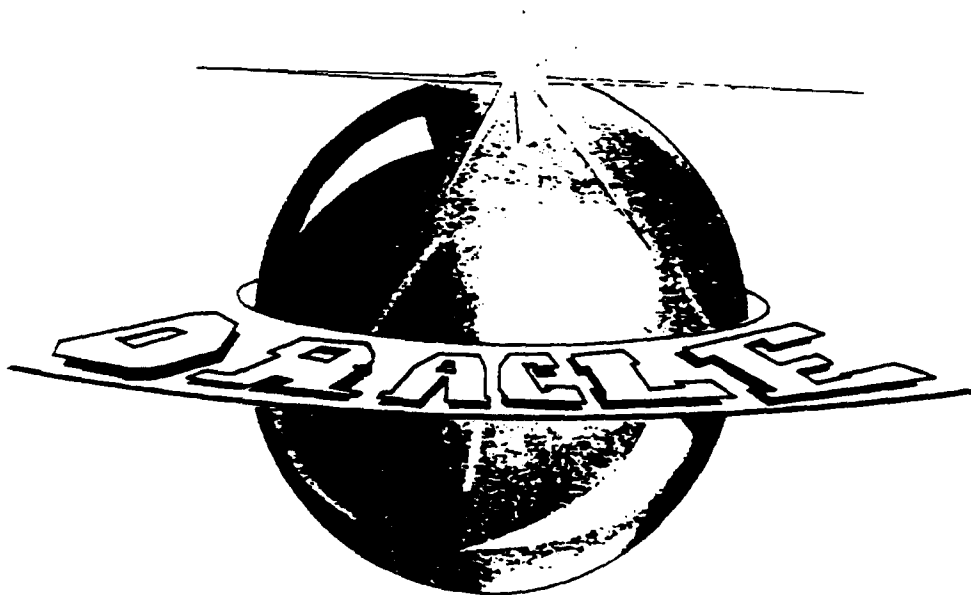




SMOKING AND HEALTH RESEARCH



500123707

BATCo document for Province of British Columbia 29 October 1999

CONSUMER ATTITUDES AND MOTIVATIONS IN
THE CONTEMPORARY MARKET

In recent years two issues have arisen in many markets throughout the world which have had a significant impact on the attitudes and motivations of smokers and on the nature of their interaction with the product. The first has been the growth of the smoking and health debate with much publicity being given to reported associations between smoking and a range of health variables, notably lung cancer and cardiovascular disease. More recently, and to a certain extent related to the smoking and health debate, social attitudes towards smokers and smoking have changed. Disapproval of smoking has grown and smokers are coming under increasing pressure regarding their habit.

At R&D a programme of research has been implemented in order to investigate the impact of these issues on the attitudes, motivations, needs and behaviour of consumers.

The general objectives of this work have been two fold:

- (i) To provide a better understanding of the attitudes and motivations of the contemporary consumer and of how these are related to consumer behaviour.
- (ii) To develop methods for segmenting the consumer population in ways that are maximally relevant in an increasingly differentiated market.

Two large scale consumer-based questionnaire surveys have been carried out: Project LIBRA, primarily concerned with the smoking and health debate; and Project ARIES which has been concerned with social attitudes towards smoking and smokers.

500123708

SMOKING AND HEALTH: PROJECT LIBRA

The specific objectives of Project LIBRA were as follows:

- (i) To explore the ways in which smokers, ex-smokers and never smokers can be distinguished in terms of their attitudes to health in general, and smoking and health in particular.
- (ii) To explore differences within the smoker population in health attitudes, the way health concerns are resolved and their implications for smoking behaviour.

In Project LIBRA, as well as segmenting smokers on the basis of traditional socio-demographic variables, they were classified according to the degree of cognitive consonance or dissonance they felt with respect to their smoking. This reflects fundamental attitudinal stances towards smoking in terms of attempts and wishes to quit smoking. Degree of consonance/dissonance is defined as follows:

		Have tried to quit	
		YES	NO
Wish to quit	YES	Highly Dissonant	Dissonant
	NO	Consonant	Highly Consonant

500125709

Fifty per cent of smokers sampled in Project LIBRA fall into the dissonant categories and thus have a serious wish to quit smoking. What is the role of the smoking and health debate in this attitudinal stance ?

General Health Concern

Questions about general attitudes towards health were asked in order that specific smoking and health attitudes might be put into a broader context. Do smokers and non-smokers, or segments of the smoker population, have different orientation to health issues in general, are attitudes to smoking and health specific or part of a more coherent disposition towards personal health and well being ?

Responses to a range of questions concerning general health attitudes: visits to the doctor; degree of health concern, awareness of diet, exercise, etc.; and use of drugs, show that overall smokers are less likely to consider themselves to be healthy but, on the other hand, are likely to be less concerned about health issues. Non-smokers, on the other hand, are more aware of and concerned about health issues and are more likely to believe themselves to be healthy and in good physical condition.

Perhaps more significant are differences in health orientation between segments of the smoker population.

With respect to general health attitudes, the highly consonant smoker is more likely to regard himself as healthy but less likely to admit to thinking about health. In contrast, the highly dissonant smoker is less likely to regard himself as healthy and more likely to worry about matters concerning health.

500123710

Smoking and Health Attitudes

The general level of awareness of the smoking and health debate was assessed by asking respondents whether they agreed with the statement "Smoking is harmful to health". Responses indicated a relatively high degree of agreement with 60% of smokers, 85% of ex-smokers and 90% of non-smokers believing that smoking is harmful to health. Within the smoker group agreement is related to consonance/dissonance. The proportion of smokers who agree that smoking is harmful to health increases as one moves from the highly consonant to the highly dissonant category.

Results suggest that many smokers have a relatively high level of awareness with respect to the smoking and health issue in terms of being aware of the potentially harmful substances in cigarettes, the diseases possibly caused by smoking and sharing a general belief that smoking can be harmful to health. However, this level of awareness is not necessarily translated into a concern for the effects that one's own smoking might have on one's own health.

Responses to a more personally oriented question about concern about the effects of smoking on one's own health reveal that this identifies a rather smaller segment of the population than those who agree at a general level that smoking can be harmful to health and thus more clearly discriminates those smokers motivated by the smoking and health debate.

This group constitutes 30-35% of the smoker population, leaving 65-70% who are not currently concerned about the effects their smoking might have on their own health. Even among the dissonant groups who by definition want to quit, less than 50% are concerned about the effects their smoking might have on their own health. Even allowing for possible distortions in

500125/11

the way people respond to these questions, there are clearly other factors contributing to the dissonance that many smokers feel.

In the face of the publicity given to the smoking and health debates, it appears that many smokers are able to maintain a position by which they are not concerned about the effect their smoking might have on their own health.

A range of strategies are available for smokers to rationalise or cope with the smoking and health issue.

- (i) By rationalising the health issue, for example, by maintaining too much fuss is made about the risks attached to smoking.
- (ii) By 'statistical' rationalisation of the health issue, for example, by believing that smoking only makes it more likely that you would get an illness you would get anyway.
- (iii) By modifying smoking behaviour, a belief that moderation or smoking 'safer' cigarettes reduces health risk.
- (iv) By denying the authority of anti-smoking information.
- (v) By acknowledging the risks attached to smoking but balancing the benefits against this belief.

Results from Project LIBRA indicate that different sections of the smoker population are more likely to rely on different rationalisation strategies. Smokers in the consonant groups are more likely to rely on a fatalistic view of smoking and health, to deny the authority of anti-smoking information or to believe that smoking in moderation is no threat. As a group they perceive themselves as having greater control over their smoking and believe that should they wish to quit, they would be able to do so.

500125712

The dissonant groups, on the other hand, have a perhaps more realistic attitude to their smoking. Many accept the risks associated with smoking and wish to quit but perceive themselves as having rather less control over their smoking behaviour and have serious doubts about their ability to quit.

Degree of consonance/dissonance is related to a range of attitudes to the smoking and health debate including general health attitudes, knowledge and awareness of the smoking and health issue, concern about the effects of smoking on their personal health and means of responding to the smoking and health debate. How is consonance/dissonance related to aspects of smoking behaviour? In Project LIBRA information was collected with respect to smoking motivation, consumption, brand choice and quitting behaviour.

Consonance/dissonance does appear to be related to smoking motivation. Those in the consonant groups are more likely to be motivated by positive affect. They claim to enjoy smoking, find it satisfying and are more often found to smoke when relaxing and in social situations. In contrast, smokers in the dissonant groups are more likely to be motivated by negative affect. They are less likely to claim to enjoy smoking or find it satisfying. They are more likely to use smoking as a means of arousal modulation and smoke when tense, bored, etc. Perhaps related to this, more than other groups they admit to being dependent on nicotine. This may contribute to their relatively less faith in their ability to quit smoking and may also have significant implications for their preparedness and success in trying lower delivery brands.

As well as differences in smoking motivations, some differences emerge in aspects of smoking behaviour between consonance/dissonance

500123713

categories. A higher proportion of consonant smokers might be regarded as light smokers, in terms of claiming to smoke less than ten cigarettes per day. This may be one reason why some consonant smokers are able to maintain their consonant stance. Moderation of smoking behaviour has provided an alternative strategy to quitting for reducing dissonance they might have felt about their smoking. Conversely the dissonance felt by some in the dissonant groups may in point be a consequence of their smoking being seen as a more serious problem as they smoke more.

Perhaps surprisingly consonant/dissonant groups do not appear to differ in terms of the tar bands of their most often brand. In the case of consonant smokers it appears that, for the majority, consonance is not maintained by having traded down to 'safer' cigarettes.

In the case of dissonant smokers, there is evidence that many have experimented with lower delivery brands, perhaps as a strategy for reducing dissonance. However, for many this has clearly not been a successful strategy and they have reverted to higher delivery brands.

Despite this, consonant/dissonant groups do differ in their attitudes and concerns about the tar band of their most often brand. Sixty to seventy-five per cent of dissonant smokers claim that tar band is an important factor compared with 40% of consonant smokers. This attitude is also magnified in reasons for brand choice. While consonant smokers cite cheapness and preference as reasons for brand choice, dissonant smokers are more likely to cite mildness as a basis for brand choice.

Information regarding brand choice is somewhat confused by evidence suggesting a less than perfect correspondence between the actual tar band of smokers' most often brand and what tar band smokers believe it belongs to.

500123714

Conclusions

Results from Project LIBRA have revealed many of the significant issues involved in consumers' responses to the smoking and health debate. Although knowledge and awareness among consumers about smoking and health issues is relatively high, this high level of awareness is not directly translated into personal concern about the effect smoking might have on one's own health. Smokers have recourse to a range of strategies for rationalising the smoking and health debate and coping with the pressures that it brings to bear on them. These include attitudinal rationalisation as well as modifications of behaviour.

Within the smoker segment, general health beliefs, knowledge and awareness of the smoking and health debate, degree of personal concern about the effects of smoking and health, and modes of response to smoking and health issues are clearly related to fundamental differences in attitudinal stances towards smoking as defined in terms of consonance/dissonance, although other factors are implicated in the generation of dissonance and intention to quit smoking.

Consonance/dissonance categories also show clear differences in aspects of their smoking motivation and in some aspects of smoking behaviour such as consumption and reasons for brand choice. Relationships between health concern, dissonance and actual brand choice are less clear. The limitations of the research method employed in LIBRA makes it impossible to unravel causal relationships between these factors. Future research is proposed, employing longitudinal design to explore the predictive and causal relationships between consumers' attitudes, motivation and market behaviours.

500123715

SOCIAL DISAFFROBATION OF SMOKING: PROJECT ARIES

Recent years have seen significant changes in social attitudes towards smoking and smokers which have had an impact on consumers in addition to the smoking and health debate.

The relative impact of these two debates differ in a number of ways:

(i) Locus: By and large, the smoker himself determines when, where and how often he is going to consider his smoking behaviour in relation to the health issues. Whilst a particular TV news item or newspaper report may provoke his introspection, he retains control over the locus of his internal debate.

This is not the case in relation to social pressure. He cannot predict, let alone control, either the time, place or frequency of his confrontations with disapproving others.

(ii) Basis: The basis or language of the debate is different in each case. In relation to the health issue, the data, whether true or false, are presented in scientific or pseudoscientific terms. The arguments are essentially perceived as rational and based upon medical statistics which, as least in the popular mind, have credibility. The arguments are prosecuted by doctors, who still retain an aura of respect, and their pronouncements appear in scientific journals. The argument is essentially rational. In the case of the social debate, the basis is broadly emotional. It relies much more on personal politics and whilst eager to draw unto itself the respectability of the health debate - evidenced by the assertions regarding passive smoking and health - it is

500123716

essentially concerned with such slogans as individual freedom, pollution of environments, and other appeals to decency and democracy.

(iii) Perception: The ways in which the smoker is perceived by others within two broad debates differ. In relation to the health issue he is clearly depicted as stupid. He must be in order to be able to ignore all the "good advice", the "proven" association between smoking and health, the statistics, the doctors, etc. etc.

But now, in the light of social disapprobation, not only is he stupid, he is also selfish: and that is the indictment of the social debate. Being seen as selfish is a more difficult imposition for the smoker to cope with than being seen as stupid. After all, one can say "Yes, I know I'm stupid, but that's up to me" rather more easily than "Yes, I know I'm being selfish but that's tough luck on you."

(iv) Timescale: In the two cases the timescale of possible events is rather different. One reason why many smokers are able to maintain their behaviour in relation to the perceived health risk is that any potential harmful consequences are not immediate but in the future. And then only maybe. Social disapproval happens now and has to be confronted now or, as appears to be the case increasingly, has to be avoided now.

(v) Emotion: Exposure to these debates generates different underlying emotions in the contemporary smoker. The fundamental

500123717

emotion provoked in the smoker by the smoking and health issue is fear. Smokers are encouraged to contemplate the life-threatening consequences of smoking and to reject this behaviour in order to achieve a longer span. This appeal is successful only because life is regarded as valuable and anything which prejudices its length and quality is, rationally, to be rejected.

In the case of the social debate the dominant provoked emotion is, guilt. The smoker, through his selfishness, is portrayed as a thoughtless, uncaring - even aggressive - individual. Whereas his stupidity in relation to his own health is, in the final analysis, essentially his own problem, his selfishness is not. The smoker is being made to feel guilty about the imposition of his behaviour on others who, increasingly, are not backward in coming forward with both their overt and more subtle reinforcement of the smoker's dejection and isolation.

Like LIBRA, Project ARIES was a large scale consumer survey intended to meet the following objectives:

- (i) To provide information on the likely social pressure, if any, against smoking, and to explore what priority anti-smoking feeling has among other social concerns.
- (ii) To examine that section of the smoking population that feels under pressure and to explore how this is related to smoking attributes and behaviour.
- (iii) To explore which components of smoking upset or annoy people and whether these differ between smokers and non-smokers, and whether annoyance varies across situations.

500123718

Priority of Anti-Smoking Feeling

The results show that concern about cigarette smoke and smoking is of relatively low priority compared with concern about other social and personal issues. There are, however, differences between smokers, ex-smokers and never smokers. Concern about smoking and cigarette smoke occupies a relatively higher position for never smokers than for smokers, with ex-smokers in an intermediate position.

However, whatever the priority of anti-smoking feeling among other issues, the evidence suggests that it is growing and that smokers are increasingly faced with negative public attitudes towards, and pressure against, their smoking behaviour. For many smokers this will create a degree of discomfort and conflict which will be in addition to, concern about the effects smoking may have on their health. Because it is less easy to rationalise, such social pressure may be more potent in influencing behaviour.

Nuisance Aspects of Smoking

The degree of disapproval of smoking expressed by smokers, ex-smokers and never smokers in a variety of situations was examined. Across all situations, never smokers expressed most disapproval, followed by ex-smokers, followed by smokers. There was consensus between all respondents as to the degree to which they disapproved of smoking in certain situations. Smoking is relatively less acceptable in bathrooms, bedrooms and kitchens; and relatively more acceptable in living rooms, public houses and places of work.

500123719

It is in the situations such as restaurants, cinemas, public transport and cars, where smokers and non-smokers disagree as to the acceptability of smoking, that the greatest potential for discomfort, conflict and pressure exists.

Analysis of the degree of annoyance caused by different aspects of smoking showed that although there were differences between smokers, ex-smokers and never smokers in the degree of annoyance caused, there was a high degree of consensus about the most and least annoying aspects. Smell of stale smoke and messy ashtrays are regarded as the most annoying features; the visible stream of smoke, the smell of fresh smoke and smokers are regarded as the least annoying.

The groups do differ, however, in the extent to which they differentiate between aspects. Never smokers express a consistent degree of annoyance across all aspects, while ex-smokers and smokers are more discriminating. These differences may have implications for the extent to which attitudes to smoking can be changed by modifying products to reduce particular components.

Pressure on smokers

It is clear from the results of Project ARIES that pressure on smokers is growing. Thirty-six percent of smokers claim they are under pressure to quit smoking. This compares with twenty-five percent of smokers in Project LIBRA.

Female smokers and those in the higher occupational groups are more likely to feel under pressure to quit.

500123720

The number of smokers under pressure to modify their smoking shows a similar increase and appears to be associated with pressure to quit.

Pressure to quit is related to several aspects of smoking behaviour. Pressured smokers are likely to report higher consumption than unpressured smokers. It is not clear whether this represents real differences in consumption or a tendency by one or both groups to distort their consumption levels.

Relationship to brand choice is more complex. While pressured, highly dissonant smokers are over-represented among middle tar smokers; pressured, consonant smokers are over-represented among smokers of low tar brands. There is also evidence that pressured consonant smokers are more likely to be switching brands. These groups are more likely than the unpressured and highly consonant groups to claim they would prefer to smoke lower tar cigarettes if they gave the same satisfaction as their usual brand.

The role of tar band in brand choice is further complicated by evidence that many smokers are ill-informed about the tar bands and their implications, and are unable to correctly identify the tar band to which their "most often" brand belongs. Smokers of low tar brands are more likely to be aware of the tar band of their brand, presumably because for many of them brand choice is determined by delivery. Smokers of low to middle tar brands manifest the greatest confusion with nearly fifty percent believing they are smoking a brand within another tar band. The general level of awareness concerning tar banding has implications for marketing strategies based on delivery and for means of communicating the tar band identity of a product.

500123721

Pressure is related to attitudes to quitting and quitting behaviour. While pressured highly dissonant smokers express a stronger desire to quit smoking, they are more likely to believe they would find it difficult to succeed. Pressured smokers who have tried to quit are likely to have tried harder.

Data from ex-smokers suggest that social pressure is playing an increasingly important role in encouraging quitting. Recent quitters are more likely to report they were under pressure to quit than established quitters.

It is evident that the social contexts of pressured and unpressured smokers differ. Pressured smokers are more likely to live in households where they are the only smoker and less likely to move in social circles in which smokers are in a majority.

The presence of children in a household differentiates between the consonant/dissonant categories. Highly consonant smokers are least likely to live in a household with children and those in the highly dissonant category are most likely.

Perhaps surprisingly, the presence of children does not differentiate between pressured and unpressured smokers. This may be because the questions relating to pressure in Project ARIES reflect overt pressure exerted on the smoker, while the main effect of children is more indirect.

It might be expected that the experience and exertion of pressure may be related to what proportion of the population are thought to be smokers. There is a general tendency to over-estimate the proportion of the population who are smokers and to believe smokers form a majority of the adult population; a tendency which is more marked among never smokers. There appears to be some relationship between experience of pressure and

500123722

perception of the prevalence of smoking with unpressured, highly consonant smokers being most likely to believe smokers are in a majority. However, there is no difference between the pressured and unpressured segments of the other groups, although pressured smokers are more likely to believe that the number of smokers is decreasing.

Attitudes to smokers and experience of pressure might be expected to change with changes in the awareness of the prevalence of smoking.

If more never smokers become aware that smokers are actually a minority of adults this may reinforce their negative feelings towards smoking and smokers and/or encourage them to express these feelings more overtly.

An alternative suggestion is that greater awareness of the true proportion of smokers may reduce negative feelings towards smokers and smoking as they would no longer be perceived as a significant social issue.

From the point of view of smokers, if and when their perception becomes more accurate, they may experience increased social pressure as a consequence of real changes in the attitudes and behaviour of never smokers and/or a growing awareness of themselves as a minority group.

It is suggested that changes in the perception of the proportion of smokers should be monitored, together with an examination of the factors bringing about these changes and their consequences for the attitudes and behaviour of both smokers and never smokers.

Attitudes to Smoking and Behaviour Towards Smokers

While there is widespread endorsement of the right of the individual

500123723

to choose whether or not to smoke, a majority of ex-smokers and never smokers agree that smoking is a dirty habit and that it is becoming less socially acceptable to smoke. Although smokers too are aware of changing attitudes, a minority claim to feel embarrassed. However, endorsement is more widespread among dissonant and pressured smokers. These smokers are also more likely to take account of the views of non-smokers, as are those who believe they are in the minority.

Aspects of behaviour towards smokers were analysed. Over half of never smokers claim to let smokers know if they are bothering them. However, much of this is probably aimed at family and close acquaintances rather than at unknown smokers. Very few ex-smokers or never smokers discourage people from smoking in their own homes and do not have ashtrays available. Although a majority of ex-smokers and never smokers have tried to persuade someone to quit smoking, only a minority of these have tried hard.

Conclusions

Results from Projects LIBRA and ARIES have provided a detailed picture of contemporary consumer attitudes towards the two major issues facing smokers today, the smoking and health debate and changing social attitudes towards smoking and smokers. Although pointing out the significant issues involved and suggesting relationships between attitudes, motivation and aspects of consumer behaviour, it is not possible to infer causal relationships from this style of research. Future work in this area will concentrate on uncovering the causal and predictive links between attitudes, motivation and behaviour to develop a more accurate model for predicting consumer behaviour.

500123774