
Crafting Effective Tobacco Counteradvertisements: Lessons from a Failed Campaign Directed at Teenagers

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Synopsis.....

Focus group research conducted by the Centers for Disease Control and Prevention's Office on Smoking and Health suggested that the desire of teenagers to gain control over their lives would make them responsive to a counteradvertising strategy aimed at exposing the

predatory marketing techniques of the tobacco industry. On the basis of this strategy, the office developed draft print advertisements and a rough TV commercial featuring such theme lines as "You get an image. They get an addict." In those ads, "they" referred to cigarette companies.

Subsequent testing of the campaign materials, however, indicated that the subtle, sophisticated execution of this concept of manipulation by the industry did not communicate clearly and effectively to an audience of young teens. In fact, 38 percent of those who viewed the rough TV spot believed that the main message promoted smoking. These negative test findings underscore the critical need for ongoing audience research throughout the creative process to ensure that campaign planners stay "in tune" with their consumers.

OF THE MORE THAN 1 MILLION Americans who become new smokers each year, or nearly 3,000 who start smoking each day, the vast majority are recruited from the ranks of children and adolescents (1,2). Most adults who smoke began experimenting with cigarettes in middle school and became regular smokers before completing high school. About 90 percent of adult smokers started smoking before age 21 (2).

The continued onset of smoking among adolescents is the primary barrier to long-term reductions in smoking prevalence in the U.S. population. Despite a consistent decline in smoking rates among adults over the past three decades, smoking rates among adolescents have remained virtually unchanged since 1980. In fact, the smoking prevalence among male high school seniors actually inched upward each year between 1987 and 1991 (2,3; and J.G. Bachman, L.D. Johnston, and P.M. O'Malley: *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors 1989, 1990, 1991*, unpublished data of the Institute for Social Research, University of Michigan, 1993). Smoking rates among boys and girls are now at comparable levels.

Factors Affecting Youth Smoking

The factors that determine whether young persons start smoking are complex and interrelated and include peer pressure, family smoking, and tobacco advertising.

Peer pressure. The most consistent influence on cigarette use among adolescents is the association with friends who smoke (4). About 80 percent of adolescent smokers have at least one best friend, male or female, who smokes, whereas only about 20 percent of adolescent nonsmokers report having at least one best friend who smokes (5).

Family smoking. About 75 percent of youth smokers have parents who smoke (6), and teenagers are three times more likely to smoke if their parents and at least one older sibling smoke (7).

Cigarette advertising. Many adolescents' perceptions of cigarette smoking may stem from image-based advertisements (2). Cigarette advertising typically features young, attractive models and healthy, exciting lifestyles—such as the ruggedly independent Marlboro cowboy and the consummately cool Joe Camel—that can have profound appeal to vulnerable children. The Old Joe cartoon campaign has been shown to be far more successful at marketing Camel cigarettes to children than adults because of its high appeal and recall among youth (8–10). About 85 percent of adolescent smokers prefer either Marlboro, Newport, or Camel, which are the three most heavily advertised cigarette brands. Brand preferences among adults are much more widely distributed; the top three brands preferred by adolescents account for

only about 35 percent of the adult market share of cigarettes (11).

Other factors. Confounding the influence of these factors on youth smoking are socioeconomic factors, particularly educational attainment. High school seniors with plans to pursue college are less than half as likely to be regular smokers as are students with no college plans (2). Similarly, 43 percent of 17- to 18-year-olds who drop out of school smoke compared with 17 percent of those who attend school or graduate (12). These dropouts often come from low socioeconomic backgrounds and may require different and more intensive interventions than those that have worked with the youth who stay in school.

Preventing Tobacco Use

Perry (13) concluded that the approaches most successful in delaying the onset of tobacco use, as well as alcohol and other drug use, focus on teaching adolescents the following:

- why people their age smoke cigarettes or use other drugs;
- how positive associations with smoking are established by their peers, older role models, and advertising;
- how to resist influences to smoke or use other drugs; and
- life skills and competencies to counterbalance the functions served by cigarette smoking and other drug use.

The level of tobacco use and the factors affecting its use change with age; consequently, to be effective, education and other prevention efforts need to tie in with the age level of adolescents on this continuum. In general, communication-based prevention is more likely to succeed with younger teens before they have become regular smokers and incorporated smoking into their peer-reinforced social system (14).

Prevention Efforts in the Mass Media

Recent research has shown that mass media campaigns can be effective in preventing smoking among youth if the messages are based on appropriate educational objectives and communicated with sufficient reach, frequency, and duration to high-risk youths (15).

Over the past decade, the Centers for Disease Control and Prevention (CDC) has sponsored an ongoing public service advertising campaign targeting youths. Its goals are to prevent young people from starting to smoke and to motivate those experimenting with cigarettes to stop

before they become addicted. The most common communication strategy has been to counter the image of smoking as sexy, hip, and a sign of maturity and to portray nonsmoking as the prevailing, desired social norm. Theme lines included “Fashion’s in, smoking’s out” and “Don’t be a butthead.”

As an initial step in planning a new mass media campaign aimed at preventing youths from smoking, CDC’s Office on Smoking and Health (OSH) conducted 10 focus groups with adolescents in Chicago and Washington, DC., in March 1991 (unpublished focus group study for OSH, by Communications Workshop, Inc., April 11, 1991). This qualitative research had three objectives:

- Obtain a general update on teen knowledge, attitudes, and behaviors related to smoking.
- Probe teenagers’ insights into their own smoking experiences and rationales.
- Test specific adolescent-oriented prevention concepts and messages.

Focus group participants were selected to ensure a mix of age (10 to 17 years), race (African American and white), income, community location (city, suburban, and rural), and smoking status.

Focus Group Findings

Consistently, adolescents commented on the negative aspects of smoking: health problems, social problems related to smoking around nonsmokers, personal grooming problems, and the expense of smoking.

Overall, the teens demonstrated remarkably detailed knowledge of the health effects of smoking. The implication is clear: simply highlighting the hazards of smoking in a teen-oriented information campaign will do little to deter teens from experimenting with tobacco.

The development and cognitive skills of teenagers approach those of adults. The single greatest difference is adolescents’ lack of experience. In particular, the focus group discussions showed that teens tend to see issues as black or white, rely on their immediate experience or that of friends and family members as the “truth,” and are less able than adults to put things in context or perspective.

The nonsmokers, and even many of the smokers, in the focus groups believed that cigarettes are quickly addicting and that it is not easy to quit after getting hooked. Some of the smokers readily admitted that they have problems quitting.

Consistent with previous research, the findings from the focus groups revealed that adolescents have a “here-and-now” view of life—that is, they live for instant

gratification without regard for the future. In particular, the potential long-term health consequences of smoking are not a salient issue. However, on global issues related to smoking, such as air pollution and the waste of energy to produce cigarettes, teens seemed to show more long-range concern.

Despite teens' acknowledgment of pervasive peer influence and the strong need to "fit in," an important issue that emerged during the group discussions was the value that teens place on self-determination and being in control. They perceive themselves to be "old enough" or "smart enough" to make their own decisions. From this perspective, teenagers' rebellion can be viewed as a manifestation of asserting their independence from adults' influence and control. Teens have a particular need to place friends and peers ahead of family, partly to prove or experiment with their growing self-reliance.

Comments made by African Americans in the focus groups indicated that they largely view smoking as a "white" phenomenon. In particular, several statements regarding authority in the African American home suggest that smoking was disrespectful and simply not allowed. These observations support what recent surveys have shown: that African American youth are abandoning smoking. In 1989, smoking prevalence among white 12- to 18-year-olds was triple that among African American teenagers (5,12); in 1991, smoking prevalence among white high school seniors was four times that of their African American peers (J.G. Bachman, L.D. Johnston, and P.M. O'Malley, unpublished data, 1993).

Focus group participants evaluated the effectiveness of nine different concepts and messages about smoking on the basis of three measures: concepts that stand out, concepts that they liked, and concepts that they believed. In general, messages that were factual and informative, without being judgmental, performed well among all of the teens, particularly the smokers. Younger teens were more accepting of judgmental concepts (for example, "Nonsmokers are smart" and "Are smokers really cool?"), whereas older teens tended to screen out any message that appeared to be an adult viewpoint.

No one concept was a clear favorite among the focus groups. "Cigarettes are a drug" and "Smoking makes everything more difficult" were rated most effective overall. Both were viewed as nonjudgmental and true. The concept, "Companies that make, sell, and advertise cigarettes are exploiting you," was rated highly because "it is true and makes you think." Some focus group respondents said the biggest weakness of this concept was the fact that all companies are out to make a profit and that no one is being forced to buy anything.



Draft version of print ad aimed at marketing tactics of the tobacco industry.

Design of the Campaign

Relying on this research, OSH arrived at a counteradvertising strategy aimed at exposing the predatory marketing tactics of the tobacco industry. This strategy was intended to capitalize on three key insights from the focus groups:

1. Teens need to make their own decisions. Message implication: if you smoke, you are not in control; you are being manipulated by the tobacco industry.
2. Teens believe that cigarettes are addictive. Message implication: tobacco advertising is an attempt to recruit new cigarette addicts—a form of legalized drug addiction.
3. Teens have strong feelings of right and wrong on issues of social justice. Message implication: tobacco advertising promotes false and deceptive images of smoking that are nonetheless attractive to youths.

OSH staff also hoped that this hard-hitting campaign, with its direct attack on tobacco industry advertising practices, would increase its newsworthiness among media reporters and editors. News coverage of public service campaigns is important for extending their reach and impact, particularly for an "old" topic like smoking (16).

Table 1. Teenagers' identification of main messages from antismoking ads in campaign test

Main message identified	Advertisement tested (percent)		
	TV	Print 1	Print 2
All valid messages	56	73	80
Smoking causes problems	18	30	61
Stop smoking, get help to stop	13	38	19
They decided for you, made you behave	26	28	13
Smoking benefits only cigarette companies	1	10	4
All invalid messages	38	21	4
Buy, smoke cigarettes	15	13	...
Smoking is, makes you look cool	9	5	...
It's okay to smoke cigarettes	6

OSH used the theme of industry manipulation to create test versions of three print advertisements and a 30-second TV commercial. The creative angle was to look behind-the-scenes at cigarette advertising to expose the seductive and deceptive techniques used to entice teens to smoke. For example, one print ad featured marked-up photos of a male model smoking a cigarette and was headlined "You get an image. They get an addict." Another ad displayed an invented tobacco company memo containing confidential market research results on targeting younger smokers and the headline "Unlike your parents, they know exactly how to make you behave."

OSH obtained feedback on these draft materials from various health and communication professionals. These reviews produced several refinements of the materials. Adult reviewers were especially concerned about the use of the word "they" in the advertisements and the need to refer clearly to cigarette companies instead of advertising agencies. Consequently, OSH added cues into the copy and artwork to make the tobacco industry references more obvious.

Campaign Message Test Results

In May and June 1992, OSH conducted individual interviews with 240 teens in nine U.S. cities to test the TV spot and two of the print ads (unpublished public service announcements campaign study for OSH, by Communications Workshop, Inc., June 12, 1992). The materials were evaluated by representatives of the intended target audience—"tweens" (ages 10 to 12 years) and young teens (ages 13 to 15 years). Respondents reflected a mix of boys and girls, whites and other races, smokers and nonsmokers, and residents of metro, suburban, and rural areas.

Responses to the TV spot were compared with an OSH "teen norm" derived from the testing of five other teen TV spots between 1986 and 1990. Responses to

the print ads were compared with a general print ad norm.

Message test results showed that the materials did not communicate effectively to the target audience. The campaign did not score well in terms of main message identification or motivation—the two key dimensions on which a campaign must be evaluated. Only 26 percent of viewers of the TV spot played back a message related to "they decided for you/made you behave," and— even more disconcerting—38 percent of viewers thought that the commercial conveyed a main message that promoted smoking (table 1).

The campaign also generated high levels of confusion about the message. In particular, the reference to "they" was generally misunderstood. As shown in table 2, only 10 percent of young people who viewed the TV spot reported that "they" referred to tobacco companies; more than half thought "they" referred to their friends or peers.

The campaign apparently failed because its creative execution was too subtle and sophisticated for the target audience, especially for "tweens." Offering an insider's view of the tobacco industry may remain a valid strategic concept, but perhaps only for older teens and only through a more direct and literal pitch. The 13- to 15-year-old test respondents were more likely than the 10- to 12-year-olds to identify an appropriate message after viewing the advertisements, and they more frequently named the tobacco industry as the "they" in the ads. However, they still rated the campaign at levels well below OSH norms.

In light of these negative test findings, OSH halted final production of the new campaign materials and elected instead to "freshen" and reissue its 1988 animated youth campaign, "Nic (a teen)." The updated campaign promoted a new toll-free telephone number, 1-800-CDC-1311, for young people and educators to call and request free copies of "Don't Be A Butthead" posters and book covers.

Conclusions

From OSH's experience in developing and testing the "Image-Addict" campaign emerge three major conclusions.

First, the unexpectedly poor performance of the campaign underscores the great practical value of carefully testing health communication messages and materials. By testing draft materials, OSH was able to redirect its campaign planning, while thus avoiding the considerable expense of producing finished but ineffective products. The animatic (rough) version of the TV spot, however, may have contributed to its poor performance. The fully produced spot may have conveyed the industry-exploita-

tion message more clearly and reduced the confusion that viewers of the animatic version reported.

Second, the wider the gap between campaign sponsor and target audience, the greater the need for testing the effectiveness of communication. In retrospect, the "Image-Addict" campaign would have benefited from more frequent teen input during the creative process. More than a year expired between OSH's focus group research and the campaign test research, and during that time decisions about the campaign were made entirely by adults. Greater ongoing teen-based research likely would have provided earlier warnings about weaknesses that were not obvious to adults.

Moreover, teen language, icons, and activities are a moving target; without taking the pulse of the teen audience at frequent intervals, communication planners risk being out of touch with youth. The most effective strategy may be to involve teens in creative decisions rather than asking them simply to react to already developed messages and materials.

Third, more research is needed to understand the motivational power and appropriate execution of messages aimed at preventing smoking among children and adolescents. The concept of exposing the manipulative marketing tactics of the tobacco industry, for example, may require dramatically different executions to be understandable and relevant to "tweens" and young teens, and may require more precise age segmentation in planning and conducting such campaigns.

Because of the continuing and severe limitations of broadcast public service advertising, CDC also is investigating the increased use of alternative media—such as entertainment programming, comic books, game magazines, and music videos—to communicate smoking prevention messages to youth. Anti-smoking messages face intense competition for free media time and space from a host of other health and social issues—most conspicuously the "megacampaigns" to fight HIV—AIDS and illegal drugs.

Broadcast time contributed for smoking prevention messages is predominantly during the "graveyard shift" of 1 am to 7 am when young people are not likely to be watching TV. For example, during January 1993, fully half of OSH's "Nic (a teen)" smoking prevention TV public service announcements played during these late-night hours (unpublished PSA monitoring report for OSH, by Broadcast Data Systems, January 1993).

Shaping information about smoking initiation and prevention as news is another way to secure media attention to the issue. Consequently, CDC intends to increase its media advocacy activities to heighten awareness among media professionals and the adult public about the problem of teen smoking and the actions required to combat it.

Table 2. Teenagers' response to "Who does 'they' refer to in the antismoking ads?" in campaign test

Teen response	Advertisement tested (percent)		
	TV	Print 1	Print 2
Friends	35	35	10
Peers	23	24	11
Media	33	16	15
Tobacco companies ¹	10	15	45
Smokers	6	15	1
Parents	3	1	6

¹Correct response.

References.....

- Pierce, J. P., et al.: Trends in cigarette smoking in the United States. Projections to the year 2000. *JAMA* 261: 61-65, Jan. 6, 1989.
- U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health: Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General. DHHS Publication No. (CDC) 89-8411, U.S. Government Printing Office, Washington, DC, 1989.
- Bachman, J. G., Johnston, L. D., and O'Malley, P. M.: Monitoring the future: Questionnaire responses from the nation's high school seniors 1988. Institute for Social Research, University of Michigan, Ann Arbor, 1991.
- Reimers, T. M., Pomrehn, P. R., Becker, S. L., and Lauer, R. M.: Risk factors for adolescent cigarette smoking. *Am J Dis Child* 144: 1265-1272 (1990).
- Allen, K. F., et al.: Teenage tobacco use: data estimates from the Teenage Attitudes and Practices Survey, United States, 1989. Advance Data from Vital and Health Statistics No. 224. National Center for Health Statistics, Hyattsville, MD, 1993.
- Green, D.: Teenage smoking: immediate and long-term patterns. Department of Health, Education, and Welfare and National Institute of Education, 1979, p. 35.
- Moss, A. J., Allen, K. F., Giovino, G. A., and Mills, S. L.: Recent trends in adolescent smoking, smoking-uptake correlates, and expectations about the future. Advance Data from Vital and Health Statistics No. 221. National Center for Health Statistics, Hyattsville, MD, 1992.
- DiFranza, J. R., and Tye, J. B.: Who profits from tobacco sales to children? *JAMA* 263: 2784-2787, May 23/30, 1990.
- DiFranza, J. R., et al.: RJR Nabisco's cartoon camel promotes Camel cigarettes to children. *JAMA* 266: 3149-3153, Dec. 11, 1991.
- Huang, P. P., Burton, D., Howe, H. L., and Sosin, D. M.: Black-white differences in appeal of cigarette advertisements among adolescents. *Tobacco Control* 1: 249-255 (1992).
- Comparison of cigarette brand preference of adult and teenage smokers, United States, 1989, and 10 U.S. communities, 1988 and 1990. *MMWR Morb Mortal Wkly Rep* 41: 169-173, 180-181, Mar. 13, 1992.
- Cigarette smoking among youth, United States, 1989. *MMWR Morb Mortal Wkly Rep* 40: 712-715, Oct. 11, 1991.
- Perry, C. L.: Results of prevention programs with adolescents. *Drug Alcohol Depend* 20: 13-19 (1987).
- Worden, J. K., et al.: Development of a smoking prevention mass media program using diagnostic and formative research. *Prev Med* 17: 531-558 (1988).
- Flynn, B. S., et al.: Prevention of cigarette smoking through mass media intervention and school programs. *Am J Public Health* 82: 827-834 (1992).
- Erickson, A. C., McKenna, J. W., and Romano, R. M.: Past lessons and new uses of the mass media in reducing tobacco consumption. *Public Health Rep* 105: 239-244, May-June 1990.