazil and Australia) have different, less onerous and costly, requirements for cigars.

Q4. Views on the rotation of picture warnings

Q4.1. There were no submissions that disagreed with the proposals for ensuring regular distribution of the chosen picture warnings.

Q5. Views on the proposal to increase the size of picture warnings

Q5.1. Views from organisations other than the tobacco industry and their representatives were generally in favour of increasing the size of picture warnings; not one suggested that the warnings should remain at 40% of the rear of the pack. The prevailing opinion was that picture warnings should take up at least 50% of the rear of the pack and ideally 90%, leaving 10% for the required fiscal mark. The rationale behind an increase in size was that it would have a greater impact; indeed there was some concern that at 40% of a pack, some picture warnings and the accompanying text would not be clear enough.

Q5.2. All submissions from the tobacco industry put forward the case that the existing warning size is sufficient. It was suggested that a requirement to increase the size of the warnings would be inconsistent with the intention of EU Directive 2001/37/EC to harmonise health warnings across the EU. It was also pointed out that such an increase in size would cause further significant cost increases to small- and medium-sized tobacco manufacturers.

Q6. Are the timescales appropriate?

- Q6.1. The overriding message in responses from NHS organisations, local bodies, charities, etc was that timescales for all tobacco products should be the same. If differing timescales were allowed, then it was felt that this could give the impression that some tobacco products are less harmful than others. This view was also shared by Philip Morris Ltd.
- Q6.2. If differing timescales were required, it was felt to be particularly important to include hand rolled tobacco under the same requirements as cigarettes. The rationale for this was that hand rolled tobacco is not a low-volume niche product and delaying picture warnings could reinforce the common misapprehension that smoking hand rolled tobacco is less harmful than smoking cigarettes.
- Q6.3. A large number of submissions supported shortening the timescales. This was based on the fact that tobacco manufacturers have had ample opportunity to prepare for the introduction of picture warnings, which were signalled in *Choosing Health* in 2004, and that a year for sell-through of products is too generous.
- Q6.4. Concerns from retail groups were that the year for sell-through for stocks would not be sufficient, and an extended timescale of 18 months was suggested. There was also concern that retailers could be supplied with 'non-compliant' stock subsequent to the final date of manufacture and as such would like to see the cut-off date relate to supply to retailers rather than last date of manufacture. The Tobacco Manufacturers Association (TMA) suggested allowing a natural sell-through of packs with written warnings – i.e. no deadline for the last date of sale.
- Q6.5. The main concern of tobacco manufacturers was that the timescales should relate to publication of regulations rather than the end of the consultation. It was also felt that there should be a distinction for imported tobacco products, whereby the deadline for import and not manufacture should be applicable.
- Q6.6. There was also some concern that the proposed one-year sell through for non-cigarette products would not be sufficient and does not reflect paragraph 16 of the consultation.

Q7. Are there any enforcement issues we need to be aware of over and above those in place for written warnings?

- Q7.1. It was agreed by all respondents that introducing picture warnings would not raise any new burdens on Local Authorities, provided that they are appropriately informed and issued with suitable guidance material prior to introduction.
- Q7.2. An issue raised by a small number of respondents was the concern that introducing picture warnings would lead to retailers placing cigarette packs in covers that obscure warnings, and that this should be monitored.

Q8. Other issues raised in consultation responses

Refreshing images

- Q8.1. A large number of submissions requested that the Government monitor public reaction to the picture warnings once they have been introduced, and replace any images shown to have minimal impact or be poorly understood. Some submissions requested that the picture warnings be changed on a regular basis – every three years for example. From the tobacco industry, the TMA suggested that picture warnings should not be changed once introduced, whilst Philip Morris Ltd requested a reasonable implementation timetable if it is decided to refresh the picture warnings.
- Q8.2. It was also suggested that the introduction of picture warnings should be accompanied by research monitoring any increased public understanding of the health hazards associated with smoking. Such research should also occur prior to introducing pack warnings to allow pre- and post-picture warning comparisons to be made.

Requiring picture warnings on the front of packs

- Q8.3. A large number of submissions from NHS organisations, local bodies, charities, etc, expressed disappointment that the picture warnings would only be on the rear of tobacco packs. It was felt that this was contrary to international best practice and would lessen the impact of picture warnings on smokers – notably at point of sale. It was recognised that this is a decision made at EU-level, and respondents pressed the Government to lobby the European Commission to require picture warnings on both sides of tobacco packs in the future.
- Q8.4. Conversely, the Association of Convenience Stores were supportive of having picture warnings only on the rear of packs. They felt that retail employees should not be exposed to disturbing images throughout their working day, and neither should children nor non-smoking customers.

Using picture warnings in a campaign

- Q8.5. Recognising that a relatively lengthy lead in time was necessary and fair to tobacco manufacturers and retailers, a number of respondents suggested that in the period pre-introduction, the Department of Health should use the picture warnings in advertising campaigns, or require them to be displayed at point of sale.

Detailed guidance for manufacturers

- Q8.6. Nearly all submissions from the tobacco industry felt that the guidance produced by the European Commission on the technical details of implementing picture warnings is not sufficient to allow consistent warnings to appear on all packs. There was also concern that the guidance does not adequately consider the non-uniform shapes and materials of non-cigarette products. There was therefore a request for the Government to provide a clear, formal guidance document for manufacturers.

Duty free

- Q8.7. Submissions from the Imported Tobacco Products Advisory Council (ITPAC), the TMA and Philip Morris Ltd raised the issue of duty free products. ITPAC and the TMA called for there to be consistent warnings across the EU markets – ITPAC asked the Government to engage with other states currently using English warnings and the TMA suggested excluding duty free products from the scope of the implementation timetable. Philip Morris Ltd raised the technical and logistical challenges of rotating picture warnings on duty free products, and suggested that the chosen 14 warnings need not be refreshed as early as for the domestic market, and asked that cartons have a rotation of only four sets of picture warnings.
- Q8.8. In addition, the TMA and Philip Morris Ltd asked for the warnings including the NHS Stop Smoking Helpline to be replaced by the warnings that have reference to doctor/pharmacist for duty free products, as is the case for the current written warnings.

Conclusions and policy implications

Choice of picture warnings

15. Annex D details the final selection of picture warnings. We have relied predominantly on the detailed market research that was undertaken by the Department to inform the final results. As detailed in paragraph Q2.6, there was good consensus between the different sources. Where our final decision has differed from the most popular image from the website, these were all amongst the warning sets where a clear favourite did not stand out. In these instances, it was felt that the greater insight offered by the market research provided the most sound basis for selecting the image.
16. Concerns about the quality of picture warnings set out in submissions were also backed up by the data from the website and market research. The website data was particularly compelling – with some pictures receiving as many as 10 times more votes than others. These data will be used to aid discussions with the European Commission on strengthening the picture library, and feed into any future decision-making on changing the selected images on packs.

Product groups

17. Whilst a small number of submissions argued strongly for an exemption for cigars and pipe tobacco from requiring picture warnings, it is incumbent on the Government to educate all smokers on the risks of smoking and as such, and as was the case with the current written warnings, we feel that hand rolled tobacco, cigars and pipe tobacco should be required to carry the same warnings as cigarettes.
18. Furthermore, we acknowledge the concern raised that excluding cigars and pipe tobacco could give the misleading perception that some forms of smoking are safer than others. Requiring picture warnings on all products will ensure a clear and consistent message to all smokers.
19. Recognising that non-cigarette tobacco products have a slower turnover than cigarettes, we have proposed a change to the timescales as set out in paragraph 26, in line with the sell-through periods set when the current written warnings were introduced.

Rotation

20. The proposal for rotation of picture warnings was supported by all respondents, and as such will mirror the current requirements for written warnings.

Size of the warnings

21. Whilst the majority of respondents were in favour of an increase in size for picture warnings, we do not propose increasing requirements to more than 40% of the rear of a pack, excluding a black border.
22. We recognise that an increase in size would likely bring additional public health benefits, but these are not anticipated by Directive 2001/37/EC. Similarly, requiring picture warnings on the front of packs are also not anticipated by Directive 2001/37/EC. We will use the

results of this consultation to inform our discussions with the European Commission over further development of the picture warning requirements.

Timescales

23. Timescales in the consultation paper were mapped out from the timing of the end of the consultation; however, it was pointed out that tobacco manufacturers will not be able to start the process of preparing for picture warnings until regulations are laid. We acknowledge these concerns and therefore timescales will start from the date regulations are laid, and we will use Common Commencement Dates wherever possible to reduce burden on businesses.
24. It was also pointed out that sell-through of non-cigarette products was limited to a year in the consultation paper, but that these products had been given two years sell-through when the current written warnings were introduced. It was felt that a year would be problematic, especially for small retailers, and we accept this point.
25. Although a number of responses called for all tobacco products to follow the same timescales, it was generally accepted that differing sell-through times would be required for cigarettes and other tobacco products. Although, a number of submissions argued that hand-rolled tobacco should be grouped with cigarettes, feedback from retailers suggests that this may cause problems and as such, we would prefer to retain the differentiation of cigarette packs from other tobacco packs proposed in the consultation and used for the introduction of the current written warnings.
26. We therefore propose the following timescales, which mirror the arrangements for the introduction of the current written warnings. These have a uniform last date of manufacture for tobacco products with existing written warnings to ensure consistency, but recognise the longer sell-through required for non-cigarette products.

Stage	Proposed deadline for cigarette packs	Proposed deadline for other tobacco packs
Regulations published	August 2007	August 2007
Last date of manufacture/ import for packs with written warnings	1 October 2008	1 October 2008
Last date of sale for packs with written warnings	1 October 2009	1 October 2010

Enforcement

27. It was generally agreed that arrangements for enforcement were appropriate. We will work with the Local Authorities Co-ordinators of Regulatory Services (LACORS) to ensure that appropriate guidance is produced for enforcement officers, retailers and manufacturers in good time.

Including information on where to get help to quit

28. A number of submissions put forward the point that warning messages about the harms caused by tobacco are more likely to be effective if combined with information on where to get help to quit – the NHS Stop Smoking helpline and website were suggested.

29. The helpline number is at present on one in every 14 packs, and at most point of sale gantries. Whilst we recognise that bringing in the requirement for stop smoking information may bring additional benefits, at present we are not minded to add further information. Principally, this is because picture warnings will only be taking up 40% of the rear of a tobacco pack (excluding a black border), and requiring additional information will mean considerably reducing the size, and so impact, of the pictures. There is also significant technical hurdles that would need to be overcome to adapt the current library to carry this information.
30. We will return to this question in the future, and will take up the technical concerns with the European Commission in the meantime.

Monitoring of warnings

31. Currently, the Department has no timescale set out for refreshing the picture warnings – i.e. changing the required warning within each set of three. We will monitor public opinion of, and reaction to, the warnings, and will refresh the images as necessary. We will be mindful of the opinions on the picture library gathered during this consultation, and ensure that there is an appropriate lead-in time for manufacturers and retailers.

Guidance for manufacturers

32. Technical specifications for amending the picture warnings are as set out in Commission Decision C(2006) 1502, and have also been set out in the Combined Warning Editing Guidance Document produced by the European Commission. We therefore do not consider that additional formal guidance information is essential, but will discuss this issue further with the TMA and other manufacturers.

Duty free

33. The requirements for picture warnings will mirror the current requirements for written warnings in the travel retail sector. An alternative warning will replace the warning containing the NHS Smoking Helpline number.

Annex A

Table 2. List of organisations that responded to the consultation

Action on Smoking and Health (ASH)	North Birmingham PCT
Action on Smoking and Health (ASH) Scotland	North East Assembly
Aintree Hospitals NHS Trust	Northamptonshire County Council
Alnwick District Council	Northumberland Care Trust
Alnwick Local Strategic Partnership	Northumberland County Council
Amicus	Northumberland Stop Smoking Service
Association of British Dispensing Opticians (ABDO)	Orkney Islands Council
Association of Convenience Stores	Oxfordshire Alliance on Smoking Issues
Association of Optometrists (AOP),	Pembrokeshire Local Health Board
Asthma UK	Philip Morris Ltd
Board of Community Health Councils in Wales	QUIT
Bourne Youth Centre	Reading PCT
British Heart Foundation	Rotherham PCT
British Lung Foundation	The Roy Castle Lung Cancer Foundation
British Medical Association	Royal AGIO Cigars
British Paediatric Respiratory Society	Royal College of General Practitioners
British Retail Consortium	Royal College of Optometrists
Caerphilly Local Health Board	Royal College of Paediatrics and Child Health
Caerphilly Local Public Health Team	Royal College of Physicians
Cancer Research UK	Royal College of Physicians of Edinburgh
Cardiff Health Alliance	Royal National Institute for the Blind
Coalition for a Smoke-Free East Midlands	Salford Tobacco Control Partnership
College of Optometrists	Sandwell PCTs
Conwy Tobacco Group	Scottish Grocers' Federation
The Co-operative Group	Sefton Borough Partnership
Denbighshire Local Health Board	Smoke Free Cambridgeshire and Peterborough
Derbyshire Action on Smoking	Smoke Free Cheshire
Derwentside PCT	Smoke Free County Durham and Darlington
Dutch Cigar Manufacturers Association (Nederlandse Vereniging voor de Sigarenindustrie)	Smoke Free Derwentside
Easington PCT	Smoke Free Durham and Chester-le-Street
East Ayrshire Council	Smoke Free Hampshire and Isle of Wight
European Smoking Tobacco Association	Smoke Free Herefordshire
Federation of Ophthalmic and Dispensing Opticians (FODO)	Smoke Free Lincolnshire Alliance
Fresh - Smoke Free North East	Smoke Free Newcastle
German Cigar Manufacturers Association (Bundesverband der Zigarrenindustrie e.V.)	Smoke Free Nottinghamshire
Hampshire and Isle of Wight Public Health Network	Smoke Free Plymouth Alliance
Heart of Mersey	Smoke Free Solihull Alliance
Help 2 Quit (NHS Stop Smoking Service for Shropshire County and Telford & Wrekin)	Smoke Free South Tyneside
Henri Wintermans Cigars	Smoke Free Warwickshire
Hunters & Frankau	Smokefree Barnsley
The Imported Tobacco Products Advisory Council (ITPAC)	SmokeFree London
Institute of Occupational Safety and Health	Smokefree North West
Kennet & North Wiltshire and West Wiltshire PCTs	Smoke-Free Staffordshire Alliance
Kent Alliance on Smoking and Health	Smokefree Wiltshire
Leicester, Leicestershire & Rutland Smoke Free Alliance	Smoking Control Network
Local Authorities Co-ordinators of Regulatory Services (LACORS)	Society of Chief Officers of Trading Standards in Scotland
Medical Research Council	South Tyneside PCT
Midlothian Council	Southampton City PCT
Mouth Cancer Foundation	Staffordshire Watchdog Scheme
National Oral Health Promotion Group	Stratford on Avon District Council
National Public Health Service for Wales	Swedish Match
New College, Telford	Tobacco Control Collaborative Centre
Newcastle PCT	The Tobacco Manufacturers' Association
NHS Ayrshire and Arran	Vale of Glamorgan Local Health Board
NHS Forth Valley	Villiger Söhne GmbH
NHS Grampian	Walsall tPCT/Council
NHS Health Scotland	Warrington Borough Council
NHS Stop Smoking Service for South West Kent and Maidstone Weald PCTs	West Yorkshire Trading Standards Service
NHS Tayside	Yorkshire and Humber Tobacco Control Network
No Smoking Day	Yorkshire and The Humber Trading Standards Group

Annex B – www.packwarnings.nhs.uk

- B1. The www.packwarnings.nhs.uk website ran from 27 May to 25 August 2006 alongside the formal consultation on the introduction of picture warnings on tobacco packs. 39,772 visits were made to the site, with 20,944 completed responses received.
- B2. Visitors were asked to complete a number of demographic questions and subsequently select which warnings they felt would be effective. Unlike the formal consultation, submissions did not have to choose the most effective picture for each warning; the core results therefore simply rank the images in terms of votes received. It is possible, however, to sort the results into each group of three, with the added benefit being that the weakest image groups can be identified.
- B3. The headline results are set out below. The images are numbered as they were in the consultation paper and can be viewed at Annex D.

Smokers die younger

Image	1	2	3
Votes	5,855	8,679	7,747

Smoking clogs the arteries and causes heart attacks and strokes

Image	4	5	6
Votes	3,580	8,239	9,596

Smoking causes fatal lung cancer

Image	7	8	9
Votes	7,354	14,288	9,045

Smoking is highly addictive, don't start

Image	10	11	12
Votes	5,146	4,238	3,749

Stopping smoking reduces the risk of fatal heart and lung diseases

Image	13	14	15
Votes	3,700	1,272	1,807

Smoking can cause a slow and painful death

Image	16	17	18
Votes	6,873	15,957	6,456

Smoking causes ageing of the skin

Image	19	20	21
Votes	3,924	3,867	4,113

Smoking can damage the sperm and decreases fertility

Image	22	23	24
Votes	2,445	3,095	3,616

Consultation on the Introduction of Picture Warnings on Tobacco Packs – Report on Consultation

Smoking may reduce the blood flow and causes impotence

Image	25	26	27
Votes	3,394	5,389	6,699

Smoking contains benzene, nitrosamines, formaldehyde and hydrogen cyanide

Image	28	29	30
Votes	2,868	15,356	8,806

Smoking when pregnant harms your baby

Image	31	32	33
Votes	6,872	7,073	8,627

Protect children: don't make them breathe your smoke

Image	34	35	36
Votes	9,463	9,528	7,224

Your doctor or your pharmacist can help you stop smoking

Image	37	38	39
Votes	2,200	2,803	1,865

Get help to stop smoking

Image	40	41	42
Votes	2,673	2,957	2,314

Annex C – Summary of market research

Background

- C1. The European Commission image bank contains 42 possible picture warnings, three for each of the health messages used in the current written warnings. In the UK a maximum of 14 picture warnings will be used – one for each of the health messages.
- C2. A need for qualitative research among smokers was identified to support input from stakeholders on the subject. Twelve group discussions were conducted with smokers in England, Scotland and Wales. These were conducted by CML Research Ltd, a qualitative research agency, in September and October 2005.
- C3. The overall objective was to gauge reactions to the 42 picture health warnings for cigarette packs and identify the most effective of each of the 14 warnings to be used in the UK. The research also sought to provide relevant contextual detail on smokers' attitudes to smoking and giving up.

Sample

- C4. All respondents were regular smokers:
 - not currently in the process of giving up;
 - not outright 'rejecters' of giving up; and
 - socio-economic grading C1C2DE; aged 16 – 60.
- C5. The sample was split by:
 - region;
 - 8 x England; 2 x Scotland; 2 x Wales
 - socio-economic grading; and
 - C1C2 vs. DE
 - age/life-stage.
 - 16 - 18 (Young smokers) - discrete gender groups
 - 19 - 34 (Pre-family)
 - 35 - 49 (Family)
 - 50+ (Post Family/Empty Nester)
- C6. There was also a representation/spread within the groups of the 'intended' period for giving up (short term – next 6 months vs. longer term/uncertain – 6 months+) and frequency of smoking.

Key Findings

- C7. Unsurprisingly, this research uncovered a very varied sample – reflecting the whole smoking universe. Respondents ranged from recent young converts to 'social smoking' – when clubbing and socialising with friends – to lifelong 'veterans' who had been smoking since their early teens.
- C8. All were conscious of a growing cultural taboo around smoking, driven above all by longstanding experience of anti-smoking communication: in particular recent TV

advertising and ‘shock tactics’. Current written warnings were a contributor to this atmosphere, though much lower down the scale and rarely cited spontaneously as a cue for attitudinal change. Many felt that existing on-pack warnings were at first initially striking and unsettling given their size – making the packet look unavoidably ‘ugly’. However, there was a sense that warnings were now being screened out or ignored.



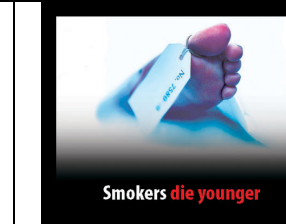
- C9. As such, most smokers actually welcomed the proposed use of images. Many felt that this would allow less scope to ‘screen out’ warnings. Others felt that ‘a picture tells a thousand words’ and that the warnings would be more direct if visually represented.
- C10. The relative impact of each of the 14 warnings varied somewhat by age and gender. For **younger smokers**, primary triggers tended to be ‘intimate’ or vanity-related. **Family-aged** smokers were relatively more moved by concerns about the impact of smoking on their own children. **Older smokers’** triggers tended to be more moved by terminal/existential risks, such as cancer, heart problems and strokes. Preferences within each of the three options were highly consistent.
- C11. Overall, the response to picture warnings clearly suggested that these were ‘moving the game on’ by cutting through and further detracting from the pack. Some images matched smokers’ ‘worst fears’, while the sheer size and standout of images was widely expected to further undermine any visual appeal that packs might still have.
- C12. On balance, images tended to be most effective where they conveyed **shock, immediacy and empathy** – generally judged to be a ‘winning formula’. Smokers tended to always favour ‘shock’ images that were disturbing or unpleasant to look at. Seeking ‘immediacy’, they favoured images that required little close reading, or that were not ‘over-metaphorical’. Empathy – being able to ‘see yourself’/‘the human being’ there – was also a key driver.
- C13. Overall, the warnings judged to have the most impact were hence those that were felt to be the most graphic and most disturbing: 17, 29, 33, 6, 8 and 34 (the images as numbered can be viewed in Annex D). While the strongest in their set, images 20 (ageing of the skin) and 13 (fatal heart and lung diseases) tended to have the least impact – as relatively easy to ignore/sidestep. Among the few ‘positive’ warnings (communicating the availability of help), the most effective options tended to be those that were encouraging and upbeat – acknowledging the problem – as opposed to being purely factual. Here, pictures were generally felt to be less necessary and less effective than wording.
- C14. Specifically, the most effective in each category were:
- Smokers die younger – Image 2*
 - Smoking clogs the arteries and causes heart attacks and strokes - Image 6*
 - Smoking causes fatal lung cancer – Image 8*
 - Smoking is highly addictive, don’t start – Image 11*
 - Stopping smoking reduces the risk of fatal heart and lung diseases – Image 13*
 - Smoking can cause a slow and painful death – Image 17*
 - Smoking causes ageing of the skin – Image 20*
 - Smoking can damage the sperm and decreases fertility – Image 23*
 - Smoking may reduce the blood flow and causes impotence – Image 27*

Smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide – Image **29**
Smoking when pregnant harms your baby – Image **33**
Protect children: don't make them breathe your smoke – Image **34**
Your doctor or your pharmacist can help you stop smoking – Image **37**
Get help to stop smoking – Image **40**


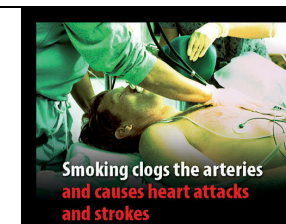

Annex D – Picture warning library

D1. Below is the full EC picture warning library. The highlighted image is that which the Department has selected based on the criteria set out in paragraph x.

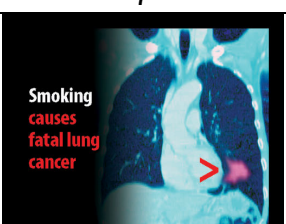


Smokers die younger

Image	1	2	3
	 <p>Lifetime smokers lose an average of 14 years of life Smokers die younger</p>	 <p>Smokers die younger</p>	 <p>Smokers die younger</p>




Smoking clogs the arteries and causes heart attacks and strokes

Image	4	5	6
	 <p>The risk of having a stroke is approximately 50% higher in smokers than in non-smokers Smoking clogs the arteries and causes heart attacks and strokes</p>	 <p>Smoking clogs the arteries and causes heart attacks and strokes</p>	 <p>Smoking clogs the arteries and causes heart attacks and strokes</p>


Smoking causes fatal lung cancer

Image	7	8	9
	 <p>Smoking causes fatal lung cancer</p>	 <p>Smoking causes fatal lung cancer</p>	 <p>Smoking causes fatal lung cancer</p>

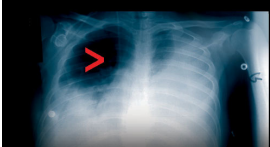

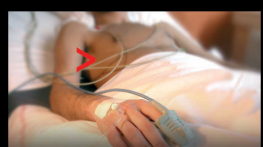
Smoking is highly addictive, don't start

Image	10	11	12
	 <p>Smoking is highly addictive, don't start</p>	 <p>Smoking is highly addictive, don't start</p>	 <p>Smoking is highly addictive, don't start</p>




Stopping smoking reduces the risk of fatal heart and lung diseases

Image	13	14	15
	<p>The risk of Coronary Heart Disease is reduced by 50% after 1 year of smoking abstinence</p> <p>Stopping smoking reduces the risk of fatal heart and lung diseases</p>	<p>Stopping smoking reduces the risk of fatal heart and lung diseases</p> 	 <p>Stopping smoking reduces the risk of fatal heart and lung diseases</p>


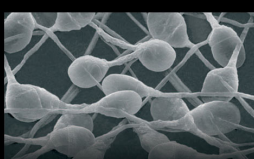

Smoking can cause a slow and painful death

Image	16	17	18
	 <p>Smoking can cause a slow and painful death</p>	 <p>Smoking can cause a slow and painful death</p>	 <p>Smoking can cause a slow and painful death</p>

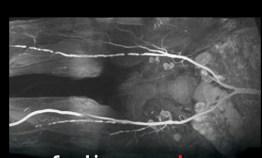
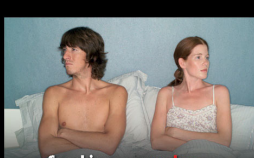

Smoking causes ageing of the skin

Image	19	20	21
	 <p>Smoking causes ageing of the skin</p>	 <p>Smoking causes ageing of the skin</p>	 <p>Smoking causes ageing of the skin</p>




Smoking can damage the sperm and decreases fertility

Image	22	23	24
	 <p>Smoking can damage the sperm and decreases fertility</p>	 <p>Smoking can damage the sperm and decreases fertility</p>	 <p>Smoking can damage the sperm and decreases fertility</p>

Smoking may reduce the blood flow and causes impotence

Image	25	26	27
	 <p>Smoking may reduce the blood flow and causes impotence</p>	 <p>Smoking may reduce the blood flow and causes impotence</p>	 <p>Smoking may reduce the blood flow and causes impotence</p>

Smoking contains benzene, nitrosamines, formaldehyde and hydrogen cyanide

Image	28	29	30
	 Smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide	 Smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide	 Smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide


Smoking when pregnant harms your baby

Image	31	32	33
	 Smoking when pregnant harms your baby	 Smoking when pregnant harms your baby	 Smoking when pregnant harms your baby

Protect children: don't make them breathe your smoke

Image	34	35	36
	 Protect children: don't make them breathe your smoke	 Protect children: don't make them breathe your smoke	 Protect children: don't make them breathe your smoke

Your doctor or your pharmacist can help you stop smoking

Image	37	38	39
	You can do it, we can help Your doctor or your pharmacist can help you stop smoking	Smoking is a serious nicotine addiction, don't be afraid to ask for help Your doctor or your pharmacist can help you stop smoking	 Your doctor or your pharmacist can help you stop smoking

Get help to stop smoking

Image	40	41	42
	0800 169 0 169 Choose freedom, we'll help you Get help to stop smoking	 Get help to stop smoking: 0800 169 0 169	 Get help to stop smoking: 0800 169 0 169