



Factsheet 5.

Mass media campaigns

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Taxi drivers in Tianjin, China celebrate their smoke-free cabs for media covering the success of the city's tobacco control legislation.

The need for mass media campaigns

Mass media campaigns are an essential component of any tobacco control programme,¹ they:

- Build awareness of the harmful health impact of tobacco use.
- Motivate smokers to quit.
- Build awareness of the dangers of secondhand smoke.
- Change attitudes and beliefs of smokers about smoking and quitting.
- Contribute to changes in tobacco-related behaviour.
- Reduce tobacco use and reduce exposure to second hand smoke.²

This factsheet focuses on stop smoking campaigns as they are the most thoroughly evaluated campaigns to date.

Effectiveness of mass media campaigns

Evidence from high-income countries shows that mass media campaigns promote smoking cessation.^{3,4} They effectively encourage large numbers of smokers to make a quit attempt. Mass media campaigns can be cost effective compared to other healthcare interventions.⁵ This is largely because, by motivating smokers to quit, they contribute to reductions in the prevalence of tobacco use and therefore smoking-related illness, and associated costs.

Status of mass media campaigns

The WHO 2013 Report on the Global Tobacco Epidemic highlights the vital role played by mass media campaigns. It notes that nearly 3.8 billion people (54% of the world's population) live in a country that has aired at least one national anti-tobacco mass media campaign on TV and/or radio for a duration of at least three weeks in the previous two years.

- In Bangladesh, one campaign achieved more than 70% recall among smokers, 40% of whom made a quit attempt.
- In Norway, 68% of the population recalled a campaign and nearly 60% of smokers who saw the campaign said it motivated them to make a quit attempt.
- Cameroon became the latest country to implement its first national mass media campaign in 2014.
- A recent campaign in Senegal resulted in a near 600% increase in calls to the national tobacco quitline. The campaign implemented in Senegal – called “Sponge” – is the same campaign that was used to such great effect in Norway and Bangladesh.
- Two-thirds of countries – including nearly 75% of low-income countries – have yet to implement any national mass media campaigns on the harms of tobacco use or encouraging people to quit.

Key Facts

- Mass media campaigns are an essential part of a comprehensive tobacco control programme.
- Mass media campaigns to reduce tobacco consumption are cost effective compared to other healthcare interventions.
- Campaigns should make clear why smokers should quit and be supported by information on how they can quit.
- Hard-hitting campaigns can compel tobacco users to quit, increase knowledge of the health risks of tobacco use, and promote behaviour change in both smokers and non-smokers.
- The WHO Framework Convention on Tobacco Control [WHO FCTC], Article 12 states that parties must strengthen public awareness of tobacco control issues using all available communication.

Key elements of effective mass media campaigns

Comprehensiveness

Campaigns are most effective when part of a comprehensive tobacco control programme. Smoking cessation messages are most effective in an environment which aims to make smoking less socially acceptable.⁶

Since mass media smoking cessation campaigns are conducted in a crowded media environment, it is important that each campaign is comprehensive.⁷ Multiple audiences, communications methods, messages and tactics should be used to reach smokers. Campaigns use television, radio, print, billboards, online and outdoor advertising to reach very large groups of people.

Targeting

Tobacco control campaign managers have found that targeting very specifically (e.g. smokers ready to quit) does not always work. Some campaigns have been more successful when they targeted smokers more broadly or in ways that make the messages unavoidable.

For example, the Australian campaign 'Every cigarette is doing you damage' was designed to increase a smoker's sense of urgency in quitting.² This approach was effective in several countries. Campaigns like this may appeal to smokers and non-smokers, to young people and adults.⁸

Messages

Why quit?

Effects on the smoker's health: Messages that present the health risks or negative emotional consequences of smoking in a new way have a high impact. Messages evoking negative emotions, such as fear, disgust and loss, are more likely to prompt smokers to attempt quitting immediately than messages eliciting positive emotions.⁹

Effects of second-hand smoke. Most smokers respond well to messages about the health

effects of second-hand smoke on their loved ones. Although they may not be willing to quit for themselves, they may be willing to attempt quitting or smoke less to protect their friends and family.⁶ The tone of campaign messages should be sensitive, non-judgmental and respectful.

How to quit?

Providing information on how to quit gives smokers an opportunity to quit once they are motivated to do so. It also provides an avenue for support for those already attempting to quit. A telephone quit-line allows the smoker to access information and resources to help them quit.⁹

Delivery of messages

Mass media campaigns should deliver a strong message to quit through a variety of different channels. Research shows that graphic TV ads are effective in countries of all income levels.¹ The messages should be frequent enough to build awareness, and change beliefs, attitudes and behaviour among smokers. The range of media used, the number of times the messages are aired or placed, and the length of a campaign are crucial to their success.

Sustained stop smoking campaigns continually remind people to quit smoking, not to start smoking, or to remain a non-smoker.

Other marketing interventions

Other non-mass marketing interventions can be used to support mass media campaigns to improve smoking cessation. These include 'earned' media or news coverage (not paid for), public relations, communication with health professionals, posters, brochures and other interventions including social media. Well managed publicity supporting media campaigns can have a large impact on the number of people aware of and responding to a campaign.

WHO FCTC requirements

Under Article 12 of the WHO FCTC parties must promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate.



Lungs are like sponges.
Smokers' lungs are like sponges full of tar.

Our lungs are made up of millions of tiny air sacs, much like the texture of a household sponge. Every time you inhale cigarette smoke, you draw cancer-producing tar deep into your lungs. Some is coughed back up; some stays in your lungs; and some gets into your blood stream and spreads throughout your body. The more you smoke, the more tar gets in – and the more your risk of diseases like lung cancer increases.

If you could squeeze out the cancer-producing tar that goes into a pack-a-day smoker's lungs every year, you'd get around 50mls – or half a cup. Giving up smoking is never easy but it is important, for you and your family. Call the Quitline, 13 7848, today for information and advice to help you quit and stay quit. The service is free and all of our advisors are trained professionals.

Quitline 13 7848

cancer institute NSW

Best practice

The WHO's MPOWER package outlined the following key steps for mass media campaigns:¹¹

- Explain the economic impact on families of tobacco use, including, for example, the early death of a parent.
- Highlight the successes of tobacco cessation, while aiming to prevent smoking initiation among young people.
- Ensure advertising is professionally produced, and subjected to screening among focus groups.

Funding for mass media campaigns is often cited as a barrier, yet mass media is a cost-efficient way to reduce smoking, because it reaches large segments of the population. Countries can save time and resources by adapting campaigns that have performed well in other jurisdictions for use in their own, subject to appropriate local pre-testing. Of the 23 countries reporting at least one best-practice campaign, 16 were low- or middle-income, suggesting that mass media need not be a tool of only high-income countries. Toward this end, The Union and the World Lung Foundation created a Mass Media Campaign Resource Center, making proven adverts available for adaptation.¹² These are available at www.worldlungfoundation.org.

References



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