

Chapter One: Description of Quit campaigns 1998 to 2001

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SUMMARY

The campaigns conducted by Quit SA are aimed at reducing the prevalence of smoking in South Australia. Mass media are used to educate smokers and the community about the health effects of smoking and other factors that are likely to motivate smokers to make a successful quit attempt. Once smokers are committed to action, the Quitline provides information and support to maximise their chances of success.

The main focus of recent campaigns has been adult smokers, aged 18-40. Television advertising is the main media used, with supplementary support from other media at peak campaign times or to reach specific audiences. With improved funding, campaigns are now conducted on a year-round basis, with peak periods around New Year and World No Tobacco Day.

Mass media campaigns are underpinned by a comprehensive range of strategies and services. One example is activities designed to boost the effectiveness of health workers in promoting cessation routinely. Health workers can have significant influence on clients although there are barriers to their effective intervention. Strategies have been developed to build their skills, provide relevant resources and an appropriate referral mechanism to the Quitline to help overcome some of these barriers. Other strategies are also presented.

BACKGROUND

The Quit Campaign in South Australia is aimed at dealing with Australia's most preventable cause of illness and premature death. The annual death toll from smoking in South Australia is approximately 1500.¹ This exceeds the deaths from motor vehicle crashes (153 in 2001)², illicit drugs (approximately 125), and suicide (approximately 190) by a large margin.

Over the past half century, since convincing scientific evidence of the harm caused by tobacco usage has emerged in the public health literature, campaigns have developed in most affluent countries to begin to roll back the epidemic of premature death and illness. Progress was slow in the early years, with minimal funding, slow acceptance of the evidence by tobacco users, little action to regulate tobacco by governments, and the tobacco industry continuing to market its products unfettered. The pace of change has now quickened, especially in the past decade, in all states and territories in Australia and internationally. It is now realistic to imagine a society free from the harm caused by tobacco, and to see the steps necessary to achieve it.

Since the SA Smoking and Health Project was established in 1989, it has played a major part in tobacco control in SA. It has been the key community agency focused on promoting and supporting cessation amongst smokers, working to prevent smoking uptake, and working to 'de-normalise' tobacco smoking in the community. The Quit message and associated campaigns have become well known and respected in the community. The 'Quit' brand and message has been used extensively in many contexts – in mass media marketing, as a health promotion sponsorship message, and as shorthand name for the organisation itself.

As a result of the high level of public recognition of the brand, the name of the organisational unit was changed from the SA Smoking and Health Project to Quit SA in 2000. The logo used, a variant of the standard Quit logo, has been formally agreed to by the licensed trademark holder, the Anti-Cancer Council of Victoria (now The Cancer Council Victoria).

A notable feature of the tobacco control field has been the strong reliance on scientific evidence. This has been seen in the documentation of the health and other effects of tobacco use, and also in the systematic efforts to evaluate the effectiveness of intervention activities, as evidenced in part by this volume.

The strong evidence base of the field has been a function of its origins in the disciplines of public health, medicine, psychology and the related fields it has drawn from, as well as a response to the contested nature of tobacco control. Because of the strong scientific foundations, there is a considerable body of knowledge about what works in every phase of intervention, at both the individual and population level.

The political and social context of tobacco control in South Australia has changed substantially since the time of the previous evaluation report in this series. In March 1997, the Minister for Health, the Hon Michael Armitage announced a commitment to reduce smoking prevalence by 20% over five years and pledged \$3.9m annually to achieve this goal. In May 1998,

the Hon Dean Brown, Minister for Human Services announced the setting up of an Anti-Tobacco Ministerial Advisory Taskforce to advise on how this funding should be used.

Since the Taskforce came in to operation, it has provided a forum for the funding and coordination of many new initiatives both small and large to enhance the effort in SA. Arguably, the most important outcome has been a significant boost in the funding available for Quit SA.

The funding increases have enabled a much more extensive media campaign, and a broadening of the range of activities that are undertaken. It has also seen the establishment of the SA Tobacco Control Research and Evaluation (TCRE) program as an independent expert group to monitor outcomes and effectiveness of all major campaign activities in SA.

South Australia now has a state Strategy for tobacco control formulated by the Taskforce and endorsed by the Minister for Human Services. It covers three broad areas – promoting adult cessation, preventing youth uptake, and promoting a smoke-free culture and environment. Quit SA's role has evolved to have a major role in the first of these strategy areas, play a substantial role in the second area, and have a supportive role to government in the third.

A notable advance was made with the introduction of smoke-free dining on 4 January 1999. This has not only protected the non-smoking majority of diners from exposure to second-hand smoke, but has been a significant step towards establishing a smoke-free culture in SA.

Australia's National Tobacco Campaign, a Commonwealth, state and territory initiative, began in 1997 and continues to have an important impact in coordinating tobacco control activities across all states and territories. Over this period, the Commonwealth committed substantial funds to enhance many aspects of the campaign, especially the media component.

OBJECTIVES

The general aim of Quit SA's campaigns is to play a significant part in reducing smoking prevalence in South Australia.

The main objectives to achieve this are:

- To use the mass media and advocacy to promote the knowledge of the harm caused by smoking and to encourage as many current smokers as possible to quit permanently through the use of effective anti-smoking messages.
- To provide services to support as many smokers as possible to quit permanently.
- To increase the involvement of health workers in cessation by working progressively towards the routine identification and treatment of every tobacco user seen in a health care setting.
- To prevent as many young people as possible from taking up smoking.

TARGETS

The main target for campaigns over the period has been adult smokers aged 18-40. This group is that adopted by the National Tobacco Campaign as the key priority. The rationale for this selection is that many smokers quit during this life stage. The short- and medium-term social and personal health gains of quitting are maximised for this group. The modelling effect of smokers quitting is also maximised for peers, offspring, and other family members. Since smoking prevalence is higher amongst low socio-economic status groups, media planning was designed to increase reach to this group.

Young people aged 10-20 years were also targeted in a specific cinema campaign. Young people in this target group are in the stages of making or maintaining a choice to be a non-smoker, experimenting with smoking, or in the early stages of their smoking career. Preventing uptake clearly is an ideal strategy for tobacco control, but there is growing evidence that a focus on adult cessation has a strong preventative impact by reducing the perception of smoking as a 'normal', 'mature', 'adult' behaviour.

Mass media, by definition, reach broad audiences that extend beyond the specific target groups. In this way mass media have an effect on the entire population and serve to influence general community knowledge and norms around smoking.

CAMPAIGN COMPONENTS

1. Media

The traditional pattern of campaign periods has changed from a single focused campaign in September each year to a year-round campaign with peaks at New Year and around World No Tobacco Day (WNTD – 31st May). 'Spots' are bought on all commercial metropolitan and rural television stations. The Commonwealth also buys television spots at these peak periods, so Quit SA's buy is designed to complement this.

Television is the main media used, due to its high impact and reach, especially to the priority target groups. The usual pattern of television buying is at a level of up to 200 Target Audience Rating Points (TARP's) in alternate weeks. A 'top and tail' strategy is typically used, with a health effect 'push' commercial closely followed by a call for action 'pull' commercial to maximise the chances of motivation being translated into action.

Radio is used as a supplement around peak campaign periods, with occasional support from outdoor advertising (billboards or bus sides) if appropriate. Print is used sparingly, and usually is in publications that have specific reach to target audiences not penetrated by other media (e.g. publications for new mothers, The Trading Post, Messenger Press). Table 1 summarises the media used in each year, the material used, and timing.

Table 1: Summary of media used in campaigns

Creative Material		Timing
1998-1999		
Television	National Tobacco Campaign (NTC): <i>Stroke, Artery, Brain, Call for Help</i> (30 & 15 sec)	September, New Year and WNTD peaks, Feb, March
Radio	NTC radio versions of TVCs	September
Print	Low level specialist	
Cinema	Not used	
Outdoor	BusPak (<i>Artery, WNTD, Quitline</i>)	Sept, Oct, Dec, May
1999-2000		
Television	NTC: <i>Tar Lung, Eye, Call for Help</i> (15 sec)	Year round, peaks at New Year and WNTD
Radio	<i>Coughing up</i>	June 2000 (GST price rise)
Print	Low level specialist	
Cinema	<i>Janet Sackman, Dave Goerlitz</i>	May-June
Outdoor	BusPak – <i>Piggy bank</i>	June 2000 (GST price rise)
2000-2001		
Television	NTC: <i>Tar Lung, Eye, Call for Help</i> (15 sec), Parents' Campaign: <i>You should have been there</i> (30 & 15 sec)	Year round, peaks at New Year and WNTD
Radio	<i>It's not easy</i>	New Year, WNTD
Print	Low level specialist	
Cinema	Not used	
Outdoor	Quit street banners	WNTD

Campaigns targeting adult cessation are aimed at moving smokers along the continuum of change. Those not contemplating quitting are encouraged to think about it, those who are contemplating quitting to take action, and those who have quit to maintain their change. In addition, the Quitline service is regularly promoted in association with the health effect message to encourage quitters to seek information and support to maximise their chances of success.

In 1998-1999, the media used relied on the television and radio commercials produced by the National Tobacco Campaign (NTC). They are described in detail in Australia's National Tobacco Campaign Evaluation Reports.^{3,4}

In 1999-2000, media again relied on the NTC commercials. Two new NTC television commercials were launched – *Tar Lung* (31 May 1999), and *Eye* (15 June 1999). These continued the series of graphic depictions of health effects produced for the NTC since its inception in 1997.

The period around New Year 2000 provided a special opportunity to focus smokers' decisions to quit for a new Millennium. Similarly, the introduction of the GST in July 2000 resulted in a

substantial increase in the price of cigarettes, and an opportunity to capitalise on decisions to quit because of the cost. To highlight this issue, a radio commercial from the Western Australian (WA) Quit campaign was used (*Sick of coughing up all that money*) together with bus advertising of a piggy bank with the same message.

A youth oriented campaign ran for six weeks in Adelaide cinemas in May-June 2000. This was designed to sensitise young people to the ways in which the tobacco industry marketed to children and young people. The 60-second *Janet Sackman* and *Dave Goerlitz* commercials were used in rotation.

In 2000-2001, television relied on the NTC *Tar Lung* and *Eye* and the *Call for Help* commercials in the early part of the year. A new television commercial was developed over the 2000-2001 year in an innovative partnership between Quit Victoria, Quit SA and TCRE. It was launched simultaneously in SA and Victoria on 7 August 2001.

This 'Parents' campaign extended the health effects series of the NTC to focus on more indirect impacts. The commercial was conceptualised as a way to target smoking parents and the finding that parental smoking is a major predictor of uptake by their children. The final execution depicts a father suffering a serious tobacco-related illness being visited by his family in hospital and reminds smokers not only that they may suffer, but also that they may not be able to participate fully in the lives of their children.

2. Support for Cessation

The Quitline continues to provide expert advice and counselling in relation to cessation attempts, as well as being a source of information or referral for callers in relation to all aspects of tobacco control. Prospective quitters are sent a pack of self-help materials including the *Quit because you can* book, promotional items, a quit planner, and information tailored to their particular needs.

Quit books were circulated in the community at peak campaign periods through a range of community partners – community health centres, pharmacies, GPs, hospitals and related health settings. Two newsletters were also sent each year to approximately 1500 community partners to inform them of resources available and campaign activities.

An innovation introduced at the end of 2000 was a structured 12-week program of pro-active telephone call backs for quitters to support them through their quit period. Calls are scheduled frequently during the initial period, and become more spaced over time. Such extra support is designed to prevent relapses to smoking over the first 3 months when it is most likely. Successful quitters are sent a certificate at the end of this period.

The 131 848 number is answered at all hours, initially by staff located at a commercial call centre who offer Quit packs and the opportunity to speak to an adviser. Advisers are available Monday to Thursday 9am-8pm, 9am-5pm on Fridays, and 2-5pm on Saturday, Sunday, and

public holidays. Callers wanting to speak to an adviser are transferred directly from the Link call centre to advisers located at Quit SA.

3. Training of Health Professionals

Most people have contact with a health worker at least once a year. Health workers have the potential to identify smokers amongst their clients and provide credible and effective intervention or referral. For this reason, Quit SA has an important task to provide training, resources, and support to maximise the effectiveness of health workers in promoting cessation on a routine basis.

Regular Quitskills training courses continue to be provided to health workers from many different backgrounds and settings. They are usually provided at Quit SA's premises, but where appropriate are offered in hospitals, rural centres, and can be tailored to the needs of recipients. A more intensive Quitskills 2 course, running for two days, has now been introduced to train health workers who have completed initial Quitskills training. Those completing the advanced training are qualified to offer Motivational Talks and the Quit SA Short Course.

In addition, new partnerships were developed with Divisions of General Practice, pharmacy, and dental health professional groups. In addition to providing training, these initiatives are aimed at getting more health professionals to provide routinely brief intervention with all smokers they see in their routine practice. The underpinning of this initiative is the publication of Guidelines for Clinical Practice in both the USA and UK.^{5,6}

Quit SA's role has been to develop training workshops and printed resource materials to assist health practitioners in routine brief intervention (referral pads, patient information sheets, case file stickers), and establish a system of referral of intending quitters to the Quitline, and the promotion of these elements to health practitioners. The development of the 12-week Quitline telephone support service has been a critical component of this approach, together with a mechanism for reporting on progress to the referring health practitioner.

4. Culturally and Linguistically Diverse Communities

In addition to targeting the mainstream community, Quit SA received additional funding to conduct specialist campaigns with a range of Culturally and Linguistically Diverse (CALD) communities from 2000-2001. The communities targeted were the Arabic, Cambodian, Chinese [Mandarin and Cantonese], Croatian, Greek, Italian, Polish, Spanish, Serbian, and Vietnamese-speaking.

A range of activities were undertaken to raise awareness about smoking and health effects, including distribution of resources translated into these languages (Quit book and passive smoking information), displays at major cultural festivals, radio advertising in community languages on ethnic radio broadcasts, talks to community groups, and support for other projects funded to promote cessation in these communities.

5. Prevention of Smoking Uptake

Activities continued to promote non-smoking as the best choice for young people, and to encourage young people who were either experimenting with smoking or had become regular smokers to quit. Much of this work focused on school settings, with the continuing promotion of *Tobacco – The Truth Is Out There*, a curriculum package for the middle school years, especially through offering Training and Development workshops to teachers. The *OxyGen* Internet site, a joint project with Quit Victoria and the WA Smarter than Smoking project has continued to develop, and now offers a range of information, resources, and activities for both young people and teachers.

A new initiative in 2001 was the introduction of *Critics Choice*, a compilation of anti-smoking television commercials that are distributed to schools with support materials. The compilation is viewed by students who then vote on which one is most likely to be effective in preventing uptake or promoting cessation with young people. A resource was developed in 2001 in collaboration with the Peer Support Foundation to provide a set of activities and information to assist those working in peer education settings with young people.

6. Community Support/Dissemination

Quit SA has many partners and supporters in the community. Twice a year, approximately 1500 newsletters are distributed to these supporters and partners. The newsletter is designed to inform community partners about current and forthcoming campaigns, and to encourage involvement of partners in the work of tobacco control. A resource order form is included to enable the easy ordering of the many printed pamphlets, posters, and other campaign support materials that are available for distribution.

Similarly, a newsletter is sent twice each year to prevention partners and supporters. For the most part, this is distributed to teachers, parent groups, and youth service providers to encourage them to support activities designed to prevent uptake amongst young people.

In summary, Quit SA's campaign activities have expanded significantly over the period 1998-2001. Additional funding has enabled a more substantial effort to encourage more smokers to quit, to prevent uptake, and to make non-smoking the norm in the community.

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