ShowCase

Tobacco Control National Strategy

Topic:
Smoking
Organisation:
Department of Health (England)
Location:
England
Dates:
2007 to 2010
Budget:
£43 million in 2008/09; £37 million in 2009/10 (for marketing communications programme)
Contact:
Caroline Fox
Email:
caroline.fox@dh.gsi.gov.uk
Telephone:
020 7972 5247

Overview

In 2007/08 the England Department of Health developed a new marketing strategy to address smoking prevalence among routine and manual (R&M) workers, with the aim of reducing prevalence to 26 per cent or less by 2010.

Its three overarching objectives were to:

1. **Trigger action** – Encourage smokers who want to quit to make a quitting-related action, like phoning the helpline
2. **Make quitting easier** – Encourage those who have made contact to use NHS support when quitting
3. **Reinforce motivation** – Provide reasons why smokers should quit and want to become smokefree

Results

- In 2008 and 2009, as a result of being directly or indirectly engaged by the marketing activity, it is estimated that over 3 million smokers (52 per cent of them R&M) made quit attempts and nearly 220,000 successfully sustained their quit 1 year later
- Over two years, the customer relationship marketing programme increased quitting success rates among participants by 57 per cent
- Between its launch in January and March 2010, over 480,000 'Quit Kits' were ordered, and of these, 95 per cent were from people who had not previously responded to national marketing

Background and policy context

Smoking is the primary cause of health inequalities in life expectancy and the single greatest avoidable cause of death and disease in the UK.

That is why the Government White Paper *Choosing Health: Making healthier choices easier* (2004), which built on the White Paper *Smoking Kills* (1998), promised new action to tackle smoking and reduce the 106,000 smoking-related deaths in the UK every year (87,000 in England).

Between 1998 and 2007, adult smoking rates in England had fallen from 28 per cent to 21 per cent, representing over 1.6 million fewer smokers. These were the lowest national smoking rates on record.

Continued investment in marketing and public engagement activity prior to 2007/08 played an important role in driving motivation to quit amongst all adult smokers, which was largely driven by high-profile mass media campaigns. The impact of these award-winning campaigns was successful in changing the behaviour and attitudes of many target groups.

However, while the campaigns were successful in reaching and engaging with many smokers, they were not as successful in prompting long-term behaviour change amongst higher prevalence groups, such as routine and manual workers (R&M). In 2004, the Government set Public Service Agreement (PSA) targets relating to smoking prevalence in the UK – to reduce prevalence among the general population to 21 per cent or less by 2010 and to reduce prevalence in R&M groups to 26 per cent or less by 2010.

Based on detailed statistical modelling, the Department of Health (DH) believed its original policy mix would be sufficient to meet the PSA target for all adults. However, it would leave a shortfall for the R&M target, as these smokers have a lower success rate when quitting. The

answer to reaching out to groups like R&M workers would require a different approach to marketing.

Therefore the DH carried out a review of its marketing work, which led to the development of a new marketing strategy. This was built on insight into the R&M target group, as well as contemporary behaviour change thinking.

1. BEHAVIOUR

Modelling showed that in 2007 there were 8.49 million smokers in England, and of these, 148,000 needed to quit successfully each year to meet the all-adult PSA prevalence target. Taking into account natural population trends, the impact of policy initiatives such as the Smokefree legislation and a natural 'background' quitting rate, it was estimated that the all-adult prevalence target would be reached by 2010.

It was estimated that there were 4.25 million R&M smokers in England, and of these, 518,769 needed to quit in order to meet the 26 per cent prevalence target by 2010.

If there was no investment in communications, it was estimated that with natural demographic changes and the existing policy drivers, prevalence would fall to 28.2 per cent by 2010. However, with a £45 million investment in marketing activity, prevalence would drop to 26.5 per cent by 2010.

This means 317,000 R&M smokers needed to quit as a direct result of social marketing

activity over the three years before the deadline.

This marketing campaign targeted R&M workers who smoke. In 2007, there were an estimated 14.9 million people in R&M groups. Of these, approximately 4.25 million were smokers. Smoking prevalence was higher amongst men than women. There was also a significant overlap between the R&M population and the C2D socioeconomic grouping. This group is relatively homogenous in terms of attitudes and smoking behaviours, but there are differences in life stage and propensity to stop smoking, which had a bearing on the communication activities designed to underpin the strategy.

The 'quitting funnel' shows the quitting journey of smokers over the course of a year and indicates where the opportunities for marketing lie.

The funnel showed that over two-thirds of smokers want to quit and this proportion has remained stable over recent years, despite significant investment in DH marketing activity, the primary purpose of which has been to increase motivation. However it should be noted that this could be a major achievement, given the diminishing pool of smokers.

With less than one in two smokers making an attempt to quit during the course of a year, it became clear that the desire to stop smoking does not always translate into action. A further drop-off occurs in the proportion making an attempt to stop smoking using any form of recommended NHS support – a factor which quadruples the chances of success.

3. CUSTOMER ORIENTATION

In developing the marketing strategy, the DH consulted a wide range of sources, including:

- Leading academics in smoking cessation
- Clinical practitioners and frontline staff
- Behaviour change theories
- Social marketing and agency marketing communication experts
- Quantitative data on smokers (ONS Smoking Behaviours and Attitudes Survey and the General Household Survey)
- Existing research and data on stop smoking campaigns to date
- Ethnographic and qualitative research on R&M smokers

The research with R&M smokers aimed to better understand the target audience's lives, their attitudes towards smoking and quitting, and their smoking behaviours. Conducted in three stages, the research used a variety of ethnographic and qualitative methods to gather information, including asking participants to complete a 'Life Book', 'Smoking Diaries' and quad sessions.

Ten single-sex quad sessions were held, with a 60/40 gender bias towards men – reflecting the balance of the target audience. Similarly, the employment status, location and attitude to smoking were also carefully balanced across these and the 'day in the life' sessions.

Scale of the task
Extensive modelling and analysis was undertaken to understand both the scale of the task and the contribution that marketing communication can make. A logic model was built as a result of this research. The six stages included:

1. **Understanding the task for communications**

- What would happen to prevalence if we did nothing and nobody quit?
- What is the background quitting rate?
- What is the effect of policy levers other than communications?
- What is left for all communications to achieve?

2. **Understanding the effect of communications**

- How many people will respond for a given spend?
- How many of these will convert to a quit attempt?
- How many smokers that we cannot see will try to quit?
- How much more efficient can we make communications over time?

3. **Understanding quitting success**

- How successful will they be at quitting?
- How long do they need to remain a non-smoker to make an impact on the target?

4. **How much budget is required?**

- How much does it cost to get a response?
- What is the total communications budget required?
- Given how much nicotine replacement therapy (NRT) spend, what does DH need to spend?

5. **How should we spend it?**

- How many responses do we get through each channel?
- How do those responses convert?

6. **What does this mean for the R&M task?**

- Apply same logic to R&M data

- Apply differential factors for policy, targeting and CPR

4. INSIGHT

A number of insights were revealed about R&M smokers during the research and development phase.

Importance of family and social group

The family and local community are very important to R&M smokers and are strongly intertwined. Raising a healthy and happy family is a key ambition and the happiness of their children is of paramount importance. Many live in close proximity to their families and socialise with them regularly. Typically, smoking is heavily entrenched within these social circles, so much so that it can almost be viewed as a social norm. Cigarettes provide belonging within their social environment and smoking is a shared pastime amongst family and friends. The DH team therefore identified community and work-based initiatives as a potential route to engaging with these tightly knit social groups.

Smoking as a form of escapism

Smoking is seen as a necessity for R&M workers – it fills a gap, helps them relax and cope with stress, acts as a reward and provides some 'me time'. For some smoking can be one of few pleasures in a stressful, routine existence. Therefore, this audience requires encouragement, not judgement when trying to quit. Social marketing activity that is anti-smoker rather than anti-smoking is unlikely to succeed.

Short-term view

This group has a very short-term attitude to life, being spontaneous and more concerned with what today has in store rather than what the future holds. Therefore, messages about the future health consequences of smoking will not be as motivating to them to stop smoking as highlighting the consequences of smoking that are happening now.

Reducing versus quitting smoking

As smoking meets so many needs for the R&M audience, they are more likely to cut down initially rather than quit completely. An approach that some take is to cut down on the ones they do not actually enjoy – for example the cigarettes smoked to 'fill a gap'. The Smoking Diaries issued at the research stage made many more conscious of their behaviour in this respect – encouraging smokers to stop smoking the cigarettes they 'do not need' or enjoy was identified as a possible approach.

Awareness of support services

A lack of awareness and understanding about support services and what they offer was discovered during the research stage. The offer of NHS support to help smokers go smokefree therefore needed to be articulated more clearly.

Views on anti-smoking advertising

R&M audiences could recall previous advertising campaigns quite clearly. However many did not want to see themselves as targets for advertising and believe that the aims are to:

- Stop people starting, especially youngsters
- Give non-smokers ammunition

R&M smokers have become expert at giving reasons for why advertising is not relevant to them, creating exemption clauses for any stop smoking activity.

The majority felt advertising passed them by, or even claimed to deliberately switch off to resist government intrusion. Some believed the tone of the advertising was dictatorial, judgemental and dry. The humour of the Nicorette adverts was found to be more engaging as it 'felt like they were made by a smoker'. However only a minority admitted that any of the advertising acted as a reminder of what they should be doing.

Other important insights

- R&M smokers start smoking at a younger age, smoke more and are more addicted than other adult smokers
- As smokers they feel persecuted – Their impression is that the majority of people smoke, yet they are made to feel like 'social lepers'
- R&M smokers have a negative view of non-smokers and therefore cannot or do not want to visualise themselves as a non-smoker
- R&M smokers, while attempting to quit at the same rate as other smokers, find it harder to quit successfully
- When quitting they focus on the physical addiction – They either do not understand or do not accept that they have to tackle the emotional habit as well
- Lack of emotional support from partners and peers, emotional stress or fear of failure makes them relapse

5. EXCHANGE

A review of behaviour change theories suggested a number of key conditions needed to be met for successful behaviour change to occur and for smokers to go smokefree. They also provided a useful way of outlining the exchange. The following overview provides a list of necessary conditions for successful behaviour change, accompanied by the policy

and marketing levers that were introduced in response.

Dissatisfaction with the present – Knowing the risks of smoking and believing these are relevant to you

- Introduction of picture pack warnings
- Advertising and PR to reinforce motivation to quit through highlighting the consequences of smoking on family life
- Increasing the price of cigarettes

Having a positive image of the future – Of non-smokers and a smokefree world

- Introduction of the smokefree brand to provide a positive and aspirational destination for smokers
- PR and partnerships highlighting the benefits of becoming smokefree, such as 'life's more fun smokefree' (you can have more fun with your children if you do not smoke)

Having belief and confidence in one's ability to change

- The NHS Stop Smoking Services give smokers their best chance of quitting through a combination of behavioural support and the use of stop smoking medications
- Advertising, PR and direct marketing that builds faith in the NHS support available to help smokers go smokefree

Being subject to positive environmental pressure

- Smokefree legislation has a role in creating an environment for change
- Communications can also act to promote quitting as the norm and to encourage smokers to quit with others
- Creating a programme of community-based activities to support smokers to stop

Having specific triggers (as opposed to motivations) for action

- Healthcare professionals and employers programmes to ensure that third parties are acting as a trigger through encouraging smokers to stop
- Lead generation activity that drives response
- Creating a programme of community-based activities to prompt quit attempts

Knowing what to do to change successfully

- Communications activity that provides information about the most effective ways to quit and encourages smokers to use NHS support to give themselves the best chance of stopping for good
- Supporting information vehicles, such as the campaign website and helpline

6. COMPETITION

1. Cigarettes are an addictive product

The average smoker needs over five thousand cigarettes a year. Get unhooked. Call 0800 169 0 169 or visit getunhooked.co.uk

- The nicotine in cigarettes is a powerful drug, which keeps smokers hooked. R&M smokers in particular are more addicted and smoke more, which makes quitting for good more difficult amongst this group
- There are a number of products to help smokers beat their addiction to nicotine (nicotine replacement products, as well as Zyban and Champix, two non-nicotine stop smoking medicines)
- The NHS Stop Smoking Services provide support for smokers to stop through providing these products on prescription

and providing behavioural support to deal with the habitual side of smoking

2. **Smoking is ingrained in everyday life for R&M smokers**, and more so compared to other smokers because of the routine nature of their work. This makes smoking firmly established within a routine that is difficult to alter and break out from

- Employers can play a role in providing support in the workplace for smokers to stop and encouraging colleagues to stop smoking together

3. **Smoking is associated with pleasurable activities and is very much part of the social scene for R&M smokers**

- Campaigns can encourage smokers to stop smoking with others and to create networks of quitters to prevent stopping smoking from being an activity that you do on your own

4. **Advertising by the tobacco manufacturers**, whilst now banned in England, has led to the development of strong brands

- Proposals to ban point-of-sale promotional displays to further minimise the impact of tobacco brands
- The smokefree brand can act as a counterpoint to tobacco branding – present 'smokefree' as a desirable entity

5. **There are many non-evidence based forms of support for smokers to quit**, which may compete with the NHS Stop Smoking Services. Many smokers think that going cold turkey is the 'gold standard', when in fact a very small percentage of smokers who try to quit this way are successful

- Communications can address this through promotion of the forms of support that will

most increase people's chances of quitting successfully

- Search optimisation and search engine marketing to bring NHS support to the front for those seeking information about stopping smoking

6. **Many smokers do not understand how the NHS Stop Smoking Services can help them quit and perceive them to be for the weak and desperate**

- Communications (such as advertising, PR and word-of-mouth) can be used to create a more desirable image of NHS support

<div style="background-color:orange; color:white; text-align:right; padding:4px;">**7. THEORY**</div>

Past DH marketing activity had drawn on the Stages of Change (or Transtheoretical) Model. This theory sees behaviour as a process rather than an event. It also recognises that there are different levels of motivation and readiness to change – outlining five main stages that individuals go through when adopting a behaviour:

1. **Pre-contemplation** – An individual does not consider or intend to undertake the behaviour
2. **Contemplation** – They understand and consider changing. At this stage they may seek more information about the behaviour
3. **Preparation** – Here, an individual undertakes the final steps of consideration, reaffirms their reasons for changing and makes a commitment to do so
4. **Action** – Change occurs and an individual undertakes the desired behaviour
5. **Maintenance** – The behaviour is sustained and consolidated. However, an individual could also relapse to their original state

The model was used to inform the targeting of campaigns and the nature and timing of content. For example, 'motivation' campaigns targeted those in the pre-contemplation stage,

and 'support' campaigns targeted those in the preparation stage. However, while simple to understand and apply, studies have identified significant issues and limitations with the model:

- The definition of the different stages is arbitrary, with no supporting evidence of why each stage starts and finishes when it does
- An academic study in 2007 suggested that up to 50 per cent of quit attempts involve no forethought or planning (preparation is irrelevant)
- The model assumes that behaviour change is conscious and therefore 'draws attention away from what is known to be the important underpinnings of human motivation'. There is little or no consideration of reward or punishment mechanisms, the biochemical basis of addiction, or outside influences
- Predictions made by the model are often no better than common sense (and in fact simple statements of desire are often better predictors of success)
- 'The history of behaviour change research is littered with studies that have succeeded in changing attitudes without accompanying changes in behaviour' – The implication of the model is that a change in attitude necessarily leads to a change in behaviour, which is not always true
- Clinical applications demonstrate that tailoring interventions around the model is no more effective than untailored approaches

Nevertheless, the Prochaska model remains used and cited by clinicians and still carries a high level of perceived credibility by many people in the field of smoking cessation. Therefore, rather than reject its application entirely, the DH marketing team drew on themes within the model that remained unchallenged and supplemented these with common themes from other behaviour change theories to inform the development of marketing activities.

Necessary conditions for behaviour change
A review of behaviour change theories (Theory of Planned Behaviour, organisational change, PRIME theory, and BCOS theory of social marketing) suggested a number of conditions needed to be met for successful behaviour change to occur. Past DH activity had addressed some, but not all of these. These conditions were used to inform this strategy:

- **Dissatisfaction with the present** – Knowing the risks of smoking and believing these are relevant to you. Much previous DH activity (both policy and communications) had been in this area, for example, major advertising campaigns and on-pack warnings
- **Having a positive image of the future (of non-smokers)**
- **Having belief and confidence in one's ability to change** – Little DH marketing activity has specifically addressed this concern, but interestingly one of the tactics used by stop smoking advisors is to position new treatments such as Champix (Varenicline) as a reason to have greater faith and confidence in one's chances of success
- **Being subject to positive environmental pressure** – Policy initiatives such as the Smokefree legislation play an important role in creating the environment for change. However there is potential for communication to also play its part, for example by normalising quitting or creating brand ambassadors to spread the word
- **Having specific triggers, as opposed to motivations, for action** – PRIME theory of motivation (developed by Professor Robert West at UCL) in particular draws attention to the need for triggers as well as motivations for quitting. Advertising itself had been regarded as a trigger, but there was the opportunity to use a far broader

range of triggers, such as advice from a healthcare professional, to greater effect

- **Knowing what to do to change successfully** – Marketing has a clear role to play in presenting the different support options available and persuading smokers to quit using NHS support to improve their chances

8. METHODS MIX

The DH tobacco control programme was split into six 'strands', which focused on providing effective, evidenced national policy and action to contribute to the overall reduction in smoking. The strands were:

1. Reduce tobacco advertising and promotion
2. Support smokers to stop
3. Run effective communications and education campaigns
4. Regulate tobacco products
5. Reduce availability and supply of tobacco
6. Reduce exposure to second-hand smoke

Marketing communications was only one of a number of different policy levers that were used to tackle smoking, which included legislation, enforcement, partnerships with other government departments, and provision of support services.

Within the marketing communications programme, a wide range of marketing communications disciplines were utilised to support the key objectives.

Objective: Triggering action (encouraging smokers who want to quit to make a quitting-related action, such as phoning the helpline)

Task: Acquisition and lead generation

Activities:

- Multi-channel direct response activity (such as TV, direct marketing and search engine

marketing) targeting smokers thinking of quitting
- Field and event marketing
- Member-get-member

Task: Stakeholder activation

Activities:

- Healthcare professionals programme to disseminate best practice and increase referral rates to NHS Stop Smoking Services – Direct marketing, PR, conferences and training
- Employer programme

Objective: Making quitting more successful (encouraging those who have made contact to use NHS support when quitting)

Task: Lead management and conversion

Activities:

- Improved helpline and website functionality
- Customer relationship marketing (CRM) programme, providing support to quitters over the longer-term
- Integration of national helpline with NHS Stop Smoking Services
- Exploration of stop smoking support in the workplace
- 'Quit Kits' – Pack of resources to help quitting attempts, particularly targeting those who do not want 'do it alone'

Task: Product development

Activities:

- Develop new telephone intervention product
- Explore workplace support

Objective: Reinforcing motivation (providing reasons for why smokers should quit and want to become smokefree)

Task: Reduce the desire to smoke and increase motivation to be smokefree

Activities:

- Advertising campaigns (such as TV, outdoor, radio and press)
- Public relations, including using case studies
- Brand ambassadors and sponsorships

Partnerships

Strategy development
The strategy was developed with a wide range of partners, including leading academics in the field of smoking cessation, clinical practitioners, social marketing and communications experts, and analysts. It was also presented at various regional meetings, involving Stop Smoking Service co-ordinators, local authority communications managers and public health professionals. The DH team also had a strong relationship with the regional tobacco policy network.

Healthcare professionals
Healthcare professionals, such as GPs, practice nurses, community nurses and health visitors, had an important role to play as key influencers of the target audience. The DH worked with such stakeholders by encouraging them to implement the 30-second 'Ask, Advise, Act' approach, where they recommend referrals to Stop Smoking Services to all smoking patients they come into contact with.

Employers
With the focus on R&M smokers, employers were an obvious influencer and channel for communication. A pilot employer programme was undertaken to encourage companies and organisations to support staff to stop smoking through the provision of on-site support and materials through 'Quit Clubs'.

Commercial partners
A range of commercial partners with reach and credibility amongst the target audience, such as pharmacies, supermarket chains and family leisure brands (like theme parks) were targeted to support staff and customers to stop smoking.

Media partners
Partnerships with, for example, Yahoo!, MSN, News International, the Mirror Group and TalkSport radio were undertaken to promote the benefits of stopping smoking, encourage smokers to take action towards quitting, and provide networks of quitters and the sense of a movement that 'everyone's doing it'.

Evaluation and results

Key performance indicators (KPIs)
Overarching 'business' and marketing specific KPIs were specific and measurable and allowed for the monitoring of activities in accordance with three objectives.

Triggering action

- Percentage of smokers making a quit attempt in any given year triggered by DH marketing activities
- Volume of centrally-generated valid and active responses for NHS support
- Quality of centrally-generated responses (percentage intermediate conversion)

Making quitting more successful

- Volume of quitters using NHS support
- Percentage of smokers using NHS support to quit (market share)

- Percentage of smokers believing NHS support is the most effective way to quit
- Quit rate among CRM participants versus control

Reinforcing motivation

- Claimed motivation to quit
- Prompted awareness
- Fame, talkability or word-of-mouth impact of communication
- Perceived impact of communication on desire to quit

Tracking research

A new tracking research programme was developed, focused on R&M smokers and the effect of marketing activity on their attitudes and behaviours. A weekly omnibus survey was used to track awareness, attitudes and behaviours relating to the impact of the marketing activity, in particular the advertising.

The 'Smoking Toolkit Study' (University College, London) was also used to track quitting attitudes and behaviours.

Response data

Response targets were set and results reported regularly, including volumes and quality of responses via the helpline, website, text, coupons and interactive TV.

Qualitative research was used to explore strategic propositions and to test messaging and creative. It was also used as a diagnostic tool to understand why existing communications were working in a certain way.

Results

Campaign results, as reported in the IPA Effective Awards Case Study 2010: *Department of Health – Tobacco Control: A new approach to an old problem* (www.ipa.co.uk):

- In 2008 and 2009, as a result of being directly and indirectly engaged by the marketing activity, it is estimated that over 3 million smokers made quit attempts and nearly 220,000 successful sustained their quit 1 year later
- Over two years, the CRM programme (support to helpline callers and website visitors who opted in to receive more information from the DH, and enabled mapping of quitting journey) increased quitting success rates among participants by 57 per cent
- An estimated 1-year return on marketing investment (ROMI) of £2.07 for every pound spent and a 3-year ROMI of £4.58 for every pound spent

Lessons learned

Use of direct response techniques

Beyond its other successes, the tobacco control strategy provides an example of best practice for a public sector organisation applying direct response techniques from the commercial sector to social issues. A particularly successful example of this includes the development of the Quit Kit. Over 480,000 orders were made for the Quit Kits (a quitting product designed to appeal to 'cold turkey' quitters and trigger unplanned quit attempts), and of these, 95 per cent were from people who had not previously responded to national marketing, the majority of whom were from the R&M group. Follow-up research by telephone with 2,000 people showed that nearly 6 in 10 of those who received the kit went on to make a serious quit attempt, and over half (54 per cent) remained successfully quit at the time of follow-up between 2 and 6 weeks later.

Documented shared vision

Having a clear documented strategy that could be referred to and disseminated was highly beneficial. This enabled internal stakeholder buy-in and ensured consistency of approach with external stakeholders. Having a structured road-map that was flexible enough to adapt to learning points along the way, combined with SMART behavioural goals, meant that those

working on the strategy had a shared and consistent vision and plan.

Work, review, learn
The 'work, review, learn' system was fully embedded into the implementation of the tobacco control strategy. This led to improvements in efficiency, for example, reducing the cost per quit by nearly one-third in two years. The DH's tobacco control strategy encapsulated an exceedingly large programme with numerous partners and stakeholders and was implemented at national and local levels across England. Yet all projects, no matter how small or large, can benefit from taking some time to step back, review and capture learning points to be fed back into the work as it progresses. These key learning points can get lost when those working on programmes are exceedingly busy and do not allocate the time to review the work being done.