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## **Overview of Evidence-Based Recommendations**

Based on Lessons Learned from International Literature Review and Unpublished Campaign Results

The following insights were gleaned from the synthesis of an international literature review conducted by the Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health and a compilation of unpublished campaign results from around the world, conducted in April-June 2006.\*

<p><b>Creative/ Advertising</b></p>	<ol style="list-style-type: none"> <li>1. Use a combination of “why to quit” and “how to quit” messages to motivate smokers to try to quit (“push &amp; pull” strategy or “carrot &amp; stick” strategy). <ul style="list-style-type: none"> <li>• “Why to quit” messages should be hard-hitting about the consequences of tobacco use, eliciting negative emotions (anger, loss, sadness, guilt, fear) that prompt smokers to make a quit attempt now.</li> <li>• “How to quit” messages should be supportive and positive, emphasizing available quitting resources and giving smokers hope that they can succeed.</li> </ul> </li> <li>2. Consider using testimonials/personal emotional stories.</li> <li>3. Build awareness that quitting <i>with help</i> increases smokers’ likelihood of success.</li> <li>4. Emphasize that quitting is a journey, not necessarily one event, and that it is all right if one does not succeed the first time.</li> <li>5. Message tone should be nonjudgmental, empathetic, and respectful to smokers.</li> <li>6. Certain types of secondhand smoke messages can motivate smokers to smoke less or try to quit.</li> <li>7. Certain types of adult-focused cessation ads can motivate adolescent smokers to quit too.</li> <li>8. Effective ads from one country, province or state should be considered for re-application to other geographic areas because of the positive past experience in doing so.</li> <li>9. Similar messaging principles can be applied to cigarette pack warnings, another ‘marketing tool’ for motivating smokers to quit or smoke less.</li> </ol>
<p><b>Promotion of Cessation Services</b></p>	<ol style="list-style-type: none"> <li>1. Sometimes simply communicating that there’s help available (quitline, NRT, etc.) is enough to prompt smokers to respond.</li> <li>2. Promotional efforts need to build comfort with quitlines, so smokers will be more likely to call.</li> <li>3. Calls to a quitline should not be the only measure of success for an ad, unless the ad’s key goal is to drive quitline calls.</li> </ol>
<p><b>Media Planning &amp; Placement</b></p>	<ol style="list-style-type: none"> <li>1. The level of advertising exposure, or media presence, can significantly impact campaign results.</li> <li>2. Significant media presence must be sustained over time in order to have a positive impact.</li> <li>3. Specific media placements and unique vehicles can impact campaign results in significant ways.</li> <li>4. Quitline mass-media promotion and quitline staffing must be coordinated.</li> <li>5. Quit &amp; Win contests and other short-term events can be used to cost-efficiently produce strong quit rates on an individual level and gain media coverage, but these contests/events typically will not reach enough smokers to have a significant population impact.</li> </ol>
<p><b>Collateral Support (Non-Mass Media Marketing Elements and News Media Coverage)</b></p>	<ol style="list-style-type: none"> <li>1. Non-mass-media marketing elements can contribute to the effectiveness of campaigns, but not enough research has been conducted to draw firm conclusions.</li> <li>2. News media coverage can build awareness of cessation-related issues and can increase calls to quitlines, but more research should be conducted on the kind of coverage and the impact it can make.</li> </ol>

\*Note that there is a great need for additional research and evaluation on campaigns as evidence is limited, particularly related to earned media/press coverage, collateral support/supplemental materials, and innovative vehicles of communication such as Web sites, cell phone messaging, word-of-mouth, and others. There is also a dearth of data from developing countries on all campaign topics.

## Creative/Advertising

- 1. Use a combination of “why to quit” and “how to quit” messages to motivate smokers to try to quit (“push & pull” strategy or “carrot & stick” strategy).** Several countries and U.S. states have had great success using a combination of these messages which effectively motivate the smoker to put quitting on today’s agenda and then embrace the smoker with hope, support and quitting resources (Carol and Rock, 2003; Wilson et al, 2005; C. Stevens, personal communication, April 2006; Biener et al, 2006; Norwegian Directorate for Health and Social Affairs, 2003).
  - “Why to quit” messages should be hard-hitting about the consequences of tobacco use, eliciting negative emotions (anger, loss, sadness, guilt, fear) that prompt smokers to make a quit attempt now. (Wakefield, Freeman, Donovan, 2003; Wilson et al, 2005; Hutchinson et al, 2005; Biener, McCallum-Keeler, Nyman, 2000). A recent study by West and Sohal found that unplanned quit attempts in the UK were more successful than planned ones and proposed that even small “triggers” can motivate smokers to try to quit immediately. They recommended that campaign planners create motivational tension, trigger smokers on the cusp of changing their orientation to smoking, and provide access to quitting services and products (West and Sohal, 2006).
  - “How to quit” messages should be supportive and positive, emphasizing available quitting resources and giving smokers hope that they can succeed. Many countries have had recent positive experiences with this type of advertising. For example, Australia found that pairing a “how to quit” ad with a “why to quit” ad increased calls to the quitline versus airing of the “why to quit” ad alone (Carol, 2003). While Hastings and MacFadyen do not agree with the use of fear-based messages like those found in some “why to quit” ads, they do believe in the importance of positive, relationship-building messages for smokers: “We know that smoking is emotionally involving and that quitting is a hard, often drawn out process. It cries for relationship building that, at the very least, will make quitters feel better about themselves” (Hastings and MacFayden, 2002).
- 2. Consider using testimonials/personal emotional stories.** Programs have had success using both “why to quit” testimonials (Mosbaek, 2002; Biener et al, 2006; J. Webb personal communication, June 2006; Hutchinson et al, 2004; Schar and Gutierrez, 2001) and “how to quit” testimonials (Glasgow, 2005; Aasman, 2005, Dibble, 2005). These ads cost-efficiently reach and influence specific populations who want to see people like themselves. This is consistent with data from the 2006 Annual Edelman Trust Barometer, which found that among people surveyed across 4 continents (11 countries), the spokesperson they would find most credible is ‘a person like yourself or a peer.’
- 3. Build awareness that quitting with help increases smokers’ likelihood of success.** Many smokers aren’t aware that they are significantly more likely to quit with help. U.S./Minnesota Partnership for Action Against Tobacco (MPAAT) has motivated smokers to call their quitline by stating in their ads that smokers are up to seven times more likely to quit with help. MPAAT offers a customized Quitplan that often recommends a combination of various cessation products and services. (A. Mowery, personal communication, April 2006). New South Wales, Australia has recently doubled calls to their quitline by stating in their ads that smokers are twice as likely to quit if they use the callback service offered (T. Cotter, personal communication, May 2006).
- 4. Emphasize that quitting is a journey, not necessarily one event, and that it is all right if one does not succeed the first time.** U.S./California and other states have had success with an ad called “Quitting Takes Practice,” which acknowledges that it might take more than one attempt before a smoker successfully quits and that it is normal/okay to require several quit attempts before succeeding (C. Stevens, personal communication, April 2006; CDC Media Campaign Resource Center, 2006). Recent qualitative research in New Zealand confirmed that smokers want to know that quitting may be a long-term process (The Quit Group, 2005). As part of this message, the spectrum of quitting resources can be emphasized based on what is available locally. Smokers often state that they cannot quit because they’ve tried one product or approach, without realizing that it may simply be a matter of trying another approach in order to succeed. One size doesn’t fit all in quitting – smokers need to know about, and be encouraged to take advantage of, the quitting resources available to them.
- 5. The tone of messages should be nonjudgmental, empathetic, and respectful to smokers.** Qualitative research has many times confirmed the importance to smokers that messages recognize their difficulty in quitting and not speak to them with disdain (Schar and Gutierrez, 2001; Gupta and Dwyer, 2001). Sensitive communication is particularly important with pregnant smokers who already feel embarrassed to be smoking while pregnant (Haviland et al, 2004). They need to feel empowered and hopeful about quitting, not ashamed of

their addiction. Arizona found that shaming them did not motivate them to call the quitline for help; rather, it made them hide their habit from the public while continuing it (Schar and Gutierrez, 2001).

6. **Certain types of secondhand smoke messages can motivate smokers to smoke less or try to quit.** Messages about the negative effects of one's smoking on loved ones can cause smokers to reconsider smoking as only a "personal decision." These messages provide some smokers with rationale for "why to quit" – they decide to quit in order to protect their family members or friends. Other smokers respond to messages about the harm of secondhand smoke in public places by trying to quit because they believe it is no longer worth it to keep smoking when so many people around them are troubled by it and there are increasingly fewer places where smoking is permitted (MPAAT, 2002; Department of Health, England, 2004; The California Smoker's Helpline, 2000; Schar and Gutierrez, 2001).
7. **Certain types of adult-focused cessation ads can motivate adolescent smokers to quit too.** In particular, some graphic or emotional health consequences messages have been shown to influence youth to want to quit or not begin smoking for the same reasons that they influence adults: youth see the serious negative consequences of smoking on smokers and/or their family members and conclude that they'd never want to experience those situations or impose the negative consequences on their loved ones. Even though messages were not targeted specifically to them, youth reported equal or higher awareness of the campaigns compared to adults. They also reported learning new information, identifying with the ad messages, changing key attitudes, and, in some cases, changing their smoking behaviors (White, Tan, Wakefield and Hill, 2003; Biener et al., 2000; BMRB Social Research, 2002; California Department of Health Services, 2002; Hassard, 2000).
8. **Effective ads from one country, province or state should be considered for re-application to other geographic areas because of the positive past experience in doing so.** Some campaign managers believe they cannot re-apply ads from other locations because the local insights, motivations, or attitudes are different. However, experience has shown that many ads that were proven effective in one location have been applied with similar success in other locations. Ads from Australia's "Every cigarette is doing you damage" campaign have been used in New Zealand, Poland, Singapore, Norway, Iceland, and U.S./Massachusetts, with positive results wherever the campaigns were measured (Schar and Gutierrez, 2001). Various ads from U.S./California have been re-applied in U.S./Minnesota, U.S./Oregon and several other states, U.S./Minnesota ads have been aired in several states, and an ad from Canada was recently aired in U.S./Minnesota. Furthermore, recently, a combination of Australian and U.S./Massachusetts ads shown in New York City caused a tripling of calls to the quitline (S. Perl, personal communication, June 2006). Re-applying proven ads saves time and valuable development and research funds. Exceptions to feasible re-application include when the target audience speaks a different language than the actors in the original ads; in some cases this obstacle can be overcome with voice-overs in the local language.
9. **Similar messaging principles can be applied to cigarette pack warnings, another 'marketing tool' for motivating smokers to quit or smoke less.** Several recent studies indicated that hard-hitting "why to quit" visuals and messages combined with on-pack promotion of available resources such as quitlines and Web sites motivated smokers to want to quit or smoke less (Cavalcante et al, 2006; Hammond et al, 2004; Hammond et al, 2003; Devlin et al, 2005). Brazil found that in the month immediately following the first graphic pack warnings with the quitline number, calls to the quitline tripled and continued increasing in the months following (Valerio de Frohe, 2006). Furthermore, a recent study that compared cigarette pack warnings in four countries concluded that warnings which are graphic, larger, and more comprehensive in content are more effective in communicating the health risks of smoking (Hammond et al, 2006).

## **Promotion of Cessation Services**

1. **Sometimes simply communicating that there is help available (quitline, NRT, etc.) is enough to prompt smokers to respond.** England found recently that very straightforward messages about availability of services did not lead to high ad recall but did prompt a strong level of quitline calls (J. Webb, personal communication, May 2006). California's positive results with their 10-second 1-800-NO-BUTTS ad and their animated "Quitting Takes Practice" ad indicate that these straightforward approaches encouraging people to call for help may be sufficient in some cases (C. Stevens, personal communication, May 2006).

2. **Promotional efforts need to build comfort with quitlines, so smokers will be more likely to call.** Many smokers are intimidated by the thought of calling a quitline. Some believe they will be judged or scolded, others that their privacy will be invaded, and others that they may be harassed by follow-up calls. Still other smokers don't believe that the operators will be helpful, and others avoid offers of "counseling." Several programs have had success with ads that model the quitline process – showing smokers that operators can be helpful, patient, nonjudgmental, noninvasive, and supportive (Carroll and Rock, 2003; Schar and Gutierrez, 2001; T. Cotter, personal communication, June 2006).
3. **Calls to a quitline should not be the only measure of success for an ad unless the ad's key goal is to drive quitline calls.** Many campaigns use 'calls to quitlines' as the primary measurement of an anti-smoking ad's success. While it is a helpful measure for understanding smokers' immediate response to the ad, it doesn't always determine whether an ad is effective in the long term or not. Some ads do not prompt calls to the quitline, but do change attitudes and beliefs that may lead to behavior change longer-term. England found that although some of their ads didn't prompt high levels of quitline calls, the ads did change important attitudes and beliefs related to tobacco use (J. Webb, personal communication, April 2006; BMRB, 2004). U.S./California found the same with some of their ads, particularly ads about the dangers of secondhand smoke and about tobacco industry deceptive practices, but also some ads about health consequences of tobacco use, such as the "Debi" testimonial ad (C. Stevens, personal communication, May 2006). Furthermore, although only about 1-5% of smokers typically call a quitline (J. Webb, A. Feltracco, L. Bailey, personal communication, June 2006), many smokers who are moved by the ads try quitting on their own (McAlister et al, 2004; C. Stevens, personal communication, May 2006).

## **Media Planning & Placement**

1. **The level of advertising exposure, or media presence, can significantly impact campaign results.** Experiences in several countries confirm that having a sufficient budget for ad placement is critical. New Zealand found that 15% higher quitline registration occurred during months when the campaign's media presence was over 480 TARPs (Target Audience Rating Points, a measure of combined reach and frequency) (Wilson, 2005). U.S./Texas found a greater reduction in prevalence in areas where there had been a higher media campaign presence (McAlister, Morrison, Hu, Meshack, 2004). U.S./Minnesota found that the more exposure people had to the media campaign, the more that beliefs, attitudes, and behaviors changed in desired directions (MPAAT, 2002).

For some perspective on media levels, programs with positive results in England, New Zealand, Australia, and U.S./Minnesota try to maintain a presence of 400-600 TARPs/GRPs per four weeks during the periods when their campaigns are on-air. Weeks on air vary greatly and are based on budget and periods of time when smokers are most motivated to quit (J. Webb, H. Glasgow, T. Miano, T. Cotter, J. Thompson, personal communications, June 2006). One U.S. study found that youth audience exposure to state-sponsored anti-tobacco ads of once per month was enough to affect attitudes and behaviors (Emery et al, 2005), however, it's unknown whether the threshold for adults would be similar. The U.S. Centers for Disease Control and Prevention (CDC) recommends \$1-3 USD per capita for media campaigns, based on six states' experiences (CDC, 1999); this is consistent with a study in which a computer simulation model based on successful U.S. campaigns predicted that \$3 per capita would yield optimal prevalence reductions over time (Levy and Friend, 2001). It's unclear whether similar calculations have been done outside of the U.S.

2. **Significant media presence must be sustained over time in order to have a positive impact.** One U.S. study found that more exposure to government sponsored anti-tobacco ads increased the likelihood of quitting – over two years, for every 5,000 GRPs (Gross Rating Points; similar to TARPs; a measure of combined campaign reach and frequency) the cessation rate rose by 10%. This equates to just two extra exposures (200 extra GRPs) per month, sustained over time (Hyland et al, 2005). England found that while increased media weight did not make a difference in the short term, it did lead to better results after 18 months of the campaign (McVey and Stapleton, 2000). In an Australian study, the success of the campaign was attributed in great part to the fact that it was sustained over time (Erbas, 2006). Furthermore, Levy and Friend conclude in their assessment of U.S. campaigns that "sustained media interventions of sufficient magnitude and duration directed at all smokers have the potential to substantially reduce the numbers of smokers and premature deaths, with the effects growing over time" (Levy and Friend, 2001).

3. **Specific media placements and unique vehicles can impact campaign results in significant ways.** More research needs to be done to determine results for different media placements, but following are some examples of success that programs have found. In Australia, Monday-Wednesday placements led to more quitline calls than other days (Erbas et al, 2006), and placements in lower involvement programs, such as light entertainment, cultural/informative, and reality shows, led to more quitline calls than placements in higher involvement programs, such as dramas, documentaries, and movies (Carroll and Rock, 2003). In another Australian study, viewers found stop smoking ads more credible when they were placed in reality or game shows than in comedy shows (Durkin and Wakefield, 2005). In U.S./Oregon, daytime placements were more cost efficient (\$/call) than evening or radio placements (Mosbaek, 2002). U.S./Minnesota found that Internet banner ads were more cost-efficient than TV placements (A. Mowery, personal communication, April 2006). Finally, U.S./California found that Direct Response TV was more cost-efficient than Spot TV (C. Stevens, personal communication, May 2006).
4. **Quitline mass-media promotion and quitline staffing must be coordinated.** When ads with a quitline tag are aired/placed, people will call. In fact, when TV ads are aired, people typically call immediately, causing significant spikes in number of calls to the quitline. That has been confirmed in programs in many countries and states (Wilson et al, 2005; Erbas et al, 2006; Schar and Gutierrez, 2001). This is why, for example, California only places ads during hours when the quitline is operational (C. Stevens, personal communication, May 2006). Managing the staffing to handle these calls can be extremely challenging but is also very important in order to service the needs of smokers, not frustrate them with busy signals or being placed on hold, and bring them into the quitting process when they are most motivated to quit (CDC 2004; California Department of Health Services, 2000).

Often quitline programs must scale back advertising in order to not overwhelm quitline operators. More smokers would likely call if advertising was maintained at a higher level, but quitline staffing budgets frequently limit staff's ability to handle large numbers of calls (North American Quitline Consortium (NAQC), 2005). Various approaches have been used to better match quitline staffing capacity with calls to quitlines. For example, California alternates tags on its ads in Los Angeles and the rest of state – one week the LA tag is for the quitline and the tag for the remainder of CA is for the Web site; the next week the tags are reversed. The quitline doesn't have the capacity to handle calls from both Los Angeles, with its huge population, and from the rest of the state (C. Stevens, personal communication, May 2006). Another strategy many programs have used to manage limited budgets is *flighting*, in which ads are on the air only during certain periods of the year (NAQC, 2005).

A few recent studies have suggested that television advertising may have not only the greatest impact on quitline calls but also the greatest impact on motivation to quit. One U.S./Massachusetts study found that more recent quitters found TV advertising helpful than any other quitting aid (Biener, 2006), explained in part by its high penetration. England found that TV advertising had surpassed even health professionals' advice and friends and family as the biggest 'trigger' to quit attempts (BMRB, 2004). Nevertheless, many programs cannot afford paid TV advertising. For example, the North American Quitline Consortium found in 2005 that only two quitline programs in Canada were able to afford TV advertisements (NAQC, 2005), and thus, other vehicles such as news media coverage, physicians' and dentists' referrals, word-of-mouth, Web sites, and radio and print ads should be considered (European Network of Quitlines, 2005, NAQC, 2005).

5. **Quit & Win Contests and other short-term events can be used to cost-efficiently produce strong quit rates and gain media coverage, but these contests/events typically will not reach enough smokers to have a significant population impact.** Many programs, particularly in countries where tobacco control funds are very limited, are attracted to the low cost and feasibility of Quit & Win contests and similar events. These events can be feasibly conducted with few funds and can produce attractive sustained quit rates at the individual level, but they do not have the population impact that other policy and mass media interventions can have (Hey and Perera, 2005; Korhonen et al, 2000; Hahn et al, 2005; Civljack et al, 2005; O'Connor et al, 2006; Pourshams et al, 2000; Rooney et al, 2005; Sun et al, 2000). Perhaps such events should be used tactically to gain news media coverage and build overall awareness of the need for cessation and the interest smokers have in quitting.

## **Collateral Support (Non-Mass-Media Marketing Elements and News Media Coverage)**

1. **Non-mass-media marketing elements can contribute to the effectiveness of campaigns, but not enough research has been conducted to draw firm conclusions.** Recently England found that smokers who recalled several campaign elements (not just TV ads but also posters, giveaways, and news articles) were more likely to have experienced desired attitude and behavior changes (BMRB, 2004; BMRB, 2006). It's possible that synergy between campaign elements may be what drives better results, rather than the impact of collateral materials alone, since dramatically more smokers cite TV advertising as the main prompt for their quitting attempts than cite brochures, posters, or other collateral materials (BMRB, 2006). If collateral materials were used alone in the campaign, their impact may not be sufficient to produce significant changes in attitudes and behaviors.
2. **News media coverage can build awareness of cessation-related issues and can increase calls to quitlines, but more research should be conducted on the kind of coverage and the impact it can make.** One example of the news media's direct impact on quitline calls is related to U.S. newscaster Peter Jennings' death from lung cancer – American Cancer Society quitline calls more than doubled the week following coverage of his death, from 1055 to 2333 calls, and call volume remained high the following week as well at 1600 calls (American Cancer Society, 2006).

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