ABSTRACT

Objective This review summarises the impact of mass media campaigns on promoting quitting among adult smokers overall and for subgroups; the influence of campaign intensity and different channels; the effects of different message types.

Methods The present work updates two reviews published in 2008 by searching databases using a standard search string. Articles in languages other than English were excluded, as well as letters and editorials. Screening of abstracts yielded 194 potentially relevant articles. Abstracts were evaluated by 2 authors, excluding articles that focused on populations other than adults and according to other specified criteria, resulting in 26 studies reported in 29 articles. Studies were categorised as (a) population-based studies of campaign effects and (b) studies comparing message types, using either population-based or forced exposure methods. Findings of subgroup differences for each study were noted, as well as study strengths and limitations.

Results Overall, the studies have strengthened the evidence that mass media campaigns conducted in the context of comprehensive tobacco control programmes can promote quitting and reduce adult smoking prevalence, but that campaign reach, intensity, duration and message type may influence success. Achievement of sufficient population exposure is vital, especially for lower socioeconomic status smokers, with television remaining the primary channel to effectively reach and influence adult smokers. Studies comparing different message types found negative health effects messages most effective at generating increased knowledge, beliefs, positive perceived effectiveness ratings, or quitting behaviour, while there was more mixed evidence for other message types. A few studies further suggest that negative health effects messages may also contribute to reductions in socioeconomic disparities in smoking.

Conclusions Mass media campaigns to promote quitting are important investments as part of comprehensive tobacco control programmes to educate about the harms of smoking, set the agenda for discussion, change smoking attitudes and beliefs, increase quitting intentions and quit attempts, and reduce adult smoking prevalence. Jurisdictions should aim for high reach and consistent exposure over time with preference towards negative health effects messages.

INTRODUCTION

Mass media campaigns (MMCs) have been used since the 1970s to reduce population tobacco use. A recent review of MMCs showed that studies of MMC effects on tobacco use are more numerous than for any other health-related issue.1 Because most campaign exposure occurs incidentally during routine media use, rather than being explicitly sought out, there is high potential for widespread and repeated population exposure.2

Health communication scholars recognise there are multiple potential pathways through which MMCs could change population tobacco use.1,2 MMCs can directly influence individual decision making about quitting, as smokers view or hear campaigns, gain new insights and reflect on the implications for their own behaviour. It is less well recognised that MMCs can also operate through indirect routes by increasing interpersonal discussion about tobacco use3 and these discussions may themselves lead to quit attempts. Another indirect pathway is by influencing social network norms; where smoking behaviour of groups change in direct response to MMCs, this group change creates a new social network norm,3 and this new norm increases the likelihood of quitting among those wanting to join this network.5 Finally, by changing broader social norms about smoking and/or increasing interpersonal discussion of tobacco issues, MMCs can also increase the likelihood of tobacco control policy change and these policies may prompt quit attempts.6

Early empirical studies of MMC effects employed controlled field experiment designs, but this approach was no longer viable during the 1990s as large-scale MMCs became key components of comprehensive tobacco control programmes.6 Accordingly, most studies since then feature evaluations that lack control groups and seek to parse effects from concurrent population-based tobacco control policies.7 In this review, we summarise findings from recent key reviews of tobacco control MMCs and update them with recent empirical studies. We focus on adult smokers rather than adolescents, because quitting in adults confers the most rapid health and economic benefits for jurisdictions.8 We attend particularly to broadcast intensity and duration and effectiveness of different media channels. We also examine message features that influence campaign effectiveness and summarise findings about subgroup responsiveness.

METHODS

We replicated search terms used in the National Cancer Institute’s (NCI) review of the effectiveness of tobacco control media interventions, which included studies published between 1970 and May 2007.7 We searched databases PubMed, PsycINFO, Web of Science, Scopus and Embase from May 2007. Search terms included (tv OR television OR radio OR broadcast* OR mass media OR adverts* OR marketing OR countermarketing) AND
Reviews

(prevent* OR cessation OR initiat*) AND (tobacco OR smoking). Articles in languages other than English and letters and editorials were excluded.7 Search alerts established for each of the databases ensured that potentially relevant articles published up to July 2011 were also eligible for inclusion.

The initial search identified 942 articles. With a focus on identifying review articles and original studies that assessed the impact of tobacco control mass media interventions among adult smokers, an initial review of the titles (and abstracts, if required for clarification) of these articles by 1 of the authors (EB) identified 194 articles that were potentially relevant to the current review. The abstracts of these articles were then evaluated against the inclusion criteria specified in box 1 by 2 of the authors (EB and SD), resulting in 27 articles being identified as eligible for inclusion, with an additional 2 articles identified during manuscript preparation, for a total of 29 articles reporting the findings of 26 studies. For population-based studies we excluded post-campaign only surveys, which present a far weaker design compared with others that include pre-campaign assessments. Studies of quitline calls are most instructive for, we excluded post-campaign only surveys, which present a far

Population-level effects of mass media campaigns on adult smoking

While there are older reviews38–42 of MMC effects on smoking behaviour, recent reviews on youth smoking effects43 44 and broader reviews of MMCs across health behaviours, 1 4 we focused on the two most recent in-depth reviews of campaign effects on adult smoking.7 45 A Cochrane review examined a total of 11 MMCs, investigated in 58 research studies that employed controlled trial designs.45 The authors concluded that comprehensive tobacco control programmes that include MMCs can positively change smoking behaviour in adults, but noted studies were heterogeneous in their methodological design and quality.45 They further concluded that intensity and duration of MMCs may influence effectiveness, but length of follow-up and concurrent secular trends made this difficult for these reviewers to quantify.

A NCI review in 2008 was more comprehensive in its inclusion criteria, embracing controlled field experiments and population-based studies as part of comprehensive tobacco control programmes.7 This review therefore included more evaluations of the large-scale campaigns of more recent years. Although these interventions are ‘messy’ and difficult to evaluate, they

Box 1 Inclusion criteria for studies considered in the review

Overall inclusion criteria:

► Measure the effectiveness of a tobacco control mass media intervention among adults aged 18 years and older, using a sample containing at least some current smokers.
► Employ mass media channels such as television, radio, print and/or outdoor advertising where exposure is incidental or involuntary (ie, rather than digital media channels which often require users to ‘opt in’ to be exposed).
► Measure the effectiveness of messages specifically targeted at encouraging smokers to quit (ie, excluding evaluations of informational campaigns about secondhand smoke regulation).
► Present quantitative data relating exposure to mass media message/s to a measured outcome indicative of campaign impact (including message recall or recognition; cognitive and emotional advertising responses; physiological arousal; knowledge of tobacco-related health effects; tobacco-related beliefs; approval for tobacco control policies; quitline calls; and quitting-related intentions, activity and behaviour).

Additional inclusion criteria for section on population-level effects and decay, intensity and duration:

► Population studies only.
► Measure outcomes at more than one point in time (ie, pre/post or multiple post-campaign measures).
► Measure an outcome other than calls to a quitline.

Additional inclusion criteria for section on effectiveness of different media channels:

► All population and forced-exposure studies that include an explicit comparison of the effectiveness of messages delivered by two or more advertising media channels (ie, television, radio, print, outdoor).

Additional inclusion criteria for section on effectiveness of different message types:

► All population and forced-exposure studies that include an explicit comparison of the effectiveness of two or more cessation messages with different themes, characteristics or execution styles.

Additional inclusion criteria for section on subgroup differences:

► All studies eligible for inclusion in the population-level effects section that includes an explicit comparison of campaign effects by specified individual characteristics (socioeconomic status, gender, age).
► All studies eligible for inclusion in the effectiveness of different message types section that also examine effects of different message types across specified individual characteristics (socioeconomic status, gender, age).
### Table 1: Population-level effects of tobacco control mass media campaigns

<table>
<thead>
<tr>
<th>Authors and location</th>
<th>Study design</th>
<th>Sample type and size</th>
<th>Campaign message type (channels)</th>
<th>Intensity*</th>
<th>Duration† (recall)</th>
<th>Effects on knowledge, campaign beliefs or quit intentions?</th>
<th>Effects on quit attempts, behaviour or smoking prevalence?</th>
<th>Which demographic groups compared? (Differences found?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alday et al, 2010‡</td>
<td>Cross-sectional, pre/post</td>
<td>Smokers and non-smokers; Ns&gt;600</td>
<td>NHE-SHS (TV, print, billboard, radio, online)</td>
<td>No information</td>
<td>Short (35%)</td>
<td>K: no; CTB: mixed</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Durkin et al, 2009‡</td>
<td>Cohort, 2 year follow-up</td>
<td>Smokers; N=1419</td>
<td>Mostly NHE and Al (TV, radio, print, billboard)</td>
<td>High</td>
<td>Long (NA)</td>
<td>NA</td>
<td>QB: yes</td>
<td>SES (QB: no)</td>
</tr>
<tr>
<td>Gagne et al, 2008‡</td>
<td>Cohort, pre/duing/post</td>
<td>Smokers 20–30 years; N=559</td>
<td>Quit benefits and NHE (posters, radio, TV)</td>
<td>Low</td>
<td>Short (35%); 48% of those exposed to TV</td>
<td>CTB: mixed</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>British Columbia, Canada (yes)</td>
<td>Cross-sectional,</td>
<td>Mostly NHE and AI (TV, Smokers; N &gt; 600</td>
<td>High</td>
<td>Long (NA)</td>
<td>NA</td>
<td>QB: yes</td>
<td>SES (QB: no)</td>
<td></td>
</tr>
<tr>
<td>New Zealand (yes)</td>
<td>2 × pre/2 × post; NA</td>
<td>Smokers; N=559</td>
<td>Mostly NHE and AI (TV, Smokers; N &gt; 600</td>
<td>High</td>
<td>Long (NA)</td>
<td>NA</td>
<td>NA</td>
<td>SES (QB: no)</td>
</tr>
<tr>
<td>Niederdeppe et al, 2008‡</td>
<td>Cohort, 1 year follow-up</td>
<td>Smokers; N=452</td>
<td>1 KTO (TV); 1 NHE-SHS (TV)</td>
<td>KTO advert: low; NHE-SHS advert: moderate</td>
<td>NA</td>
<td>KTO advert: OA and QB: yes; NHE-SHS advert: OA and QB: no</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Intensity: average intensity was low, <1200 TRPs/GRPs per quarter; moderate, 1200 up to 2100 TRPs/GRPs per quarter; high, >2100 TRPs/GRPs per quarter.
†Duration: short, <6 months; moderate, 6 to 17 months; long, >18 months.

AI, Anti-industry; HTQ, How-to-Quit; KTQ, Keep Trying to Quit; NHE, Negative Health Effects; SHS, Second-Hand Smoke. CTB, Campaign Targeted Beliefs (includes all measures of beliefs and attitudes); K, Knowledge; P, smoking Prevalence; QA, Quit Attempts; QB; Quitting Behaviour; QI: Quitting Intentions; R, Recall. GRPs, Gross Ratings Points; TRPs, Targeted Ratings Points. N, Number of participants; NA, Not Applicable, SES, Socio-Economic Status. Note: Acronyms for all outcome measures are bolded.
Table 2  Message type effects of tobacco control mass media campaigns

<table>
<thead>
<tr>
<th>Authors and location</th>
<th>Study design</th>
<th>Sample Type and Size</th>
<th>Number of Ads (Message Types compared); Description of Ads</th>
<th>Differential effects on recall, knowledge, ad responses, campaign beliefs, quit intentions, or other outcomes?</th>
<th>Which individual characteristics compared across message types? (Differences found?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis et al, 2011</td>
<td>Forced exposure</td>
<td>Smokers; N=7060</td>
<td>N=32 TV ads (Theme &amp; Method); 10 NHE (why-to-quit)-graphic 15 NHE (why-to-quit)-testimonial 8 HTQ 4 AI</td>
<td>AR: NHE-graphic &gt; NHE-testimonial, AI &amp; HTQ; NHE-testimonial &gt; HTQ &amp; AI</td>
<td>Consumption (AR: YES); Gender (AR: YES); Age (AR: YES); Education (AR: YES); Income (AR: YES); Ethnicity (AR: YES); Transportability (R: YES); Education (R: YES); Consumption (R: YES); Discussion (R: NO)</td>
</tr>
<tr>
<td>Dunlop et al, 2008</td>
<td>Population cross-sectional</td>
<td>Smokers &amp; Recent quitters; N=595</td>
<td>N=12 recalled TV ads (Theme &amp; Method); 6 NHE-graphic 4 NHE-narratives 2 NHE-simulated</td>
<td>R: NHE-graphic &gt; NHE simulated &amp; NHE-narrative Discussion: NHE-graphic &amp; NHE simulated &gt; NHE-narrative</td>
<td>NA</td>
</tr>
<tr>
<td>Dunlop et al, 2010</td>
<td>Forced exposure</td>
<td>Smokers; N=121</td>
<td>N=2 storyboard ads (Theme &amp; Method); 1 NHE-narrative 1 NHE-informative</td>
<td>AR: NHE-narrative &gt; NHE-informative on positive cognitions. No differences on self referencing or emotional responding</td>
<td>NA</td>
</tr>
<tr>
<td>Dunlop et al, 2009</td>
<td>Population cohort — 2 yr follow-up</td>
<td>Smokers; N=1491</td>
<td>N=134 TV ads (Emotion &amp; Method); 51% GRPs High Emotion and/or Testimonial (Majority NHE); 49% GRPs neither High Emotion or Testimonial (Mostly AI or Social Norms)</td>
<td>NA</td>
<td>SES (QB: YES)</td>
</tr>
<tr>
<td>Farrelly et al, 2011</td>
<td>Quitline — 9 yrs</td>
<td>N=2000 to 250000 calls per year</td>
<td>N=126 TV ads (Theme &amp; Method); Theme: 10 cessation &amp; 30 SHS Method: 10 NHE-Graphic only; 27 NHE-Negative Emotion; 14 NHE-Graphic &amp; Negative Emotion; 75 Neither Graphic nor Negative Emotion</td>
<td>NA</td>
<td>QL: Cessation &gt; SHS; NHE-Graphic only &amp; Neither associated with increased call volume. Trend for both NHE-Graphic and Negative Emotion (p=0.089). No effect of NHE-Negative Emotion on calls.</td>
</tr>
<tr>
<td>Kang et al, 2009</td>
<td>Forced exposure</td>
<td>Smokers; N=96</td>
<td>N=12 TV ads (Stylistic features); 2 (argument strength) x 2 (smoking cue) – 3 of each kind</td>
<td>Smk urges: Smoking cues increased urges only for low argument strength msgs. Heart rate: smoking cues decreased rate only for low argument strength msgs. Skin conductance: NO</td>
<td>Gender (Smk urges: YES; Heart rate: NO; Skin conductance: YES)</td>
</tr>
</tbody>
</table>

Continued
<table>
<thead>
<tr>
<th>Authors and Study design</th>
<th>Sample Type and Size</th>
<th>Description of Ad Messages</th>
<th>Number of Ads (Message Types compared)</th>
<th>Differential effects on recall, knowledge, ad responses, campaign beliefs, quit intentions, or other outcomes?</th>
<th>Which individual characteristics compared across message types?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langleben et al., 2009 23</td>
<td>Forced exposure</td>
<td>Young Adult Smokers (N=71) and Non-smokers (N=66)</td>
<td>N=2 TV ads (Stylistic features); Frame x Theme x Outcome extremity</td>
<td>Processing: Most extreme loss-framed msg&gt; others. No effect of theme.</td>
<td>NA</td>
</tr>
<tr>
<td>Mosbeek et al., 2007 25</td>
<td>Quoteline — 2 yrs &amp; 5 mths</td>
<td>N ~ =5300 calls</td>
<td>N=7 TV &amp; 5 radio ads (Theme &amp; Method); 1 TV HTQ; 2 TV &amp; 2 Radio NHE-reasons to quit; 2 TV &amp; 1 Radio NHE-Family Testimonial; 1 TV &amp; 1 Radio NHE-Smoker Testimonial</td>
<td>R: recognition accuracy: low MSV &gt; high MSV R: recognition response time: low MSV &gt; high MSV</td>
<td>NA</td>
</tr>
<tr>
<td>Murphy-Hofer et al., 2008 1,3</td>
<td>Forced-exposure Young Adults (64% non-smokers); N=1020</td>
<td>1 Northern &amp; 1 Southern USA city</td>
<td>N=12 TV ads (Theme &amp; Method); 3 Themes (Social Norm; NHE; All x 4 Methods (Humour, Sarcasm, Testimonial, Drama)</td>
<td>AR: NHE-Drama &gt; Others K &amp; CTB: NHE &amp; AI &gt; Social Norms AS: NO, but indication NHE &gt; AI &gt; Social Norms</td>
<td>Gender (K &amp; CTB: NO) Education (OA: YES; OB: NO) Income (OA: NO; OB: NO)</td>
</tr>
<tr>
<td>Niederdeppe et al., 2009 13</td>
<td>Population Cohort — 1 yr follow-up</td>
<td>Smokers; N=452</td>
<td>N=2 TV ads, Theme: 1 HTQ 1 NHE-SHS</td>
<td>AR: NHE-testimonial &gt; AI &gt; Others; HTQ &lt; Others</td>
<td>NO in Study 1; YES in Study 2. AR: YES Education (AR: YES) Income (AR: NO)</td>
</tr>
<tr>
<td>Niederdeppe et al., 2011 17</td>
<td>Population cross-sectional survey &amp; Forced exposure</td>
<td>Smokers; N=7060</td>
<td>N=32 TV ads (Theme &amp; Method); 10 NHE (why-to-quit)-graphic 15 NHE (why-to-quit)-testimonial 7 HTQ 4 AI</td>
<td>AR: NHE-graphic &gt; Others; HTQ &lt; Others</td>
<td>Quit Intentions (R: YES; AR: YES) Education (R: YES) Income (R: NO)</td>
</tr>
<tr>
<td>Rhodes et al., 2008 34</td>
<td>Forced exposure Young Adult Non-smokers (N=98) and Smokers (N=70)</td>
<td>1 Social Norms 3 SHS-informative 3 NHE 3 NHE-SHS 3 AI</td>
<td>AR: NHE-SHS &gt; Others; AI &gt; Social Norms, SHS-informative AS: NO</td>
<td>NO</td>
<td>NA</td>
</tr>
<tr>
<td>Samu et al, 2008 35</td>
<td>Forced exposure Young Adults (73% non-smokers); Study 1 N=102 Study 2 N=143</td>
<td>N=4 TV ads (Emotion &amp; Theme); 2 High fear NHE 2 Low fear AI</td>
<td>AR: NO CTB: High fear NHE &gt; Low fear AI in Study 2 AS: NO</td>
<td>Sensation Seeking (SS) (CTB: For low SS low MSV &gt; high MSV, for high SS high MSV &gt; low MSV)</td>
<td>Gender (AR: No in Study 1; YES in Study 2; CTB: NO in Study 1; YES in Study 2. AR: YES in Study 1; YES in Study 2) No in Study 1; YES in Study 2)</td>
</tr>
<tr>
<td>Strasser et al., 2009 36</td>
<td>Forced exposure Pennsylvania, USA</td>
<td>Smokers; N=199</td>
<td>N=16 TV ads (Stylistic Features); 4 High MsgSens Value (MSV), High Argument Strength (AS) 4 High MSV, Low AS 4 Low MSV, High AS 4 Low MSV, Low AS</td>
<td>CTB: MIXED AS: NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
Table 2

<table>
<thead>
<tr>
<th>Authors and location</th>
<th>Study design</th>
<th>Sample Type and size</th>
<th>Number of Ads (Message Types compared); Description of Ad Messages</th>
<th>Differential effects on recall, knowledge, ad responses, campaign beliefs, quit intentions, or other outcomes?</th>
<th>Differential effects on quitline calls, quit attempts, or quit behaviour?</th>
<th>Which individual characteristics compared across message types? (Differences found?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vallone et al, 2010*6 Michigan, USA</td>
<td>Population Cohort — 6 mth follow-up</td>
<td>Smokers: N=212</td>
<td>N=3 TV ads (Type); 1 HTQ 'EX' by Legacy Foundation 1 HTQ 'Quit Assist' by Philip Morris 1 HTQ 'My Time to Quit' by Pfizer</td>
<td>AR: MIXED, EX &gt; Others</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Vallone et al, 2011*7 Michigan, USA</td>
<td>Population Cohort — 6 mth follow-up</td>
<td>Smokers: N=4067</td>
<td>N=3 TV ads (Type); 1 HTQ 'EX' by Legacy Foundation 1 HTQ 'Quit Assist' by Philip Morris 1 HTQ 'My Time to Quit' by Pfizer</td>
<td>AR: NO</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Veer et al, 2008*7 South-Western USA</td>
<td>Forced-exposure Young adult smokers N=200</td>
<td>2 TV ads (Theme); 1 HTQ ('self-liberating') 1 NHE ('consciousness-raising')</td>
<td>NA</td>
<td>AR: Main effects not reported</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Alcohol; AI, Anti-industry; HTQ, How-to-Quit; KTQ, Keep Trying to Quit; NHE, Negative Health Effects; SHS, Second-Hand Smoke. AR, Ad Responses (includes all measures of emotional and cognitive responding); CTB, Campaign Targeted Beliefs (includes all measures of beliefs and attitudes); K, Knowledge; QA, Quit Attempts; QB, Quitting Behaviour; QI, Quitting Intentions; QL, Quitline Calls; R, Recall; other campaign outcomes specified. N, Number of participants; NA, Not Applicable, SES, Socio-Economic Status. Mth, Month; Yr, Year. Note: Acronyms for all outcomes measures are bolded.

A time series analysis of monthly smoking prevalence over an extended period of time (from 1998 to 2008) provided evidence of a sustained decline in smoking prevalence. This decline was observed in both men and women, across all age groups and socioeconomic strata. The analysis also showed that the decline in smoking prevalence was accompanied by an increase in quit attempts and quitting rates. These findings support the hypothesis that comprehensive population-based smoking control programmes can lead to reductions in smoking prevalence and increases in quitting rates. The results also suggest that smoking cessation campaigns can play a role in this process by increasing public awareness and providing support for quit attempts.
11-year period found greater population exposure to televised MMCs (increase of 590 GRPs 2 months earlier) was associated with acceleration in the decline in adult smoking prevalence (0.3% percentage point drop), after adjusting for variation in tobacco prices, smoke-free restaurant laws, tobacco marketing restrictions and availability of smoking cessation products. In a population cohort study, greater population exposure to televised MMCs (average 855 GRPs per month over 2 years) was associated with a higher likelihood of quitting at a 2-year follow-up (odds increased 11% for every 1000 GRPs). Another cohort study conducted over 6 years, found every 1000 GRPs in the 3-month period prior to follow-up, increased the odds of making a quit attempt by 11%. These studies of the effects of multiple campaigns over time indicate campaigns can generally expect small effect sizes (requiring large samples to detect), but because they involve mass numbers of individuals within a population, the degree of change is of high practical significance, helping to drive down population smoking prevalence by increasing successful quitting rates.

Since the last reviews of 2008 concluded that MMCs have beneficial effects, five of eight additional studies examining effects of MMCs on behaviour (quit attempts, sustained quitting or smoking prevalence) found beneficial effects, one found a mediated effect, one found a trend towards an effect and one did not find any effects. Of the additional four evaluations that only measured campaign-targeted knowledge, beliefs and/or quitting intentions, some positive findings were also observed for each campaign. Overall, these studies further strengthen the evidence that MMCs can improve attitudes and intentions, promote quitting and reduce adult smoking prevalence. Some mixed findings indicate not all campaigns are equally successful, and factors including the reach, intensity, duration and type of messages used are likely to determine overall impact.

Campaign decay, intensity and duration
An important aspect of determining optimal campaign investment is campaign decay, or the extent to which effects are detectable after the campaign broadcast ends. Although some consumer product advertising may be recalled long after broadcast ends, most advertising primarily has effects on product sales during broadcast and for a short time following. These effects have also been observed in tobacco control MMCs. A recent cohort study found quit attempts were associated with MMCs in the most recent 5 months, but not with exposure in earlier months. A time-series analysis showed the beneficial effect of MMCs on smoking prevalence lasted only up to 2 months after exposure. One reason that withdrawal of MMCs leads to decay of effects is because tobacco-promoting influences, such as tobacco marketing and tobacco addiction, gradually regain precedence. Sustained smoking behaviour change requires frequent longer-term campaign exposure.

Few studies have considered the intensity of campaign investment that can most efficiently achieve population changes. Hyland and colleagues found an average of 700 GRPs per quarter was only weakly associated with quitting. A more recent cohort study of adult smokers found a mean of 2560 GRPs per quarter was significantly associated with quitting. Time-series analysis found an average of 1200 GRPs each quarter was significantly associated with reduced smoking prevalence. Taken together, these findings suggest that, at least in high-income countries, an average of 1200 GRPs per quarter for a total of 4800 GRPs per year are needed to reduce adult smoking prevalence, although 2560 GRPs per quarter (total of 10 240 GRPs per year) could be expected to reap proportionally larger returns.

Greater advertising exposure may be required to influence adult than youth smoking, due perhaps to the fact that most adult smokers are hampered by addiction. For comparison, a threshold for detecting beneficial effects for reducing smoking uptake among youth may exist around 300 teenage-targeted GRPs per quarter with effects increasing linearly until potentially beginning to diminish above 1250 GRPs per quarter.

Effects of MMCs on demographic subgroups
In contrast to producing general audience adverts that convey messages of relevance to most adult smokers, targeting tobacco control adverts to specific audience groups (eg, age, gender, education, ethnicity) may increase message relevance and persuasion. However, this strategy may also increase costs, as multiple adverts are required. Given finite resources, targeting messages may result in a lower proportion of funds available to broadcast these different adverts, resulting in lower rates of exposure. The extent of targeting and segmentation therefore needs to be weighed carefully against the importance of maximising campaign exposure. Research among adolescents reported in the NCI review found few differences between different demographic groups’ responses to MMCs, that advert characteristics were more important than demographic characteristics, concluding that adverts that perform well do so among many population groups.

To examine these issues among adult smokers, we compared demographic subgroup differences in response to MMCs reported in previous reviews and more recent studies (online table 1). In the review by Bala and colleagues two wide-reaching campaigns examined effects separately for different socioeconomic status (SES) groups (education and ethnicity) and campaign effectiveness did not differ by education or ethnicity. Another review of MMC effectiveness among socioeconomically disadvantaged populations suggested that differences in the effectiveness of MMCs between SES groups may be due to differences in meaningful exposure, or motivational response, or opportunity to sustain cessation in the long term. Of the nine reviewed general population campaigns that were less successful among lower SES smokers, five suffered from low levels of exposure and promotion. Of the other four higher reach campaigns, two were less effective in generating quitline calls in lower SES, while the other two campaigns showed equal effects across SES in motivating quitline calls, but SES differences occurred in translating these attempts into success. In contrast, nine other reviewed general population campaigns showed equal or greater effects on motivational response and/or long-term cessation in lower SES groups, and all nine of these achieved sufficient exposure. In contrast, nine other reviewed general population campaigns showed equal or greater effects on motivational response and/or long-term cessation in lower SES groups, and all nine of these achieved sufficient exposure. This review also identified 13 MMCs that specifically targeted low SES populations. Underscoring the importance of adequate exposure and campaign reach, the five targeted campaigns that were not successful, were hampered by limited reach, very low levels of recall. The other eight campaigns showed mixed findings.

Three more recent population-level studies have reported effects separately by SES. An examination of high intensity televised MMCs found no significant interaction between total potential exposure to MMCs and quitting behaviour 2 years later across SES groups. A recent evaluation of a non-television campaign found a significant reduction in smoking prevalence in the highest SES group, but not in moderate or low SES groups. A cohort study of the ‘EX’ campaign found campaign awareness was associated with increased quit attempts among non-Hispanic black smokers, but not among Hispanics.

(or non-Hispanic white smokers), and among smokers with less than high school education, but also showed a positive trend (p=0.08) among those with most education. This campaign was aired at low intensity overall, but placement was targeted to media programmes and channels consumed by lower income and blue collar smokers of diverse race/ethnicity. The clear media programmes and channels consumed by lower income was aired at low intensity overall, but placement was targeted to concluding Bala and colleagues45 that campaign effectiveness study addressing demographic subgroups, we defer to the does not consistently differ by gender and age.

Examining differences by age and gender, Bala and colleagues45 found three studies that showed long-term MMC effects for men and one for women, while three found MMC effects among younger smokers and another three found MMC effects among older smokers. A recent non-televised campaign,14 found a significant reduction in prevalence in males but not females and among those aged 40 years or older, but not in those aged 18–59 years. Overall, given only one additional study addressing demographic subgroups, we defer to the conclusion of Bala and colleagues45 that campaign effectiveness does not consistently differ by gender and age.

Effectiveness of different channels of delivery of mass media campaigns
Few studies have examined the relative effectiveness of different advertising channels. The NCI review1 of 47 MMCs found 98% used television, 94% radio, 89% print and 87% billboards. Only two reviewed studies examined comparative effects of different media types, finding television adverts were recalled by twice as many respondents as radio adverts. This review highlighted another US national adult population survey which found television provides the greatest exposure among smokers, and that smokers are more likely to be heavier users of television and radio and less likely than non-smokers to be magazine or newspaper readers.84

Since the NCI review, two studies have examined the relative effectiveness of different MMC channels on quitline calls. Farrelly and colleagues85 found for each 10% increase in expenditure on television, radio and newspaper advertising, calls increased by 1.51%, 0.05% and 0.022% respectively, with the latter only a marginally significant association. Mosbaek and colleagues86 examined a range of different adverts aired on television and on radio and found the 10 most cost effective adverts were aired on television, while the most cost effective radio advert was ranked 11th overall. It is difficult to determine whether the reduced effectiveness of non-television messages is due to the channel, to lower population reach, or to differences in message effectiveness.

One recent study found a MMC message broadcast on radio generated similar levels of concern about smoking and motivation to quit as a similar message shown on television.86 Although this study indicates radio messages can be effective, it was broadcast concurrently with a televised version of the campaign, and so part of its effectiveness may be due to smokers bringing to mind the images associated with the televised advert. Future research should examine the effects of a stand-alone radio campaign. Despite radio’s lower costs it’s reduced population reach means that it is unlikely to be a good substitute for television in influencing population-wide smoking, and could be considered a reinforcing adjunct.

Effectiveness of different types of mass media messages
MMC messages differ in informational content (theme), purpose (why-to-quit vs how-to-quit), method, emotional tone and stylistic features.7 13 33 87 88 The NCI review identified four studies that explicitly addressed the effectiveness of different messages among adult smokers.7 One89 examined results from a collection of focus tests, concluding that anti-industry and secondhand smoke (SHS) messages were most effective; however, this study was criticised for lacking a transparent criteria for the definition of effectiveness.7 89 The other three studies demonstrated that messages which elicited negative emotions by describing the serious health consequences of smoking scored higher on memorability,90 and ratings of perceived effectiveness91 and were more likely to be recalled by recent quitters who believed that anti-smoking advertisements had contributed to their quit attempt.62 Our search identified 6 new population studies, 3 quitline studies and 11 forced-exposure studies that compared the effectiveness of different message characteristics, including comparisons of message themes (negative health effects, how-to-quit, anti-industry, social norms, information about SHS regulations), methods (graphic depictions, medical simulations, testimonials, narratives, information), emotional tone (high vs low emotion) and inclusion of specific stylistic features (outcome extremity, message sensation value, argument strength, smoking cues) (table 2). In this review negative health effects (NHE) messages are those that emphasise the serious health effects of smoking for the individual and/or their family or friends, and include those previously described as ‘health effects’, ‘why-to-quit’, ‘reasons to quit’, ‘family testimonial’, ‘smoker testimonial’ and ‘dangers of SHS’.

Four studies examined the impact of inclusion of specific stylistic features, including outcome extremity, message sensation value (MSV), argument strength and presence or absence of smoking cues on campaign outcomes.27–29 36 One forced-exposure study found better performance on a recognition task and on psychophysiological measures of central cognitive processing after exposure to more extreme loss-framed messages than after exposure to less extreme and gain-framed messages.29 One study identified an advantage for low MSV on accuracy and response time,28 while another forced-exposure study found the impact of MSV on self-efficacy and beliefs depended on the sensation seeking level of participants.35 This study also found there was no effect of argument strength on beliefs and intentions.35 One other study found smoking cues increased urges to smoke and caused larger decreases in heart rate (potentially indicating an orienting response), but only when argument strength was low.27

Overall, two population10 13 two quitline studies26 30 and four forced exposure studies reported in six articles22 31–35 compared the effectiveness of NHE messages to other message themes (social norms; anti-industry; how-to-quit). The two quitline studies found some specific NHE messages were as, or more effective than some specific how-to-quit messages, but other NHE messages were less effective. All four of the forced-exposure studies22 31–35 found NHE messages were more effective than how-to-quit, anti-industry and/or social norms themes at generating either increased knowledge, positive beliefs, perceived effectiveness ratings or motivation to quit. No studies that examined effects on quit intentions found differences between message themes31 32 34 35 however, these four studies included a majority of non-smokers in their samples and so were underpowered to detect effects on smokers’ quitting intentions. There was also evidence from one large population study that
high emotion or testimonial adverts (majority of which were NHE messages) were more effective than comparison adverts at increasing quitting rates. The other population study found neither a NHE-SHS message nor a keep-trying-to-quit message increased quit attempts or sustained quitting, however this study had limited power to detect changes in quitting behaviour.

Overall these findings provide good support for the use of NHE messages, comparatively less support for how-to-quit and anti-industry messages, and an indication that more work is required to determine the importance of stylistic features, such as MSV and the inclusion of smoking cues. As discussed in the NCI review, untangling the effective elements of NHE messages remains difficult because of the tendency for particular elements (for example, the NHE information, using a graphic and/or testimonial format, and high levels of negative emotions) to co-occur.

A number of recent studies have attempted to disentangle the key effective elements of NHE adverts. Examining different types of NHE messages separately, one study found those messages that included neither graphic images nor negative emotion (typically how-to-quit adverts) and those with graphic images only were associated with increased quitline calls, while there was a trend for those including graphic images and negative emotion to be associated (p=0.089), but those with negative emotion only did not increase calls. However, unlike other research which has used smokers to rate the level of emotion in adverts and/or had narrative elements drove greater quitline calls, while there was no effect of airing low emotion non-narrative NHE messages. Similarly, a large population cohort study found those adverts that did not generate high emotion or include personal stories were not associated with sustained quitting. Further research on the relative effectiveness of the level of emotion and narrativity of NHE messages is required, and should also explore whether the use of emotion and story-based messages might explain the more successful how-to-quit and anti-industry messages.

Conclusions and Lessons for Practice

There is strong empirical evidence that, within the context of comprehensive tobacco control programmes, MMCs can promote adult quitting and reduce adult smoking prevalence. Effectiveness may depend upon campaign reach, intensity, duration and the messages used. Campaigns require ongoing investment to sustain a level of at least 1200 GRPs per quarter for a total of 4800 GRPs per year. Sufficient population exposure is crucial: television remains the primary channel to reach most smokers. Higher MMC exposure also appears to confer greater benefit on socioeconomically disadvantaged population subgroups. Head-to-head comparative studies of message themes find that NHE messages, many of which feature graphic imagery and/or testimonial stories and elicit negative emotions, tend to perform well, compared with messages without such features. It remains difficult to disentangle the elements that drive observed effects since these message features so frequently co-occur; however, strong emotion activation and narrative or testimonial style may be important. In general, these kinds of messages may be especially beneficial for low and mid SES populations; there is no consistent evidence that these messages perform differently in various age and gender groups.

Although funders often balk at the upfront costs of campaign investment, MMCs have a low cost per capita because of their potential for very high population reach. In simulation studies, MMC-attributable accelerations of the decline in smoking prevalence translate into substantial cost savings in terms of premature deaths averted and healthcare costs saved. A cost-effectiveness study illustrated that benefits substantially increase over the remaining lifetime of quitters. Most studies of MMC benefit are from high-income countries, so a challenge for the future is to ensure the application of effective tobacco control MMCs in low-income and middle-income countries.

Several strategies can improve MMC efficiency and optimise effects. Buying media to ensure the bulk of smokers in the population can be exposed is critical, while specific targeting of small population subgroups using a mass reach strategy is less efficient. Choosing NHE messages may maximise efficiency, although even campaigns with the highest impact messages cannot be effective unless they reach a sufficient percentage of the population over time. Adapting and recycling messages already used successfully in other jurisdictions can avoid the
What this paper adds

- This review found the latest population studies have strengthened the evidence that mass media campaigns conducted in the context of comprehensive tobacco control programs can promote quitting and reduce adult smoking prevalence, but that campaign reach, intensity, duration and message type influence success. Sufficient population exposure was vital for impact, especially among low socio-economic status smokers.
- Negative health effects messages were most effective at generating increased knowledge, beliefs, positive perceived effectiveness ratings, or quitting behaviour, while there was more mixed evidence for other message types. There was also some evidence that negative health effects messages may be especially effective for low socio-economic status smokers.
- These findings strengthen existing evidence that mass media campaigns to promote quitting are important investments as part of comprehensive tobacco control programs to reduce adult smoking prevalence.

Policymakers and funders concerned to implement aspects of Article 12 of the Framework Convention on Tobacco Control, which advocates a focus on education, communication and public awareness, should be aware that MMCs are an effective strategy for jurisdictions to educate about the harms of smoking, set the agenda for discussion, change smoking attitudes and beliefs, increase quitting intentions and quit attempts and reduce adult smoking within the framework of a comprehensive tobacco control programme.

Competing interests None.

Provenance and peer review Commissioned; externally peer reviewed.

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Mass media campaigns to promote smoking cessation among adults: an integrative review
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*Tob Control* 2012 21: 127-138
doi: 10.1136/tobaccocontrol-2011-050345

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