Communicating with teens: some lessons from commercial marketing

George I Balch

The marketing approach divides the potential audience into various segments in order to choose which segments to target. Marketers then develop offerings that consumer research indicates will appeal to each target group. We develop communications that they will find interesting, personally relevant, credible, and persuasive. No single appeal works for all.

So it is with smoking and youths. One segment, *non-susceptible non-smokers*, have never taken a puff and never intend to, no matter who offers them a cigarette. Over time, most do not take up smoking.¹ They do not need prevention or cessation efforts. Another segment, *susceptible non-smokers*, have also never taken a puff, but have not said that they would "definitely not" if a friend offers a puff. Many go on to try cigarettes, as about two thirds of youth in the United States do.² Maybe we cannot stop them from trying, but we can delay them. The later they start the less they smoke, and the easier they may find it to quit. Some school programs, particularly when reinforced by targeted media communications, delay smoking initiation among youths. Managed care organisations (MCOs) might develop or support such communications.

In hundreds of focus groups, we have rarely seen youths start smoking alone. They typically respond to an offer, usually a social offer. MCOs might show triers how to accept this social offer without accepting the cigarette. Surprisingly, we find that teens are reluctant to judge each other on the basis of their smoking behaviour. An offer is made; somebody says "yes" or "no, thanks," and that is the end. We must offer realistic refusals. Programs such as "Just say no" which treat an offer of friendship like an offensive act, ignore teen realities.

Late experimenters are intermittent or occasional smokers. They do not want to get

addicted, but they do not know how insidious and powerful addiction can be. MCOs and providers can tell them about that, and they can make cessation aids and programs inviting and available. *Established/dependent* smokers tend to know that they are addicted. They, too, need a fetching invitation and offer to take realistic steps to quit.

How can we make our messages "inviting" to teens? Teens want facts, not preaching—not even a hint of it. They assume that anything that looks like a lecture is preaching. They want the "teen relevant" facts, not the public health facts. What affects teens now? How many of the 400 000+ daily deaths from smoking are teens?³ If we cannot answer that, we should not use the "deaths" message. Teens want the real facts, not exaggerations. Telling male teens that smoking will make them impotent undermines credibility.

Keep your message moving. Youths want new messages and new executions. Be concrete in your approach. Use pictures, comparisons, and specific examples, or else it may look like a lecture. Identify specific actions that they can take. Show them how to act. Do not try to use their language and music to seem cool; teens recognise and detest phonies. Respect their norm of non-judgement; do not stigmatise teens who smoke, empathise with them. Finally, pretest, refine, and retest; this target group often sees a different point or tone from what we do.

1 Pierce JP, Choi WS, Gilpin EA, *et al.* Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychol* 1996;15:355–61.

2 Analysis of 1997 YRBS Data. *MMWR Morb Mortal Wkly Rep* 1998;47 (SS-3):table 12.

3 Malarcher AM, Chrismon JH, Giovino GG, *et al.* Annual average estimate of smoking attributable deaths for 1990–1994. *MMWR Morb Mortal Wkly Rep* 1997;46:448–51.

Balch Associates, 635
South Kenilworth
Avenue, Oak Park, IL
60304-1129, USA;
gbalch@uic.edu
G I Balch