

A national, evidence-based, independent and well-funded media campaign is an essential part of the effort to prevent youth smoking.

With nearly 80% of smokers having their first cigarette before the age of 18 and one in three youth smokers projected to die prematurely from tobacco-related disease, tobacco is in many ways a pediatric epidemic. Youth prevention -- stopping teens from ever starting to smoke -- is an essential element in the fight against the deadly toll of tobacco.^{1,2} A national, evidence-based, independent and well-funded media campaign is a proven effective and necessary component of youth prevention efforts.^{3,4}

- **Campaigns must be evidence-based.** A growing body of published and peer-reviewed scientific evidence confirms that public health driven campaigns speaking to teens in their own voice, providing information about the marketing tactics of the tobacco industry and creating a youth “counter brand” to the powerful tobacco brands have been highly effective in reducing youth smoking.
 - The American Legacy Foundation’s **truth**® campaign, which first launched in 2000, kept 450,000 young people from smoking just in its first four years and saved as much as \$5.4 billion in medical care costs in its first two years.^{5,6} Based on the work of the CDC-convened Columbia Expert Youth Marketing Panel, the earlier successes of the Florida truth campaign, theories of behavior change and media research **truth**® exposes the tactics of the tobacco industry and the truth about addiction along with the health effects and social consequences of smoking.^{7, 8, 9, 10, 11, 12, 13, 14, 15}
- **Campaigns must be public-health driven and independent of the tobacco industry.** As the prestigious Institute of Medicine has recognized, the tobacco industry has no place in sponsoring youth tobacco prevention campaigns or, indeed, in having anything at all to do with youth. This is the industry, after all, whose own documents describe a business plan dependent on youth as “replacement smokers” for the adult smokers who die or manage to quit.^{16, 17}
 - Tobacco industry-sponsored campaigns provide compelling examples of what does not work in reducing youth smoking. Published, peer-reviewed research shows that such campaigns have not only failed to reduce youth smoking, they were actually associated with increased intentions to smoke and an increase in smoking among teens.^{18, 19}

- **Campaigns must be adequately funded.** An effective youth-targeted media campaign is not inexpensive to run. This is especially true since it must counter the tobacco industry marketing juggernaut, fueled by \$13 billion in annual expenditures. While it is not necessary to match industry expenditures dollar for dollar, it will take at least \$100 million per year to mount an optimally effective national campaign including a grassroots presence and a rigorous evaluation component. Because it is essential to carefully target advertisements to the intended audience, public service announcements, which are run at the discretion of the broadcaster, do not present a viable alternative to paid media.

- **A national campaign is essential.**
 - Teen smoking is a national problem with remarkable similarities in patterns of initiation and brand choice among teens across the country. By way of just one example, an extraordinary 81% of teen smokers, ages 12-17, report smoking one of the three most heavily promoted cigarette brands, Marlboro, Newport or Camel; nearly half smoke Marlboros.²⁰
 - National campaigns offer unified messages and brands to an increasingly mobile and inter-related youth market.
 - A national media campaign is the most cost-effective way to reach teens across the country.²¹ Because of how media is purchased and priced, it is significantly less expensive to reach a national audience through a national campaign as opposed to through regional, state-by-state, or local media campaigns. The result is that for the same amount of money (or even less), a national youth prevention campaign will reach far more teens with its life-saving message.

SOURCES

- ¹ Calculated based on data in Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2006 National Survey on Drug Use and Health (NSDUH), 2007. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- ² CDC. Projected smoking-related deaths among youth—United States. *MMWR*. 1996;45(44):971-4.
- ³ Ending the tobacco problem: A blue-print for the nation. IOM (Institute of Medicine). Ending the Tobacco Problem: A Blueprint for the Nation. Washington, DC: The National Academies Press; 2007, Recommendation 15, pp. 224-231.
- ⁴ National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008.
- ⁵ Farrelly MC, Nonnemaker J, Davis KC, Hussin A, The Influence of the National truth® Campaign on Smoking Initiation, *American Journal of Preventive Medicine* April 2009.
- ⁶ Holtgrave DR, Wunderink KA, Vallone DM, Healton CG. Cost-utility Analysis of the National truth® Campaign to Prevent Youth Smoking. *American Journal of Preventive Medicine* April 2009.
- ⁷ Flay BR. Mass media and smoking cessation: A critical review. *American Journal of Public Health* 1987 77(2), 153-60.
- ⁸ Flay BR, Burton D. Effective mass media communication strategies or health campaigns. In Atkin C and Wallack L (eds) *Mass Communication and Public Health: Complexities and Conflicts*. Newbury Park, CA, Sage, 129-146. 1990.
- ⁹ Hornik R. (ed.). *Public Health Communication: Evidence for Behavior Change*. Lawrence Erlbaum Associates, Publishers. New Jersey, London. 2002.
- ¹⁰ McKenna J, Gutierrez K, McCall K. Strategies for an effective youth counter-marketing program: recommendations from commercial marketing experts. *Journal of Public Health Management and Practice*, 2000; 6(3):7-13. See also Columbia Marketing Panel. (1996). *Tobacco Counter-Marketing Strategy Recommendations, Draft Report*.
- ¹¹ Bauer UE, Johnson TM, Hopkins RS, Brooks RG. Changes in youth cigarette use and intentions following implementation of a tobacco control program: findings from the Florida Youth Tobacco Survey, 1998-2000. *Journal of the American Medical Association* 2000; 284(6):723-728.
- ¹² Fishbein M. A consideration of beliefs and their role 257-2, New York: Wiley in attitude measurement. In *Readings in Attitude Theory and Measurement*, ed. M. Fishbein. New York: Wiley, 257-266. 1967.
- ¹³ Rosenstock IM, Strecher VJ, Becker MH. Social learning theory and the Health Belief Model. *Health Education Quarterly*. 1988 Summer;15(2):175-83.
- ¹⁴ Flay BR. Mass media and smoking cessation: A critical review. *American Journal of Public Health* 1987 77(2), 153-60.
- ¹⁵ Bandura A. *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ; Prentice Hall. 1986.
- ¹⁶ IOM (Institute of Medicine). *Ending the Tobacco Problem: A Blueprint for the Nation*. Washington, DC: The National Academies Press; 2007; Recommendation 36: 327-329.
- ¹⁷ *United States. v. Philip Morris, Inc.*, 449 F. Supp. 2d 1, 561 et seq. (D.D.C. 2006) [appeal pending].
- ¹⁸ Farrelly MC, Healton CG, Davis KC, Messeri P, Hersey JC, Haviland ML. Getting to the truth: evaluating national tobacco countermarketing campaigns. *American Journal of Public Health* 2002;92 (6): 901-907. (Tobacco industry "prevention" campaign directly targeted to youth resulted in increased intentions to smoke.)
- ¹⁹ Wakefield M, Terry-McElrath Y, Emery S, Saffer H, Chaloupka FJ, Szczyepka G, Flay B, O'Malley PM, Johnston LD. Effect of televised, tobacco company funded smoking prevention advertising on youth smoking-related beliefs intentions, and behavior. *American Journal of Public Health* 2006;96(12): 2154-2160. (Tobacco industry campaign encouraging parents to discuss smoking with their children actually resulted in increased teen smoking.)
- ²⁰ CDC. Cigarette Brand Preference Among Middle and High School Students Who Are Established Smokers—United States, 2004 and 2006. *MMWR* 2009; 58(5); 112-5.
- ²¹ SQAD data, media forecasting tool, pulled from October 17, 2008 using prime access cost average over all 2009 quarters for the 18+ demographic; Farrelly, MC, Davis KC, Haviland ML, Messeri P, Healton CG. Evidence of a dose-response relationship between 'truth' antismoking ads and youth smoking prevalence. *American Journal of Public Health* 2005; 95(3):425-431.