#### Chapter 1

# **Overview of Counter-Marketing Programs**

#### Counter-Marketing: An Art and a Science

With the success of programs in Arizona, California, Florida, Massachusetts, Minnesota, Mississippi, Oregon, and other states in the past decade, it's clear that comprehensive tobacco control programs are a powerful tool for reducing tobacco use. As many studies have shown, an important piece of a comprehensive tobacco control program is a strong counter-marketing program (Centers for Disease Control and Prevention [CDC] 1999; Hopkins et al. 2001). Tobacco counter-marketing is defined as the use of commercial marketing tactics to reduce the prevalence of tobacco use. "Countermarketing attempts to counter protobacco influences and increase prohealth messages and influences throughout a state, region, or community" (U.S. Department of Health and Human Services [USDHHS] 2000).

Counter-marketing activities can play a role in increasing smoking cessation, reducing smokeless tobacco use, decreasing the likelihood that people will begin smoking cigarettes, and reducing nonsmokers' exposure to second-hand tobacco smoke. Counter-marketing messages can also substantially influence public support for tobacco control interventions and increase support for school and community efforts (USDHHS 2000). Counter-marketing messages work best when they are tied to the activities of local programs throughout a state.

# In This Chapter

- Counter-Marketing: An Art and a Science
- What We Are Countering
- Qualities of a Good Counter-Marketing Program
- The Power of Counter-Marketing

13

#### What We Are Countering

Tobacco counter-marketing programs play a vital role in countering the influential promotional activities of the tobacco industry, which spends billions of dollars a year on advertising and promotions. The following statistics underscore the importance and necessity of tobacco counter-marketing:

- Total annual spending on cigarette marketing by the six major U.S. cigarette makers rose 16.2 percent from 1999 to 2000, an increase from \$8.24 billion to \$9.57 billion, the highest figure ever reported to the Federal Trade Commission (FTC 2002).
- In 1999, the five major smokeless tobacco companies in the United States spent \$170.2 million on advertising and promotions, an all-time high (FTC 2001).
- The six major U.S. cigarette companies spent more than \$949,000 on Internet advertising in 2000, according to the Federal Trade Commission (FTC 2002).
- In 2000, more than 80 percent of young people in the United States were reached an average of 17 times per person by magazine ads for "youth" brands of cigarettes (King and Siegel 2001). (The study defined cigarette brands as "youth" brands if they were smoked by more than 5 percent of the smokers in the 8th, 10th, and 12th grades in 1998.)
- In 2000, about one-third of middle school students and one-fourth of high

school students in the United States saw tobacco ads on the Internet (CDC 2001b).

## *Qualities of a Good Counter-Marketing Program*

*Best Practices for Comprehensive Tobacco Control Programs* (CDC 1999) identifies a number of elements crucial to a comprehensive tobacco control program; one of these elements is counter-marketing. Seven key characteristics apply to all successful countermarketing campaigns:

- 1. A counter-marketing program must be long term. The tobacco industry took decades to establish brand identity for its products and to normalize tobacco use as a part of our culture. Likewise, tobacco control efforts should be considered longterm commitments to addressing the problems associated with tobacco use, rather than short-term or episodic activities. If a state is developing a branded campaign, it should choose a brand that can stand the test of time and be refreshed as needed with brand extensions. Effective counter-marketing initiatives are intended to make important contributions today toward short-term goals, while also laying the groundwork for meeting long-term goals.
- 2. A comprehensive tobacco countermarketing program should consist of integrated, not isolated, components. Although they are explained separately in this manual, these components are most effective when they complement and

support one another. A comprehensive counter-marketing program must use a variety of available techniques and components at different times and in different combinations.

- 3. The counter-marketing program must be integrated into the larger tobacco control **program.** Just as counter-marketing components should be integrated, the counter-marketing program should complement the other elements of the tobacco control program, such as educational efforts, cessation initiatives, enforcement campaigns, and policy campaigns (including those related to secondhand tobacco smoke and price increases for tobacco products). Coordinating your counter-marketing efforts with local programs is a powerful way to extend their effect. In short, you need to tie the counter-marketing goals to the overall strategic goal for your tobacco control program.
- 4. A counter-marketing program must be culturally competent. No single countermarketing program will be effective for every segment of the population because tobacco use affects socioeconomic groups, age groups, racial/ethnic groups, and other specific populations in varying ways. Messages and strategies should be tailored as needed to be most effective among the campaign's different target audiences.
- 5. A counter-marketing program should be strategic. Successfully managing a counter-

marketing program involves making decisions about the overall direction of the program, its target audiences, creative products, implementation, and evaluation. Strategic planning is about setting priorities and making sometimes difficult choices about how program funding will be allocated and how staffing will be organized. These decisions should be based on how these factors will contribute to the program's overall goals.

- 6. A counter-marketing program should be evaluated. This process should begin with two questions: "What information do you or other key stakeholders want to know?" and "How do you obtain and use that information?" Evaluation isn't merely a report that's completed after all the work is finished. Evaluation provides a tobacco control program with continuous updates and insights on what is working, what is not, and what changes might need to be made to ensure that the program is progressing toward achieving its goals and objectives.
- 7. A counter-marketing program should be adequately funded. Tobacco advertising and promotion activities appear to both stimulate adult tobacco consumption and increase risk of youth initiation of tobacco use. Today's average 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). In light of these ubiquitous

15

and sustained messages promoting tobacco use, counter-marketing efforts of comparable intensity are needed. The Centers for Disease Control and Prevention recommends that, at a mini-mum, states should allocate \$1 to \$3 per capita annually for a counter-marketing campaign that addresses all program goals in all major media markets in the state (CDC 1999).

#### The Power of Counter-Marketing

The California Tobacco Education Media Campaign, which began in the late 1980s, is one example of a successful countermarketing campaign (Independent Evaluation Consortium of The Gallup Organization et al. 2001; Pierce et al. 1998). It uses hard-hitting earned media, grassroots marketing, and paid advertising (television, radio, billboards, transit, and print) to communicate the dangers of tobacco use and secondhand smoke and to counter protobacco messages throughout the state's ethnically diverse communities. California's campaign has demonstrated a strong correlation between its Tobacco Education Media Campaign program and decreased smoking prevalence rates even accounting for all other factors (e.g., increased excise tax):

 A study found that the California antitobacco 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 (Hu et al. 1995).  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 (Pierce et al. 1994).

Another example of an effective countermarketing campaign is the Florida Pilot Program on Tobacco Control, which began in 1998 (Bauer and Johnson 2001). Florida's program is a comprehensive, youth-focused campaign that includes a youth-directed media campaign marketing the "truth" brand and slogan, youth and community activities organized as Students Working Against Tobacco (SWAT), school-based education and training, and retailer education and enforcement. From 1998 to 2000, youth tobacco use declined 40 percent among middle school students and 18 percent among high school students, and attitudes among students changed regarding deglamorizing tobacco use and tobacco industry manipulation, which were key campaign themes. Overall program results demonstrated that a comprehensive statewide program can be effective in preventing and reducing youth tobacco use (Bauer and Johnson 2001):

 Current cigarette use dropped among Florida students, from 18.5 percent to 11.1 percent of middle school students and from 27.4 percent to 22.6 percent of high school students. The primary campaign objective, to change attitudes about tobacco, was achieved. The

percentage of students committed to never smoking increased from 56.4 percent to 69.3 percent of middle school students and from 31.9 percent to 43.1 percent of high school students. The percentage of students currently experimenting with cigarettes declined from 21.4 percent to 16.2 percent of middle school students and from 32.8 percent to 28.2 percent of high school students. The percentage of students experimenting with tobacco use who indicated they would not smoke again increased from 30.4 percent to 42.0 percent of middle school students and 44.4 percent to 51.0 percent of high school students (Bauer and Johnson 2000).

Participants surveyed in October 1998

 and October 2000 were contacted again
 in February 2001 to determine their
 ability to recall specific antitobacco ads
 and to determine actual changes in
 smoking behavior. The results showed a
 strong correlation between confirmed
 awareness of the "truth" advertising
 campaign and reduced likelihood of
 beginning to use cigarettes and increased
 likelihood of quitting (Sly et al. 2001).

Along with the California and Florida campaigns, successful counter-marketing programs have been implemented in several other states, including Arizona, Massachusetts, Minnesota, Mississippi, and Oregon. In all these states, reductions in smoking consumption or prevalence or both have been attributed to a combination of tobacco control elements, including strong tobacco countermarketing campaign (CDC 1999; CDC 2003).

The statistics from various state efforts indicate that it is possible to make a significant impact with counter-marketing efforts, but it requires hard work and ongoing commitment to the program. In addition, although many parts of a campaign can be measured and tested, successful counter-marketing remains an art as much as a science. Making the right choices in developing an effective countermarketing program is often complicated and requires constant strategic focus, coupled with flexibility when needed. This manual presents many of the lessons, subtleties, insights, and experiences of those who have learned firsthand how to create a successful campaign.

### Bibliography

American Heart Association. Comments on Cigarette and Smokeless Tobacco Reports: Request for Public Comments. *Federal Register* 2001;66. Available at: http://www.ftc.gov/os/comments/tobaccocomments2/williamsbrian.htm. Accessed July 2, 2002.

Bauer UE, Johnson TM. *Assessing the Impact of Florida's Pilot Program on Tobacco Control, 1998–2000: A Comprehensive Analysis of Data from the Florida Youth Tobacco Survey. Vol. 3, Report 2.* Tallahassee, FL: Florida Department of Health, 2001.

Bauer UE, Johnson TM. Changes in youth cigarette use and intentions: following implementation of a tobacco control program. Findings from the Florida Youth Tobacco Survey, 1998–2000. *Journal of the American Medical Association* 2000;284:723–8.

Biener L. Adult and youth response to the Massachusetts anti-tobacco television campaign. *Journal of Public Health Management and Practice* 2000;6:40–4.

Biener L, et al. Adults' response to Massachusetts anti-tobacco television advertisements: impact of viewer and ad characteristics. *Tobacco Control* 2000;9:401–7.

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. Reprinted with corrections.

CDC. Cigarette smoking among adults—United States, 1999. *Morbidity and Mortality Weekly Report* 2001a;50(40);869–73.

CDC. *State Programs in Action. Exemplary Work to Prevent Chronic Disease and Promote Health.* Atlanta, GA: USDHHS, CDC, 2003.

CDC. Youth tobacco surveillance—United States, 2000. *Morbidity and Mortality Weekly Report* 2001b;50(SS-4):1–84.

Federal Trade Commission. *Cigarette Report for 2000*; http://www.ftc.gov/os/2002/05/2002cigrpt.pdf, 2002. Accessed April 24, 2003.

FTC. *Report to Congress for the Years 1998 and 1999 Pursuant to the Comprehensive Smokeless Tobacco Health Education Act of 1986*; 2001. http://www.ftc.gov/reports/tobacco/smokeless98\_99.htm. Accessed July 19, 2002.

18 `

Hopkins DP, Fielding JE, Task Force on Community Preventive Services, editors. The guide to community preventive services, tobacco use prevention and control: reviews, recommendations, and expert commentary. *American Journal of Preventive Medicine Supplement*, February 2001;20(2S).

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.

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, 1998; Wave 1 & Wave 2 Data Comparisons, 1996–1998.* Sacramento, CA: California Department of Health Services, Tobacco Control Section, 2001.

King C, Siegel M. The master settlement agreement with the tobacco industry and cigarette advertising in magazines. *New England Journal of Medicine* 2001;345:504–11. http://content.nejm.org/cgi/content/abstract/345/7/504. Accessed July 3, 2002.

Norton GD, Hamilton W. *Sixth Annual Report: Independent Evaluation of the Massachusetts Tobacco Control Program, January 1994 to June 1999.* Prepared for the Massachusetts Department of Public Health. Cambridge, MA: Abt Associates, Inc., 2001.

Pierce JP, et al. *Tobacco Control in California: Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989–1996.* La Jolla, CA: University of California, San Diego, 1998.

Pierce JP, et al. *Tobacco Use in California: An Evaluation of the Tobacco Control Program, 1989–1993.* La Jolla, CA: University of California, San Diego, 1994.

Sly DF, et al. *Florida Anti-Tobacco Media Evaluation (FAME) Follow-up Report*. Tallahassee, FL: Florida Department of Health, Florida Tobacco Pilot Program, University of Miami Tobacco Research and Evaluation Coordinating Center, 2001.

Sly DF, et al. *Florida Anti-Tobacco Media Evaluation 30th Month Report: "truth's" Influence on the Rise and Other Considerations*. Tallahassee, FL: Florida State University, Center for the Study of Population, 2000.

U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: USDHHS, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.