
Past Lessons and New Uses of the Mass Media in Reducing Tobacco Consumption

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Synopsis

A review of mass media response to the smoking issue over the past 25 years reveals that sustained involvement of the broadcast and print media has served significantly to heighten public awareness and reduce smoking rates in the total U.S. population. Public service advertising has been an integral part of the smoking control movement from its outset, but today's intensely competitive media environment has forced health promoters to look beyond public service an-

nouncements in the development of total communication programs.

Media advocacy—using the media to sharpen public awareness and mold public policy to serve the public interest, a technique derived from political campaigns—is emerging as a powerful tool in the smoking control movement. Its emphasis is on changing the entire social context of tobacco use in America, rather than the smoking behavior of people. Because media advocates' success pivots on their access to the media, they must be able both to create news and to react quickly to breaking news and unexpected events. The opportunistic, risk-taking nature of media advocacy requires that most efforts be waged at the State and local levels.

An increasing number of State health departments and other organizations are using paid advertising to improve the frequency and reach of nonsmoking messages. Research verifies that paid media campaigns increase the target audience's exposure to smoking control messages, but planning and making efficient media purchases require sophistication and, of course, the necessary funds.

Irrefutable medical evidence linking smoking to disease and addiction, combined with the powerful social force of the nonsmokers' rights movement, offer hope that a smoke-free society is an achievable goal. Success, however, will only be realized if tobacco control activists make use of the full range of mass media technologies to sustain and nourish this momentum.

THE MASS MEDIA are integral to daily living in the United States (1). The American media culture includes more than 1,000 television stations, 8,000 radio stations, 1,700 daily newspapers, and thousands of weekly newspapers and magazines—not to name countless billboards, movie theaters, and other channels for advertising and entertainment. Ninety-six percent of the U.S. population watches television—an average of 3 hours each day. Some media outlets reach many millions of viewers or readers; others cater to the special interests of a few hundred or a few thousand. There are both commercial and public radio and TV stations and for-profit and nonprofit newspapers and magazines.

Opportunities to reach the public through the mass media abound. These include

- advertising (each year the tobacco industry spends more than \$2.5 billion on print and outdoor advertising and promotion) (2)
- public service announcements (PSAs—placed without charge, in the public interest)
- news and public interest stories
- entertainment (talk shows that permit audience participation and drama).

The use of mass media has been a key strategy in tobacco control programs. It is safe to say that no other health topic has received such consistent and diverse media coverage. A review of media activity related to tobacco use in America over the past three decades is instructive in defining promising uses of the media for

controlling smoking and promoting health in the decades ahead.

What the Media Can—and Cannot—Do

There have been a number of studies in the United States (including a series by Stanford University) and elsewhere (most notably in Finland and Australia) designed to assess the effects of mass media programming on smoking behavior (3). We have learned that the media can be most helpful when used to

- Increase knowledge about such matters as the health effects of smoking and the benefits of quitting.
- Change attitudes (smoking in public places is not acceptable).
- Reinforce attitudes and maintain interest (many people still have not quit).
- Provide cues to simple action (such as calling to request a booklet on quitting).
- Set a social agenda (such as restricting smoking in public places).
- Demonstrate simple skills (such as how to overcome a craving for a cigarette).

Most studies of media campaigns have pointed to the limited effects on actual smoking behavior. However, there is increasing evidence that the mass media can produce meaningful, albeit modest, behavior change (4). One reason for this renewed optimism is that the nonsmoking effort now has been at work for a quarter of a century, resulting in a population of smokers who are almost universally aware of the health risks of their addiction, and who are at many different points along the continuum of behavior change—from thinking about quitting, to being ready to make a serious try, to trying again after relapse.

Media messages are likely to have a greater chance of triggering a positive behavior change in this “conditioned” population than among smokers of earlier decades. The literature for the most part does not account for this new social reality. Recent research findings from the National Cancer Institute also show that a media campaign with sufficient audience exposure can help prevent adolescents from taking up smoking in the first place (5).

Clearly, however, media campaigns cannot “do it all.” For example,

- The media can only reach their own viewers, listeners, and readers.
- The format (for example, a news story or short announcement) will limit the content and style of the information presented.

- Media messages alone are not sufficient to motivate most smokers to quit (6).

As a result, most smoking programs in the United States use a variety of strategies including the mass media, community interventions such as school programs, and interpersonal exchanges such as physician counseling of patients who smoke.

We also know that the effects of media cannot be separated from the effects of these other interventions. We cannot prove that changes in public perceptions result from a particular media campaign, but we do know that media programs are one important element of the nonsmoking efforts within the United States. As an example, per capita cigarette smoking declined dramatically in 1964, the year when there was the first extensive news coverage of the health hazards of smoking. Consumption declined again between 1967 and 1970, when the Federal Government required broadcasters to provide a “significant amount of time” for PSAs that would counter cigarette advertisements shown on TV (2).

Since the 1960s, numerous health organizations have sponsored media campaigns against cigarette smoking. Specific media strategies have evolved over the years to address changes in personal and societal needs and in public perceptions related to smoking.

The 1950s

Although there were sporadic reports of links between smoking and disease in the early years of this century, it was not until the late 1950s that studies in England, Scandinavia, and the United States reported strong connections between smoking and lung cancer and other health problems.

These studies attracted some news coverage including several important magazine articles. As a result, tobacco companies introduced filter cigarettes, but there was no organized nonsmoking campaign to counter these new marketing efforts. Less than half of all U.S. adults—about 41 percent in 1954—believed that cigarette smoking was a cause of lung cancer (2). Smoking was glamorized in movies, and even physicians endorsed particular brands of cigarettes.

The 1960s

In January 1964 the course of U.S. tobacco control efforts took a dramatic turn with the Government’s release of its first official report on smoking and health (7). The Surgeon General’s report was the result of a review of more than 7,000 scientific articles. It concluded that cigarette smoking is the leading cause of

lung and laryngeal cancer in men, a probable cause of lung cancer in women, and the most significant cause of chronic bronchitis. The report found that “cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action.” Media attention to the report was immediate and intense.

At that time, about two-thirds of the population believed that smoking caused lung cancer, but only in people who smoked 10 years or longer. There was widespread coverage of the report, and a drop of about 5 percent in per capita consumption of cigarettes (2).

Beginning in 1966 the Federal Government required a health warning on cigarette packages, and this new regulation was publicized through news and PSAs. This action set into motion a steady flow of PSAs through the media that has continued to the present.

Health promoters have produced PSAs over the years primarily for television. Following the 1964 publicity linking cigarette smoking to disease, a Federal policy called the Fairness Doctrine mandated that broadcasters air one antismoking message on television for about every three cigarette commercials. The rationale for this policy was that broadcasters, who operate over the free public airways, are obligated to present both sides of controversial issues.

As a result, the Government, the American Cancer Society, and other voluntary health agencies produced floods of PSAs during the next few years. Most of these spots were aimed at men, because more men than women were smokers and the epidemiologic evidence linking smoking to disease was clearer for men. These messages addressed reasons for quitting and ways to quit. Celebrities who were dying of lung cancer—or who had quit successfully—delivered memorable testimonies. Reasons cited for quitting, besides preventing illness, included acknowledging the “warning signals” of illness and setting good examples for children.

Although the Fairness Doctrine applied to radio as well as TV broadcasts, there was less use of radio for cigarette counter-advertisements. Most Americans were watching a few television stations, whereas the thousands of radio stations were reaching proportionately much smaller audiences. Thus, message producers could send PSAs to fewer TV outlets and reach more people than through radio. This pattern has largely continued through the years.

The Fairness Doctrine did not apply to the print media and, in any case, few newspapers accept public service messages. Although most magazines do accept PSAs, many large circulation magazines receive considerable revenue from cigarette advertising. Thus non-smoking messages—in editorial content as well as donated advertising space—have been limited to those magazines with a policy against cigarette advertising.

As a result of the extensive air time given cigarette counter-advertisements under the Fairness Doctrine, there was a second major decline in per capita consumption of cigarettes—about 10 percent—between 1967 and 1970 (2). The effectiveness of the nonsmoking messages may have been enhanced, ironically, by their juxtaposition against cigarette advertisements. For example, a satire of the “smoking cowboy” image became more memorable because of its proximity to cigarette ads featuring cowboy models.

In 1971 media attention to the smoking issue changed dramatically. A Federal law enacted in 1969 banned tobacco advertising in the broadcast media; advertisements carrying health warnings in newspapers and magazines were, and still are, permitted. As a result, the media’s obligation to air a quota of nonsmoking messages ended. Fewer public service messages were produced, fewer were aired, and per capita consumption of cigarettes increased by 5 percent over the next few years, returning to previous levels (2).

During the late 1960s the Federal Government continued to report annually to the Congress on the scientific evidence against smoking.

The 1970s

The 1972 Surgeon General’s report specifically addressed the harmful effects of tar and nicotine in cigarettes (8). New media strategies were developed to promote “less harmful” smoking among those who had not quit. Choosing brands with less tar and nicotine, or only smoking half of each cigarette, was recommended. By 1975, 90 percent of adults believed that smoking was harmful to health. However, 45 percent believed that only heavy smoking was harmful (2). Because they feared this message could lessen motivation to quit, public health proponents discontinued the “less hazardous smoking” messages.

Meanwhile, PSA producers had become more sophisticated and began routinely to target specific subgroups of smokers, including teenagers and women. Cessation programs also appeared on television, encouraging and teaching smokers along with broadcast celebrities to quit. The final Government report of the decade underscored the need for programs to help prevent young people from starting to smoke (9).

The 1980s

A major target of nonsmoking messages throughout the 1980s were teenagers who may be pressured by their peers to smoke. There is evidence that these efforts were productive. Although children now are trying cigarettes at an earlier age than ever—as young as ages 10 to 12—there is an indication that the acceptance

of cigarette smoking is waning. Most 18-year-olds still think that smokers are trying to appear mature and sophisticated, but about half think that smoking makes them look insecure (2). Some teenagers now report more pressure from their friends *not* to smoke than to smoke.

Nonsmoking PSA messages have continued to target smokers but increasingly are focusing on subgroups including teenagers, middle-aged men who are the heaviest smokers, and women, including pregnant women. By 1986, 92 percent of adults believed that cigarette smoking is a cause of lung cancer; 78 percent could link cigarette smoking to heart disease. However, many smokers either did not recognize their own risks or denied them. In that same year only 18 percent of smokers were “very concerned” about the effects of smoking on their health (2).

The addition of promotional strategies to public service advertising is a key feature of the American Cancer Society’s Great American Smokeout, held in November of each year since 1976. The Smokeout has helped keep the nonsmoking message alive by creating news for media coverage and serving as a 1-day watershed for national and community-based events and programs. Thirteen years after its inception, 86 percent of the public has heard of the Smokeout (10).

Another more recent strategy that has produced major effects in the smoking control field is a shift from changing individual behavior to changing the societal view of smoking. This broadened view was stimulated in the mid-1980s when the attention became focused on the hazards of passive smoking. The 1986 Surgeon General’s report reviewed an accumulation of scientific evidence concerning the health consequences of involuntary (passive) smoking (11), again resulting in widespread media coverage. The Department of Health and Human Services’ Office on Smoking and Health parlayed this public interest into a memorable PSA campaign, “Please don’t smoke; there’s a baby in the house.” In surveys, 81 percent of adults agreed that tobacco smoke is hazardous to the health of nonsmokers (2).

Smoking control proponents are trying to identify ways to reinforce public sentiment without offending smokers. A new campaign by the American Cancer Society says that “sidestream smoke can kill” and suggests, in a humorous way, that people smoke only in isolation. The social climate suggests that the public is ready to accept this concept; 69 percent of adults say they find it annoying to be near a person who is smoking, and 76 percent believe that nonsmokers have a right to a smoke-free environment (2).

Another pivotal event in tobacco control during the decade was release of the 1988 Surgeon General’s

report on nicotine addiction, which pronounced cigarette smoking to be as addictive as heroin or cocaine use (12). In addition to generating lively news coverage, the report served as ammunition for advocacy groups in their continuing efforts to restrict young people’s access to cigarettes and other tobacco products. The addiction issue struck a resonant chord in both the political and public health communities already mobilized against the scourge of drug abuse in America.

Toward the Year 2000

The U.S. Fairness Doctrine that led to the PSA campaign succeeded in changing the nation’s smoking behavior because it met three necessary criteria for effective communications (4):

- high frequency (one PSA per 3-12 cigarette ads),
- extended reach (virtually complete audience penetration through three national TV networks), and
- long duration (3 years of creative, multiple-appeal advertising).

Most PSA campaigns in the post-Fairness Doctrine era have failed to demonstrate effects on smoking and other health behaviors because they have not met these criteria. Typically a relatively small number of spots are shown only a few times at odd hours—thwarting their ability to motivate and persuade an increasingly fragmented and distracted audience.

Where once the three networks monopolized the media marketplace, 70 percent of households today have access through cable technology to 35 or more channels (1). The result is lower ratings for broadcast programs overall and lower audience recall of specific broadcast messages.

Thirty to 40 percent of recent PSAs from the Office on Smoking and Health have been aired during prime time (8–11 p.m.) or early fringe (5–8 p.m.), earning an estimated \$2 million per year in free media time (CDC, Broadcast Advertisers Reports, unpublished 1988 data). In addition, campaigns aimed at teenagers and pregnant women are aired during times when public service space is more readily available.

However, PSA allotments are decreasing as competition for free air time is increasing, particularly from the current AIDS and drug abuse “mega-campaigns.” In some markets, 150 to 250 separate nonprofit organizations are vying for public service time (13). It is understandable that public service directors might view smoking as an “old” issue meriting less attention than other urgent health issues (14). To contend with this reshaped media environment, tobacco control activists

are creating and adopting new strategies, including media advocacy—using the media to sharpen public awareness and shape public policy to serve the public interest—and selective paid advertising, as part of their total communications programs.

Fighting Tobacco Use

Mounting victories in tobacco control legislation at the national, State, and local levels are due in large measure to the emerging tool of media advocacy (15, 16). Like the entire nonsmokers' rights movement, this approach to tobacco control attempts to shift media attention from the issue of individual behavior (that is, smoking cessation) to the broader environmental issue of tobacco use in society (for example, consumer exploitation by the tobacco industry).

Media advocacy campaigns are like political campaigns in that the sponsor reacts quickly and to unexpected events, breaking news, and opportunities rather than conducting a preformulated education campaign. Because access to the media is limited to those stories that media gatekeepers deem newsworthy—that is, stories that are significant, interesting, and new—the media advocate must search continuously for new “pegs,” “angles,” and “hooks.” Video news releases, which are used on television news programs, are a recent tool for getting tobacco control stories out quickly and efficiently (17). One news creating technique is “creative epidemiology”—presenting smoking and health statistics in new, compelling, and surprising ways. Another is “issue piggybacking”—putting local “spins” on developing national news stories such as the airline smoking ban, an event that allowed many State groups to stage press conferences at local airports and publicize their nonsmoking efforts.

Restricting cigarette smoking in public transportation, workplaces, restaurants, and other public places is a key aim of advocacy activities, which focus on changing the environment in which people make choices, rather than trying to shape those choices directly. To fulfill this role, media advocates often strive to motivate the public to influence lawmakers and other policy decisionmakers. Media advocacy thus becomes the social-political arm of public health promotion, supplementing the more traditional activities of health education programs.

The tobacco industry's decision in January 1990 to stop marketing a new brand of cigarettes to black Americans testifies to the power of media advocacy. A sharp, well-publicized attack on the marketing tactic by the Secretary of Health and Human Services, combined with a rapid and sophisticated response to the media from a local coalition of black organizations, were key to this smoking control victory (18).

Paid Advertising: A New Consideration

Paying for media time and space can never replace the dollar value of free time for the airing of PSAs or the coverage of breaking news events related to smoking. The Great American Smokeout buys no media time or space, yet it is one of the best known national events in health promotion history. However, the purchase of media time offers clear advantages for short-term efforts, to support specific legislative proposals, and to reach audiences not reached by PSAs. An increasing number of States, including California, Michigan, and Minnesota, are appropriating public funds to buy media time for nonsmoking advertisements.

Paid advertising can be a powerful tool for a number of reasons.

- It gives the advertiser control over message selection, timing, placement, and exposure (“Response to an Anti-smoking Campaign Aimed at Mothers with Young Children.” Unpublished paper by K. M. Cummings, et al., Roswell Park Memorial Institute, Buffalo, NY, 1989).
- Media purchases afford control over the problem of waxing and waning interest among stations in airing PSAs.
- Advertisers can make statements in paid time that they cannot say in free time. Controversy creates discussion, interest, and concern.
- Media purchases can buy entry to local markets that can be used to supplement national campaigns.
- Paid advertisements can be used to drive all other aspects of a total communications program that includes advertising, marketing, public relations, and community organization (19).

Paid advertising is expensive. Based on the design of their media research study supported by the National Cancer Institute, Bauman and colleagues estimated that a 6-month national campaign of similar scope to prevent or delay the onset of cigarette use by adolescents would require about \$8.5 million for the purchase of combined TV and radio time (20).

Earmarking tobacco excise tax revenues represents one obvious source of funds to purchase counteradvertising time or space. This source of support has been used for paid nonsmoking campaigns in Minnesota and California. Increasing the Federal excise tax by one cent per pack of cigarettes would raise about \$300 million in revenue each year (21).

Clearly, health promoters in the position to purchase media time should approach this option very carefully. They should identify those campaign elements that would benefit most from a selective media purchase and

consult with professionals experienced in planning and making media buys.

The Challenges Ahead

Tobacco is native to our hemisphere, and its use was once traditional to American culture. However, the changing social milieu has altered that tradition substantially (2).

- Nearly half of all living adults who ever smoked have quit.
- Once smoking was viewed as chic, but it is no longer so. The current norm for movie stars and other celebrities is to avoid being seen smoking in public and in the media.
- In 1965, 40 percent of U.S. adults were smokers; today fewer than 29 percent still smoke.
- There are still more than 50 million smokers in America, but in the absence of a nonsmoking campaign there would be more than 90 million.
- Between 1964 and 1985 about 750,000 smoking-related deaths were avoided or postponed.
- About 400 communities across the country have adopted laws or regulations restricting smoking in worksites, restaurants, and other public places, and that number is increasing rapidly (22).

Despite these gains in tobacco control, knotty problems remain. Children are experimenting with cigarettes at even younger ages. Most smokers become addicted to nicotine before they are out of their teens. Black Americans, blue-collar workers, and those with less education are more likely to smoke, and cigarette consumption among Hispanics is on the increase. Smoking has declined less rapidly among women than among men, and young females are smoking at higher rates than young males (2).

Smoking is responsible for at least one of every six deaths in the United States—our single most preventable cause of death. But public tolerance of exposure to ambient cigarette smoke is declining inexorably. The consistent, long-term U.S. media efforts undoubtedly have contributed to these changes. The challenges ahead are to sustain and nourish the social revolution already in progress. It will require seeking the collective wisdom of health educators, commercial advertisers, and media advocates and applying their knowledge and expertise to help achieve the goal of a tobacco-free society.

References

1. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion: Mass media and health:

conflicts and complexities. U.S. Government Printing Office, Washington, DC. In press.

2. Centers for Disease Control: 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.
3. McAlister, A., et al.: Antismoking campaigns: progress in the application of social learning theory. *In* Public communication campaigns. Ed. 2, edited by R. E. Rice and C. K. Atkin. Sage Publications, Newbury Park, CA, 1989.
4. Flay, B. R.: Mass media and smoking cessation: a critical review. *Am J Public Health* 77: 153-160 (1987).
5. Worden, J. K., et al.: Development of a smoking prevention mass media program using diagnostic and formative research. *Prev Med* 17: 531-558 (1988).
6. Bettinghaus, E. P.: Health promotion and the knowledge-attitude-behavior continuum. *Prev Med* 15: 475-491 (1986).
7. Public Health Service: Smoking and health. Report of the Advisory Committee to the Surgeon General. PHS Publication No. 1103. U.S. Government Printing Office, Washington, DC, 1964.
8. Public Health Service: The health consequences of smoking. A report of the Surgeon General. DHEW Publication No. (HSM) 72-7516. U.S. Government Printing Office, Washington, DC, 1972.
9. Public Health Service: Smoking and health. A report of the Surgeon General. DHEW Publication No. (PHS) 79-50066. U.S. Government Printing Office, Washington, DC, 1979.
10. American Cancer Society: Great American Smokeout promotion guide. Atlanta, GA, 1989.
11. Centers for Disease Control: The health consequences of involuntary smoking. A report of the Surgeon General. DHHS Publication No. (CDC) 87-8398. U.S. Government Printing Office, Washington, DC, 1986.
12. Centers for Disease Control: The health consequences of smoking: nicotine addiction. A report of the Surgeon General. DHHS Publication No. (CDC) 88-8406. U.S. Government Printing Office, Washington, DC, 1987.
13. Hammond, S. L., Freimuth, V. S., and Morrison, W.: The gatekeeping funnel: tracking a major PSA campaign from distribution through gatekeepers to target audience. *Health Educ Q* 14: 153-166 (1987).
14. Stuyck, S. C., and Chilton, J. A.: Examining the role of mass media gatekeepers in disseminating cancer information. *Cancer Bull* 40: 344-348 (1988).
15. National Institutes of Health: Media strategies for smoking control guidelines. NIH Publication No. 89-3013. U.S. Government Printing Office, Washington, DC, 1989.
16. American Cancer Society: Smoke signals: the smoking control media handbook. New York, 1987.
17. Davis, R. M.: Health education on the six-o'clock news: motivating television coverage of news in medicine. *JAMA* 259: 1036-1038, Feb. 19, 1988.
18. Ramirez, A.: Reynolds, after protests, cancels cigarette aimed at black smokers. *New York Times*, Jan. 20, 1990, p. 1.
19. National Institutes of Health: Making health communications work: a planner's guide. NIH Publication No. 89-1493. U.S. Government Printing Office, Washington, DC, 1989.
20. Bauman, K. E., et al.: Three mass media campaigns to prevent adolescent cigarette smoking. *Prev Med* 17: 510-530 (1988).
21. Warner, K.: Selling health: a media campaign against tobacco. *J Public Health Policy* 7: 434-539 (1986).
22. National Institutes of Health: Major local smoking ordinances in the United States. NIH Publication No. 90-479. U.S. Government Printing Office, Washington, DC, 1989.