Sirs,

Warning labels on cigarettes, threatening words combined with scary pictures, are popular with politicians. The European Union is advising its member states to accompany the warning texts with graphic illustrations of the dangers of smoking. However, all questions about the effectiveness of these warnings meet with evasive answers or references to research publications that cannot be found. Only in 2004 did the first peer-reviewed publication on cigarette warning labels appear, in the American Journal of Public Health. Using a no control group, post-test only, design, Hammond et al. suggest that cigarette warning labels do not have averse effects and that policy makers should not be reluctant to introduce these labels. Their evidence is based on self-reports in a longitudinal survey, after the introduction of the labels. Their main argument is that reported emotional reactions to the labels predict reported cessation attempts at follow-up.

We are not convinced. Asking a population of smokers about intentions to quit always results in substantial percentages of intenders, just as asking smokers in any follow-up if they have tried to quit. Smokers will often say they quit because of their health. Without an experimental design, there is no evidence that warning labels are responsible for these outcomes, as ‘third variables’ may be overlooked, nor is there any evidence that quitting percentages are higher than before the introduction of warning labels. Hammond and colleagues further ignore the large research tradition on fear-arousing communications. The evidence in this area suggests that especially those who are most at risk react defensively to these messages. After watching fear-arousing and non-fear-arousing messages, smokers and non-smokers prefer the fear-arousing message because of its expected effectiveness. Smokers express a stronger intention to quit after a fear-arousing message compared with a non-fear-arousing message. However, when asked about their priorities, quitting had actually become a lower priority compared with other health behaviours. Even more, EEG/ERP analyses during exposure to smoking-related health commercials suggested that smokers allocated less attention resources to high as opposed to low threatening messages. Other authors find similar results: self-declared positive reactions, but observed negative reactions, including less behaviour change, among those that are most at risk.

In summary, high personal relevance (smoking), in combination with low self-efficacy for the recommended action (quitting), leads to defensive reactions as a result of fear-arousing messages. This psychological immune system helps in maintaining a positive self-image and may operate largely outside of awareness. Defensive reactions serve to get rid of the fear, not necessarily the threat. Policy makers should thus be reluctant to introduce cigarette warning labels and should instead focus on more effective interventions and policies.

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References

Preliminary evaluation of the school-smoking-prevention policy in Greece

Sirs,

Cigarette smoking among adolescents is one of the leading health indicators that reflect major health concerns at the European Union. Greece’s leading position on cigarette smoking among its European partners forced the Hellenic Ministry of Health and Welfare to assume tobacco-control programs, introducing smoke-free zones, smoking-cessation centres, and an intense promotional strategy against smoking. Among the primary target populations were the school students by the introduction, in 1997, of the school-smoking-prevention policy (implementation of smoke-free policies on school property, strict enforcement of these policies, incorporation of anti-tobacco education into the curriculam), in collaboration with the Ministry of National Education.

The primary objective of this report was the preliminary evaluation of the school-smoking-prevention policy in Greece. The study was conducted by the Athens Technological & Educational Institute in collaboration with the School of Social Sciences of the Hellenic Open University during the spring of 2004. Three public Lyceums in Athens were randomly selected and 909 students (474 males/435 females) were recruited and successfully responded to the questionnaires (response rate: 87%). The questionnaires utilised similar forms.
to the School-Age-Smoking Questionnaire, adapted to the integrated needs of the student sample.3

The results of this study confirmed the high prevalence of smoking among Greek students since 255 males and 201 females were regular smokers (50.2%). Limited participation of the after-school health-education curriculum was detected since less than 10% of the smokers (20 males/31 females) could recall having attended a school class on smoking hazards. In fact, limited attendance has been indicated in numerous studies since the needs of the program could be met neither in the general classroom context nor in the expense of after-school hours.4 The poor efficacy of the program may partly explain the unfortunate perceptions regarding smoking since less than 20% (54 males/36 females) of the smokers considered its impact as extremely hazardous while 6% (24 males and 33 females) specifically declared that smoking had no significant negative impact on their health, and 49% (109 males/79 females) considered smoking as an enjoyment.

Upon confirmation of these preliminary results by a representative sample of the Greek schools, a total societal anti-smoking strategy introducing a 'health-promoting school' is considered as necessary for the adoption of a 'trendy', smoke-free lifestyle from Greek students. This strategy should be considered a first priority on the healthcare political agenda.

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References