

## Table of Contents

<b>Overview of Tobacco Control Marketing Campaigns</b>	1.2
<b>What Is a Tobacco Control Marketing Campaign?</b>	1.6
<b>Why We Need Tobacco Control Marketing Campaigns</b>	1.6
<b>Elements of a Strong Tobacco Control Marketing Campaign</b>	1.9
<b>Bibliography</b>	1.11

# 1

## Overview of Tobacco Control Marketing Campaigns

Tobacco use is a vast and growing global public health concern, as noted in the World Health Organization's Framework Convention on Tobacco Control.<sup>1</sup> Tobacco use prevalence varies greatly from country to country and region to region. The following are just a few examples of this diversity. In much of Africa, smoking rates are low, with the lowest in Ethiopia at 3.1 percent (5.9 percent among men, 3 percent among women). Many Western European countries have smoking rates between 20 percent and 35 percent overall, and in most of these countries, the smoking prevalence among women and men is similar. In Ireland, for example, the smoking rate among males is 28 percent and among females is 26 percent. While smoking rates across Asia appear in line with many other regions at 20 percent to 35 percent, they comprise very low rates among women and very high rates among men. This is illustrated by the situation in China where the male smoking rate is 67 percent and the female smoking rate is just 1.9 percent.<sup>2</sup>

Considering smoking prevalence alone is also misleading. Tobacco use includes many tobacco products other than cigarettes. In Sweden, women smoke at slightly higher levels than men (18.3 percent versus 16.7 percent), but many men also use snus (a type of smokeless tobacco). In many Mediterranean and Asian countries, waterpipes are used extensively by men, although use by young women is also increasing.<sup>2</sup>

As the prevalence of tobacco use varies across the world, so does the type of action taken to address this epidemic. Comprehensive tobacco control programs reduce disease and death related to tobacco use by decreasing the number of people who begin using tobacco, reducing people's exposure to secondhand smoke, and encouraging people to quit tobacco use. Effective tobacco control programs are comprehensive, sustainable and accountable.<sup>3</sup>

*“Mass media campaigns are a critical element of comprehensive tobacco control programs. In several countries, campaigns have been proven to change tobacco-related beliefs and attitudes, and even change behaviors among various target audiences. They also have been shown to contribute to norm changes in the way that people view smoking. In Australia, we have seen the benefits of ongoing media campaigns at the national and state level for many years, and we would not do without them.”*

Melanie Wakefield, Director of the Centre for Behavioural Research in Cancer, The Cancer Council, Victoria, Australia.



## Comprehensive Tobacco Control Program Elements

The U.S. Centers for Disease Control and Prevention recommend a comprehensive tobacco control program that includes nine components:

- counter-marketing efforts to counter pro-tobacco influences and increase pro-health messages and influences;
- community programs to reduce tobacco use;
- programs to both prevent tobacco-related diseases and to detect them early;
- school programs that include evidence-based curricula, teacher training, parental involvement and smoking cessation services;
- enforcement of tobacco control policies, such as bans on smoking in public places;
- assistance to local programs, such as technical assistance on evaluating programs, promoting media advocacy and reducing access to tobacco;
- programs and strategies to help people quit smoking, including counseling and telephone smoking cessation helplines;
- a strong management structure to coordinate program components and provide monitoring; and
- a surveillance and evaluation system that monitors program accountability for policy makers and others responsible for fiscal oversight.<sup>3</sup>

In most countries, training of health care providers, education and information on smoking cessation therapies, and financial resources are limited. Smoking cessation may not be seen as a key tobacco control strategy, and creating a public attitude that encourages smokers to quit or seek treatment may not be considered a priority. However, in recent years, as governments have adopted a variety of population-level interventions aimed at reducing the demand for tobacco products, these interventions—such as smoke-free indoor air policies, tobacco taxes that increase the price of cigarettes, and bans on the use of misleading labels on tobacco products—have also increased smokers’ interest in quitting.<sup>4</sup>

In addition, a crucial component of an overall tobacco control strategy is a comprehensive tobacco control marketing campaign that builds awareness of the health risks of smoking and the dangers of secondhand smoke, reduces youth interest in tobacco use, and promotes cessation services. In Article 12 of the Framework Convention on Tobacco Control, signatories agree to “promote and strengthen public awareness of tobacco control issues using all available communication tools, as appropriate,” specifically identifying “public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles.”<sup>1</sup> Tobacco control marketing campaigns use advertisements, news media coverage, collateral materials and other marketing tools to build awareness of tobacco-related issues, increase knowledge, change attitudes and beliefs, and contribute to behavior changes.<sup>4</sup>

There is much evidence for the health benefits and cost-effectiveness of quitting smoking, and treatment for tobacco dependence is safe and effective. For a cessation program to be successful, however, smokers must be motivated to quit, informed of cessation assistance, and supported as they become and remain tobacco-free.



## Tobacco Use Around the World

### Bidis

- Shredded tobacco is wrapped, by hand, in a dried temburni leaf and tied with a string.
- Bidis are most popular in India and Southeast Asian countries.

### Chewing tobacco

- Tobacco leaves are spiked with sweetening and flavoring additives. Other names include: plug, looseleaf, chimo, toomback, gutkha and twist. Pan masala, or betel quid, is tobacco, areca nuts and staked lime wrapped in a betel leaf. Other varieties of pan include: kaddipudi, hogesoppu, gundi, kadapam, zarda, pattiwala, kiwam, mishri and pills.
- Used throughout the world, chewing tobacco is most popular in India and Southeast Asian countries.

### Cigarettes

- **Manufactured:** Shredded tobacco is processed with hundreds of chemicals, rolled in paper and sealed. Filter cigarettes are tipped with a cellulose filter.
- **Roll-your-own:** Fine-cut loose tobacco is rolled by hand and sealed in a cigarette paper.
- Ninety-six percent of manufactured tobacco products in the world are cigarettes. Smoking manufactured cigarettes is the most common method of ingesting tobacco in the world except for India (chewing tobacco) and Indonesia (kreteks).

### Cigars

- Air-cured and fermented tobacco is wrapped in a tobacco leaf. Other names, which often correlate with the size of the cigar, include: cigarillos, double coronas, cheroots, stumpen, chuttas and dhumtis.
- Smoked around the world, specific types of cigars are popular in India (dhumtis) and Europe (cheroots and stumpen).

### Kreteks

- Shredded tobacco is mixed with cloves and other flavorings and eugenol, which has a numbing effect that enables the smoker to inhale more deeply.
- Kreteks are most common in Indonesia.

### Pipes

- Tobacco is placed in the bowl of the pipe and lit. The smoker sucks the smoke through the mouthpiece at the other end of the pipe. Pipes are made of briar, slate or clay. Clay pipes (also called suipa, chillum and hookli) are common in Southeast Asian countries.
- **Waterpipes:** A glass bottle, which has a metal pipe attached, is half filled with water. A small bowl sits on the pipe and a long flexible hose is attached to the pipe. Tobacco is placed in the bowl and lit. The smoker attaches a mouthpiece to the hose, sucks on it, and draws tobacco smoke down through the pipe device, through the cooling water, along the flexible hose and into the mouth. The sucking generates bubbling sounds. Other names include: nargile, hookah, hubble-bubble and sheesha.

### Snuff

- **Wet:** Ground tobacco that is loose or packaged in small paper or cloth packets. The tobacco is held in the mouth between the cheek and gum. Other names include: moist tobacco, khaini, shammaah, nass and naswa.
- **Dry:** Powdered tobacco that is inhaled.

### Sticks

- Sun-cured tobacco is wrapped in cigarette paper. Sticks are popular in Papua, New Guinea.

Material adapted from [The Tobacco Atlas](#).<sup>2</sup>

This *Campaign Development Tool Kit: An International Guide for Planning and Implementing Stop Smoking Campaigns* is designed to help you plan and implement an effective tobacco control marketing campaign to motivate people to try to quit using tobacco or to seek tobacco dependence treatment. This tool kit can also help you develop other types of public education campaigns, such as those focused on reducing exposure to secondhand smoke or preventing youth smoking. Important components of this tool kit are case studies and “lessons learned” about campaign development from campaign managers around the world, and tools and sample materials that are easy to use.

The tool kit is organized into 12 chapters, which are listed below. In each chapter, you will find a discussion of the topic, detailed explanations of the concepts, and an outline of how to develop and implement key processes. Examples and case studies from around the world help to illustrate key points. In the appendix to each chapter, you will find more international examples, case studies and templates. While this tool kit offers a comprehensive review of the steps for developing tobacco control marketing campaigns, it will not give you all the answers you want. For that reason, we also provide information on other resources that may be helpful to you throughout the tool kit.

## Tool kit chapters

- Chapter 1:** Overview of Tobacco Control Marketing Campaigns
- Chapter 2:** Strategic Planning
- Chapter 3:** Target Audience Research
- Chapter 4:** Specific Populations
- Chapter 5:** Campaign Evaluation
- Chapter 6:** Campaign Management
- Chapter 7:** Advertising
- Chapter 8:** Public Relations
- Chapter 9:** Media Advocacy
- Chapter 10:** Community-Based Marketing
- Chapter 11:** Promoting Stop Smoking Services
- Chapter 12:** Funding Campaigns



## What Is a Tobacco Control Marketing Campaign?

The success of programs in Australia, Canada, the United Kingdom, Ireland, Norway, New Zealand and the United States in the past two decades shows clearly that comprehensive tobacco control programs are a powerful tool for reducing tobacco use. In all these cases, reductions in smoking have been attributed to a combination of tobacco control elements, including strong marketing campaigns. Campaign activities may include:

- paid television, radio, billboard, Internet and print advertising
- media advocacy and other public relations efforts, including press releases, press conferences, editorial board meetings, and local events and activities
- distribution of collateral materials, such as T-shirts, buttons, posters and other giveaways

A tobacco control marketing campaign can help increase attempts to quit smoking and reduce nonsmokers' exposure to secondhand tobacco smoke. Tobacco control messages can also substantially influence public support for tobacco control interventions and increase support for school and community efforts. These messages work most effectively when they are tied to the activities of local programs.<sup>3</sup>

## Why We Need Tobacco Control Marketing Campaigns

Using commercial marketing tactics to reduce the prevalence of tobacco use is vital to countering the influential promotional activities of the tobacco industry, which spends billions of dollars a year on advertising and promotions.\* In addition, mass media campaigns are still required in those countries where tobacco company advertising, sponsorship and promotions are banned. The addictive nature of tobacco use, and tobacco companies' ongoing efforts to find ways to market their products despite these bans and restrictions, means we will still be fighting tobacco industry marketing in whatever form for many years to come.

In the United States, the California Tobacco Education Media Campaign, which began in the late 1980s, is one example of a successful tobacco control marketing campaign.<sup>5</sup> It uses hard-hitting earned media (news media placements), community-based marketing and paid advertising (television, radio, billboards, transit and print) to communicate the dangers of tobacco use and secondhand smoke, and to counter pro-tobacco messages throughout the state's diverse communities. The campaign has been strongly linked to decreased smoking rates, along with other factors, such as an increased excise tax. One study found that the California, United States, media campaign reduced sales of cigarettes by 232 million packs between the third quarter of 1990 and the fourth quarter of 1992. This reduction was independent of the decreases in consumption brought about by a tax increase.<sup>6</sup> A report from the University of California, San Diego, covering 1989 to 1993 showed that the proportion of Californians who tried to quit smoking for more than one day rose significantly whenever the media campaign was in effect.<sup>7</sup>

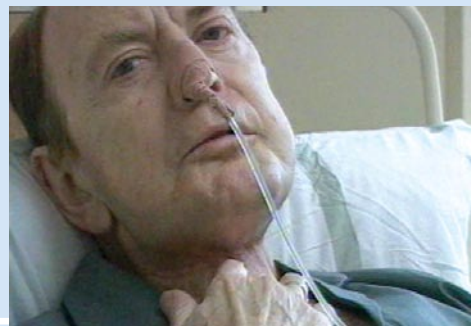
Campaigns in Australia and the United Kingdom have also been evaluated, concluding that when the campaigns were sustained, they were effective in the long term.

---

\* "Cigarettes are possibly the most marketed product in the world. While there is no reliable estimate of global cigarette marketing expenditures, it is clearly in the tens of billions of US dollars a year. . . . Cigarette marketing is bolder and more aggressive in developing countries than it is in the developed world." *The Tobacco Atlas*. World Health Organization, 2002.



## England's Stop Smoking Campaign



In 1998, the United Kingdom set new, ambitious targets to reduce tobacco use. U.K. smokers were consuming roughly 25 percent more cigarettes than European Union smokers at that time. Smoking was killing one in two smokers and costing the National Health Service (NHS) £1.5 billion (approximately \$3 billion USD) each year. The key objective of the new initiative was to help smokers quit. A target was set to reduce adult smoking from 28 percent to 26 percent by 2005 and to 24 percent by 2010.

For the first time, the Department of Health in England decided to move beyond merely providing information about the need to quit smoking and began providing support to help smokers quit and stay quit. Communications materials supported a comprehensive range of NHS products and services—including a network of local NHS Stop Smoking Services, a quit smoking helpline and a quit smoking Web site to increase quitters' success rates.<sup>5</sup> The communication campaign's task was to create "triggers" to stimulate smokers to take action toward quitting.

After conducting considerable research, the Department of Health decided on a three-pronged approach. Research showed that the primary trigger stimulating most quit attempts was a concern for health. The strategy was to focus on health issues and their emotional and physical consequences to encourage smokers to quit. These strands included the following messages in advertising that worked together to motivate smokers to seek help in quitting:

1. *Why to Quit—the physical and emotional consequences of smoking*
2. *Products and Packs—associating the consequences with the tools of the cigarette industry*
3. *Secondhand Smoke—raising awareness of the dangers of secondhand smoke to nonsmokers*

The campaign was implemented in 2000. The Department of Health also began partnerships with Cancer Research U.K. and the British Heart Foundation. Each organization developed and aired tobacco control ads that were relevant to its core missions and goals and complementary to those of the others. By 2004, tobacco control advertising had quadrupled in effectiveness to become the most powerful trigger to smokers trying to quit, even more so than family and friends or a doctor's advice.

An extensive campaign evaluation showed that while there were other important initiatives in the environment that supported tobacco control (larger warning labels, availability of nicotine replacement therapy, workplace smoking restrictions and tobacco advertising bans), advertising was the main reason smokers gave for what had prompted them to give up smoking. Thirty-two percent of smokers claimed it prompted them to make a quit attempt—an increase of 10 percentage points, from 22 percent, in 2003. Moreover, spontaneous awareness of anti-smoking advertising was the highest it had ever been, particularly among harder-to-reach smokers.

Most importantly, more smokers sought support to quit, and there were fewer people smoking. For example, the NHS Smoking Helpline had a 54 percent increase in calls in 2003-04. Adult smoking prevalence dropped to 26 percent by 2002, which meant that the United Kingdom reached its interim goal of reducing adult smoking prevalence two years early. As a result of this campaign and other factors, 1.1 million fewer people in England reported being smokers and significantly fewer cigarettes were being smoked.<sup>8</sup>

<sup>5</sup> England is served by two different telephone-based stop smoking services. QUIT UK is a non-governmental organization that provides telephone-based smoking cessation counseling services across the United Kingdom. This service is called Quitline®. In England, the National Health Service has a different telephone service called the Smoking Helpline that provides counseling, information and referral services to residents of England. In this tool kit, UK Quitline is used to refer to the QUIT UK telephone smoking cessation counseling service. England helpline or the NHS Smoking Helpline are used to refer to the National Health Service's counseling, telephone information and referral service. Quitline is used to refer to telephone smoking cessation services in other countries and communities.



## Australia's Multi-Year National Campaign

The long-running Australian National Tobacco Campaign was designed “to move Australian smokers a step closer to quitting by encouraging them to put the words ‘give up smoking’ on their personal agenda for today, rather than on the list of ‘things I’ll do in the future.’” Started in 1996, the campaign involved key stakeholders interested in reducing tobacco use including federal, state and territorial governments; medical and allied health professional organizations; and non-governmental organizations including the National Heart Foundation, the Australian Cancer Society and the National Asthma Campaign.

The campaign targeted smokers between the ages of 18 and 40 years with four key messages that were emphasized in all aspects of the campaign:

- Every cigarette is doing you damage.
- It’s not just a risk—it’s a certainty that smoking will damage your health.
- Smoking damages your arteries, lungs, eyes and other body parts.
- There is a nationally coordinated effort to help you quit.

The advertising strategy was to translate the scientific knowledge about smoking issues into “felt” experiences rather than a cognitive understanding of the risk. The campaign relied on a media campaign featuring a series of graphic television commercials, supported by various activities by state and territorial tobacco control groups. One TV ad graphically presented the build-up of fatty deposits in the arteries caused by smoking. Such deposits can lead to reduced blood flow, contributing to poor circulation, high blood pressure, and eventually a greater risk for heart disease and stroke. All messages and advertising were supported by research. Other media efforts included radio, print and outdoor advertising, and public relations activities.



Central to the campaign were smoking cessation services coordinated through a national quitline that gave smokers support in quitting. From 1997 through 2004, \$23.1 million Australian (approximately \$19.4 million USD) was committed to the campaign. Other campaign programs included a campaign Web site (Australia Quitnow® at <http://www.quitnow.info.au/internet/quitnow/publishing.nsf/Content/home>), a non-English strategy for specific populations and a service provider strategy. The Web site featured pages for both smokers and health care professionals.

The campaign constantly added new campaign materials and elements to keep the campaign fresh and new. In December 2006, the National Tobacco Youth Campaign launched with messages aimed at youth. The key messages encouraged the primary target audience (12- to 24-year-olds) to reject smoking, and the secondary target audience (smoking parents) to quit smoking to discourage their children from smoking.

Regular evaluations of Australia’s national tobacco control campaign are conducted. During the course of the campaign, there has been a significant decline in smoking prevalence. Estimates of adult smoking prevalence declined from 22.9 percent in 1997 to 18.4 percent in 2005. In addition, average cigarette consumption fell over the same period from 15.4 cigarettes per day in 1997 to 13.0 cigarettes in 2005. This decline was due to Australia’s tobacco control efforts, of which the national campaign was an important part.

The costs of implementing the campaign were more than offset by projected savings to the health system. For example, in just the first six months of the campaign, an estimated \$24 million Australian (approximately \$20 million USD) in health care costs were saved.<sup>9</sup>

The statistics from various national, provincial and local efforts indicate that it is possible to make a significant impact with tobacco control marketing campaign efforts, but it requires hard work and ongoing commitment to the campaign. In addition, although many parts of a campaign can be measured and tested, creating a successful campaign remains an art as much as a science. Making the right choices in developing an effective campaign is often difficult and requires a strategic focus, coupled with flexibility when needed. This tool kit presents many of the “lessons learned,” insights and experiences of those who have learned firsthand how to create a successful campaign that changes people’s knowledge, attitudes and behaviors related to tobacco use.

## Elements of a Strong Tobacco Control Marketing Campaign

Successful tobacco control marketing campaigns have seven key characteristics.

- 1. The campaign should show a long-term commitment to addressing the problems associated with tobacco use.** To be effective, a campaign’s presence must be strong and sustained over time. If a branded campaign is being developed, the brand should be able to be refreshed as needed.

**Brand identity is the visible expression of your brand**, including its name and how it looks (logos, colors, designs and taglines). Brand identity allows your target audience to recognize your brand and how it differs from other brands or competitors. Its character or unique attributes should give people reasons to want to associate with it.

Examples of branded campaigns are the “truth” campaign® in the United States and the Quitnow® campaign in Australia, which both used a variety of campaign messages and efforts all branded with the same identity. The identity of the “truth” campaign® is edgy, rebellious and direct—qualities attractive to youth. An evaluation of the “truth” campaign® showed a strong correlation between confirmed awareness of the advertising and reduced likelihood of beginning to smoke and increased likelihood of quitting. The identity of Quitnow® is credible, authoritative and confrontational, but not in a patronizing or coercive way, and includes advertising for youth and adults, plus a quitline.<sup>10</sup>

- 2. A comprehensive campaign should consist of integrated components.** Using a variety of available techniques and components at different times and in different combinations is most effective because they complement and support one another, and appeal to diverse audiences.
- 3. The campaign must be part of the larger tobacco control program.** The campaign should complement the other elements of the tobacco control program, such as educational efforts, quit smoking services, tobacco dependence treatment, and policy efforts, including those related to secondhand tobacco smoke and tax increases for tobacco products.

**4. The campaign must be culturally acceptable.** No single program will be effective for every segment of the population because tobacco use affects specific populations in varying ways. Every country and subpopulation within each country has varied and unique experiences with tobacco. These experiences shape how a particular audience will view tobacco control messages. Messages and strategies should be tailored as needed to be most effective for the campaign's different target audiences.

**Cultural experiences and practices vary across countries.** In China, cigarettes are considered a valuable gift to give to participants at events such as weddings and New Year celebrations. Tobacco control advocates in China have to consider this cultural ritual when developing tobacco control marketing campaigns.<sup>§</sup>

Chewing tobacco is used in Ghana as a way to treat toothache and gum diseases, as well as to overcome boredom, particularly among the elderly. Chewing tobacco is also believed to be “stronger” than cigarettes. Most likely, the popularity of chewing tobacco is also due to its availability and low price. Tobacco control advocates must challenge this cultural perception to address tobacco use in Ghana.\*

**5. The campaign should be strategic.** Strategic planning is about setting priorities and making difficult choices about which initiatives to pursue based on available funding and staffing. These decisions should be based on which campaign elements are most likely to contribute to the program's overall goals.

**6. The campaign should be evaluated.** This process should begin with two questions: “What information do you or other key stakeholders need to know about the campaign's impact?” and “How will you obtain and use that information?” Evaluation provides a tobacco control program with insights on what is working, what is not, and what changes might be needed to ensure that the campaign is achieving its goals and objectives.

**7. The campaign should be adequately funded.** Tobacco industry advertising and promotion activities appear to increase both adult tobacco use and youth initiation of tobacco use.<sup>†</sup> In light of the ever-present and sustained messages promoting tobacco use, counter efforts of comparable intensity are needed. The U.S. CDC recommends spending a minimum of \$1 to \$3 (USD) per person each year for a marketing campaign in the United States that addresses all program goals in all major media markets.<sup>‡</sup>

In the following chapters, you will learn more about the key steps and processes in developing tobacco control campaigns, particularly those focused on smoking cessation. Whether your campaign is a three-year comprehensive campaign or a three-month targeted initiative, you will learn important information in this tool kit about how to maximize the impact of your campaign. Each campaign is an important piece of the complex puzzle needed to reduce tobacco use across the world.

<sup>§</sup> Nan Yi, Research Assistant, Centers for Disease Control and Prevention, China, personal communication.

\* Edith Wellington, Senior Health Research Officer, Ghana Health Service, Ghana, personal communication.

<sup>†</sup> Today's average American 14-year-old has been exposed to more than \$20 billion in imagery, advertising and promotions since age 6, creating a familiarity with tobacco products and an environment in which smoking is seen as glamorous, social, and normal (CDC 1999). A study published in the *Archives of Pediatrics and Adolescent Medicine* (Wellman RJ et al. 2006) found that exposure to tobacco marketing, which includes advertising, promotions and cigarette samples, and to pro-tobacco depictions in films, television and videos more than doubles the odds that children under 18 will become tobacco users. The researchers also found that pro-tobacco marketing and media depictions lead children who already smoked to smoke more heavily, increasing the odds of progression to heavier use by 42 percent.

## Bibliography

1. World Health Organization. *Framework Convention on Tobacco Control*. Geneva, Switzerland: World Health Organization; 2003.
2. Mackay J, Eriksen M, Shafey O. *The Tobacco Atlas*. 2nd ed. Atlanta, Ga.: American Cancer Society; 2006. Available at: [http://www.cancer.org/docroot/AA/content/AA\\_2\\_5\\_9x\\_Tobacco\\_Atlas.asp](http://www.cancer.org/docroot/AA/content/AA_2_5_9x_Tobacco_Atlas.asp). Accessed March 30, 2007.
3. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs - August 1999*. Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; August 1999. This manual is being updated and is expected to be re-issued in late 2007. Available at: [http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/bestprac-dwnld.htm](http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/bestprac-dwnld.htm). Accessed March 30, 2007.
4. Centers for Disease Control and Prevention. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2003. Available at [http://www.cdc.gov/tobacco/media\\_communications/countermarketing/campaign/00\\_pdf/Tobacco\\_CM\\_Manual.pdf](http://www.cdc.gov/tobacco/media_communications/countermarketing/campaign/00_pdf/Tobacco_CM_Manual.pdf). Accessed March 30, 2007.
5. Independent Evaluation Consortium of The Gallup Organization et al. *Interim Report: Independent Evaluation of the California Tobacco Control Prevention and Education Program: Wave 2 Data: Wave 1 & Wave 2 Data Comparisons*, 1996-98. Sacramento, Calif.: California Department of Health Services, Tobacco Control Section; 2001.
6. Hu T, et al. Reducing cigarette consumption in California: tobacco taxes vs. an anti-smoking media campaign. *American Journal of Public Health*. 1995;85:1218-22.
7. Pierce JP, et al. *Tobacco Use in California: An Evaluation of the Tobacco Control Program, 1989-93*. La Jolla, Calif.: University of California, San Diego; 1994.
8. Hutchinson C. et al. *Tobacco Control: WARNING: advertising can seriously improve your health: How the integration of advertisers made advertising more powerful than word of mouth*. Institute of Advertising Practitioners, Gold IPA Effectiveness Award. 2004.
9. Australia's National Tobacco Campaign. *Evaluation Report, Volume Three*. National Tobacco Campaign, Australian Government Department of Health and Ageing; 2004. Available at: <http://www.quitnow.info.au/internet/quitnow/publishing.nsf/Content/evaluation-reports>. Accessed March 30, 2007.
10. Sly D, Heald GR, Ray S. The Florida "truth" anti-tobacco media evaluation: Design, first year results, and implications for planning future state media evaluations. *Tobacco Control*. 2001;10(1):9-15. and Australia's National Tobacco Campaign. *Evaluation Report, Volume One*. National Tobacco Campaign, Australian Government Department of Health and Ageing; 2004. Available at: <http://www.quitnow.info.au/internet/quitnow/publishing.nsf/Content/evaluation-reports>. Accessed March 30, 2007.

