What makes an effective antismoking campaign – insights from the trenches

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Objectives: This paper describes traditionally effective approaches for antismoking mass media advertising and explores challenges and future directions for campaign planning. The changing characteristics of the current smoking population and media landscape are examined.

Type of program or service: Antismoking mass media advertising campaigns.

Methods: We present a commentary on the established creative and media strategies proven to be effective in prompting quit attempts among smokers, discuss new challenges facing antismoking campaign managers today and propose considerations for the future.

Results: Although evidence of effective approaches for tobacco control messaging and execution remains clear, the media landscape in Australia has changed dramatically in recent years with some audiences moving away from frequent and heavy television consumption towards online platforms and digital media channels. In addition, as smoking rates continue to fall, characteristics of current smokers are becoming increasingly relevant considerations for antismoking messaging and placement within a media environment that is becoming more expensive and fragmented. Funding antismoking advertising at the levels required to effectively prompt and maintain smoking cessation remains a high priority considering the extensive social and economic costs of smoking.

Lessons learnt: Although it is known that hard-hitting, emotional and/or testimonial antismoking advertisements can be effective in prompting quit attempts, optimal media channel selection and media mix for reaching and engaging audience segments is dynamic in an ever-changing media landscape. Targeting media channels popular with lower socio-economic status (SES) smokers can efficiently achieve wide population exposure as well as effectively reaching population groups with higher smoking prevalence.
A collaborative approach between health professionals, researchers, creative directors and media buyers is required to ensure advertising materials are communicating the right message for the audience, and that it is being delivered effectively.

Introduction

The adoption of a comprehensive approach to tobacco control encompassing integrated strategies including regular increases in tobacco taxation, smoke-free legislation, public education campaigns and limits on tobacco marketing including plain packaging, has achieved significant reductions in smoking rates in Australia. Today, more than half of the adult population have never smoked, and just 13.8% smoke daily. Despite the success of tobacco control strategies, recent research estimated the total cost of smoking to be $AUD136.9 billion in 2015–16 alone. Smoking is still the largest preventable cause of death and disease in Australia, and when coupled with its enormous costs to society, it is clear that tobacco control remains a public health priority.

Mass media advertising has always played an integral role within Australia’s comprehensive approach to tobacco control. Television has been the preferred media channel for antismoking campaigns for decades, with state-level campaigns starting in the 1970s and national campaigns in the 1990s. Antismoking messaging has been researched extensively and the findings continue to indicate that graphic and negative depictions of health harms and testimonial approaches are the most effective at prompting quitting behaviours. However, the media landscape today has created new practical challenges for antismoking campaigns including the need to develop effective creative content for different media channels and to achieve adequate audience exposure.

What has worked in the past?

Most creative tactics used to create antismoking advertisements in Australia fit into one or more of four categories. Firstly, a common approach has been a reality-based, graphic depiction of the health effects of smoking, such as the 16 Cancers campaign. A second creative path has been the use of emotional testimonials featuring doctors and terminally-ill smokers or surviving family members. Well-known examples include Zita’s Story and Terrie’s Tips. The third category involves help-to-quit advertisements that promote strategies or tools to help people quit, such as quit-smoking helplines. The final category involves non-reality executions based on credible analogies showing the mechanism of health effects. One of Australia’s first and most internationally adopted antismoking television advertisements, Sponge, used this type of approach.

It is not only the imagery that elicits discomfort. These visually graphic advertisements typically adopt an ominous, threatening voice-over, heavy soundtrack and a dark and gloomy atmosphere. These advertisements are designed to generate an increased sense of perceived personal threat of the health harms of smoking. While these approaches have been effective in prompting people to make a quit attempt, the challenge today is finding new ways to effectively engage current smokers and provide new information to maintain their interest. This challenge is more difficult in the current media landscape where media consumption is more fragmented than ever, requiring multiple channel selections with additional demands on campaign budgets, and consumers have unprecedented opportunities to control what they view.

What has changed?

The Australian media landscape has experienced significant change that has impacted the ability of mass media campaigns to be noticed, understood and remembered by the population. This change encompasses:

- The specific media channels people consume
- How often people are consuming these media channels
- The methods or devices they are using.

The potential to reach people of low socio-economic status (SES) who smoke via a number of broad media channels is detailed in Table 1. The samples in Tables 1–3 are taken from a larger dataset of the projected population of Australians aged over 14 years. People within low SES segments (segments D, E and FG, which are defined by Roy Morgan as the three lowest SES quintiles) have higher rates of smoking than those in more advantaged SES segments (AB and C, which are defined as the two highest SES quintiles). This is an important consideration when planning and buying media. It is clear there has been a modest reduction in free-to-air viewing while online channels have experienced strong growth. The weekly reach potential of channels (i.e. the number of potential consumers per week) such as television remains strong, but these reach figures hide a key issue that impacts campaign performance – frequency of consumption.
What makes an effective antismoking campaign?

Table 2 demonstrates trends in how frequently smokers of low SES status consume free-to-air television. The changes here have been significant. In 5 years, smokers have shifted from being much more likely to be heavy consumers of commercial television to being more likely to watch no television.

The first metric of success in mass media advertising is recall. The campaigns described earlier rely on the audience seeing the advertisements for the full duration to experience the maximum impact of the execution and message. Television exposure continues to significantly contribute to recall of antismoking advertisements, however, additional platforms are increasingly required to supplement and generate incremental reach as the means by which people consume media diversify. This can complicate evaluation efforts, especially when respondents cannot accurately recall whether they viewed an advertisement on television or digital media. Platforms to achieve additional media exposure to advertisements could include those owned by television stations that allow people to watch free-to-air programs online, or short-form video platforms such as YouTube or Facebook. The challenge is to understand the strengths and weaknesses of each platform and use them effectively to maximise reach and frequency of campaign exposure.

Table 1. Five-year reach potential trends: smokers aged 18–49 years in market segments D, E, FG

<table>
<thead>
<tr>
<th>Time period</th>
<th>Watched free-to-air TV in last 7 days</th>
<th>Read a newspaper in last 7 days</th>
<th>Read a magazine (last issue)</th>
<th>Listened to radio in last 7 days</th>
<th>Seen outdoor advertising in last 4 weeks</th>
<th>Used social platforms in last 7 days</th>
<th>Viewed digital video in last 7 days</th>
<th>Used an internet search engine in last 7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2015–Dec 2015</td>
<td>875</td>
<td>384</td>
<td>615</td>
<td>858</td>
<td>192</td>
<td>767</td>
<td>809</td>
<td>656</td>
</tr>
<tr>
<td>Percentage</td>
<td>83.4</td>
<td>36.6</td>
<td>58.6</td>
<td>81.8</td>
<td>18.3</td>
<td>73.1</td>
<td>77.0</td>
<td>62.6</td>
</tr>
<tr>
<td>Jan 2019–Dec 2019</td>
<td>668</td>
<td>184</td>
<td>514</td>
<td>688</td>
<td>190</td>
<td>680</td>
<td>824</td>
<td>689</td>
</tr>
<tr>
<td>Percentage</td>
<td>71.8</td>
<td>19.7</td>
<td>55.2</td>
<td>73.9</td>
<td>20.5</td>
<td>73.1</td>
<td>88.6</td>
<td>74.1</td>
</tr>
<tr>
<td>Percentage differential</td>
<td>−13.9</td>
<td>−46.2</td>
<td>−5.8</td>
<td>−9.7</td>
<td>12.0</td>
<td>0.0</td>
<td>15.1</td>
<td>18.4</td>
</tr>
</tbody>
</table>

a D, E and FG are the three lowest socio-economic quintiles as defined by Roy Morgan
b Weights are applied to the original number of people surveyed to project the represented population of Australia in the relevant age-group
Source: Roy Morgan

Table 2. Five-year media consumption trends: smokers aged 18–49 years in market segments D, E, FG

<table>
<thead>
<tr>
<th>Time period</th>
<th>Heavy commercial TV (&gt;3 hrs per day)</th>
<th>Medium commercial TV (2–3 hrs per day)</th>
<th>Light commercial TV (&lt;2 hrs per day)</th>
<th>No commercial TV viewing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2015–Dec 2015</td>
<td>359</td>
<td>206</td>
<td>310</td>
<td>174</td>
</tr>
<tr>
<td>Percentage</td>
<td>34.2</td>
<td>19.6</td>
<td>29.6</td>
<td>16.6</td>
</tr>
<tr>
<td>Jan 2019–Dec 2019</td>
<td>212</td>
<td>156</td>
<td>300</td>
<td>262</td>
</tr>
<tr>
<td>Percentage</td>
<td>22.8</td>
<td>16.8</td>
<td>32.2</td>
<td>28.2</td>
</tr>
<tr>
<td>Percentage differential</td>
<td>−33.3</td>
<td>−14.3</td>
<td>8.8</td>
<td>69.9</td>
</tr>
</tbody>
</table>

a D, E and FG are the three lowest socio-economic quintiles as defined by Roy Morgan
b Weights are applied to the original number of people surveyed to project the represented population of Australia in the relevant age-group
Source: Roy Morgan
Maximising campaign effectiveness in a new media environment

There are several factors which impact the successful use of non-television platforms for antismoking campaigns. Some platforms provide media buyers (those who are buying advertising space) with the option of using skippable and non-skippable advertising spots. Graphic, negative advertisements have long benefited from the captive viewing environment created by free-to-air television. They have disrupted regular television viewing without giving viewers the chance to avoid at least initial exposure. In online environments, negative advertisements face significant barriers. Skippable advertising allows the viewer to easily circumvent content they do not want to watch, whether that means viewing a video in part, or skipping viewing the video in its entirety. Media buyers can choose to place advertisements only on non-skippable platforms, but this attracts a premium cost. Furthermore, some online platforms enforce restrictions on content which creates an ongoing challenge for hard-hitting, graphic advertising campaigns. Facebook, for example, places restrictions on advertisements containing excessive visible skin, close-up images of some body parts and administrators can ban advertising if it is deemed to contain scary or disturbing scenes of any nature.

The use of television advertising has the benefit of reaching people outside the specific target audience for whom the advertisement was purchased. This is important for antismoking advertising because quitting messages targeting adult smokers have been found to be effective in influencing additional audiences such as teens, broadening the impact and influencing social norms. Conversely, programmatic advertising (online display and video inventory openly traded, analysed and optimised across platforms such as the Google Display Network) has the benefit of explicitly reaching smokers and other high priority groups almost exclusively, without excessive wastage which may occur in television advertising.

Another consideration for maximising the effectiveness of a campaign is the changing profile of today’s smokers. Smoking rates have been decreasing for decades but they are not decreasing equally across the Australian population. People from lower SES groups, Aboriginal and Torres Strait Islander people, people experiencing homelessness and people with mental health issues all experience much higher rates of smoking than the general population. These population groups constitute a growing proportion of current smokers so it is critical to consider how campaign messaging and decisions on where to place advertisements ensure campaigns reach and resonate with these audiences. Table 3 illustrates the importance of targeting people in lower SES quintiles, given the much higher prevalence of smoking in these groups. People in the FG quintile are 49% more likely to smoke factory-made cigarettes than the general population. Furthermore, people in low SES groups are also more likely to be in population groups with higher smoking prevalence so this is a logical way to reach people who smoke, especially if there are limited resources for advertising.

Hard-hitting and emotional campaigns, particularly testimonials, have been found to be effective in prompting quit attempts among Aboriginal and Torres Strait Islander people and people from lower SES groups who smoke. In terms of advertisement placement, people with mental health issues have high levels of internet and television consumption, and people experiencing homelessness can also be reached effectively online.

Finally, there has also been a reduction in the frequency of exposure to antismoking mass media advertising in recent years due to reduced government investment. Sustained investment in high intensity antismoking mass media campaigns is crucial to maintaining an effective, comprehensive approach to tobacco control. For instance, smoking prevalence rose in South Australia when funding for the state-wide mass media campaign temporarily ceased. It is of concern that there has been no population-wide, national antismoking advertising campaign since 2012, although the Australian Government has recently committed to a

Table 3. People aged ≥18 years who smoke factory-made cigarettes, by socio-economic quintile

<table>
<thead>
<tr>
<th>Smoke factory-made cigarettes</th>
<th>Socio-economic scalea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quintile</td>
<td>AB</td>
</tr>
<tr>
<td>Weighted count (in ‘000)b</td>
<td>231</td>
</tr>
<tr>
<td>Percentage</td>
<td>5.6</td>
</tr>
<tr>
<td>Indexc</td>
<td>54</td>
</tr>
</tbody>
</table>

a Socio-economic quintiles as defined by Roy Morgan, where AB is the highest quintile and FG is the lowest
b Based on projected population of Australia aged 14+
c Indicates whether something is more or less likely than average (100)
Source: Roy Morgan

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degree of reinvestment. Best practice would indicate that a national quit campaign using an integrated mix of traditional and digital media channels and adopting targeted media buying techniques should be conducted with an adequate media buy (i.e. amount spent on advertising). An adequate media buy would require the television component to achieve approximately 1200 Gross Rating Points (GRPs) to reach 75–85% of smokers in each quarter of the year. GRPs represent an estimate of the percentage of a population segment exposed to a campaign and how often they are exposed. At current media rates in Australia, this would represent an estimated annual cost of approximately $AUD24 million. Although this level of funding represents a substantial investment in mass media campaigns, it represents a low investment cost per person reached, since effective antismoking campaigns can deliver substantial cost savings, due to the prevention of premature deaths and reduced costs of the health system that result from smokers quitting.

Discussion and conclusion

With significant changes in Australia’s media landscape and media consumption patterns, it is challenging to ensure an effective mix of media channels for antismoking campaigns without compromising campaign synergy and effectiveness. Evidence-based creative approaches must continue to generate discomfort about smoking while enticing and engaging the smoker audience to listen to the message. A key to achieving this engagement is to continue to present smokers with new information about how smoking creates harms, as identified in medical research. Another strategy to continue to generate discomfort about smoking may be the use of more non-skippable advertisements where possible to increase the likelihood of securing a captive audience.

Messaging exposing the tactics of the tobacco industry – anti-industry messaging – is not commonly seen in Australian antismoking campaigns. To date, there is no published evidence suggesting that the Australian public have been receptive to anti-industry messaging. Focus group research in Western Australia found that anti-industry messaging was not resonating with participants because they did not attribute any blame to the tobacco industry for their addiction. However, in an age when corporate responsibility is attracting headlines, focusing on tobacco industry manipulation may be a campaign direction that could also be considered. This includes exposing the profit-oriented tactics that are used by the tobacco industry in the design and manufacture of cigarettes to manipulate and keep smokers addicted, such as use of flavours and filters and their marketing and promotion. This type of campaign requires messaging that engages smokers rationally. Modern antismoking messaging must find a way to communicate with smokers that empowers them as the agents of their health decision making and provides them with the tools to make the best choices.

That said, the changing profile of current smokers places even more importance on understanding audience segments and designing messaging in line with consumer insights. Sufficient reach and engagement with these audiences requires personally relevant communication and a multi-channel approach, with substantially increased financial investment. Developing campaigns collaboratively, using the skills and expertise of people from across behaviour change communications, research and creative fields, will help to ensure that antismoking advertising carries the right message, communicates the message clearly and delivers it effectively to the target audience.

Mass media advertising is only one component of a comprehensive approach to achieve a continued reduction in smoking prevalence in Australia. However, it remains critical that campaigns are developed and implemented with best practice principles and funded sufficiently to achieve effective reach and engagement with people who smoke. Campaign planning teams need to continually seek to understand the character profiles and media habits of today’s smokers in a dynamic media environment amidst constantly emerging new technologies. The challenge remains for adequate financial investment to be committed to ensure mass media campaigns can productively reach and engage these audiences with an effective media channel mix and personally relevant, meaningful communication that can prompt them to quit.

Peer review and provenance

Externally peer reviewed, invited.

Competing interests

AB works for Gatecrasher Advertising that has created antismoking advertising campaigns for Cancer Council Western Australia. MM has conducted research implementing and reporting antismoking campaigns for government and not-for-profit health agencies. Customedia has been remunerated for planning, implementing and reporting antismoking campaigns for government and not-for-profit health agencies.

Author contributions

SB was responsible for drafting and editing the manuscript. AB and MM were responsible for drafting, reviewing and contributing to the design of the manuscript. TR was responsible for drafting and reviewing the manuscript and TC was responsible for reviewing and editing the manuscript.
References


