

SMOKING CESSATION MEDIA CAMPAIGNS FROM AROUND THE WORLD

Recommendations from
Lessons Learned



If you knew, you wouldn't
smoke around me.
Would you?

I love you. And, I know that you love me. But some things you do, I don't understand. You smoke. With me right there. It scares me to breathe your smoke, too. And it makes me cough and stink. And I know, if you knew how it makes me feel, you really knew, you wouldn't do it...not if you really loved me. I love you.

Children who breathe secondhand smoke have significantly higher rates of asthma and other respiratory diseases than children who breathe smoke free.

It's okay to say you mind.



Signal that there
is no
non-smokers
smoke-free air.



We now know how many cigarettes
it takes to start lung cancer



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THE WORLD**

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FROM LESSONS
LEARNED**

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WORLD HEALTH ORGANIZATION

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EXECUTIVE SUMMARY

The World Health Organization (WHO) is committed to reducing tobacco use, the leading cause of preventable heart and lung disease in the world. Unchecked, tobacco use will contribute to more than 10 million deaths annually by the year 2030. Because most of the projected deaths for the first half of the next century will be those people who are smoking today, governments that are concerned with health gains in the interim should be interested in encouraging adults to quit. Many studies indicate that a media-supported cessation campaign can be a very important tool in an effective tobacco control program and can help governments reduce the number of adult smokers in their populations.

Because of their interest in understanding how to maximize the use of media in cessation programs globally, WHO and the Centers for Disease Control and Prevention (CDC) reviewed cessation media campaigns around the world to help interested countries plan and conduct their own campaigns. This review focuses on what messages have worked and why, including targeting (selecting the audiences to reach with messages), message content, media planning, and measurement of the campaigns' results. These lessons learned are summarized from quantitative and qualitative data obtained from programs in nine countries and from six states in the United States.

This review indicates that the widely used de-normalization strategy works. Presenting smokers with the unattractive aspects of smoking through advertising, legislation, education, taxation, and pricing is effective in reducing smoking prevalence.

Effective messages reach smokers and nonsmokers with health risk information that is new, in a context that smokers find they cannot deny. These messages illustrate the negative consequences of smoking to the smoker and to the nonsmoker (secondhand smoke) and provide new perspectives about 'why to quit'. Treating smokers with respect and speaking from the smoker's experience, effective cessation messages are able to move smokers to a quitting decision. Although the graphic nature of some advertising contributes significantly to its effectiveness, those who are concerned about offending the viewing audiences may challenge or criticize the presence of graphic visuals. Thus, the need for these graphic visuals can and should be defended with data.

Another important strategy is offering smokers 'how to quit' assistance, primarily through helplines that offer counseling, advice, and support over the telephone, and other community resources. Helpline support is effective in increasing quit rates but also requires resources and management beyond what is traditionally available in a media campaign. Managing call centers, adjusting mes-

sages and media levels to generate manageable call volumes, tracking response, and measuring effectiveness at reducing consumption are the additional demands created by offering helpline assistance to smokers. Where helplines are not a feasible strategy in a country or region, campaign messages can refer smokers to their healthcare professionals for help.

Successful programs report that effectiveness is tied to keeping a cessation message on the air consistently, at levels high enough to be noticed and internalized by the audience. Ex-smokers benefit from the ongoing support, as it reinforces their decision to quit. Smokers, wavering in their decision to quit, need ongoing exposure to reasons to quit and how to do it.

Synergistic efforts also have a significant effect. These efforts achieve results that are greater than those achieved individually because they knit together every resource in a community and surround the citizens with reasons to quit and support on how to quit.

Finally, cessation programs must find ways to measure audience response to their media campaigns to continue to increase their effectiveness. Mature programs use several measures to determine whether or not their plans are working. Measures include quantitative and qualitative data, awareness, persuasiveness, call volumes, reported quit attempts, tobacco sales, incidence of disease and others. Tracking these measures consistently over time helps to gauge effectiveness because changes in population behavior may take years to appear.

Please note that included at the back of the document are a list of sources from which campaign results were received, a list of the advertisements discussed in the document, a glossary of terms used throughout, and a full contact list for key sources.

A video supplement (1/2" VHS format) for this global review is available by calling the CDC Media Campaign Resource Center at 770-488-5705 ext. 2. Tape 1 presents ads from the campaigns highlighted in this document following the findings of the global review. Tape 2 presents all the advertisements reviewed for this report and all of the cessation, helpline and secondhand smoke ads from the U.S., through June 2001. Please specify Global Cessation Media Campaign Review Tape 1 or 2 when ordering. These are for viewing purposes only, not for broadcast use.

We also encourage reference to two main syntheses of empirical literature on campaigns in the United States that provide additional confirmation to the results shared here, the National Institutes of Health Smoking and Tobacco Control Monograph No. 12 (November 2000) and the Guide to Community Preventive Services: Tobacco Use Prevention and Control. Reviews, Recommendations and Expert Commentary (Hopkins DP, Fielding JE and the Task Force on Community Preventive Services, *Am J Prev Med* 2001; 20 (2S)).

INTRODUCTION

The World Health Organization (WHO) is committed to reducing the use of tobacco. Reducing the current impact and halting the growth of tobacco consumption is crucial to protecting the health of individuals and populations and requires comprehensive multi-sector national actions and coordinated international responses.

Globally, 4 million deaths a year are attributed to tobacco use. If tobacco use continues unchecked, this death rate is projected to rise to 10 million deaths annually by 2030. By 2020, 70% of tobacco-related deaths will be in developing countries. Most of the future tobacco-related deaths over the next 50 years will be those of adults smoking today. Thus, governments concerned about making health gains for their citizens can make a significant advance by encouraging adult smokers to quit.

To curb the tobacco epidemic, WHO has embarked on the development of the Framework Convention on Tobacco Control. An international treaty, negotiated by WHO Member States, the Convention and any related protocols will provide a framework for integrated tobacco-control measures to be implemented at national and international levels.

Mass media play an important role in reaching individuals directly with cessation messages and influencing their knowledge, attitudes, and behaviors. Using media as part of a multi-layered program, several countries have been successful in reaching and influencing smokers and nonsmokers with messages that encourage and support quitting and have achieved results that prove their efforts are increasing cessation rates. As part of its overall goal to reduce tobacco use, WHO has teamed with the Centers for Disease Control and Prevention (CDC) to determine what has been learned about effective cessation-focused media campaigns and hopes that the lessons learned will benefit all countries trying to increase cessation among tobacco users.

To understand what media-based approaches work best in helping smokers to quit, a team from WHO and CDC reviewed campaigns for which results were available. These campaigns came from nine countries: Australia, Canada, France, Iceland, New Zealand, Philippines, Poland, Singapore, United Kingdom and six U.S. states: Arizona, California, Kansas, Massachusetts, Minnesota, and Oregon. The goal was to compile media cessation campaign results from around the world and then examine which campaigns have been effective and why. This report summarizes what was learned from this review. Although cessation media campaigns for all types of tobacco users were solicited, the vast majority of data and results focused on cigarette smokers; thus, this review does not address cessation among users of chewing tobacco, cigars, or pipes.

WHO and CDC will use this review to

- provide guidance to others who are developing cessation-focused media campaigns.
- create and identify television advertisements that will be provided to cessation programs in all countries for easy modification and use with their populations. These advertisements will be available to requestors by September, 2001.

This report summarizes those elements in a media campaign that have been effective in encouraging smokers to consider and to attempt smoking cessation. We present insights into the targeting strategies and the message strategies used, message tone, media weight and presence, and measurement of results, such as awareness, attitude, intention, and behavior changes. We also provide recommendations on how to apply these strategies and lessons learned to the development of future cessation-focused media campaigns.

METHODOLOGY

In June, 2000, CDC and WHO sent an international request through the Globalink listserv, a global listserv of tobacco control advocates, for information on any cessation media campaigns with documented results, including consumer insight research, call volume, awareness and recall evaluations, smoking prevalence, and statistics on cigarette consumption. The authors also directly contacted individuals known to be involved in developing, producing, and evaluating adult tobacco cessation programs. A list of contacts is included in the appendix. Note that this review was not restricted to published literature, but rather relied on a mix of qualitative and quantitative, published and unpublished research.

During an 8-week period from June 7 through August 3, 2000, the authors received information from organizations in Australia, Canada, Czech Republic, France, Germany, Hong Kong, Hungary, Iceland, India, Ireland, Malta, Mexico, New Zealand, Philippines, Poland, Romania, Republic of Srpska, Singapore, Switzerland, Thailand, United Kingdom, as well as the Pan American Health Organization, and the following U.S. states: Arizona, California, Kansas, Massachusetts, Minnesota, and Oregon. Campaigns were reviewed in terms of broadcast media use, target audience, message insight, and measured effectiveness. Of the campaigns reviewed from more than 20 countries and 6 U.S. states, results from 9 countries and 6 U.S. states were substantial enough to be included in this document.

Each of the lessons learned that are presented in this document was developed based on results from more than one campaign, in more than one country or state. There may also be other successful programs around the world to which we did not have access in time for this report. Furthermore, several new campaigns are being developed that have already incorporated many of the lessons learned. These campaigns are just now entering public communication channels and will be important to watch for cessation outcomes. So far, initial measures from these campaigns, such as call volumes, look very promising (U.S./Massachusetts – *Rick Stoddard*; France – *Superhero Quitter*; U.S./Minnesota and U.S./Wisconsin, Blue Cross Blue Shield – *Blue Print for Change*).

Two excellent reviews of empirical literature focusing on tobacco cessation and campaign effectiveness in the United States are found in the National Institute of Health Monograph 12 and the Guide to Community Preventive Services: Tobacco Use Prevention and Control report. The findings in those reviews aligned with the global campaign lessons learned that are shared in this report.

We present information that emphasizes the importance of comprehensive campaigns, with lessons learned in categories of targeting, message content (including

both ‘why to quit’ and ‘how to quit’ messages), the importance of synergy, media presence, and measurement of results. The development and use of ‘how to quit’ messages are providing exciting results, but fewer countries have reported experience with this message strategy.

It is important to continue to share the results of campaigns, especially as new results emerge. If you have conducted a cessation-focused media campaign and can share lessons learned with us, please send them to Linda Block, Office on Smoking and Health, M.S. K-50, Centers for Disease Control and Prevention, 4770 Buford Highway NE, Atlanta, GA 30341-3724.

RECOMMENDATIONS AND CONCLUSIONS

Overall Conclusions

We found that comprehensive, synergistic media campaigns are working. Successful campaigns

- are comprehensive from a media standpoint, featuring multiple messages, executions, and media vehicles.
- are synergistic in that they work together with other parts of the overall tobacco control programs to create stronger results.
- introduce persuasive new health risk information to smokers and nonsmokers.
- provide resources and helpful information about how to quit.
- introduce a variety of ads over time to constantly attract and engage different kinds of smokers.
- maintain a strong media presence for extended periods of time, continuously reminding individuals not to begin smoking, to quit smoking, and to remain tobacco-free.
- work within an overall strategy that seeks to de-normalize smoking by using multiple media channels to reach consumers with messages about why and how to quit smoking and by engaging nonsmokers as well.

Targeting

Targeting decisions should address the tendency of smokers to deny that a cessation message is meant for them. Quitting is very hard. Many smokers dodge messages, denying that they refer to them, to put off the difficult quitting process. Smokers may not know themselves, day to day, if they are ready to quit. As a result, targeting the 20% of smokers who are thinking of quitting is generally not effective, as smokers put quitting farther into the future. When targeting cessation messages, the programs should look for *undeniable characteristics* of the audience such as ethnicity, race, smoking as few as one cigarette, smoking in the presence of others, and smoking while pregnant.

Targeting youth is a special challenge and must be carefully considered. The nature of youth may cause them to reject messages targeted to them out of defiance, encouraging rather than discouraging them to smoke. Youth may respond better to adult cessation messages not directly targeted to them, as these messages tend to de-normalize smoking in general.

Messaging

Programs should focus on developing ways to present cessation messages as news. A new message gets noticed, gets attention, is remembered, and affects decision-making. This includes new understanding about health risks and new information about quitting. The audience needs to be continuously presented with news about smoking and quitting, which may put extra pressure on the creative development process and budget.

Message content

Health effects. Messages about the health effects of tobacco use to the smoker work if the information or perspective is new. Although smokers report that they know all about the health risks of smoking, cessation messages that present the risks in a new way – such as with a graphic and emotional jolt – may cause smokers to reconsider the risks they are taking and put quitting on today’s agenda. These kinds of messages also may help ex-smokers remain tobacco-free, providing important reinforcement on an ongoing basis. Programs should be prepared to answer concerns about provocative graphic messages with data that show such an approach works.

Secondhand smoke. Secondhand smoke messages reach and motivate a broad target, including both smokers and nonsmokers. Most smokers respond well to new information about the risks of secondhand smoke to loved ones. Smokers may be willing to change their smoking behavior to protect loved ones from the health effects of smoking, even if they cannot quit for their own health. Secondhand smoke messages may make nonsmokers more aware of their own stake in efforts to de-normalize smoking and motivate them to speak out for themselves and others.

How to quit. Providing information about how to quit, particularly offering a telephone helpline for support, can be effective. Helplines can be very useful to smokers trying to quit by offering convenient, personalized support in an anonymous format. The idea of getting help in quitting is new for many smokers and provides an appealing new tool to those who have tried to quit, unsuccessfully, in the past. A helpline message offers a valuable balance to a health risk message; it gives the smoker a relatively easy first action step to take in responding to the new understanding of risk.

Message tone

Sensitive, respectful communication. Communicating with smokers respectfully and with an understanding of their situation and experiences will help ensure that messages are internalized and not rejected. Smokers want realism and miracles. Tired of being berated about a habit they fear they can never break, smokers want messages to

be hopeful but also realistic about how hard it is to quit. They want respect as individuals, but they need the emotional jolt of potential loss of their health or loved ones to get their attention. Messages that sound as if a non-smoker crafted them may turn smokers off, as will any language or tone that appears to be derogatory or demeaning.

Media Presence

A strong, ongoing media presence should be maintained. The messages must be placed in a controlled (i.e. paid) manner often and long enough to provide adequate reach, frequency, and duration. Media levels must be high enough to create awareness, break through the clutter, and provide the ongoing cessation support that smokers need to attempt quitting and to remain tobacco-free. Asking an individual to change behavior requires repeated conversations and support, which the media can provide efficiently to a broad audience of smokers and nonsmokers.

Campaign Measurement

Measuring message persuasiveness and target audience response, awareness, attitude, and behavior change is an important aspect of all media-based cessation programs. Behavior change is slow, and mature media programs have found that multiple measures have allowed them to track progress over time, as conditions change, such as pricing, legislation, tobacco industry activity, budget cuts, and media campaign initiatives.

KEY AREAS OF LESSONS LEARNED

Comprehensive Cessation Programs

With strong contributions from media campaigns, comprehensive cessation programs are working. Effective cessation programs rely on a mix of legislative changes, educational programs, treatment programs, grass-roots activism, media campaigns, and other elements that work synergistically to maximize outcomes. All of the successful programs reviewed credit their media campaigns with playing a key role in their overall success. Media messages can help create the environment that supports smoking cessation, becoming the stimulus for new thought and perspective on tobacco policies and change.

Impact of multi-layered programs on tobacco prevalence

In areas where multi-layered marketing programs are in place, the prevalence of tobacco use is declining. Effective cessation programs reach smokers with antismoking information in many ways. As in learning about any product, service, or idea, consumers absorb and remember information when they hear it multiple times and in different formats. Successful smoking cessation programs have found ways to surround the audience with cessation messages that, when layered together, maximize impact. Marketing vehicles include television, radio, print (newspaper and magazine), billboards, direct mail, publicity and news coverage, and cessation events, supported by community health services and education programs such as telephone helplines.

The following multi-layered programs have calculated declines in smoking prevalence:

- Australia calculated a 1.8% drop in smoking prevalence among adults from May 1997 through November 1998 (Australia's National Tobacco Campaign, Evaluation Report Volume I, 2000).
- U.S./California measured a drop in adult smoking prevalence from 26.7% in 1988 to 18.4% in 1998 (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).
- The prevalence of smoking among U.S./Massachusetts adults declined between 1993 and 1999 from 22.6% to 18.7% – a 17% reduction (Massachusetts Department of Public Health Tobacco Control Program, Summary of 1998 Advertising Campaign Assessments, Arnold Communications, April 2000).
- U.S./Oregon adapted TV commercials from Massachusetts and California and reported that the number of adult smokers in Oregon declined by

35,000 individuals between 1996 and 1999 (Oregon Health Division, Tobacco Prevention and Education Program Report, 1999).

In a CDC Task Force on Community Preventive Services report, mass media education campaigns to increase tobacco-use cessation are strongly recommended. The reviewers, evaluating 15 U.S.- based campaigns, found that audiences of smokers are most effectively informed through long term, high intensity counter-advertising campaigns (Hopkins DP, Fielding JE, and the Task Force on Community Preventive Services. *The Guide to Community Preventive Services: Tobacco Use Prevention and Control. Reviews, Recommendations and Expert Commentary.* Am J Prev Med 2001; 20(2S)).

In learning gained from California and Massachusetts cessation trends, participants in the conference on 'What Works to Influence the General Population' found that "Properly designed and implemented, media campaigns can be cost effective and efficient in disseminating knowledge and information, realigning attitudes and social norms and advocating for policy changes" (National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population.* Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4892, November 2000: 199).

As an example of the increasing impact of a comprehensive program, in California, television was initially the greatest source of calls to the smoker's helpline phone number. However, today 50% of the growing volume of calls comes from non-media sources such as physicians, health care workers, teachers, schools, and peers. This finding indicates that campaign messages are spreading into many other avenues (Stevens, C., Chief, Media Campaign Unit, Tobacco Control Section, Department of Health Services, Sacramento, CA, July 2000, telephone conversations).

De-normalization is the goal

Cessation messages are most effective within a de-normalization strategy. Programs with de-normalization of smoking as an explicit goal used their media campaigns as part of an overall strategy to change the culture related to tobacco use. Recognizing that tobacco companies had spent many years and millions of dollars convincing audiences that smoking is desirable and harmless, these programs sought to communicate the opposite message – that smoking is not normal, not harmless, and not desirable.

- *De-normalization works* – Programs around the world are fighting legislative battles to secure excise taxes

on cigarettes, restrict tobacco advertising, pass clean indoor air acts, and reduce the availability of tobacco products to children. These efforts are important steps in galvanizing support for changing the prevailing culture so that smoking becomes too unacceptable and inconvenient to continue (Australia, Canada, Thailand, United Kingdom, U.S./California, U.S./Massachusetts, U.S./Oregon). Those programs that are building grassroots connections in schools, universities, hospitals, and local communities are laying the groundwork for long-term attitude and behavior changes among persons in the general population.

- *United Kingdom* – "It has to be recognized that mass media campaigns are only one aspect of a comprehensive tobacco control program. Campaigns run in a supportive tobacco control climate of high taxation, tobacco advertising bans and action on smoking in public places are likely to have different outcomes than those run in a climate of low taxation, unregulated advertising and no action on smoking in public places" (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).
- *U.S./California* – "California adopted the innovative strategy of targeting the whole population for its anti-tobacco message, not just current users. This has had the desired effect of creating an environment in which tobacco has become a much less accepted practice. This in turn makes tobacco users want to quit" (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).
- *U.S./Oregon* – "There is no magic bullet, no single approach. A tobacco prevention program can be effective only by attacking the problem from many different directions at the same time" (Tobacco Prevention & Education Program Report, 1999, Oregon Health Division).
- *U.S./CDC* – "Multiple and continuing interventions are needed to change deeply rooted attitudes and beliefs of people that sustain behavior" (Factors Favoring Success, McKenna, J., CDC, WHO-CDC Global Meeting, March 2000, Atlanta, GA).
- Evidence suggests that media campaigns are most effective at eliciting smoking cessation when they are a part of a comprehensive program of interventions. It has been recognized that "Changes in media have been associated with major changes in smoking behavior, but only when the rest of the social structure actively changes the environment for the smoker. These changes act synergistically with media messages, and cessation or behavior change occurs" (National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population.* Smoking and Tobacco Control Monograph No. 12. Bethesda,

MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4892, November 2000: 200).

This approach reaches smokers and nonsmokers of all ages, creating a pervasive sense that smoking is not acceptable. Australia, U.S./California, and U.S./Massachusetts are now reporting a decline in youth smoking as well. The youth audience has proven to be particularly resistant to health risk messages and can be successfully targeted by tobacco companies when no comprehensive cessation programs are in place.

There is also a developing understanding of the role each part of a multi-component campaign may play in a smoker's decision to quit smoking. Dr. Burns, M.D., Professor of Medicine, University of California San Diego offers that the evidence "suggest that individual components of a comprehensive tobacco control program may affect the process of cessation at different stages. For example, mass-media campaigns may get smokers to think about the need to quit, physician advice may trigger a cessation attempt and working in a smoke free environment may facilitate cessation once an attempt is made"(National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4892, November 2000:16).

Targeting

A major challenge in creating smoking cessation programs is targeting. In this review of campaigns, the crucial question of who to target appeared repeatedly. Organizations, challenged by limited funds and the need for measurable results, worked to prioritize target audiences by defining them narrowly and by crafting specific messages that would resonate and cause action among specific groups of smokers. Although this approach is successful in campaigns on other topics, smokers are not willing targets, and messages have to be carefully crafted to ensure that smokers will not avoid them.

There is also evidence that it may be possible to improve campaign efficiency by using messages that appeal broadly to several target audiences. The Massachusetts and California campaigns, which included messages about tobacco industry deception and secondhand smoke, were successful for both adults and youth, although for different reasons. Besides appealing to different targets, messages can also aspire to achieve several actions, such as alter people's feelings about their own smoking behavior and encourage advocacy for smoking policy changes. Successful multi-functionality of media messages requires a significant commitment to research

in developing the messages, and analysis of results over the long term. (National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4892, November 2000: 212).

Targeting by smoking behavior and frame of mind

Targeting smokers by their readiness to quit smoking, such as by trying to reach only smokers in the contemplative or pre-contemplative stage, was not successful.

Although about 20% of smokers are actively considering quitting at any one time, smokers themselves are not sure, day-to-day, if they are in that category (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000). As motivation and desire to quit wanes, smokers remove themselves from the target audience and avoid the messages.

One way to address this *self-exemption* behavior is to place several messages in the environment that attract different smokers through multiple approaches. The most powerful approach appears to be a blend of messages about new health risks, environmental tobacco smoke (ETS), and quitting help or support through helplines. Programs with the resources to create and air multiple ads reported the need for a variety of messages to reach smokers wherever they may be along the continuum of quitting behavior. "We know that a variety of messages work, and that the mix needs to be constantly changed and refreshed. Different creative [advertising concepts] attracts different smokers" (Stevens, C., Chief, Media Campaign Unit, Tobacco Control Section, Department of Health Services, Sacramento, CA, telephone conversations, July 2000; Zhu, S, Principal Investigator, California Helpline, Associate Professor, The Department of Family and Preventive Medicine, University of CA, San Diego, telephone conversation, July 2000).

An approach successfully used in U.S./Arizona employed a series of 'how-to-quit' messages to appeal to smokers wherever they were in the quitting continuum and to bring them along to a quit decision. The Chuck series of seven ads featured a smoker named Chuck who was going through the quitting process – denial, contemplation, attempts, relapses, to success. The series generated a statistically significant increase in helpline calls from smokers ready to take action, identified by an increase in the number of callers who requested counseling and self-help information rather than self-help information only (Powers, P., MPH, Program Director and Principal Investigator for ATIN/COPH, phone call, January 2001, Attracting Motivated Quitters to a Smokers' Helpline Using Television Advertising; Powers, P., et al., www.TEPP.org, 2000 State of Arizona).

Undeniable characteristics – specific messages that individuals find they must consider

Targeting using undeniable characteristics of the audience worked. Because of any human being's ability to rationalize that he or she is the exception, effective smoking cessation messages often targeted smokers using characteristics that they could not deny. Essentially confronting smokers, these messages spoke to them through a characteristic they knew was true about themselves and obvious to others as well. Examples of such targeting efforts are summarized below:

Every cigarette. The Australian campaign, *Every Cigarette is Doing You Damage*, hit smokers with a new perspective about the damage they incur with each cigarette they smoke. The message applied to *every person who smoked a cigarette*. "The evidence of the long-term effects of smoking is often stated in probabilistic terms, which we know lets people distort and objectify the hazard and self-exempt themselves with various rationalizations. The campaign slogan, 'Every cigarette is doing you damage,' focuses on ongoing damage, what happens as you smoke now" (Australia's National Tobacco Campaign, Evaluation Report Volume I, Chapman, Wong and Smith, 1999).

Smoking in the presence of others. Another undeniable characteristic is the reality of smoking in the presence of others. Virtually all smokers live, socialize, or work with others they care about, so messages about secondhand smoke target them in a way they cannot deny (unless they never smoke around others). Entrenched smokers, claiming resistance to any health effects messages, did respond to new information about the health risks of secondhand smoke to those around them. The following selected programs focused on this message strategy:

- U.S./Kansas (When the Target Audience is Hostile to the Behavior Change: A Case Study in Strategy Development in Social Marketing, Bradley, T., et al, Social Marketing Quarterly, September 2000, Vol. VI, No. 3, 35-38).
- United Kingdom (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).
- France (Prevention du Tabagisme, Etudes et Analyses, Perspectives Menees en 1999, Decembre 1999, Comite Francais d'Education pour la Sante (CFES) et de la Caisse Nationale d'Assurance, Maladie des Travailleurs Salaries (CNAMTS)).
- U.S./Oregon (Tobacco Prevention and Education Program Report, 1999, Oregon Health Division).

One caveat is that although messages targeting smokers living in families and with children are pow-

erful, they can give smokers without families or children a reason to ignore the message.

- Messages about the effects of secondhand smoke damage to family/children allow smokers who are not married or do not have children to excuse themselves (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).

Nonsmokers

The issue of secondhand smoke serves to engage nonsmokers in the de-normalization process, which leads them to care about regulating the air around them in public and private places. Whereas nonsmokers may have felt previously that smoking was not something that affected them personally, secondhand smoke messages attracted their interest in the subject and broadened their participation in efforts to reduce exposure to secondhand smoke.

In Canada/Ontario –

- *Complacent Libertarians* – Ontario Health specifically targeted a group of nonsmokers who struggle with the issue of smoker rights and fairness to nonsmokers. Called 'Complacent Libertarians,' this group represents 28% of the population of Ontario. Using ads developed from a U.S./California secondhand smoke campaign, the campaign increased public support for smoke free public places from 30% pre-campaign to 44% post-campaign. This was achieved primarily by changing the attitudes of an important attitudinal target group of nonsmokers (Canadian Anti-tobacco Campaigns: The Past 10 Years, Lavack, A. M., University of Regina, September 2001).

In U.S./Massachusetts (MA) –

- 46% of MA residents who recalled secondhand smoke commercials believed secondhand smoke was an *extremely important* public health issue, while only 38% of MA residents and 30% of residents in other states who did not recall the commercials believed secondhand smoke was an *extremely important* public health issue (Independent Evaluation of the Massachusetts Tobacco Control Program, Fifth Annual Report).
- 93% of MA residents believed secondhand smoke can harm children; significantly more of those who recalled the tag line, "It's time we make smoking history," understood that inhaling secondhand smoke can cause cancer versus those who did not recall the secondhand smoke campaign (86% vs. 82%) (Massachusetts Adult Tobacco Survey, 1998).

In U.S./Kansas –

- After the state's secondhand smoke campaign, *Take It Outside*, those in favor of banning smoking in all public indoor spaces increased by 20 percentage points

among smokers (from 20% to 40% of smokers) and by 5 percentage points among nonsmokers – from 78% to 83% of nonsmokers (When the Target Audience is Hostile to the Behavior Change: A Case Study in Strategy Development in Social Marketing, Bradley, T., et al., *Social Marketing Quarterly*, September 2000, Vol. VI, No. 3, p.35-38).

Pregnancy

The physical characteristics of pregnancy fit the qualifications of an undeniable characteristic. Pregnant women cannot deny that cessation messages for pregnant women are speaking to them. The impact of the message is enhanced in that it presents the health risks to a family member, albeit unborn, a life that is generally highly valued by the mother and by those around her. Even a smoker who can ignore the health risks to herself finds it difficult to ignore the risks to another, especially to a helpless unborn child.

In U.S./Massachusetts –

- Cessation messages targeting pregnant women have been effective. Smoking rates among pregnant women have fallen rapidly since 1990 – faster than in any other state. In 1990, 25% of new MA mothers reported smoking, but by 1996, only 13% reported smoking (Independent Evaluation of the Massachusetts Tobacco Control Program, Fifth Annual Report).

In U.S./Arizona –

- Of the pregnant/postpartum women surveyed who recalled the cessation campaign, 37% had decided to quit smoking, and an additional 44% decided to cut down on smoking (Evaluation of the TEPP Media Campaign, Report No. 1, October 1, 1998, Arizona Cancer Center, The University of Arizona, Eisenberg, et al.).

When targeting pregnant mothers, programs in U.S./Arizona and France reported the need to include messages of support and on how to quit. Programs should recognize the stress that pregnant women are under and create empathetic messages that support them in their quit attempts during this difficult period.

- Results from an early campaign in U.S./Arizona showed that pregnant smokers suffered from shame, guilt, and the disapproval of others who were made aware of the hazards of smoking during pregnancy. This audience must be reached carefully because creating guilt can drive these women away from their support groups out of fear of disapproval for their addiction, which they are not able to overcome alone (Susan Heck, Marketing Manager, AZ TEPP, 7/10/00, e-mail).

An ad produced later, which included an empowering, positive message, generated a statistically significant increase in calls from women of all ages and in the number of women callers who identified themselves as pregnant smokers (Powers, P., MPH, Program Director and Principal Investigator for ATIN/COPH, telephone call, January 2001).

- In France, smoking while pregnant is considered the absolute crisis of conscience. Women suffer from the negative social image of smoking while pregnant, and doctors are not sure that the hazards of smoking outweigh the physical and emotional trials of quitting during pregnancy. (Prevention du Tabagisme, Etudes at Analyses Prospectives Menees en 1999, decembre 1999, Comite Francais d'Education pour la Sante (CFES) et Caisse Nationale d'Assurance Maladie des Travailleurs Salaries (CNAMTS)).

Ethnic and cultural backgrounds

Targeting audiences by race or ethnic background reduced smokers' ability to avoid the messages and improved receptivity to them. Campaigns targeting audiences in this way benefited from intensive efforts to understand cultural differences and overcome minority language barriers in developing their ads. The ads were effective, in part, because they made members of various ethnic or cultural groups believe that the messages were directed specifically to them. Thus, those individuals had a higher likelihood of watching, listening to, and internalizing the messages.

The barriers that prevent these audiences from hearing smoking cessation messages are the same barriers that interfere with internalizing other health messages. Target audience research shows that some racial and ethnic groups (such as African American, Native American, and Asian Pacific American populations in the United States; and the Maori population in New Zealand) are less aware of the hazards of smoking, for themselves and for others, than the general population.

A key factor in ad effectiveness is the cultural and linguistic appropriateness to the target populations.

- The U.S./California smoker's helpline received a large number of calls from ethnic minority smokers only when ads were aired that carefully targeted these populations. Careful targeting also includes realistic portrayals of the program itself such as showing a helpline counselor taking a call, sharing how the conversation would begin, and giving examples of the kind of information a caller would hear from the counselor (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).
- In Australia, a communication strategy targeting people of non-English-speaking backgrounds was de-

veloped in recognition of the particular patterns of smoking prevalence among ethnic groups, varying levels of English proficiency, length of time since immigration, and use of mainstream and ethnic media. The language groups targeted included Italian, Greek, Arabic, Vietnamese, Chinese (Mandarin and Cantonese), Spanish, Korean, and Turkish (Australia's National Tobacco Campaign, Evaluation Report Volume I, 1999).

Messages

Cessation messages face a special communication challenge – speaking to an audience that would rather not listen. The message seeks to influence a smoker who wants to quit and yet is so aware of the likelihood of failure that he or she looks for reasons to ignore any message about quitting. This review of media campaigns found that the most successful programs offered a combination of messages, including new information about health risks to both smokers and nonsmokers, and helpline spots that offered support on how to quit.

France –

- Smokers respond to a variety of messages about why to quit smoking. Presenting only one reason may not be enough to motivate them to make the attempt to quit (Prevention du Tabagisme, Etudes at Analyses, Prospectives Menees en 1999, Decembre 1999, Comite Francais d'Education pour la Sante (CFES) et de la Caisse Nationale d'Assurance, Maladie des Travailleurs Salaries (CNAMTS)).

United Kingdom –

- Evidence from the Health Education Authority research suggests that campaigns need to contain a broad variety of messages and that threatening and supportive styles of delivery can be complementary components of the same campaign (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).

U.S./California –

- No single theme holds the key to promoting helpline services. In fact, a variety of approaches seems to keep the central idea fresh: that help is available for those who need it and want it (The California's Smokers Helpline, A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

As needs were identified and funds became available, programs that could create unique, targeted messages for specific audiences, such as pregnant women and ethnic minorities, saw increased responses from those audiences.

Why to quit

Health effects to the smoker. Hard-hitting, jolting messages about health risks and effects break through the clutter and convince smokers to put quitting on today's agenda. That these messages have been effective among so many diverse populations attests to the universality of their appeal. These messages also have the value of providing ex-smokers the resolve to stay tobacco-free.

EVERY CIGARETTE IS DOING YOU DAMAGE

Australia 1997 –

- This campaign presents graphic examples of heart, lung, and other physical damage done to young smokers who are in their thirties.
- The campaign led to increases in spontaneous recall of antismoking advertising from 25% to 46%.
- The campaign advertising was recognized by more than 87% of smokers and recent quitters.
- Smokers reported increases in intention to quit, with fewer not even thinking about quitting (43% vs. 48% at baseline).
(Australia's National Tobacco Campaign, Evaluation Report Volume I, 1999)

Australia 1998 –

- 87% of smokers and recent quitters recognized the campaign.
- 23% reported learning new information about the health effects of smoking.
- 50% said the campaign made them more likely to quit smoking.
- 56% of ex-smokers said the campaign helped them remain tobacco-free.
(Australia's National Tobacco Campaign, Evaluation Report Volume II, 2000)

Iceland –

Smoking prevalence among adults dropped 4.5 percentage points, from 26.5% to 22%, following a 3-month campaign that used *Artery*, *Tumour*, and *Stroke*. Six months after the campaign, adult smoking prevalence stabilized at 23%. Iceland's multi-layered smoking cessation program has been in development for 3 to 4 years and has included media messages, but none of the previous campaigns yielded results as strong and as immediate as those of the *Every Cigarette* campaign (Njalsson, T., MD, Ph.D., Chairman, Tobacco Control Task Force of Iceland, e-mail, November 2000).

New Zealand –

Adult smoking consumption is down because of the combined impact of taxation, tobacco price increases over many years, and the sustained media campaign, which began in 1999. Calls to helplines are up, and the call volume is directly related to media presence. Pilot

cessation programs are showing up to 40% success rates (Country Report, Tobacco Control in New Zealand, Ministry of Health, Laugesen, M., Health New Zealand, Public Health Physician, March 2000; H., Manager Quit Campaign, New Zealand, e-mail, July 2000; Caller Smoking Behavior and Attitudes Following Contacting the Quitline in the Waikatao-Bay of Plenty Campaign, New Zealand, Waa, A., 1999).

Poland –

Poland reported an ability to build significant awareness of the campaign after only 11 days of on-air presence. A survey taken on days 12 – 15 of the 16-day broadcast flight (November 2 – 18, 1999) found that 40% of viewers nationally could recall *Lung* and *Tumour. Artery* and *Stroke*, which started later in the flight, registered lower initial awareness (19% and 13%) but continued to build in awareness, even up to 5 weeks after the campaign was over. In a post-campaign survey taken 3 weeks after the spots went off the air, *Artery* recall increased 13 percentage points, from 19% to 32%, and *Stroke* recall increased 6 percentage points, from 13% to 19% (November 15 to December 13, 1999). In addition, 60% of adult viewers found the spots relevant to them. Finally, using the survey results of 2200 residents of the Mazowsze voivodeship, which was taken the second week of December 1999, 94% of viewers who recalled the spots found them believable. (Effects of TV antismoking advertising campaign in Poland, Przewozniak, K., Jaworski, J.M., Zatonski, W., 11th World Conference on Tobacco or Health “Promoting a Future Without Tobacco”, August 2000, Chicago, Illinois, Abstracts, Vol. 3, p.744).

U.S./Massachusetts –

U.S./Massachusetts residents who recalled the *Every Cigarette is Doing You Damage* spots showed greater understanding by 7 to 12 percentage points that smoking causes lung cancer, heart disease, and blocked arteries than did those who were not aware of the campaign. Australia’s *Every Cigarette* spots were used with a voice-over accent more reflective of the U.S. (Independent Evaluation of the Massachusetts Tobacco Control Program, Fifth Annual Report).

It is important to note that using provocative, graphically visual health effects messages can be controversial. In some countries, the *Every Cigarette is Doing You Damage* campaign has generated concerns among TV stations, because viewers complained about the graphic nature of the ads or the stations worried that viewers would complain. Although some viewers do find these images offensive, results show that most viewers, especially youth, find these graphic messages relevant and convincing. TV stations in Poland delayed airing the spots, until they reviewed research results that indicated the spots were getting the attention of youth and that youth were understanding and internalizing the ant-

ismoking messages. In Poland, 65% of children surveyed (aged 13 – 15 years) found the messages relevant to them, 83% found the ads believable, and 73% found the ads thought-provoking (Effects of TV antismoking advertising campaign in Poland, Przewozniak, K., Jaworski, J.M., Zatonski, W., 11th World Conference on Tobacco or Health, “Promoting a Future Without Tobacco” August 2000, Chicago, Illinois, Abstracts, Vol. 3, p.744).

In British Columbia, Canada, data collected from surveys conducted in school among British Columbia students showed that students found the *Every Cigarette* ads to be more effective than other ads they viewed. Specifically, *Artery* in the 1998 survey and *Stroke* in the 1999 survey were reported by the youth as the ads most likely to prevent them from starting to smoke (versus all of the other antismoking ads shown to them as part of the survey). As a result of this student feedback, the Ministry of Health aired the top ads throughout the province. TV stations received some complaints about the *Every Cigarette* ads, particularly during the 6:00 to 7:00 p.m. news hour when many people were seeing the ads while eating dinner. The TV stations considered taking the spots off the air but decided that the volume of complaints did not warrant removing the ads (Ministry of Health, Post Analysis Report, Critics’ Choice, British Columbia, March 2000 and Communications Branch, Ministry of Health, British Columbia).

TESTIMONIALS CAMPAIGNS

United Kingdom –

The Testimonials campaign uses real-life stories to encourage personal identification with health risks and create urgency about the idea of quitting.

- In 1998, 72% of respondents agreed the ads were “aimed at people like me.”
- 67% said the ads “made me realize how harmful smoking can be.”
- 61% said the ads “made me think about giving up smoking sooner rather than later.”

(A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000)

U.S./California –

A well-known ad called Debi features a simple testimonial from a woman in her forties who began smoking when she was 13 years old. She developed cancer of the larynx and had to have her voice box removed. Debi continues to smoke despite the fact she must do so through the stoma in her throat, raising a potent theme: the insidiously addictive nature of nicotine and the desire to be free from control. This ad generated 98% recall among the target audience. (The California Smoker’s Helpline:

A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

U.S./Oregon –

A combination of testimonial ads was used from California and Massachusetts, and after four months, 74% of adults and 84% of teens recalled the ads (Tobacco Prevention & Education Program Report, 1999, Oregon Health Division).

U.S./Massachusetts –

The *Pam Laffin Documentary* campaign, which consists of six ad executions, features a young mother (Pam Laffin) suffering from the effects of smoking-caused emphysema. In a survey conducted among adult smokers before and after airing the Pam ads, the post survey indicated:

- Awareness of the campaign was 82%. This percentage was higher than any other U.S./Massachusetts anti-smoking ad campaign to date, with awareness even higher among women, young people, and people with children less than 13 years old.
- 90% agreed the campaign gave them good reasons not to smoke.
- 84% agreed the campaign was emotionally powerful.
- More felt “somewhat or very bad” about being a smoker (48% versus 39% pre-survey).
- More “completely disagreed” that emphysema can be cured (65% versus 58% pre-survey).
- Significantly more smokers who were aware of the campaign “completely agreed” that smoking causes emphysema than did smokers who were unaware of the campaign (80% versus 70%). Directionally more smokers “completely agreed” with this statement after the campaign than before the campaign (79% versus 76%).
- Significantly more smokers who were aware of the campaign “completely agreed” that “these days, I think a lot more about quitting than I used to” than did smokers who were unaware of the campaign (72% vs. 58%). Directionally more smokers “completely agreed” with this statement after the campaign than before it (69% vs. 66%).
- Significantly more smokers who were aware of the campaign said they would like to quit smoking than did smokers who were unaware of the campaign (84% versus 74%).

(Campaign Assessment Presentation, Adult Smoker *Pam Laffin Documentary* Campaign, prepared for the Massachusetts Department of Health, by Arnold Communications, September 1999).

When evaluating advertising ideas/concepts, smokers sometimes complain about approaches focusing on neg-

ative health effects. However, some campaign results indicate that smokers may find ads without the emotional jolt and the personal connection easy to ignore.

United Kingdom –

The *Break Free* campaign concepts were reviewed with smokers before production and the positive, almost celebratory tone of the creative ideas was considered a real strength, as a truly original approach to antismoking education by smokers who wanted more upbeat ads than in the past. However, post testing of the campaign showed:

- Recall of the campaign was poor; most smokers had only hazy or ill-formed ideas about the ads.
- Spontaneous recall of detail or understanding of the main message was almost nonexistent.
- Most respondents believed that it was the sort of advertising that would be very easy for them to simply ignore.

(A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000)

U.S./Massachusetts –

The *Smoke Free Generation* campaign was developed to capitalize on the new millennium and emphasize the prospect of a smoke-free generation. More specifically, one of the three ads was meant to provide smokers with an upbeat sense of empowerment about their ability to quit smoking (based on data that indicated they were feeling “beaten up” and pessimistic about their ability to quit smoking).

- Follow-up surveys to the *Smoke Free Generation* campaign showed low recall of the ad directly targeting smokers (24%) and little movement in smokers’ attitudes or interest in quitting – respondents took away from the campaign that a smoke-free generation should be about protecting their children from smoking or secondhand smoke, rather than directly changing their own smoking behavior (Campaign Evaluation Presentation, Adult Public Opinion and Adult Smoker “Smoke Free Generation,” Spring 2000).

The value of news

News about health risks and new ways to quit broke through the clutter and got the attention of smokers. The campaign, *Every Cigarette is Doing You Damage*, was jolting in its graphic presentation of damage, but also in its strategy to promote new understanding of health risks – that every cigarette is doing damage, a new perspective for smokers. Campaign results included

- Increased awareness that every cigarette is doing damage (75% to 82%).

- Increased awareness of the effects of smoking on blocking arteries (54% to 83%).
- Increased awareness of the effects of smoking on the genes in lungs (67% to 78%).
(Australia's National Tobacco Campaign, Evaluation Report Volume I, 1999)
- The launch of Brain, introducing a new health risk of smoking, combined with Call for Help, a message introducing smokers to the helpline process, inundated the helpline with calls, producing a national record for call volume.
(Australia's National Tobacco Campaign, Evaluation Report Volume II, 2000)

Secondhand smoke

Messages about the health risks of secondhand smoke can provide the emotional jolt, the new news needed to cause behavior change. These messages tap into a smoker's care and concern for others, and educate smokers about smoking hazards to those other than themselves. Messages about secondhand smoke create an environment where nonsmokers realize they have rights, too. Secondhand smoke ads can be valuable for political reasons, broadening the base of support for legislative action to restrict tobacco advertising, increase tobacco excise taxes, and/or establish no-smoking laws in public buildings. Examples of these messages include:

Canada/Ontario –

Tobacco - The Truth Hurts - Ontario Health specifically targeted nonsmokers, using ads developed from an US/California secondhand smoke campaign. The campaign increased public support for smoke free public places from 30% pre-campaign to 44% post-campaign. Those agreeing that tobacco company advertising should be prohibited increased from 43% to 67%. Agreement that the government should sue the tobacco industry to recover health care costs increased, from 42% to 60% (Canadian Anti-tobacco Campaigns: The Past 10 Years, Lavack, A. M., University of Regina, September 2001).

U.S./Kansas –

Take it Outside campaign. The percent of smokers who believed that smoking in public places should be banned increased from 20% to 40% of those surveyed (When the Target Audience is Hostile to the Behavior Change: A Case Study in Strategy Development in Social Marketing, Bradley, T., et al, Social Marketing Quarterly, September 2000, Vol. VI, No. 3, p. 35-38).

U.S./California –

Victim Wife. One of the most frequently occurring themes in helpline ads is the danger of secondhand smoke, as seen from various personal angles, primarily its negative effect on the smoker's family. In this ad, the victim of smoking is not the smoker himself but his wife who

never smoked herself. When this ad was tagged with the helpline number, it generated more calls from smokers than any previous cessation-focused ad (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

Philippines –

Please Don't Smoke. Presenting a secondhand smoke message that encouraged nonsmokers to ask smokers not to smoke around them, this campaign achieved highest recall for the execution *Dinner*, which featured a child asking his father not to smoke around him (54% of smokers and 51% of nonsmokers recalled the ad) (Post-Ad Campaign Evaluation Test, Project Orchid, Taylor Nelson Sofres, 1999).

U.S./Massachusetts –

Restaurant. Telephone surveys found that 41% of MA residents who recalled the *Restaurant* ad were strongly supportive of banning smoking in all work places, whereas only 30% of MA residents who had not seen the ad supported such a ban (Independent Evaluation of the Massachusetts Tobacco Control Program, Fifth Annual Report).

How to Quit

Providing 'how to quit' support. More than 70% of smokers report that they want to quit. A combination of jolting and supportive messages seems effective in generating a response from smokers looking for help. Results in Australia, United Kingdom, U.S./Arizona, U.S./California, U.S./Massachusetts, and U.S./Oregon indicate that messages work when they combine a new awareness of risk and potential loss (of their own health, of their self-respect, or of a loved one's health) with hope and solutions, such as helplines.

Helplines give the smokers who are trying to quit tangible, personalized, anonymous, and expert support when needed and as needed. The effectiveness of these programs was limited by budgets in most cases, and, thus, the true maximum value of these programs is unknown. For example, in U.S./California, ads had to be withdrawn from the airing schedule at times because call volumes resulting from the ads were too high for the helpline staff to manage (and budgets did not allow for more helpline staff).

Where helplines are not a feasible strategy in a country or region, campaign messages can refer smokers to their health care professionals for help. Evidence shows that even brief advice from a doctor can improve patients' quit rates by 30%, and that more in-depth advice can double quit rates. (Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.)

Australia –

The launch of *Brain*, a message introducing a new health risk of smoking, combined with *Call for Help*, a message introducing smokers to the helpline process, inundated the helpline with calls. Together, the messages produced a national record for call volume. Qualitative research participants acknowledged the interplay of the two spots: “you scare us in the first ad and show us what to do in the second ad” (Australia’s National Tobacco Campaign, Evaluation Report Volume II, 2000, Commonwealth of Australia, Department of Health and Aged Care).

United Kingdom –

Following the *Break Free* campaign that featured the positive benefits of quitting, the recommendation was to return to the twin-track approach: hopeful messages about the helpline and the quitting process and more striking messages about health risks to remind smokers about their reasons for wanting to quit (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).

Currently, the Quitline receives about half a million calls a year, 4.2% of the total population of adult smokers in England. The 1-year quit rate for Quitline callers is 15.6%; of those who had resumed smoking, 29% report they are smoking less (Impact of a Telephone Helpline for Smokers Who Called During a Mass Media Campaign, Health Education Authority, Owen, L, Tobacco Control 2000; 9:148-154).

U.S./Arizona –

Another approach that encourages smokers to seek help in quitting is to target broadly, appealing to smokers wherever they are in the continuum of readiness to quit and bringing them closer to a quit decision. As mentioned previously, the U.S./Arizona *Chuck* series featured a character named Chuck going through the quitting process from denial to success. Callers to the helpline viewed Chuck as an “every-man” character and reported that they either identified with Chuck or did not want to be like him. In either case, they were motivated to quit. The campaign generated a statistically significant increase in calls from smokers who were ready to take action through counseling and self-help information versus asking for information only. The campaign’s appeal reached across racial/ethnic boundaries as well, and increased the number of calls from African-American and English-speaking Hispanic audiences (Powers, P., MPH, Program Director and Principal Investigator for ATIN/COPH, phone call, January 2001, Attracting Motivated Quitters to a Smokers’ Helpline Using Television Advertising, Powers, P., et.al., www.TEPP.org, 2000 State of Arizona).

U.S./California –

Studies regarding a variety of approaches, such as group counseling, one-on-one formats, and telephone helplines, have clearly established that cessation counseling can increase the rate of quitting success. A helpline is well suited to play a leading role in efforts to provide tobacco cessation assistance, chiefly due to accessibility. Anyone with a phone has access. Unaided, about 5% of those who tried to quit smoking stayed tobacco-free in California. With helpline support, the success rate increased to 15.6% (The California Smoker’s Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

Immediate feedback on the effectiveness of messages that feature a direct response format. A side benefit to helpline ads is that the direct-response format provides an additional measure in evaluating ads, providing immediate feedback on the effectiveness of a message in reaching, communicating with, and motivating the target audience. TV spots that offered a telephone number to call for help were evaluated, in part, by the number of calls received at the call center after they were aired.

Cultural understanding and sensitivity. Experience shows the need to carefully craft messages for reaching ethnic audiences, beyond the simple translation of the mainstream media message. U.S./California found that simple word changes to reflect an ethnic group’s preferences improved response to helplines. Asian-Pacific Islander audiences considered the idea of calling a helpline for “counseling” about smoking cessation as an admission of mental health problems. Changing the text to indicate one could call the number for “information” increased call volume dramatically and achieved a near-record response rate (The California Smoker’s Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

Telephone number affects response – Two factors related to the telephone number have proven important: how easy it is to remember, and how prominently it figures in the ad. Offering a toll-free number can improve response as well.

- U.S./California made the decision to promote one simple number, 1-800 – NO BUTTS; today, more than 50% of callers hear about the number from non-media sources, such as physicians, teachers, and counselors who refer people to the well-known, easy-to-remember number (The California Smoker’s Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).
- The prominence of the helpline number on the screen, the length of time it appears, and size and clarity of the type affect call response. U.S./California included

spots featuring the telephone number only in large type, with little additional text, as a regular part of the media schedule (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

- U.S. California found that response to helpline numbers is directly affected by the number of times the ads are aired. A history of call volume showed a direct relationship between calls per month and the level of mass media advertising featuring the helpline number (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).
- United Kingdom – A crucial factor in achieving the widespread reach of their helpline appeared to be the advertising of the toll-free number. When the Quitline was re-launched with a toll-free number (the previous telephone number was not free of charge), the call volume increased nearly nine fold (Impact of a Telephone Helpline for Smokers Who Called During a Mass Media Campaign, Health Education Authority, Owen, L., Tobacco Control 2000; 9:148-154).

Teaching the audience how the helpline works can be important. Although the most significant response factor may be the size of the telephone number on the screen and the length of time it remains on screen, audiences may also value being introduced to the helpline concept. Several programs found that audience response increased to record levels following spots that showed viewers what to expect when calling the helpline.

Australia – *Call for Help* call volumes were higher than for the first phase of the program. This spot specifically models smokers calling the helpline and was carefully crafted to overcome expectations of smokers about the style and quality of the helpline assistance (Australia's National Tobacco Campaign, Evaluation Report Volume II, 2000).

U.S./Arizona – Helpline spots featuring a behind-the-scenes report from the helpline call center generated high-call volume and doubled recall (61%). These spots also generated the highest response of any ads from the Hispanic audience (Arizona Reports 15 and 16, Arizona Cancer Center, University of Arizona).

U.S./California – A launch spot for the Asian American audience showcasing how the helpline center works dramatically increased call volume (The California Smoker's Helpline: A Case Study, California Department of Health Services, Tobacco Control Section, May 2000).

New ways to approach quitting are exciting and attract attention. The California Helpline aired a spot, *Quitting Takes Practice*. The intent of this approach was to encour-

age smokers to keep trying to quit and to acknowledge that it might take several quit attempts to be successful. The original spot closed with the line, "We'll show you how to quit slow and quit for good." The ad generated higher call volumes than had been experienced before, perhaps because callers were interested in the new idea of being able to quit slowly. Because the California Helpline counseling approach does not use the concept of quitting slowly, the wording of the ad had to be changed to more accurately set caller expectations; however, the response to the original words in the ad shows the appeal of an approach that callers perceived as new. The U.S./California approach focuses on picking a day to quit and working toward that date. (Stevens, C., Chief, Media Campaign Unit, Tobacco Control Section, Department of Health Services, Sacramento, CA, telephone conversations, July 2000; Zhu, S, Principal Investigator, California Helpline, Associate Professor, The Department of Family and Preventive Medicine, University of CA, San Diego, telephone conversation, July 2000).

Another program, created by Behavioral Solutions and sponsored by Blue Cross Blue Shield (BCBS) and the WEA Trust, is currently being tested in U.S./Minnesota and U.S./Wisconsin and capitalizes on this interest in being able to quit slowly. The Behavioral Solutions model is based on clinical evidence that quitting is a process, not an event. The process is marked by stages of readiness, and each stage requires the use of specific strategies. By emphasizing preparation, this model helps smokers with a series of small steps that are designed to increase a smoker's confidence until he or she is ready to quit.

The benefit of the BCBS message is that it motivates a wide range of smokers to call and get started on quitting – smokers who never would have called otherwise. The sponsors believe that this approach enables them to reach 80% of smokers, not just the 15% – 20% currently thinking about quitting. Response to the campaign, *Blue Print for Change*, has been strong. Enrollments during the first 10 weeks of the campaign at full media weight were equal to 3.6% of eligible smokers (Griffiths, G., Director of Marketing, Nelson Communications, Princeton, NJ, telephone conversations, July 2000).

Managing media messages and helpline center support requires careful planning and monitoring. Programs in Australia, United Kingdom, U.S./California, and U.S./Oregon, found that helpline telephone volume required careful management of media placement and telephone center staffing. Different ads will motivate different callers, and constantly refreshed ads are necessary to continue generating new interest.

Helpline programs are generally managed with a budget for three cost centers: the cost of the media placements, the cost of producing new ads, and the cost to handle the calls generated. For example, as mentioned earlier, U.S./California has had to balance these costs by

reducing media placements of ads when the helpline cannot handle additional calls.

(Australia's National Tobacco Campaign, Evaluation Report Volume I& II; The California Smoker's Helpline: A Case Study; California Department of Health Services, Tobacco Control Section, May 2000; A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000; Impact of a Telephone Helpline for Smokers Who Called During a Mass Media Campaign, Health Education Authority, Owen, L., Tobacco Control 2000; 9:148-154; Tobacco Prevention and Education Program Report, 1999, Oregon Health Division).

Tone. Effective ads drew smokers in by speaking to them respectfully and with an understanding of their situations and experiences.

Speaking to smokers with respect. Effective messages avoid references that are perceived by smokers as derogatory or demeaning. In qualitative research, smokers report they are tired of being talked down to. They see themselves as good, decent people who should be treated with respect rather than harassed or berated.

United Kingdom – One important theme to emerge was that many respondents disliked what they perceived as the predominantly negative portrayals of smokers in previous antismoking advertising. They believed previous campaigns had tended to endorse and promote a negative view of smokers as people who were thoughtless, selfish, stupid, weak, powerless, and addicted (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).

U.S./Kansas – Smokers are combative about the issue of smoking and about where they are allowed to smoke. They used words such as “persecuted” and “misunderstood” (When the Target Audience is Hostile to the Behavior Change: A Case Study in Strategy Development in Social Marketing, Bradley, T., et al, Social Marketing Quarterly, September 2000, Vol. VI, No. 3, p. 35-38).

Speaking from a smoker's experience. Smokers discredited messages that seemed to come from nonsmokers who, they believed, couldn't possibly understand their situation. They discredited celebrity spokespersons, unless the celebrity was an ex-smoker.

- Smokers recognize the difference between smokers and non-smokers and don't believe anything a non-smoker would say (Prevention du Tabagisme, Etudes at Analyses Prospectives Menees en 1999, decembre 1999, Comite Francais d'Education pour la Sante

(CFES) et Caisse Nationale d'Assurance Maladie des Travailleurs Salaries (CNAMTS)).

- Most focus group participants felt celebrity spokespersons could be a barrier, although John Cleese had widespread appeal. Presented as an ex-smoker himself, he was depicted as someone who understood the difficulties of quitting (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).
- Celebrities should be chosen and used with caution given the possibility that they might relapse during or after the media campaign. (Using Celebrity Spokespersons, Making Health Communication Programs Work. A Planner's Guide, Bethesda, MD: National Cancer Institute. NIH Publication No. 92-1493, April 1992).

Balance in showing the degree of difficulty. There is need to carefully balance realism and hope. Many smokers ask for realism, but messages that emphasize the difficulties of smoking can be discouraging and may cause smokers to reject them.

France –

A 1999 campaign, Obstacles, sought to provide the realism that smokers requested in focus groups. However, the ads that were developed may have made it appear too difficult to quit. The campaign depicted ex-smokers who were in the process of quitting being challenged by temptation in social situations. Follow-up research determined that 39% of those surveyed recalled the campaign. About half of those who recalled the campaign viewed it as an incentive to quit smoking, but less than 20% of those who recalled the campaign called the helpline (Prevention du Tabagisme, Etudes at Analyses Prospectives Menees en 1999, decembre 1999, Comite Francais d'Education pour la Sante (CFES) et Caisse Nationale d'Assurance Maladie des Travailleurs Salaries (CNAMTS)).

United Kingdom –

Creative teams that developed television advertisements in the U.K. have been able to successfully negotiate the balance between realism and hope. Ads that showed the difficulties of quitting were judged by respondents to show an understanding of smokers and the difficulties they faced. Respondents appreciated the sympathetic, optimistic, and realistic tone, that told them that, although it would be difficult, they were not alone, and they could do it (A Breath of Fresh Air, Tackling Smoking Through the Media, Grey, A., Owen, L. and Bolling, K. London, England, Health Education Authority, 2000).

Synergy

Individuals need to see and hear a message in multiple ways, times, and places for it to become a part of their accepted knowledge. Cessation programs to date have been hampered in this effort by limited dollars to counter an opponent (the tobacco industry) with virtually unlimited budgets. However, it appears that limited resources can generate remarkable synergy to create the comprehensive messages needed to achieve maximum impact.

The organizations in Australia, U.S./California, U.S./Massachusetts and U.S./Oregon, as examples, appeared to partner with nearly every resource possible. "One of the more outstanding aspects of the (Australian) campaign concerns the value of co-operative partnerships with federal and state/territory jurisdictions and the interested non-government organizations. The high degree of trust and collaboration evident in this enterprise was not solely attributable to the National Tobacco Campaign however, since the professionals who work in the state/territory based programs had already built a culture of sharing resources and coordinating activity" (Australia's National Tobacco Campaign, Evaluation Report Volumes I, 1999).

Organizations welcomed the opportunity to learn from other programs. They used advertising developed in other countries and states, partnered with education and health programs within their territories, and cooperated with helpline programs, Quit and Win promotions, and No Tobacco/No Smoking Days. Coordinating efforts around research, legislation, education, taxation, no smoking day events, helplines, Websites, public relations, and advertising provides an efficiency and effectiveness beyond what could be accomplished individually and has worked to change their cultures.

Adequate Media Weight and Duration of Campaigns are Key to Success

Media weight (reach and frequency) and campaign duration are crucial elements to insure a continued decline in smoking rates. A review of the Fairness Doctrine media campaign, from 1967 to 1970, provides one of the best market examples available. The Fairness Doctrine required TV networks to provide a 1:3 match of smoking cessation messages against cigarette ads, a media value in today's dollars of about \$300 million. Although this dollar amount was still much less than what the tobacco industry spent on cigarette ads, the cessation messages were effective. Overall smoking prevalence dropped by 37% (44.3% among men and by 30.8% among women). The program ceased when the tobacco industry agreed to ban tobacco advertising from the airwaves. Smoking consumption began to rise again in 1971 (Media and Community Interventions to Increase Smoking Cessa-

tion, Hopkins, D., Renard, C., WHO-CDC Global Meeting, March 2000).

The change in cessation rates, experienced following these events among tobacco control advocates and the tobacco industry, indicate that smoking behavior can be effected, at the population level, through broadcast activity and that broadcast media should be an important part of comprehensive tobacco cessation campaigns. (National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4892, November 2000:200). The conclusion was that a continuous on-air presence that offered a variety of messages with support services was effective (McKenna, J., CDC, Factors Favoring Success, WHO-CDC Global Meeting, Atlanta, GA, March 2000).

The experience gained with recent cessation programs reiterates the need for sustained intensive levels of media that present a menu of refreshed and targeted messages about quitting. Because they feature a telephone number, the spots that reach and influence smokers generate calls and provide a measure of effectiveness of messages and media schedules. Helpline programs in Australia, New Zealand, United Kingdom, U.S./California, and U.S./Oregon all report the close connection between call volume and media schedules (in other words, if the ads with helpline numbers don't appear, calls to the helpline decrease significantly). As most programs are budget driven, media schedules are geared to generate the call volume for which the call center is staffed/budgeted to handle. Programs with helplines all report that when they are "on the air", the call centers are busy.

- The United Kingdom Health Education Authority reported that "more than two-fifths of all the calls made to the Helpline in one year were received during the three-month advertising campaign." With an annual rate of half a million callers, the Helpline is reaching more than 4% of the total population of adult smokers in England. About 60% of the callers claim advertising as the source of Helpline awareness (Impact of a Telephone Helpline for Smokers Who Called During a Mass Media Campaign, Health Education Authority, Owen, L., Ph.D., Tobacco Control 2000; 9:148-154).
- New Zealand reports, "We have shown that the campaign is successful in generating callers to the Helpline. When the advertising is on the TV, we get calls. When it is not on, the rate of calls falls away dramatically. For example, in May 2000, we had substantial extra funding for TV advertising, some of which publicized the Helpline's toll-free number. The call volume rose to 16,000 calls that month, compared to the normal rate of 4,000 calls a month with lower levels of

advertising” (Glasgow, H., Manager Quit Campaign, New Zealand, e-mail, July 2000).

Programs that experience success continue to fight for dollars to maintain effectiveness. After initial success, managers look to decrease spending, hoping to find cost efficiencies. Programs in Australia, United Kingdom, and U.S./California all saw decreases in funding after programs were initially launched. U.S./California documented a subsequent reduction in campaign effectiveness following the budget cut.

The report, *A Breath of Fresh Air, Tackling Smoking through the Media*, points out, “Social attitudes and behaviors such as smoking occur relatively slowly. Making judgments about the success or failure of a campaign based on early change (or lack thereof) may be misleading. For example, a short-term mass media campaign may produce a one-off drop in smoking prevalence while doing nothing to affect the underlying smoking rates in a population. Similarly, a mass media campaign that does not produce any immediate changes in attitudes or behaviors may exert influences over the long term.”

Many of the media campaigns studied are relatively new in their experience in reaching smokers and non-smokers with cessation messages. Programs will need to study their audiences for changes in receptivity and response as these cessation messages appear in the public communication channels over longer periods of time. Programs face a variety of challenges related to media presence over time:

Holding viewer interest. Current information from mature programs such as those in the United Kingdom and U.S./California shows that constantly changing and refreshing messages are important to continue to attract the attention of smokers. The potential of smokers to become immune to these messages will be an ongoing challenge.

Successfully influencing harder core smokers. With success, programs are being challenged to influence the hardest core smokers, as those most likely to quit will have already responded to the campaign messages. In Phase Two, Australia saw that smoking prevalence did not continue to decrease at the same rate as reported in the evaluation of Phase One. Unlike Phase One, there was no further movement of smokers through the stages of change for smoking cessation. (Australia’s National Tobacco Campaign, Evaluation Report Volumes I and II, 1999, 2000).

Balancing effectiveness and offensiveness of ads. Some viewers may be turned off by seeing the very messages that are most effective in changing attitudes and behaviors. As noted earlier, TV stations have expressed concern about airing graphic health effects ads that may offend

their adult viewers and frighten children in the audience (Canada/British Columbia, Poland, U.S./Washington). Using effectiveness data has been useful in assuring television station managers of the value in airing the spots and in providing rationale to key decision-makers for the importance of airing these ads.

Similarly, U.S./Massachusetts heard complaints from viewers when ads about Pam Laffin, a young woman with emphysema, and Rick Stoddard, a man who lost his wife to lung cancer, had been airing heavily for several weeks during different time periods. The Massachusetts Department of Health began receiving negative feedback from the public that they were sick of seeing and hearing the ads, despite the fact that they ran for only 11 and 7 weeks, respectively – relatively short periods of time for public health media campaigns. In this case, it was less the graphic nature of the ads and more the highly emotional nature of the ads that caused the complaints. Some viewers found the ads extremely difficult to watch many times over because they were so emotionally draining (Campaign Summary Memo, Real Life Testimonials, Brogden, M., Arnold Communications, October 2000).

Follow-up research indicated that the *Pam Laffin Documentary* ads were effective in motivating more people to want to quit. “Findings from adult cohort surveys in the Massachusetts advertising campaign suggest that the perceived emotional intensity of antismoking advertisements correlates positively with the advertisements’ perceived effectiveness” Biener, L. Anti-tobacco TV campaigns: Predictors of receptivity, Presented Paper, Population Based Smoking Cessation Conference, 1998.

As a result, U.S./Massachusetts will continue airing ads such as these because of the effectiveness data on them, but may shorten the time periods over which the ads are aired. The state is trying to find an appropriate balance between sufficient media presence to affect the target audience and not too much presence to cause viewer turn-off (Campaign Assessment Presentation, Adult Smoker “Pam Laffin Documentary” Campaign, prepared for the Massachusetts Department of Health, by Arnold Communications, September 1999).

Evaluating environmental context. It is increasingly clear that cessation campaigns must be aware of the environment in which they operate. Smoking and cessation information, tobacco industry activity and popular culture affect results and societal interest in change. Campaign planners should use audience research to assure their messages align with, lead or correct social beliefs to build on popular trends. This knowledge and understanding will allow campaigns to benefit from momentum, supporting the cause rather than fighting it (National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda,

MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 00-4892, November 2000: 211).

Maintaining adequate campaign duration. The body of evidence, although limited by variations in measurements and program elements, indicates that the most effective programs are those with high frequency and long duration. There is insufficient evidence regarding the effectiveness of limited-duration mass media promotion and recruitment efforts in enrolling and motivating tobacco users to join a targeted cessation event, such as a smoking cessation series or contest. However, for programs challenged by limited budgets and limited resources that may preclude ongoing mass media campaigns, some evidence indicates that

- Short series, such as those positioned to allow smokers to follow a celebrity through the quitting process, do encourage some smokers to quit, with a slightly higher incidence of quitting than a control group not exposed to the message. See page 26 for cautions regarding the use of celebrities in media campaigns.
- Contests, using the media to recruit participation in a group quitting effort, encourage some smokers to quit but do not typically gain involvement of a high percentage of the smoking population. These contests are generally short in duration, with message frequency as high or low as the program is able to attain through partnerships and publicity. Cessation success rates cover a wide range, from 2.3 to 46.0%, but estimates of participation are very low, ranging from less than .05% to 1.6%. The major challenge for these programs is the short duration of their messages and the absolute percentages of the population they are able to recruit (Media and Community Interventions to Increase Smoking Cessation, Hopkins, D., Renard, C., WHO-CDC Global Meeting, March 2000 and Hopkins DP, Fielding JE, and the Task Force on Community Preventive Services. The Guide to Community Preventive Services: Tobacco Use Prevention and Control. Reviews, Recommendations and Expert Commentary. Am J Prev Med 2001; 20(2S)).

Apart from promoting quitting attempts among current smokers, ongoing cessation campaigns play a role in preventing relapse among ex-smokers. In Australia, 60% of recent quitters surveyed reported that the campaign advertising made them more likely to remain tobacco free (Australia's National Tobacco Campaign, Evaluation Report Volume II, 2000).

Campaign Measurement

Thorough campaign measurement helps programs understand and improve the effectiveness of individual campaign elements. Programs are under constant pressure to show results, value for dollars spent. Programs using several measures to track results appeared to have the best understanding of exactly what was working. The key measures used included

- Cigarette consumption that was calculated from tax collection data.
- Smoking prevalence that was estimated through telephone surveys.
- Advertising awareness and persuasion surveys.
- Qualitative research with target audiences, pre-ad development and post-ad development.
- Call volumes and operator observations at helpline centers.
- Youth surveys in school systems.
- Incidence of smoking-related lung, heart, and other diseases.

Most programs saw the greatest results 18 months to 2 years after their campaigns began; however, changes in government, points of view, and budgets, tended to move programs in new directions before the results could be fully realized and appreciated (United Kingdom, U.S./California, U.S./Massachusetts, U.S./Kansas). Both U.S./California and U.S./Massachusetts reported declines in prevalence of youth smoking after a program targeting adults had been in the market for two years, an unexpected and highly welcomed outcome and perhaps the result of de-normalization of tobacco use which takes time to achieve.

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LIST OF ADVERTISEMENTS

A video supplement (1/2" VHS format) for this global review is available by calling the CDC Media Campaign Resource Center at 770-488-5705 ext. 2. Tape 1 presents

ads from the campaigns highlighted in this document following the findings of the global review. Tape 2 presents all the advertisements reviewed for this report and all of the cessation, helpline and secondhand smoke ads from the U.S, through June 2001. Please specify Global Cessation Media Campaign Review Tape 1 or 2 when ordering. These tapes are for viewing purposes only, not for broadcast use.

Australia

Campaign	<i>Every Cigarette is Doing You Damage</i>
Origin Country	Australia, aired nationally
Strategy/Objective	<ul style="list-style-type: none"> • Get quitting on today's agenda • Show damage in a new way • Tie damage to the act of smoking.
Target	Smokers, 18-40 years old
Message	An empathetic portrayal of a slightly awkward but typical smoking moment. The viewer journeys with cigarette smoke as it is inhaled, an important smoker moment, traveling with the smoke down into the trachea and lungs where the smoke begins its deadly work. <i>Artery</i> features fatty deposits, squeezed from the aorta, <i>Lung</i> depicts emphysematous damage. <i>Tumour</i> outlines the recently discovered mechanism by which smoking damages the p53 tumour suppressant gene. <i>Brain</i> outlines the mechanism of smoking-related strokes. <i>Call for Help</i> introduces viewers to the workings of the cessation help line.
Executions	TV: <i>Artery, Lung, Tumour, Brain, Call for Help</i> Radio: <i>Artery, Lung, Tumour, See the Damage, Cravings, Coffee Break, Money, Recovery Rate, Call Quit</i>
Elements	TV, radio, outdoor, bus and tram sides, web site (www.quitnow.info.au) z-card fold out information sheets. Print ads, posters, launch events
Duration	June 1997–January 1999
Media Weights	1997—Four weeks at relatively high weights, followed by one week break, three weeks on at medium levels, three week break followed by one week on, one week off at low maintenance levels for 3 months. 1998—Lower levels of TV advertising
Agency	Brown Melhuish Fishlock

Canada/Ontario

Campaign	<i>Tobacco – The Truth Hurts</i> (Testimonials aimed at Complacent Libertarians)
Origin Country	Canada – Ontario
Strategy/Objective	<ul style="list-style-type: none"> • Utilize advertising to make tobacco use less socially acceptable over time • To lend support to changes to public policy (denormalization)
Target	Adults - Complacent Libertarians (predominantly non-smokers, who struggle with the issue of rights of smokers versus fairness to non-smokers)
Message	<ul style="list-style-type: none"> • Tobacco – The Truth Hurts (campaign tagline) • Smokers hurt more than just themselves • Secondhand smoke can harm non-smokers • Tobacco use is socially unacceptable
Executions	TV Ad 1: Little boy talking about loss of his dad to cigarettes. TV Ad 2: Older man speaks about loss of his wife due to his second-hand smoke. Radio ad: Older man speaks about loss of his wife due to his second-hand smoke.
Elements	Television
Duration	April 3, 2000 for 16 weeks December 11, 2000 for 16 weeks
Media Weights	Medium weight levels - \$3.2 million for campaign
Agency	Adaptation of California ads

France

Campaign Name	<i>Obstacles</i>
Origin Country	France
Strategy/Objective	Provide smokers assistance in quitting by showing empathy about the difficulties.
Target	Adult smokers
Message	Each execution shows a person in the process of quitting smoking who enters into a situation in which he/she is tempted to smoke (example: at a party with others smoking around), but resists the temptation. Meant to show that although there are challenges to quitting, one can overcome them.
Executions	Three 30-second TV spots: <i>La Reception, La Cabine Telephoniq, La Tentation</i>
Elements	
Duration	May 31st to June 20 th 1999 and July 10 th to August 1 st 1999.
Media Weights	478 GRP followed by 264 GRP.

Philippines

Campaign Name	<i>Please Don't Smoke</i>
Origin Country	Philippines, aired in 11 municipalities and 6 cities of Metro Manila
Strategy/Objective	To raise awareness of the health risks of smoking to nonsmokers, enough to cause them to speak out.
Target	Nonsmokers
Message	In three situations, nonsmokers experience the discomfort of secondhand smoke and speak out, asking smokers not to smoke while they are with them. Nonsmokers are urged "It's Okay to Say You Mind." <i>Dinner</i> shows a young boy being brave enough to ask his father not to smoke, <i>Boss</i> shows a young female employee asking her boss not to smoke. <i>Starbucks</i> features two teenagers who ask their teenage friends not to smoke.
Executions	TV: <i>Dinner, Boss, Starbucks</i>
Elements	TV, print, posters, radio, brochures, table tents
Duration	Mid October 1999 to January 2000
Media Weights	Total 1452 TARPs, estimated reach 78%, 14.9 Frequency
Agency	Jimenez/D'Arcy

United Kingdom

Campaign Name	<i>John Cleese – West Yorkshire Smoking and Health Trial</i>
Origin Country	United Kingdom North England - Central, Granada, Tynes Tees and Yorkshire
Strategy/Objective	Provide reasons for smokers to quit Support ex-smokers in the determination not to lapse Convince parents that quitting would benefit for their children
Target	Adult Smokers – Parents, 25–44 years old
Message	The actor and comedian John Cleese is presented as an ex-smoker who understands and empathizes with the difficulties of quitting. The spots are humorous, clever and can be watched over and over again, without tiring of them. Each execution promotes a telephone helpline. A voiceover at the end encourages smokers to give up for themselves and their family. <ul style="list-style-type: none"> • <i>Withdrawal Symptoms, Relax</i> and <i>Juggling</i> empathize with smokers trying to quit by acknowledging the difficulties of giving up. • <i>Morgue, Smoking Machine</i> and <i>Ash</i> provided information about the harmful effects of smoking and how many people have quit. • <i>Preach</i> and <i>Children</i> emphasize effects of parental smoking on children. <i>Preach</i> points out that children of smokers are twice as likely to smoke themselves. <i>Children</i> stresses the harmful effects of secondhand smoke. • <i>Robot</i> shows the satisfaction smokers could get by giving up. • <i>Coughing</i> undermines the belief that cigarettes can make you feel better.
Executions	See above under Message; 10 TV executions
Elements	TV, radio, print, posters
Duration	December 1992 to March 1993
Media Weights	

Campaign Name	<i>John Cleese Adult Smoking Trial—London</i>
Origin Country	United Kingdom North England - Central, Granada, Tynes Tees and Yorkshire, London TV area
Strategy/Objective	Provide reasons for smokers to quit Support ex-smokers in the determination not to lapse Convince parents that quitting would benefit for their children
Target	Adult Smokers, Parents 25–44 years old
Message	The actor and comedian John Cleese is presented as an ex-smoker who understands and empathizes with the difficulties of quitting. The spots are humorous, clever and can be watched over and over again, without tiring of them. Each execution promotes a telephone helpline. A voiceover at the end encourages smokers to give up for themselves and their family. <ul style="list-style-type: none"> • <i>Withdrawal Symptoms</i> and <i>Relax</i> empathize with smokers trying to quit by acknowledging the difficulties of giving up. • <i>Morgue</i>, and <i>Ash</i> provided information about the harmful effects of smoking and also points out how many people have quit. • <i>Children</i> emphasizes the effects of parental smoking, specifically the harmful effects of secondhand smoke. • <i>Disgusting Habits</i> – focused on how unattractive and harmful smoking is • <i>Over</i> attempted to show the satisfaction of giving up • <i>Tempting</i> acknowledged the difficulties of giving up • <i>Quitline</i> presents the telephone helpline, support for those who are trying to quit..
Executions	See above under Message; 9 TV executions
Elements	TV, radio
Duration	December 1993 to March 1994
Media Weights	
Agency	Cragg Ross Dawson 1993

Campaign Name	<i>John Cleese National</i>
Origin Country	United Kingdom - National
Strategy/Objective	Provide reasons for smokers to quit Support ex-smokers in the determination not to lapse Convince parents that quitting would benefit for their children
Target	All adults, 25–44 years old
Message	The actor and comedian John Cleese is presented as an ex-smoker who understands and empathizes with the difficulties of quitting. The spots are humorous, clever and can be watched over and over again, without tiring of them. Each execution promotes a telephone helpline. A voiceover at the end encourages smokers to give up for themselves and their family. <ul style="list-style-type: none"> • <i>Withdrawal Symptoms</i> and <i>Relax</i> empathize with smokers trying to quit by acknowledging the difficulties of giving up. • <i>Morgue</i>, and <i>Ash</i> provided information about the harmful effects of smoking and also points out how many people have quit. • <i>Disgusting Habits</i> focused on how unattractive and harmful smoking is • <i>Over</i> attempted to show the satisfaction of giving up • <i>Tempting</i> acknowledged the difficulties of giving up • <i>Quitline</i> presents the telephone helpline, support for those who are trying to quit.
Executions	See above under Message; 8 TV executions; slight modifications were made to previously used creative to remove the family emphasis.
Elements	TV
Duration	December 1994 to March 1995
Media Weights	
Agency	Cragg Ross Dawson

Campaign Name	<i>Break Free</i>
Origin Country	United Kingdom
Strategy/Objective	Provide smokers added motivation for those who already want to quit. Build self confidence among smokers who wish to quit but don't believe they can Provide ongoing motivation to those who have already stopped Denormalization
Target	Adult Smokers, 25–44 years old, close to giving up
Message	<i>Feel Free</i> – Four smokers are featured in the process of quitting, celebrating how good they feel about quitting. The music is upbeat. <i>Friday Night</i> – A young man talks about his feelings and sense of achievement about quitting, and that the hardest situation for him to be in as a nonsmoker is a pub. <i>Football on the Beach</i> – This spot features a father playing football on the beach with his kids, remarking that he can now keep up with them and will live to enjoy his grandchildren. All spots included an 800 helpline number, first use of a toll free call for this service.
Executions	See above under Message: 3 TV executions
Elements	TV, posters (8)
Duration	December 1995- January 1996, March 1996
Media Weights	
Agency	Cragg Ross Dawson 1996

Campaign Name	<i>Quit for Life</i>
Origin Country	United Kingdom
Strategy/Objective	Focus on the benefits of quitting in a positive upbeat, inspirational and supportive tone.
Target	Adult Smokers, age 25–44 years old, who want to quit smoking
Message	<i>Life</i> – A montage of positive, inspirational images to show people enjoying life as nonsmokers, with Nina Simone, 'I Got Life' as the soundtrack. <i>Football on the Beach</i> – From the previous campaign, this spot features a father playing football on the beach with his kids, remarking that he can now keep up with them and will live to enjoy his grandchildren.
Executions	See above under Message; 2 TV executions
Elements	TV and radio (testimonials)
Duration	4 months - December 1996 to March 1997
Media Weights	
Agency	

Campaign Name	<i>Testimonials</i>
Origin Country	United Kingdom
Strategy/Objective	Increase motivation to quit by offering more reasons for quitting
Target	Adult Smokers, 16–24 years old, especially women
Message	:30 and :10 unscripted testimonials of real smokers in their 30s and 40s relating the diseases they are now experiencing as a result of their smoking Health professionals discussing health effects of smoking in unscripted testimonials, and <i>Young Me</i> a scripted testimonial
Executions	3 TV executions
Elements	TV, radio, print advertising
Duration	January – March 1998
Media Weights	
Agency	

Campaign Name	<i>Testimonials</i>
Origin Country	United Kingdom
Strategy/Objective	Increase motivation to quit by offering more reasons for quitting
Target	Adult Smokers, 16–24 years old, especially women
Message	A series of :30 unscripted testimonials of real smokers in their 30s and 40s relating the diseases they are now experiencing as a result of their smoking.
Executions	TV: <i>Michelle, Anne, Peter, Charles, Kay</i>
Elements	TV, radio, print advertising (4)
Duration	4 months, December 1998 to March 1999
Media Weights	

U.S./Arizona

Campaign Name	<i>Chuck</i>
Origin Country	United States/Arizona Department of Health Services
Strategy/Objective	Provide assistance to smokers who want to quit
Target	Adult Smokers
Message	Six spots introduce Chuck as an average blue-collar guy, making the decision to quit smoking. He is very sarcastic about the pressure to quit and then, realizes what his addiction is costing him, his sense of taste, good sex, self-control. He decides to quit, stumbles, but eventually makes it. Each spot offers the helpline number, which Chuck recommends as valuable support.
Executions	TV: <i>Chuck: Blah, Blah, Blah, Chuck: Sex or Chicken, Chuck: Toilet, Chuck: Different, Chuck: Man with a Plan, Chuck: Line</i>
Elements	TV, outdoor, radio, print
Duration	Sept 1998 to May 2000
Media Weights	Total 12,000 GRPs, Four week flights with initial week at 250 GRPS, leveling off to 150 GRPS for the final week of the flight.

Name of Ad	<i>Incredible Journey</i>
Origin Country	United States/Arizona Department of Health Services
Strategy/Objective	To educate pregnant women about the dangers of smoking while pregnant.
Target	Women of childbearing years and their partners
Message	Calm and serene scenes of a woman smoking are juxtaposed with violent shots of the effects of smoking on her internal organs. The viewer is unaware that the woman is pregnant until the end. The payoff comes when the smoke ends its journey in the mother's womb where a helpless baby awaits.
Executions	TV: <i>Incredible Journey</i> (30 and 60 second versions)
Elements	TV supported with outdoor, print and radio
Duration	August 1996
Media Weights	4 week flights, airing periodically
Agency	Reister Robb Corp.

Name of Ad	<i>You Have the Power</i>
Origin Country	United States/Arizona Department of Health Services
Strategy/Objective	Encourage pregnant women to take the initiative to quit smoking.
Target	Women of child bearing age and their partners
Message	This ad features pregnant women from diverse ethnic/racial backgrounds standing outside in bright sunshine as the camera pans from different angles. The voice-over talks about how women have the power to create a life and an identity, and that they also have the power to quit smoking. At the end, the tag and voice-over say, "call us and we'll help you." The tone is upbeat, supportive, empowering.
Executions	TV: <i>You Have the Power</i> (30 and 60 seconds, English and Spanish versions)
Elements	TV supported by outdoor, print and radio
Duration	1999 On going
Media Weights	4 week flights, airing periodically
Agency	Reister Robb Corp.

Name of Ad	<i>Telemundo/Telethon</i>
Origin Country	US/Arizona Department of Health Services
Strategy/Objective	Encourage smokers to call for information about cessation, using the credibility of the TV network
Target	Adult smokers
Message	Using a telethon format, the TV station host encourages viewers to call the Arizona Helpline number. Phones, manned by Helpline operators are visible in the newsroom, and viewers can hear and see the process. The format continues intermittently throughout an extended time period, in between news and weather reports.
Executions	TV: <i>Telemundo/Telethon</i> (30 and 60 seconds, English and Spanish versions)
Elements	TV
Duration	
Media Weights	
Agency	Reister Robb Corp.

Name of Ad	<i>Univision/Behind the Scenes - Arizona Helpline</i>
Origin Country	US/Arizona Department of Health Services
Strategy/Objective	To attract callers to the helpline through the credibility of the TV network
Target	Spanish speaking and Hispanic audiences
Message	A popular TV anchor personality give viewers a behind the scenes tour of the Arizona Helpline operation, encouraging viewers to call and use these personalized services.
Executions	TV: <i>Univision/Behind the Scenes - Arizona Helpline</i> (30 and 60 seconds, English and Spanish versions)
Elements	TV supported by outdoor, print and radio
Duration	1999 On going
Media Weights	
Agency	Reister Robb Corp.

U.S./California

Origin Country	United States/California
Strategy/Objective	California's overall strategy is de-normalization. A variety of messages, refreshed on a regular basis seek to reach viewers with information about the tobacco industry, health effects, secondhand smoke, and how to quit
Target	Smokers
Message	Spots listed represent categories reviewed for this report. ETS - <i>Baby in Playpen</i> , in Asian Pacific languages Health Effects - <i>Debi, Victim/Wife</i> How to Quit - <i>Quitting Takes Practice</i> <i>Quitline - Asian Pacific Islander Launch Spot</i> <i>1-800-NOBUTTS</i>
Executions	1998 List includes 30 spots, including those targeting specific ethnic groups, Spanish, Korean, Vietnamese, Cantonese
Elements	TV, radio, public relations
Duration	1988-1998
Media Weights	Minimum levels to achieve awareness goals and call volumes
Agency	

Name of Ad	<i>Baby in Playpen</i>
Origin Country	United States/California
Strategy/Objective	Increase awareness of dangers of secondhand smoke
Target	Smokers – Mandarin, Korean, Vietnamese, Cantonese
Message	Viewers see cigarette smoke in the air, settling around a young child in a crib, breathing the smoke as he awakes. Helpline number
Executions	TV: <i>Baby in Play Pen</i> (Mandarin, Korean, Vietnamese, Cantonese versions)
Elements	TV, radio, public relations
Duration	Ongoing
Media Weights	Minimum levels to achieve awareness goals and call volumes
Agency	Imada Wong Communications, Group, Inc.

Name of Ad	<i>Debi</i>
Origin Country	United States/California
Strategy/Objective	Health Effects
Target	Smokers
Message	A woman with a stoma, a hole in her throat, tells her story of nicotine addiction. The hole is from surgery to remove a cancerous voicebox. As she describes her unsuccessful attempts to quit, she inhales cigarette smoke through the stoma and questions the tobacco industry's unwillingness to admit tobacco is addictive. In the Helpline version, Debi expresses her desire to quit..
Executions	TV: <i>Debi/Addiction, Debi/Helpline</i>
Elements	TV, radio, public relations
Duration	Ongoing
Media Weights	Minimum levels to achieve awareness goals and call volumes

Name of Ad	<i>Victim/Wife</i>
Origin Country	United States/California
Strategy/Objective	Secondhand smoke, health effects
Target	Smokers
Message	An older man recounts his wife's request that he quit smoking. Resentful of her interference, he would not quit, claiming it was his life that was affected, not hers. In a broken voice, he explains that she died from consequences of secondhand smoke.
Executions	TV: <i>Victim/Wife</i>
Elements	TV, radio, public relations
Duration	Ongoing
Media Weights	Minimum levels to achieve awareness goals and call volumes
Agency	Asher & Partners

Name of Ad	<i>1 800 NOBUTTS</i>
Origin Country	United States/California
Strategy/Objective	How to quit
Target	Smokers
Message	Many Californians give up smoking each year; you can too; call 1 800 NOBUTTS
Executions	TV: <i>1 800 NOBUTTS</i>
Elements	TV, radio, public relations
Duration	Ongoing
Media Weights	Minimum levels to achieve awareness goals and call volumes
Agency	Asher & Partners

Name of Ad	<i>Quitline - Asian Pacific Launch Spot</i>
Origin Country	United States/California
Strategy/Objective	Secondhand smoke, health risks, how to quit
Target	Asian-Pacific American Smokers
Message	This ad shows a man thinking about his smoking, his health and his adult daughter. He finally decides to call the CA quitline and a supportive, understanding telephone counselor has a long discussion with him about the help that is available to him. At the end of the ad is the CA quitline phone number.
Executions	TV: <i>Quitline – Asian Pacific Launch Spot</i>
Elements	TV
Duration	Ongoing
Media Weights	Minimum levels to achieve awareness goals and call volumes
Agency	Imada Wong Communications Group, Inc.

Name of Ad	<i>Quitting Takes Practice</i>
Origin Country	United States/California
Strategy/Objective	How to quit
Target	Smokers
Message	This animated spot depicts a sad and frustrated character who has tried unsuccessfully to quit smoking (symbolized by a very steep incline) By the end of the commercial, the incline becomes less steep and the character begins climbing it, knowing he can quit. The narrator points out it took him a long time to start to smoke so it will probably take a more than a few tries to quit; quitting takes practice. Help line phone number appears.
Executions	TV: <i>Quitting Takes Practice</i> (25 and 10 second versions)
Elements	TV, billboards, print ads
Duration	Ongoing
Media Weights	Minimum levels to achieve awareness goals and call volumes
Agency	Asher & Partners

U.S./Kansas

Campaign Name	<i>Take it Outside</i>
Origin Country	United States/Kansas - Statewide
Strategy/Objective	Raise the public's awareness about the health risks of secondhand smoke for children.
Target	Entrenched smokers, 18–54 years old, who are resistant to health risks news for themselves.
Message	Individuals speak directly from the screen to smokers, asking them to please smoke outside to avoid harming children. A daughter, sons, a mother speaking to her father, a teacher, the Kansas governor, each talk about why they are asking the smoker to 'take it outside.' A final spot compiles all the speakers, congratulating Kansas for responding to the earlier messages and changing smoking behavior.
Executions	TV: <i>Never Smoke, Big Brother, Little Girl, Teacher, Front Porch, Grandfather, Thank you</i>
Elements	TV, radio, outdoor, print, information brochures
Duration	April - September 1997
Media Weights	High, recommended levels and duration

U.S./Massachusetts

Campaign Name	<i>Pam Laffin Documentary</i>
Origin Country	United States/Massachusetts
Strategy/Objective	To use credible testimonials to bring new health risk information about smoking to the public, specifically emphysema to viewers.
Target	Primary: Teens Secondary: General population and Opinion Leaders
Message	In a series of six spots, Pam speaks of the tremendous toll smoking has taken on her life. A 26-year-old woman, she started smoking at 10 to look older. At age 24 she had to have a lung removed because she developed emphysema. Pills that make her look bloated, surgery, failed transplant, inability to breathe, 20% chance of survival, and the impact on her children are revealed through this series of spots.
Executions	TV: <i>Pam Can't Breathe, Krystell, Cigarette with Pills, Transplant, Last Goodbye, My Hope</i>
Elements	TV
Duration	11 weeks
Media Weights	1800 GRPs
Agency	Arnold Communications

Name of Ad	<i>Restaurant</i>
Origin Country	United States/Massachusetts
Strategy/Objective	Communicate health risks of secondhand smoke and build support for local ordinances concerning secondhand smoke.
Target	Smokers
Message	A smoky diner scene shows how restaurant personnel are regularly and involuntarily exposed to secondhand smoke.
Executions	<i>Restaurant</i>
Elements	TV
Duration	1998
Media Weights	
Agency	Arnold Communications

Campaign Name	<i>Rick Stoddard</i>
Origin Country	United States/Massachusetts
Strategy/Objective	Communicate health risks of smoking
Target	Smokers
Message	In a testimonial format, Rick Stoddard talks about losing his wife, age 46, to lung cancer. Each spot focuses on a different aspect of her illness, such as her addition to nicotine, her youth at the time of her death, the pain she suffered as she died, her husband's grief after her death.
Executions	TV: <i>46 Years Old, Happy Face, Emergency Room, Lesions, Seizures, Fish Out Of Water, Heart in the Sky</i>
Elements	TV
Duration	7 weeks in 2000
Media Weights	1800 GRPs
Agency	Arnold Communications

Campaign Name	<i>Smoke Free Generation</i>
Origin Country	United States/Massachusetts
Strategy/Objective	Provide smokers a sense of empowerment about their ability to quit smoking.
Target	Smokers
Message	Showcase the wonderful possibilities of living a smoke free life. Appeal of creating a smoke free generation, provide a quit message and a secondhand smoke message.
Executions	3 TV spots: <i>Anthem, ETS, Cessation</i>
Elements	TV
Duration	11 weeks
Media Weights	
Agency	Arnold Communications

Campaign Name	<i>Truth</i>
Origin Country	United States/Massachusetts
Strategy/Objective	Communicate health risks of secondhand smoke and build support for local ordinances concerning secondhand smoke.
Target	Smokers
Message	A true story told in testimonial format about Millie, a nonsmoker, who developed lung cancer from secondhand smoke.
Executions	Several executions in campaign but <i>Millie</i> is only one focused on secondhand smoke
Elements	TV, print, radio
Duration	1998
Media Weights	
Agency	Arnold Communications

U.S./Minnesota

Name of Ad	<i>Blue Print for Change</i>
Origin Country	United States/Minnesota - Blue Cross Blue Shield
Strategy/Objective	Start talking to the majority of smokers want to quit and are interested in thinking about how to do it.
Target	Smokers
Message	This spot reaches out to any smoker who has ever considered quitting. The message is that Blue Cross Blue Shield has something to share with you about quitting, even if you aren't ready to quit now.
Executions	1 TV spot
Elements	TV, direct mail
Duration	June 2000 - December 2000
Media Weights	Recommended Direct Response levels
Agency	Nelson Communications

GLOSSARY OF TERMS

The following terms are defined as they are used in this review document.

Frequency. Describes the average number of times an audience could see a specific media message during a specific period of time (typically four weeks), based on its planned placement.

Media Campaign. A communication plan that uses primarily paid media to share important cessation messages with target audiences to help increase cessation among smokers. A media campaign may include earned media and/or public service announcements (PSAs) with donated placements as well. Media campaigns are more effective if several media channels are used, such as television, radio, print, outdoor, direct mail, and the Internet. This multi-layered approach typically increases how often the target audience sees a message.

Media Duration. The time period the messages will be broadcast or in print, usually measured in weeks or months.

Media Placement. When and where the advertising will appear to best deliver the message to the target audience. This includes the days, times, and TV programs in which the TV advertising will appear, the location and time period for billboards, and the stations, programs and time periods in which radio messages will be aired. Purchasing placements ensures that the messages will be aired during preferred times and locations; exact placements can not be guaranteed if media space is donated for public service announcements (PSAs).

Media Presence. How noticeable the message is to the target audience, from a media placement standpoint. This is determined by how often the message appears to the audience in various media channels. Media presence is the combined impact of media placement, frequency, reach, and duration.

Media Weight. Used to evaluate what percentage of a target audience will see or hear a message (reach), and how often (frequency). Reach multiplied by frequency equals the gross rating points (GRPs) or target rating points (TRPs) which are typically how media weight is expressed.

Message Tone. The style or manner in which the message is delivered to the viewer or listener. Examples of possible message tones include supportive, condescending, friendly, light-hearted, guilt-provoking,

fear-inducing, and empowering.

Messaging. The thought or point communicated to the viewer.

Multi-Sector Action. In the health field, health efforts or initiatives carried out simultaneously by a number of sectors within and outside the health system, including corporations, nonprofit organizations, and governmental entities.

Qualitative Research. A process focused on gaining in-depth insights and reactions from individuals. Examples are focus groups and individual interviews that solicit information about feelings and impressions from small numbers of respondents. The in-depth insights gained can be helpful in developing and evaluating media campaign efforts. The information gathered should not be described in numerical terms, and generalizations about the target populations should not be made based on the qualitative research alone.

Quantitative Research. A process designed to gather objective information from representative, random samples of individuals. Results are expressed in numerical terms (e.g., 35% are aware of X and 65% are not). Quantitative data are used to draw conclusions about the target audience.

Reach. Used to describe the percentage of the target audience exposed to a specific media message during a specific period of time (typically four weeks).

Target Audience. The audience segments selected to receive a particular message. Usually taken from the list of potential audiences and chosen based on criteria important to the program, organization, and public health.

Undeniable Characteristics. Qualities about someone that are unchangeable and cannot be contradicted, such as one's ethnicity, pregnancy status, race, or parental status.

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The World Health Organization (WHO) is committed to reducing tobacco use, the leading cause of preventable heart and lung disease in the world. Unchecked, tobacco use will contribute to more than 10 million deaths annually by the year 2030. Because most of the projected deaths for the first half of the next century will be those people who are smoking today, governments that are concerned with health gains in the interim should be interested in encouraging adults to quit. Many studies indicate that a media-supported cessation campaign can be a very important tool in an effective tobacco control program and can help governments reduce the number of adult smokers in their populations.

Because of their interest in understanding how to maximize the use of media in cessation programs globally, the WHO Regional Office for Europe and the Centers for Disease Control and Prevention (CDC) reviewed cessation media campaigns around the world to help interested countries plan and conduct their own campaigns.

The lessons have been captured in this review which focuses on what messages have worked and why, including:

- targeting (selecting the audiences to reach with messages),
- message content,
- media planning, and
- measurement of the campaigns' results.

The lessons learned have been obtained from programs in nine countries and from six states in the United States.

We hope that the review is of use to anyone interested in planning a media based cessation campaign. For further information about the project, please contact:



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Laffin: I started smoking when I was ten because I wanted to look older.



And I got hooked. Cigarettes gave me asthma and bronchitis, but I couldn't quit.



I didn't quit until I got emphysema and had a lung removed.



I was 24; I'm 26 now. My medication, which I'll take for the rest of my life ...



... left me with this fat face and a hump on my neck.



I started smoking to look older, and I'm sorry to say, it worked.