Larger and More Prominent Graphic Health Warnings on Plain-Packaged Tobacco Products and Avoidant Responses in Current Smokers: A Qualitative Study

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Full citation:

Hardcastle, S. J., Chan, D. K. C., Caudwell, K. M., Sultan, S., Cranwell, J., Chatzisarantis, N. L. D., & Hagger, M. S. (in press). Larger and more prominent graphic health warnings on plain-packaged tobacco products and avoidant responses in current smokers: A qualitative study. *International Journal of Behavioral Medicine*.

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Abstract

Background The introduction of tobacco plain packaging legislation in Australia meant that all tobacco products were to be sold in plain dark-brown packaging with 75% front-of-pack graphic health warnings and standardized font type and size for brand name and product variant. The change in the size and prominence of the warnings has been proposed as a reason for behaviour change in smokers in terms of increased intentions to quit and quit attempts.

Method The current research examined attitudes and beliefs of cigarette smokers toward the increased size and prominence of the warnings and effects on their behaviour. Participants (N=160) completed open-ended responses to questions on beliefs, attitudes, and responses to plain packaging. Responses were subjected to thematic content analysis for key themes.

Results Four themes emerged from the analysis: *emotional response to packaging; scepticism of health warnings; warnings and cessation behaviour,* and, *avoidant coping behaviours.* Participants reported increased negative emotional responses to the packaging and made specific reference to the graphic health warnings. Some participants attempted to discredit the messages. Others reported increased intentions to quit or quitting attempts. There were pervasive reports of avoidant responses including covering or hiding the warnings.

Conclusion Consistent with theories of illness perceptions and coping, current findings indicate that the larger, prominent graphic health warnings on plain-packaged tobacco products had pervasive effects on threat perceptions and subsequent behavioural responses. While some of the reported responses were adaptive (e.g., attempts to quit), others were maladaptive (e.g., avoiding the warnings).

Keywords: tobacco plain packaging; smoking cessation; graphic health warnings; affective responses; coping responses

Larger and More Prominent Graphic Health Warnings on Plain-Packaged Tobacco Products and Avoidant Responses in Current Smokers: A Qualitative Study

The introduction of tobacco plain packaging in Australia is a public health policy aimed at reducing smoking incidence and uptake. The legislation introduced in September 2012 meant that all tobacco products were to be sold in plain dark-brown packaging with 75% front-of-pack graphic health warnings and standardized font type and size for brand name and product variant. The purpose of the policy was to reduce brand loyalty and prevent the impact of package-related marketing of tobacco products. The policy was informed by experimental evidence and naturalistic studies demonstrating reduced desire to smoke among smokers [1-3]. Recent evidence has suggested the implementation of the policy has resulted in smokers reporting increased thoughts about quitting, rating quitting as a higher priority, and rating cigarettes as less satisfying and poorer in quality [4].

An additional effect of plain packaging legislation is the increased size and prominence of graphic health warnings on tobacco products. There is considerable evidence that graphic health warnings are effective in evoking increased fear responses and intentions to quit smoking [5-7]. It is expected that the increased prominence of the warnings under plain packaging legislation will also have long-term effects in further increasing quitting attempts and reducing smoking rates [8].

The mechanism by which the graphic health warnings on plain packaging exert their effects is likely through a coping response to reduce the impact of health threatening messages. A number of theories attempt to explain the link between threatening health messages and subsequent behavioural responses [9]. Prominent among these theories is the common sense model of illness perceptions [10]. The model proposes that individuals form cognitive and emotional lay representations of illnesses, conditions, and other potential health

threats from various sources of information including symptomatic (if present), expert, cultural, and lay sources. If the representations present a threat to health they will likely be motivated to search for, or initiate, a response to cope with the threat, often through arousal and dissonance processes.

Coping responses to health threats are likely to be varied and determined by accessibility, self-efficacy, response efficacy, and relative cost of the response [9, 11, 12]. Applied to smoking, responses may be behavioural such as making a quit attempt, which is considered adaptive from an illness management perspective and, if the treatment is effective, will reduce perceived threat by changing illness status. Coping responses may also involve other means to reduce the threat including avoidance or denial. These responses may allay the perceived threat through adjustment or modification of the content of an individual's representation of the illness but are considered maladaptive because they will not affect the aetiology of the illness [13]. Research has demonstrated that health warning messages on tobacco products are effective in evoking increased fear responses and increased intentions to quit [5]. However, an adaptive behavioural response such as quitting smoking is only likely if the health threat is sufficiently threatening to evoke a fear response and a behavioural response is perceived by individuals to be effective in negating the harm (response efficacy) and that they have the capability to enact the response (self-efficacy) [9]. In cases of low efficacy, a behavioural response may be less likely and the individual may search for an alternative response to reduce the threat, and accompanying feelings of fear, that they perceive to be effective and for which they have higher self-efficacy by comparison [14]. These might take the form of avoidant responses.

Drawing from this research, we present data examining smokers' beliefs, attitudes, and responses to the introduction of plain packaging legislation in Australia. The present study focuses on smokers' perceptions of the increased size and prominence of the threatening

health warnings on cigarette packs and their concomitant responses. Drawing from the common sense model [10] and theories of health threatening communication [15, 16], we asked the following questions: Do smokers report elevated levels of threat as a result of the increased size and prominence of the packaging? Do individuals report adaptive (e.g., increased quit attempts) or maladaptive (e.g., avoidance) coping responses to manage the increased threat? The research is one of the first studies to examine smokers' beliefs with respect to the health warnings after the introduction of plain packaging and the kinds of responses the changes have made in attitudes to and experiences of smoking. The data may provide an indication as to whether the increased prominence of the threatening messages is likely to be effective in changing the behaviour of smokers such as increasing attempts to quit.

Method

Design and measures

The current research reports the findings of the qualitative arm of a larger study examining smokers' beliefs, attitudes, and responses to plain packaging. The study adopted a cross-sectional online survey design with participants completing a series of open-ended questions at the time of introduction of plain packaging legislation in Australia. Participants were asked four key open-ended questions to explore their responses to plain packaging. The questions aimed to capture smokers' attitudes and beliefs toward the legislation and its perceived effectiveness, the effects of the introduction of plain packaging on smoking behaviour, and people's responses to the plain packaging itself. The four questions were: "What do you think of the Australian government initiative to introduce plain packaging of cigarettes?"; "How has plain packaging affected your smoking behaviour over the past few months, if at all?"; "Have you taken any steps to limit the impact of plain packaging on your

smoking?"; and "Have there been any other unforeseen or unexpected effects of plain packaging on your smoking behaviour?" In addition, participants completed a brief demographic questionnaire asking them to report their gender, date of birth, the age when the first smoked, the number of cigarettes they smoked per day on average, and the number of times they had attempted to quit measured on a five-point Likert-type scale ranging from 'once' (1) to 'many times' (5).

Participants

Participants were recruited by searching the directory of companies within the Perth metropolitan area and extending an email invitation to employees to participate through the company management. Company directors were contacted and asked to distribute emails to staff inviting those eligible to be involved in the study. Participants were eligible for the study if they were current daily smokers and were residing in Australia at least six months prior to the introduction of the plain packaging legislation. Current Australian smokers were recruited through invitations using social networks, media and other online forums (e.g., Facebook, Reddit). Participation was incentivised through offering an entry into the prize draw to win department store vouchers. Participants (N = 165) provided responses to the questions and summary statistics of participants' demographic information are presented in Table 1. Five participants failed to provide any qualitative data leaving a final sample of 160. The sample was predominantly women (63%), of Australian nationality (79.4%), with an average age of 33.43 years (*SD* = 11.87). The average age participants first smoked was 15.59 years (*SD* = 4.20). Participants reported smoking an average of 11.42 (*SD* = 9.01) cigarettes per day; of those who had made attempts to quit 75.63% reported having made more than one attempt.

Procedure

This study was approved by the University of [University name omitted for masked review] Human Research Ethics Committee. Participants were sent a link to a web page to the survey detailing the study's purpose. Participants were then directed to a page presenting a consent form with details of participant requirements. Participants were then asked to respond in full to the four open-ended questions. For each question, participants were prompted to type open responses in a free-response text box alongside the question and then select a save and exit button. Alongside the questions participants were also shown four examples of the plain packaging with the front-of-pack graphic health warnings. Specifically, the warning messages were (a) "smoking causes blindness" with close-up picture of an eye under examination; (b) "don't let others breathe your smoke" with a picture of young child; (c) "smoking causes peripheral vascular disease" with a picture of gangrenous foot; and (d) "smoking causes throat cancer" with a picture of throat cancer tracheostomy. Data were collected between November 2012 and January 2013.

Data Analysis

Data were analyzed using inductive thematic content analysis to identify emergent themes from participants' responses [17], and method we have used extensively in our previous studies [18-20]. Participants' responses to the open-ended questions on plain packaging were collated in a computer spreadsheet and subjected to multiple readings to generate themes. Five steps were involved in the analytic process. The first step involved immersion. During the immersion process the transcripts were read carefully several times by the lead author, who has considerable experience with qualitative data analysis, to identify participants' meanings and experiences. The second step involved attaching codes to salient text segments. The initial coding was systematically conducted on the entire data set by the lead author. The third step involved the identification of themes at a broader level and examining whether codes may be combined to form an overarching

theme. During these processes, inductive analysis was used to identify themes that emerge directly from the data linked to attitudes toward, and experiences of, plain packaging. Quotes representative of the themes from the inductive coding were then combined or assigned to an overarching theme. An overarching theme is a common thread that runs through the data. The fourth step involved checking that the themes work in relation to the coded data and across the data set [21]. This was achieved by reading all the collated data for each theme and considering whether these appear to form a coherent structure. If the fit was not satisfactory, a decision was made as to whether the theme label required revision or whether the coded data fit elsewhere or represented an exception to the data. Once the researcher was satisfied that there was a good fit between theme labels and the data contained within them, the overarching themes that address the research questions were established. In contrast to the deductive approach, where predetermined themes are used to organize quotes, the inductive approach permitted themes to emerge from the quotes without preconceived determination or researcher-based expectation. Although there is an attempt to be 'open' to the data in terms of themes that may emerge, it is recognised that themes identified are not done so through a 'tabula rasa' [17, 22]. It is, therefore, acknowledged that the interpretation of data will be influenced by the researcher's prior knowledge but, at the same time, there is an attempt to be open to new findings that may not corresponds with existing theories.

Results

Four main themes emerged from the inductive analysis: *emotional response to packaging; scepticism of health warnings; warnings and cessation behaviour,* and, *avoidant coping behaviours.* Details of the emergent themes follow with quotes that illustrate the themes. Quotes are attributed to participants by gender (W = woman; M = man), age and number of cigarettes smoked per day (CPD).

Emotional Response to Packaging and Smoking

Many of the smokers reported that the plain packaging caused negative emotional reactions including feelings of shame: "It hasn't affected the amount I smoke but has increased my feelings of shame around being a smoker" (W, 28, 6CPD). One participant summarised well the general view expressed across participants towards plain packaging: "Plain packaging has not affected the number of cigarettes I smoke per day…we are all aware of the health outcomes associated with smoking and yet we continue to smoke…smoking is an addiction…rather than chastising smokers I think understanding why they are addicted needs to be considered. Strategies that address the underlying reasons for smoking may succeed where dire warnings and plain packaging have failed" (W, 57, 23 CPD). An addiction discourse is used here to explain smoking behaviour and reasons for the perceived failure of health warnings and plain packaging on smokers.

Initial negative emotional reactions to the increased prominence of the health warnings were raised by several participants: "At first the packaging was really confronting and made me feel terrible but now I'm becoming used to it" (W, 29, 14CPD). It seems that some smokers had become familiar with the packaging over a short space of time and were less affected by the graphic health warnings: "Initially I was confronted with gross imagery that made me think about the consequences of smoking. But you soon become desensitised to the images very quickly and now I don't notice them" (W, 25, 4CPD).

Scepticism of Health Warnings

Despite the confrontational images on the packs, participants seem to be somewhat doubtful and critical of the health effects these packages promote: "How do we know the pictures are actually smoking related. You can get lung cancer from asbestos; gangrene is more often associated with diabetes" (M, 47, 11CPD) and "The health warnings are

almost too gruesome that I find it hard to believe that it would happen to me" (M, 28, 14 CPD). Another participant doubted the magnitude of the damaging health effects of smoking: "[The government] will show the worst of the worst to try and scare us" (M, 21, 14CPD). Participants raised doubts regarding the legitimacy of health warnings displayed on packs. Similar findings were reported by McCool et al. [23] who found that participants questioned the authenticity of the graphic warning labels and many perceived the images to show "the worst case scenario because… 'of course no-one's going to let their foot get that bad'" (p. 1271). It would appear that the perceived exaggeration of health warnings on plain packaging lead smokers to question the credibility of the messages.

Some appeared to find the health warnings largely irrelevant with respect to their own personal risk of dying prematurely from a smoking-related disease: "I don't desire to quit as I really enjoy smoking. I'm medically fit and have no health concerns" (W, 38, 20 CPD) and "I do not feel that the health risks are terribly high compared to a pack-a-day smoker…I view it as generally low risk and high pleasure" (W, 21, 1 CPD). For other participants, the health effects depicted on the packets would only serve as effective deterrents if they had vicariously experienced it for themselves: "(If I saw) someone close to me gets ill due to smoking" (W, 30, 15CPD). Others poked fun at the message that they perceived to be exaggerated and melodramatic: "Its become a joke around here with the shopkeeper as you see what disease they give you" (W, 29, 41CPD) and some reported an increase in smoking as an act of defiance: "It hasn't affected my behaviour at all. If anything I've smoked more than I did before" (W, 19, 8 CPD) and "Nope I've smoked a bit more… [the packets are] the same now with the added your feet will rot and fall off and you'll die. You'll die horribly!" (M, 36, 20CPD). The plain packaging appeared to

provoke resistance in these smokers and there was a tendency to trivialise and satirise 'serious' issues related to health and illness.

Warnings and Cessation Behaviour

A minority of participants reported increased intentions to quit or had reduced smoking behaviour in responses to the packaging: "It has made me feel that I should try to quit" (W, 53, 18CPD); "I don't find the packaging appealing and it brings me to think more of giving up smoking" (W, 46, 12CPD). Participants who did report quitting attributed it to the health warnings: "I quit smoking because the packets literally made me feel sick" (M, 22, 8CPD).

Avoidant Coping Behaviours

A consistent emergent theme was the adoption of coping behaviours to avoid the health warnings. Most participants' found the greater prominence of the health warnings on the plain packaging disturbing and fear-arousing. The main coping behaviour reported to manage these affective reactions was to hide the packages or conceal the images: "90% of the people I know put electrical tape over the warnings and then draw pretty pictures on their pack" (M, 21, 14CPD). A common strategy was to buy a cigarette case and transfer the cigarettes into that: "Many smokers I know have bought cigarette cases to cover up the horrible picture" (W, 57, 23CPD). Others reported re-using and transferring cigarettes into packs that don't have the plain packaging: "I have kept packets of tobacco from Europe that don't have plain packaging- re-use them" (M, 47, 11CPD) and; "I have kept two old packets which I refill. It's like having to hide" (W, 48, 12CPD). Smokers in the current study reported feelings of guilt, shame, or embarrassment in response to the graphic health warnings. Previous research has suggested that plain packaging also appeared to encourage cessation-related behaviour, with a number of participants mentioning forgoing cigarettes, stubbing them out earlier, or thinking about quitting when

smoking cigarettes from plain packs [24, 25]. However, such cessation related thoughts and behaviour were not evident in the present study. For some participants, initial reactions and strategies subsided after a while: "At first I would try to change the packaging but now it doesn't bother me" (W, 24, 6CPD). Other smokers reported keeping their cigarette packets out of sight: "I'm more careful about keeping them hidden in my bag out of sight" (W, 28, 6CPD) and "I do hide them in my handbag because some of the pictures freak my kids out" (W, 40, 15CPD) to avoid unwelcome attention from others.

Discussion

The present study aimed to provide in-depth insight on cigarette smokers' beliefs and attitudes toward, and responses to, the increased size and prominence of graphic health warnings as a consequence of plain packaging in Australia. Our purpose was to explore whether the warnings would evoke an increased emotional response and perceived threat in smokers and also whether they reported using concomitant coping procedures to manage the heightened aversive emotional state.

Emotional and Avoidant Coping Responses to Health Warnings

The main effect of the plain packaging in the current study was increased negative emotional reactions including feelings of threat, blame, and shame. Participants felt confronted by the messages on the harmful effects of smoking, and reported increased negative emotional reactions. Previous research has also found that plain packs increased reports of embarrassment and shame by smokers about their smoking [3, 24, 25]. The main response to the increase in negative affect was the adoption of coping strategies to reduce the aversive responses such as hiding the warnings and keeping the packaging out of sight. Similar avoidant responses among smokers have been documented elsewhere [5, 24] and are consistent with psychological theories of illness perceptions and coping responses to health threats [10, 26]. For example, Leventhal and coworkers' [10] common

sense model proposes that individuals who perceive illnesses to be sufficiently threatening will be motivated engage in coping procedures to reduce the aversive response. This may be particularly heightened if the illness evokes strong aversive emotional responses, as demonstrated in previous research [27-30]. The main coping response expressed by participants in the current study was to avoid the messages, which could be viewed as a maladaptive coping procedure as it is not accompanied by a quitting attempt. So although the salience and aversive reactions were heightened as a result of the plain packaging, the behavioural responses were focused on avoidance rather than on adaptive coping strategies such as quitting attempts. These findings are in line with a recent review suggesting that the evidence for the effectiveness of cigarette pack graphic health warnings on smoking behaviour is inconclusive [31]. While the responses of participants that experienced elevated affective levels of threat in responses to the more prominent health warnings could be explained through Leventhal et al.'s [10] model, this explanation may not hold for participants who did not perceive illnesses to be sufficiently threatening. The lack of fear arousal in these patients may have been because they expressed doubts over the sincerity of content of the messages and were critical of the severity of debilitating health conditions depicted on the packages. These testimonies suggest that the extreme fear-arousing warnings on plain packaging may have, instead, been perceived as a threat to the smokers' beliefs and attitudes and evoked defensive reactions in smokers, such as attempts to downplay the credibility of the source of the message, consistent with theories of cognitive dissonance [32, 33].

To what extent do increased emotional responses to a health threat, such as the responses experienced by smokers in the current study, lead to actual quitting behaviours? Borland et al. [5] found no consistent effect of warning avoidance on subsequent quitting behaviour. The authors concluded that the extent to which cognitive beliefs about the

risks of smoking are evoked by health warnings are useful indictors of the potential effectiveness of the warnings [5]. From this perspective, the negative reactions found in the current study and subsequent adoption of coping behaviours could be regarded as a successful communication of risk that may increase quitting activity in the future. However, Wakefield et al. [4] suggest that those less interested in quitting may be more likely to avoid the plain packs, and appears to be the case for the participants in the current study. The avoidance of the health warnings by these smokers is consistent with the notion that the increased prominence of the warnings evokes negative emotions found in previous research [3, 24, 25], but the discomfort is insufficient to catalyse behaviour change in terms of quitting attempts and may even cause further resistance in smokers towards cessation. Consistent with this view, a recent review found insufficient evidence for the effectiveness of graphic health warnings in changing smoking behaviour in existing smokers [34]. Although previous reviews have reported a significant impact of graphic warnings on smokers' intention to quit [35-37], translating intentions into actual and sustained behavioural change is more difficult to attain through messages alone [38-41].

There was also evidence that participants dismissed the credibility of the messages, which can also be seen as a low-effort strategy that would assist in coping with the threatening information and help smokers redress any felt dissonance. Some expressed a view that the messages exaggerated the negative health effects of smoking. Several participants dismissed either the severity of, or their susceptibility to, the threats. Such rationalization strategies have been reported in previous research [23, 42] in which self-exempting beliefs such as scepticism of the harm caused by smoking serve to 'shield' smokers from facing the reality of the real harm caused by smoking. Such beliefs may make it easier for smokers to dismiss the prominent health warnings on the plain

packaging. Previous research has also indicated that extreme fear-arousing warnings may incite defensive reactions amongst smokers, such as rejection of the message, avoidance of the warnings or even an increase in smoking as an act of defiance [14, 34]. Such resistance was evident in the present study. Participants not only expressed doubts concerning the legitimacy of health warnings displayed on packs, they also challenged the health risk argument by suggesting that their own smoking is not necessarily injurious, or that it only constitutes a minimal risk to them. For example, some participants indicated that it was safe to smoke as long as one smokes in moderation or if one has no current health problems. Other studies have found that challenging the prevalent health promotion arguments enables smokers to engage in risky behaviour without feelings of guilt and evidently prevents them from quitting [43-45]. Our study supports previous findings [43, 46] that smokers seem to understand the risks of smoking at a population level, but do not fully acknowledge their own personal susceptibility to smoking related ill-health.

Warnings and Quitting Intentions and Behaviour

Only in a minority of smokers in the current sample did the introduction of plain packaging lead to increased intentions to quit. These participants attributed their intentions to the effects of the more prominent health warnings on the plain packaging. This finding is consistent with previous research that graphic health warnings have increased motivation to quit and increased both the likelihood of quitting and success of quitting attempts [35-37, 47, 48]. Advocates of plain packaging legislation have concluded that "the stronger the warnings, the greater the reactions, and thus the greater the quitting activity they evoke" [5, p. 674]. However, while most participants reported similar experiences of increased negative affect as a result the prominent health warnings, there were marked differences in their reported coping responses. The majority opted to

adopt avoidant coping responses (e.g., concealing or hiding the warnings), to avoid the stigma and shame associated with smoking, with only a minority attempting to quit.

Conclusion

Our study is one of the first to examine smokers' beliefs of the prominent health warnings on plain packaging and behavioural responses early in the implementation of plain packaging in Australia. Despite little immediate impact on smoking behaviour, our preliminary study provides evidence that smokers' experienced increased emotional responses to the more prominent health warnings and reported coping responses to avoid the warnings. Further longitudinal research is required to more fully explore reactions over time and whether heightened feelings of guilt, threat and shame caused by the graphic health warnings on plain packets dissipate with time. Our research is consistent with previous findings that extreme fear-arousing warnings may evoke defensive reactions in smokers, such as rejection of the message, avoidance of the warnings, or even an increase in smoking as an act of defiance.

However, it is important to acknowledge some potential limitations of the current research. First, that we only recruited smokers to the study and the data provided was, therefore, from their perspective alone. The views of others who may be targeted or affected by the increased size and prominence of the graphic health warnings as a result of tobacco plain packaging legislation were not part of the current analysis. A prime example of a key group targeted by the legislation would be young non-smokers who may consider taking-up smoking, and their views have been accounted for in other research [1, 49]. Second, we have assumed that current sample of smokers is homogenous group who are equally targeted and affected by the health warnings. We have not, for example, considered particular groups of smokers and how their views and perspectives are likely to affect their responses to, or perceptions of, the larger, prominent warnings on the

tobacco packaging. This may be particularly important where warning messages focus on stereotyped views to encourage cessation. For example, recent research found that warning messages in Britain focused on the effects of smoking on external appearance as a driver for quitting rather than health [50]. It is, therefore, possible that the message content of the larger and more prominent warnings on packaging will be received differently by smokers according to their social and cultural background. For example, one of the warning labels circulated in the current study depicted the harms of second-hand smoke with a picture of a young child. We would expect this to have more resonance among mothers who smoke, particularly those with young children. We would therefore expect beliefs and perceptions to vary according to people's particular social and cultural background. We look to future research to examine the views and beliefs toward graphic health warnings on plain packaging in different groups of people stratified by socio-cultural background.

We also recommend that future anti-smoking interventions should take into account and target smokers' lay health perceptions. Rather than trying to motivate and persuade smokers to quit with messages derived from epidemiological research, health promotion specialists and researchers should address the following questions suggested by Heikkinen et al. [43] arising from smokers' own perceptions and arguments: "Is there such a thing as moderate smoking and, if so, why is it not recommended?" and "why is a currently good health status or lack of illness symptoms not a guarantee of future good health?" And, most pertinent to findings of the present study, asking smokers the following question: "Why use such dramatic pictures depicting smoking related damage - surely these images are exaggerated?" Future smoking interventions would be wise to focus on these questions since these are the questions that smokers are asking and answering themselves based on personal experience.

Informed Consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study

Conflict of Interest Statement

Sarah J. Hardcastle, Derwin C. K. Chan, Kim M. Caudwell, Sarwat Sultan, Jo Cranwell, Nikos L. D. Chatzisarantis and Martin S. Hagger declare that they have no conflict of interest.

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Table 1

Sample Characteristics

Outcome	Total Sample (n = 165)		Men (n = 61)		Women (n = 104)	
Age	33.63	(11.79)	32.46	(11.35)	34.32	(12.06)
Number of Cigarettes smoked per day	11.28	(8.95)	11.51	(9.90)	11.14	(8.39)
Age when first smoked	15.46	(4.36)	15.46	(4.86)	15.46	(4.07)
Number of Years smoking	15.82	(12.84)	14.67	(13.33)	16.48	(12.57)
Number of Quit attempts (1= once; 5= many attempts)	2.71	(1.28)	2.69	(1.34)	2.73	(1.25)

Note. Figures in parentheses are standard deviations.