

How to run a national tobacco campaign – a short guide

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Overall strategy

Tackling tobacco requires a continuation of the major societal changes in practices, attitudes and beliefs that started in the late-1950s. While the behaviour being tackled is an individual one, the factors influencing individual behaviour are largely societal. A national campaign should aspire to change both the *individual's motivation* and the *societal context* in which individuals start, continue or stop using tobacco.

Leading interventions. An effective national tobacco strategy is based on three 'leading' interventions:

1. **High prices:** with a focus on raising the minimum cost of being a smoker rather than increasing the premium prices;
2. **Denormalisation of tobacco use** through control of smoking in public places and at work, and information campaigns that encourage self-control of smoking at home;
3. **Public communication programmes** which include paid mass-media campaigns that contribute to denormalisation and create an emotional response in smokers; and deliberate use of unpaid publicity and media advocacy to maintain a supportive and consistent discourse on tobacco to extend the depth and reach of the mass-media campaigns.

Supporting interventions. The three leading interventions are the prime drivers of change but are extended by supporting interventions. The supporting interventions have two main purposes: to remove countervailing pressures created by the tobacco industry; and to assist smokers in responding to the signals and pressures generated by the leading interventions. These include:

- Banning tobacco promotion in all its forms
- Regulatory interventions in relation to packaging and warnings
- Community interventions that assist smokers' response to the leading interventions
- Improving health service support for smokers that want to quit
- Facilitating involvement of private sector support for smokers
- Potentially promoting changes in the type of products used to enable reduced harm to continuing users.

Who should be involved?

A national campaign must draw on various skills and roles:

- Development and communication of scientific and medical information regarding impacts of smoking and second-hand smoke;
- Management of effective mass media advertising and communication;
- Engagement of diverse agencies which can play a role in the course of their normal work;
- Development and defence of main policy interventions and expenditures based on evidence and best-practice;
- Development and implementation of psychological strategies and availability of proven pharmacological treatments;
- The delivery of interventions by appropriately trained health professionals and others;
- Programme management and evaluation.

We recommend formation of a national campaign coalition under supervision of the minister responsible, including government officials, health charities, medical associations, alliances and other relevant bodies. There are good arguments for having a non-government individual of high standing in the role of chair of such a coalition.

Appropriate focus

Adults or kids? Whether or not one is primarily motivated by an interest in prevention of uptake, *the focus should be on adults* and most resources devoted to the three leading interventions above. Preventing youth initiation seems like the ideal approach but it has been difficult to identify successful interventions that are targeted directly at the appropriate age group. The reason for that is that teenagers are using smoking as means of graduating to adult society – and will be most influenced by what happens in adult society. Teenagers are likely to be receptive to changes in adult society and in the behaviour of those around them – it is likely therefore that campaigns targeting adults will be effective in reaching teenagers.

Which adults? To address health inequalities, we recommend focus on “the working poor” – the substantial rump of manual class smokers. Excessive focus on the most deprived (and most entrenched smokers) may dissipate resources for depressingly low return in what are quite small populations – few interventions have proved successful with the most deprived, and probably the only viable method being intensive community-based initiatives. We advise concentrating most resources on campaigns aimed at *all* adults (but designed to communicate effectively with low education, low income groups in the population), rather than segmenting

the campaign to meet particular groups such as pregnant smokers; mentally ill; highly deprived smokers etc. General adult campaigns will reach pregnant smokers, but ‘pregnancy’ campaigns will miss most smokers. We advise implementing pregnancy programmes at community level. Targeting small population groups risks framing smoking as an issue only for those minorities, rather than a major health issue affecting the whole population. This is a particular risk when programmes are aimed at so-called “vulnerable groups” – everyone is at risk from tobacco smoke.

What not to do

We recommend giving low priority to:

- Schools based initiatives: stick to teaching about smoking as part of the health and social education curriculum;
- Youth access initiatives such as retailer programmes or age restrictions: teenagers don’t find supply restrictions a great obstacle and there is a danger that this can increase the ‘forbidden fruit’ appeal of smoking;
- Youth focussed counter-marketing: this can strengthen the definition of smoking as ‘adult’ and so increase its appeal to kids.

Organising a mass-media campaign

Aim of a campaign. The primary aim of the mass-media campaign should be to generate a strong emotional reaction about smoking – shock, distress, humour. Anti-smoking advertising and other media education has to be compelling enough to enable people to:

- Deconstruct the glamour and the normalisation of smoking created by years of advertising, pro-smoking media imagery and smoking by role models like parents, colleagues, older friends or celebrities;
- Challenge the various rationalisations that prevent action and bring to the surface the underlying dissonance that most smokers experience (the dissonance is revealed in the high proportion that wish to quit and regret starting).
- Persist through the difficulties of quitting an addictive product/habit.

Mass-media campaigns can also radicalise non-smokers, influence intermediaries such as employers or operators of public places; influence opinion formers and policy makers. The communications campaign can add credibility and legitimacy to the whole package of measures, by influencing non-smokers, opinion formers and legislators.

Factors influencing effectiveness. The impact of a mass media campaign will depend on the following factors:

- Strength and coherence of communication. This is established by rigorous testing with the target audience. What appeals to the people commissioning the advertising is not always a reliable guide.
- Media weight - how much the messages are seen by the target group. Using or adapting *existing* materials that test well with the target audience rather than producing new campaigns will increase the impact by allowing more of the budget to be spent on increasing media weight;
- Duration of campaign – we advise a three-year planning horizon with a commitment to

be on air for at least nine months of each year, avoiding December.

Developing a new theme. This takes a great deal of time, research and hard work; and a commitment to the most rigorous pre-testing. The communications brief needs to make explicit how the communications will work to generate a response. The advertising could be based around one or more different propositions:

- “I will stop because I hate what I am doing to heart and lungs”;
- “I must recognise my addiction and overcome it before it gets worse”;
- “I worry that I will not see my kids grow up. My smoking will cost me the thing I most value”;
- “I am horrified and ashamed that I might be harming my kids”;
- “I think the tobacco industry treats me with contempt and I despise them”;

Each of these propositions can be worked up into several different adverts, which would be used to develop an emotional response in the smoker through the campaign. This is not an exhaustive list of propositions and many different approaches might be developed from insights into the psychology of smoking. Arousing fear and distress is a legitimate approach, as long as it is not gratuitous and is balanced with messages that offer people a way to relieve the emotions roused.

Testing. We advise a two-tiered approach to testing: first test different themes before settling on one. Then test different treatments within the chosen theme. Experience suggests that smokers prefer straightforward, simple messages and dislike approaches that make light of smoking issues – the tone of communications needs particular care.

Advertising quitting services. The message that smoking cessation is a mainstream NHS activity is an important contributor to denormalising, and it is important that smokers know what sort of help is effective and where it is available. Furthermore, references to services such as a helpline number in all communications creates a ‘fair’ proposition to smokers – so it is clear that the public health authorities are matching their hard-hitting message with support. Nevertheless, the primary purpose of mass media campaigns is not the promotion of services that relatively few people will use, but a secondary function can be to explain the role and nature of the services available..

Unpaid publicity

Unpaid publicity (media advocacy) should be an explicit strategy within the overall programme. The credibility of editorial content matched with the reach of the broadcast and print media make it a major influence on public opinion. It is important to complement paid advertising with editorial coverage, and to evaluate the outcomes. Unpaid media coverage (volumes and content) can be measured and analysed as a proxy indicator of public opinion.

We recommend spending some of the communications budget on research and polling which has the prime objective of generating publicity when it is published – as this is a very cost-effective means of communications, if done well. Campaigns may be focussed around particular milestones in the year – New Year, No Smoking Day, Mothers’ Day etc and form

opportunistically. Good communication is vital to maximise PR opportunities. One purpose of having a coalition is to generate unpaid publicity through the media activities of the members. We advise appointment of a person charged with co-ordinating announcements and other policy developments to achieve maximum impact.

Evaluation

Ongoing evaluation is essential and should take 10 percent of the campaign budget. This should be commissioned independently on behalf of the coalition and published on the internet. Evaluation might include a number of indicators – some of which would be proxies for characterising impact in wider society.

- Smoking prevalence by social class, gender and region – ideally measured every six months;
- Recognition and recall of campaign messages;
- Calls to helplines;
- Changes detected in the smoking attitudes and behaviour surveys: knowledge of risks, intention to quit, attitudes to ETS, workplace ETS exposure
- Changes detected in the attitudes and behaviour of health professionals in relation to smoking cessation;
- NHS measures: GP activity, specialist services activity, prescriptions
- Promotional activity of commercial organisations

We recommend an open and explicit acknowledgement of ‘learnings’ from any evaluation. This is a reason why campaigns and the coalition might be better placed at arms-length from those vulnerable to political criticism.

Research

We advise establishing a national research programme to inform and assist in the development of the national campaign. This may be to fund:

- Desk research such as literature surveys on, say, passive smoking or impotence, or secondary analysis of existing data sets;
- Epidemiology and surveillance of patterns of tobacco use;
- Surveys of behaviour and attitudes in relation to smoking;
- The work of the government’s Scientific Committee on Tobacco and Health;
- Characterisation of changes in the structure of the tobacco market;
- Analysis of the impact of policies and programmes included in the campaign;
- International benchmarking;
- Research that plugs gaps in the evidence base underpinning the overall campaign.