

<b>Supplementary Table 2. Media and Education Campaigns to Reduce Smoking</b>				
<b>Author, y</b>	<b>Design</b>	<b>Population</b>	<b>Intervention/Exposure</b>	<b>Findings</b>
Farrelly et al, 2005 <sup>83</sup>	Quasi-experimental comparison (pre- vs postintervention)	National US monitoring data, including ≈50,000 students in grades 8, 10, and 12	Pre- vs postevaluation of a media campaign on smoking prevalence in US youth, including a “Truth” campaign, a TV campaign, and a measure of the “dose” of exposure by market	<ul style="list-style-type: none"> <li>The prevalence of youth smoking declined from 25.3% to 18% between 1999 and 2002.</li> <li>The media campaign was estimated to account for 22% of this decline.</li> </ul>
Henriksen et al, 2006 <sup>84</sup>	Randomized controlled study	N=832, 9th and 10th graders, age 14-17 y	Evaluation of responses of adolescents to 5 smoking prevention ads sponsored by a tobacco company	<ul style="list-style-type: none"> <li>Tobacco company ads were viewed as less favorable than other ads.</li> <li>None of the ads had an effect on intention to smoke.</li> <li>Company-sponsored ads engendered a more favorable response to the sponsoring company.</li> </ul>
Sutfin et al 2008 <sup>85</sup>	Cross-sectional between subjects, randomized experimental design	N=488 high school students, some smokers and some nonsmokers	Exposure to 3 approaches to antismoking ad: <ol style="list-style-type: none"> <li>Endangering others</li> <li>Negative life circumstances</li> <li>Industry manipulation</li> </ol>	<ul style="list-style-type: none"> <li>Negative life circumstances were associated with lower intention to smoke.</li> <li>Response differed by smoking status.</li> <li>Smokers liked ads with more negative thoughts less.</li> </ul>
US Surgeon General’s Report, 2000 <sup>76</sup>	Review, nonsystematic	10 studies, ranging from N=654 to N=6716 Intervention compared with comparison group	Educational anti-tobacco strategies	<ul style="list-style-type: none"> <li>Education conducted in conjunction with community and healthcare system–based strategies can postpone or prevent smoking onset in 20-40% of adolescents.</li> </ul>
CDC, 2007 <sup>77</sup>	Review of health communication intervention best practices for comprehensive tobacco control programs.	Multiple states	Review of effects of paid television, radio, billboard, print, and web-based advertising to reduce tobacco use	<ul style="list-style-type: none"> <li>Countermarketing and media must have sufficient reach, frequency, and duration to be successful.</li> <li>Ads should reach 75%-85% of the target audience each quarter.</li> <li>A campaign should run at least 6 mo to increase awareness, 12-18 mo to have an impact on attitudes, and 18-24 mo to influence behavior.</li> </ul>
Davis et al, 2008 <sup>79</sup>	Review, systematic	Publications from 1970 to May 2007, including 10 controlled field experiments (26 publications) in children and 19 controlled field experiments (39 publications) in adults	Media approaches to tobacco control: <ol style="list-style-type: none"> <li>Mass media</li> <li>Marketing communication (ie, sponsorship)</li> <li>Consumer marketing (ie, packaging)</li> <li>Stakeholder marketing (ie, health warnings)</li> </ol>	<ul style="list-style-type: none"> <li>Media communications play a key role in knowledge, attitudes, and behaviors related to tobacco.</li> <li>Cigarettes are one of the most heavily marketed products in the United States, and there is a causal relationship between tobacco advertising and increased tobacco use.</li> <li>Mass media campaigns should be designed to discourage tobacco use, curb smoking initiation, and encourage cessation. Best results occur when mass media is combined with other strategies.</li> <li>Advertising that includes strong negative messages about health is most effective.</li> </ul>
Wakefield et al, 2010 <sup>81</sup>	Review, nonsystematic	Studies of antismoking media campaigns,	Mass media campaigns for smoking cessation	<ul style="list-style-type: none"> <li>Mass media campaigns were associated with declines in smoking initiation in adolescents and increases in adults</li> </ul>

		including 25 controlled field experiments (youth); 40 controlled field experiments (adults); 57 population-based state/national media campaigns; and 11 time-series studies with controls (adults)		<p>quitting.</p> <ul style="list-style-type: none"> <li>• Smoking prevention is more likely when mass media efforts are combined with school or community programs.</li> <li>• In adults, mass media campaigns work best when combined with other control strategies, but study design often makes it difficult to establish independent effects.</li> <li>• The dose of exposure to ad campaigns is important: more exposure improves efficacy.</li> </ul>
Tynan et al, 2010 <sup>80</sup>	Review, nonsystematic	Children and adults	Multiple	<ul style="list-style-type: none"> <li>• Sustained media campaigns combined with other interventions <ul style="list-style-type: none"> <li>– Increase negative attitudes about smoking</li> <li>– Decrease smoking initiation among youth</li> <li>– Promote smoking cessation</li> </ul> </li> </ul>
Pennant et al, 2010 <sup>82</sup>	Systematic review of multicomponent CVD prevention programs that included a media-based approach and were published between January 1970 and July 2008	36 relevant community intervention programs (international) using controlled before-after comparisons in adults	Multicomponent prevention programs all included a media-based approach, with (1) screening and (2) individual and group intervention. Interventions were delivered at the workplace, schools, or other locations.	<ul style="list-style-type: none"> <li>• Net absolute reduction of smoking prevalence of 1.7% across studies (statistical significance not provided)</li> </ul>

CDC indicates Centers for Disease Control and Prevention, and CVD, cardiovascular disease.

Note: Reference numbers (eg, Farrelly et al, 2005<sup>483</sup>) appearing in this supplementary table correspond with those listed in the reference section of the statement. For the purposes of this supplementary table, these meta-analyses or systematic reviews (see "Author, y" column) are considered the primary citation. Additional studies mentioned in the primary citation may be included in the "Intervention/Exposure" and "Findings" columns. The additional studies can be accessed through the primary citation.