SUMMARY

Expert Opinion Paper

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Mass Media Interventions to Stimulate and Promote Smoking Cessation

Background

Mass media campaigns and other marketing elements for smoking cessation are most successful within the context of a comprehensive tobacco control program. These interventions work synergistically to create an environment that discourages and de-normalizes tobacco use and motivates and supports smokers to quit.

A growing number of tobacco control programs around the world have conducted smoking cessation-focused mass media campaigns as part of their comprehensive efforts to reduce tobacco use, with some of these campaigns in the field for many years. Evaluations of these cessation campaign efforts and evaluations of the overall tobacco control programs have indicated that cessation campaigns can indeed build knowledge, change key beliefs and attitudes, increase calls to quit lines, and contribute (along with other tobacco control program elements) to overall decreases in tobacco consumption and increases in cessation among smokers.

In addition to paid mass media campaigns, other marketing interventions have been used to improve the results of smoking cessation campaigns, such as "earned" media or news coverage, public relations, grassroots efforts, communication with health care professionals, and posters, brochures, and other collateral material. Fewer of these interventions have been evaluated than paid mass media campaigns, so there is an opportunity to learn more about their results.

The National Institute for Health and Clinical Excellence (NICE) has been asked to produce public health programme guidance on the optimal provision of smoking cessation services to all smokers, but in particular to specific population groups (manual working groups, pregnant smokers and hard to reach communities). The expert opinion paper on mass media interventions to stimulate and promote smoking cessation is a part of this project. It is a companion piece to the evidence review, ‘A review of the effectiveness of mass media interventions which both encourage quit attempts and reinforce current and recent attempts to quit smoking’ carried out by the Cancer Care Research Centre, University of Stirling and others.

Objective

- To review smoking cessation media campaigns around the world and summarize the lessons learned.

Methods

The author synthesized data from published and unpublished or “gray” literature spanning the last ten years (1996-2006) to emphasize the most timely smoking cessation campaign lessons learned and experiences. Unpublished literature has been included because many key lessons learned from tobacco control programs
have not yet been published. Only one of the Cochrane reviews has been included (Hey and Perera, 2006) because 1) the content of the other reviews falls primarily outside the scope of this paper, and 2) analysis of several Cochrane reviews was included in the systematic review conducted for NICE in 2006 by the Cancer Care Research Centre, University of Stirling and others (Cancer Care Research Centre, 2006).

Some limitations must be acknowledged in drawing conclusions about what works most effectively in smoking cessation campaigns. Because the various elements of comprehensive tobacco control programs, and even of comprehensive counter-marketing campaigns themselves, work synergistically to change key attitudes and behaviours, it is extremely difficult to isolate the impact of individual elements. The ways in which campaign researchers have tried to isolate the specific impact of mass media interventions will be addressed in more detail in the measurement section (#2), however it’s important to recognize that measurements of individual program components are imperfect, particularly when trying to attribute changes in smoking prevalence to program components. In addition, some measures can potentially be misleading. For example, changes in cigarette consumption can be measured before and after a campaign is executed via cigarette sales, however use of this measure alone does not take into account the possibility that smokers are compensating, or breathing in more toxins with each breath of their fewer cigarettes, even if they’ve been convinced to cut down the overall number of cigarettes they smoke. Further, measuring overall changes in consumption does not help distinguish between established smokers reducing the number of cigarettes they smoke and reducing uptake among non-smokers.

Research questions

1. What are the goals of the various interventions?
2. Does each intervention achieve its goal(s)? How do the interventions measure success?
3. What is the optimal content for a smoking cessation campaign?
4. What types of interventions should be used in smoking cessation campaigns?
5. What are the economic implications of mass media interventions?
6. What interventions have been used to motivate pregnant and disadvantaged smokers to quit?
7. What unintended adverse or positive outcomes have resulted from smoking cessation campaigns?

Conclusions

In recent years a number of countries, such as Australia, New Zealand, UK, US and Canada, conducted extensive research and evaluation of their campaigns, and there is a benefit not only from their individual lessons learned but from the conclusions that can be drawn when their results are analysed together and patterns/trends emerge. Unfortunately, there is still insufficient data from developing countries and from many non-English-speaking countries.

Based on the existing evidence, some of the major conclusions that can be drawn about smoking cessation campaigns are the following:
• In order to generate significant changes in smoking prevalence, campaigns must be part of comprehensive tobacco control programs whose various elements work synergistically to de-normalize tobacco use and support smokers in quitting and remaining smoke-free.

• While campaign measurement is imperfect, research can be used to increase the likelihood that effective materials will be developed and fielded, and evaluation can be used to pinpoint whether campaign elements are making an impact in building knowledge, changing attitudes and beliefs, and changing behaviours.

• Campaigns should include a combination of hard-hitting “why to quit” and supportive “how to quit” messages to motivate smokers to prioritize quitting and then provide them with quitting strategies and an environment supportive of helping them succeed.

• Campaigns should also employ a variety of interventions and vehicles to ensure the broadest exposure of the messages to the target audiences and the synergy of the elements working together to create a pervasive environment supportive of quitting.

• “Why to quit” ads are often graphic or emotional, realistically showing how emotionally and/or physically painful the consequences of tobacco use can be for smokers and their loved ones. These ads typically elicit strong negative emotions that prompt smokers to want to quit immediately rather than delay their attempt until the New Year or another distant date.

• “How to quit” ads are typically hopeful and supportive, providing information about available resources to aid smokers in their quit attempts. They can include quitline numbers, role plays of what to expect when one calls a quitline, personal stories of smokers who quit, or other helpful information.

• Both “how to quit” and “why to quit” messages and visuals can be applied effectively to cigarette pack warnings as well. These pack warnings are an under-utilized marketing tool that countries can use to influence smokers to try to quit.

• The media presence or placement of the ads and other communications pieces is as important as the messages themselves. An ad with an effective message strategy executed clearly and persuasively may still not affect change if it is not aired/placed enough times or in the right environments. Effective media placement ensures that ads are seen/heard enough that they help change beliefs, attitudes and ideally behaviors.

• Promotion of smoking cessation services is often done through mass media channels but can also be done by word-of-mouth, through health professionals or online. Mass media have been used very effectively as vehicles through which to direct people to quitlines—there is a direct correlation between the times when ads are aired and the number of quitline calls. Because lean quitline staff need to manage the call volume, many programs seek ways to generate a more consistent stream of calls, versus the spikes that occur when television ads are aired. Despite these efforts, limited numbers of smokers take advantage of available quitting resources, so more research needs to be done on how to attract more smokers to do so.
• While paid mass media campaigns can produce significant results, many countries cannot afford to conduct them. However, mass media can still be used effectively to build awareness of tobacco-control issues and promote smoking cessation if program managers focus on generating news media coverage. News coverage, sometimes called ‘earned media’ since placements are earned rather than paid for through relationships with journalists and clear, timely communication, can generate community conversation around the issues, work toward norm changes, and publicize key stop smoking resources available to smokers and their families.

• Special focus should be placed on priority audiences, such as pregnant smokers (due to the risks of maternal smoking on children) and smokers of low socio-economic status (due to their very high rates of smoking). Tailored ads may or may not be more effective than general population advertisements, so audience research should be conducted to determine the optimal strategies and executions.

Sources

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