Challenging the Tobacco Industry - is there a role for industry de-normalisation to promote reductions in youth smoking in the UK?
Phases One and Two Final Report

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Please find attached our summary report (as at 20th May 2011) on the Phases 1 and 2 findings of Challenging the Tobacco Industry - is there a role for industry de-normalisation to promote reductions in youth smoking in the UK?

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1.0 Background and Research Objectives

Background

Smoking is one of the main causes of disease and death in the UK and continues to be a major public health challenge (Department of Health, 2010). Its significant impact on health and inequalities has put it at the forefront of the current political agenda. In October 2007 the law on selling tobacco products in England and Wales was updated and the minimum age for the sale of such products increased from 16 to 18 years (HM Government, 2007) but young people aged less than 18 continue to smoke in the UK. According to the latest results from the *Smoking, Drinking and Drug Use among Young People in England* survey which collects data on 11 to 15 year olds, 29% of boys and 30% of girls surveyed had tried smoking at least once in their lives, with the likelihood of smoking increasing with age; while only 0.5% of 11 year olds reported being regular smokers, this proportion had increased considerably to 15% by the age of 15 (National Centre for Social Research, 2010). In the North West of England, estimates from the 2009 Trading Standards survey of people aged 14 to 17 years attending schools reported that 22% of respondents identified themselves as smokers (Auton and Hoang, 2009).

Experimental smoking in childhood increases the likelihood of smoking in adolescence and those who smoke before the age of 16 are twice as likely to continue smoking as those who start smoking when they are older. Furthermore, those who start smoking at an early age are likely to smoke more heavily than those who start smoking later, and also find it harder to quit (British Medical association, 2007). Consequently, preventing children from smoking is an important public health priority.

As the majority of smokers initiate use prior to the age of 18, prevention efforts that target children and young people are imperative to prevent uptake and to foster healthy lifestyle choices (Woolfall et al 2008). Evidence from studies conducted in the United States and Canada suggest that tobacco industry de-normalisation themes presented in mass media campaigns can have some effects upon attitudes, knowledge, and behaviour, particularly when combined with broader tobacco control initiatives and repeated over a long period of time (Richardson, 2007; Hammond et al, 2006). The overarching aim of the present study was to evaluate whether anti industry interventions could be used in the UK as part of a wider smoking de-normalisation approach in order to reduce smoking among young people. De-normalisation is defined as: *"activities undertaken specifically to reposition tobacco products and the tobacco industry consistent with the addictive and hazardous nature of tobacco products, the health, social and economic burden resulting from the use of tobacco, and the practices undertaken by the industry to promote its products and create social goodwill toward the industry''* (Steering Committee of the National Strategy to Reduce Tobacco Use in Canada 1999, cited by Ashley and Cohen, 2003).

Original research objectives (Phase One)

Smokefree North West wished to undertake research to examine the scope for use of tobacco industry de-legitimisation and de-normalisation interventions, to reduce tobacco use in young people under the age of 18 and to identify which types of interventions might be effective. The aims of the research were also that findings would contribute to the public health tobacco control evidence base by filling the gap in current UK knowledge on the acceptability of tobacco industry de-

legitimisation and de-normalisation as a tobacco control intervention with UK youth.

As a further phase of work was subsequently commissioned, the above research objectives are referred to for clarity as Phase One research. Specifically, Phase One research objectives were as follows:

- To review and critique existing literature including grey literature on tobacco industry de-normalisation and on counter industry campaigns and activities to promote reductions in youth smoking;
- To identify young people's views of the tobacco industry and their understanding of tobacco industry practices and tactics for recruiting new smokers;
- To identify young people's knowledge and understanding of industry de-legitimisation or de-normalisation in UK society;
- To identify how best to present new information about tobacco industry practices to young people;
- To report reactions to previously run local, regional, national and international campaigns;
- To identify potentially new creative routes;
- To evaluate the use of potential delivery channels of these messages including digital media, peers, teachers, youth workers and health professionals;
- To identify the 'dos and don'ts' of communication of this subject and any clear differences across the target audience subgroups;
- To identify any key difference by the target audience sub-segment / ethnicity / gender / age / smoking habits and the most effective messages for these subgroups.

The objectives detailed above were focused on a target audience of young people aged between 11 and 17 years from the urban and rural areas within the North West of England.

In addition to the research objectives specified in the tender document, we also included the following objectives in Phase One:

- To investigate the views of potential intervention providers as to the relevance of delivering tobacco industry de-normalisation approaches in their area of work;
- To investigate the views of potential intervention providers as to the feasibility of delivering tobacco industry de-normalisation approaches;
- To identify what training, support or resources may be required to enable implementation or promotion;
- To identify potential barriers and facilitators to successfully implementing a suggested intervention/activity;
- To identify solutions to these barriers and implications of the intervention in terms of tobacco control activities in the North West;
- To identify what professional groups may be able to deliver or promote such interventions and how they may be contacted.

Additional research objectives (Phase Two)

Having achieved the objectives detailed above, Smokefree North West commissioned the research team to undertake a second phase of research with people aged 18 to 25 years. The specific research objectives for Phase Two were as follows:

- To undertake a rapid review of academic literature that examined the impact of tobacco industry de-normalisation interventions and counter industry campaigns and activities that aimed to reduce smoking initiation or support smoking cessation among those aged 18 to 25 years;
- To explore the effectiveness of industry de-normalisation further against traditional messages;
- To identify factors that would prompt a smoker to quit;
- To identify whether young people would be interested in getting involved in advocacy / peer to peer education in relation to tobacco control;
- To identify lessons that could be learnt for our international experts in tobacco control, in relation to implementing industry de-normalisation interventions.

2.0 Methodology

Phase One

The Phase One research objectives were achieved using a five stage methodology which was implemented between October 2010 and January 2011.

Stage 1: Evidence review

The Evidence Review team, based at the Centre for Public Health were tasked with undertaking the evidence review in accordance with established methodologies. Searches were made using the following:

Targeted searches through specialist databases:
- Medline
- PsycInfo
- Eric
- Embase
- Social Citation Index

General web search:
- Web site search
- Grey literature

Smoking related website search:
- Robert Wood Johnson Foundation
- Stop Teen Addiction to Tobacco
- The Foundation for Smoke-Free America
- Action on Smoking and Health
- The Roy Castle Lung Foundation

In total 333 papers were identified and the titles and abstracts of these were screened independently by two reviewers. Papers which were not deemed relevant, or were duplicates were excluded; 76 papers were then retrieved, with all undergoing a full screening. Following this, a further 49 papers were excluded leaving 27 papers included in the final review.

Of the final 27 papers included in the review:
- 16 examined the USA based truth campaign.
  - ➢ 11 examined the national truth campaign.
  - ➢ 5 examined the Florida truth campaign.
- 4 examined other USA state-wide campaigns.
- 7 were experimental studies.

Stage 2: Electronic focus groups

Ten topic-guided focus groups were run in schools and 6th form colleges, spread across the North West region, across both urban and rural communities, with a range of year groups, genders and smoker types. Dependent upon the school and age group, a mixture of electronic voting technology and creative testing techniques were used. Electronic voting technology (Turnpoint) data were analysed using Excel. Groups were either digitally recorded and / or outputs manually transcribed. Two moderators were present at groups to ensure non-verbal as well as verbal result were recorded and incorporated. The main objectives were:

- To understand and test media preferences and influences;
- To identify perceptions of, and smoking practices of, students;
- To identify awareness and attitudes to information about smoking and the tobacco industry;
- To identify attitudes towards the tobacco industry and de-normalisation / de-legitimisation;
- To test student reactions and understanding of de-normalisation / de-legitimisation adverts and messages.

A number of adverts were originally considered for possible testing in the focus groups (see Appendix 8.11 for full list and links), selected from a mixture of Truth and Smokefree North West resources. A list of eleven was chosen by the project team, to ensure a range of genres and messages could be tested, although given the time limitations of the focus groups, it was considered likely that only approximately seven or eight could be shown in each group:

- 7 Steps
- Machine
- TRD
- Shards

- Body bags
- Senegal
- Scum
- Magical amount

- Camel cowboy
- Next generation
- Reverse psychology

Stage 3: On-line surveys of young people and parents

Involving the schools that had participated in Stage 2, as well as a number of additionally recruited schools / colleges, a target of 10 minute on-line surveys with 1,000 students and 100 parents was set – again representative across the region and with a range of year groups, gender and smoking status. The surveys were hosted in Keysurvey and were analysed using Keysurvey and Excel. The main objectives were to test and validate the qualitative objectives detailed in stage 2 using embedded videos and messages. Videos were selected based on those considered most effective in the focus groups: Camel cowboy and Body bags. Additionally, a Smoke and Mirrors campaign film was included: Don't fall for It.

To support the quantitative analysis of the results, a segmentation exercise using cluster analysis was undertaken, to understand groups of beliefs, attitudes and preferences, in order to identify more effective targeting of communications and campaigns. Cluster analysis was carried out using SPSS and Excel.

Schools struggled to find the time to give their students time to complete the surveys - due to a mixture of examinations and school holiday dates coinciding with fieldwork – and this issue was escalated to the project team. Therefore the final number of student participants was slightly lower

at 822. This also impacted schools' ability to communicate and circulate parent survey details, so parent figures resulted in only 40 completions, and therefore it should be recognised that parent survey results cannot be considered sufficiently representative. Cluster analysis was undertaken twice, to allow for late completions after fieldwork had closed and to maximise the robustness of the sample. Results are detailed later, however, results show that the segments tended to cross over with one another, making strong and significant segments difficult to identify.

As a result of these issues, and also due to there being fewer than expected smoker numbers amongst students in focus groups, it was agreed to include an additional research stage (Stage 5; smoker street interviews) into the methodology.

Stage 4: Semi-structured interviews with potential providers and promoters

Semi-structured, topic guided telephone interviews were used to canvass the opinions of potential providers and promoters in the North West region about tobacco industry de-normalisation approaches. All interviews were digitally recorded, transcribed and analysed thematically. The main objective of this element of the research was to explore aspects of campaign implementation and delivery with a focus upon the feasibility and practicalities of implementing tobacco industry de-normalisation campaigns within the North West region.

Stage 5: Street interviews with smokers aged 16 - 19

As detailed earlier, an additional research stage was added to Phase One in order to supplement information about student smokers. This additional phase was undertaken for two reasons. Firstly, because the stage 2 focus groups included only a small number of people who reported that they currently smoked and we were keen to ensure that the views of smokers were represented in the research. Secondly, before we completed the designated number of focus groups, thematic analysis of the findings showed that we had reached thematic saturation, and that no new themes were emerging.

Fifty 10 minute face to face street surveys were carried out, across the region, with smokers aged 16 to 19 years. The objectives were to test further the objectives covered in the focus groups, but with a specific focus on regular smokers recruited outside of school. The questionnaire was designed to complement the student and parent on-line surveys, in terms of testing the same videos and messages.

Phase Two

The Phase Two objectives were achieved using the following methods during April and May 2011.

Stage 6: Evidence review

A targeted search was undertaken using Medline which is widely recognised as the main source of bibliographic and abstract information relating to biomedical literature. In total, 33 papers were identified. Papers which referred to children and young people (aged less than 18 years) were excluded. Additional papers were identified from two sources: 1) Smokefree North West and 2) from

papers excluded in the Phase One review because they focused upon adults. The abstracts of all papers were reviewed. It was not possible to identify papers which specifically focused upon people aged 18 to 25 years, so papers which were related to adults of all ages were reviewed. Six papers were reviewed in full.

Stage 7: Focus groups with young people aged 18 – 25

Four topic-guided focus groups were run in Liverpool, split with the following dimensions:

 1 X non-smokers in full time education
 1 X smokers in full time education
 1 X non-smokers not in full time education
 1 X smokers not in full time education.

Group discussions were manually transcribed. Two moderators were present at groups to ensure non-verbal as well as verbal results were recorded and incorporated. The main objectives were:

- To understand and test media and communications preferences and influences;
- To identify perceptions of, and smoking practices of, young people;
- To identify awareness and attitudes to information about smoking and the tobacco industry;
- To identify attitudes towards the tobacco industry and de-normalisation / de-legitimisation;
- To test young people's reactions and understanding of de-normalisation / de-legitimisation adverts and messages and to assess their interest in, and likelihood of getting involved in, advocacy programmes.

Films were selected and also shown in a specific order, based on how frequently they had already been tested and considered effective during Phase One, and also in order to test audience understanding of industry de-legitimisation, with and without context or prompting.

- Camel cowboy
- Body bags
- Shards
- Slaughterhouse
- 60 second version of Don't fall for it
- 60 second version of Machine
- 60 second version of TRD
- Truth Singing cowboy
- Scum
- Senegal
- 7 steps.

Stage 8: Street interviews with young people aged 18 - 25

100 seven minute face to face street surveys were carried out with 18 to 25 year old young people, evenly split between Manchester and Preston, with smokers and non-smokers and between those in full time education and those not in full time education. A representative mix of ages within the age band and genders was also ensured. The surveys were hosted in MI Pro and were analysed using MI Pro and Excel.

The main objectives were to test and validate the qualitative objectives detailed in stage 7 focus groups using embedded videos and messages, via i-phone technology. The three videos shown (in random order to ensure fair testing) were: Machine, Scum and Don't fall for it. The films were selected by the project team based upon feedback in the 18 – 25s focus groups.

Stage 9: Semi structured interviews with key stakeholders

Semi-structured, topic guided telephone interviews were used to canvass the opinions of four internationally recognised tobacco control experts. All interviews were digitally recorded, transcribed and analysed thematically. Interviewees were asked for their opinions on the effectiveness of anti-tobacco interventions to reduce smoking prevalence and how such an intervention could be implemented in the UK.

The research was approved by Liverpool John Moores Research Ethics Committee.

3.0 Results

Phase One

Stage 1: Evidence review

The evidence review showed anti-tobacco industry advertisements were recalled by young people and that the truth and similar campaigns do have an impact on:

- Attitudes to the tobacco industry
- Attitudes towards smoking
- Smoking behaviour.

Across studies, there was evidence that messages focusing on the negative health effects of smoking and smoking-related negative life circumstances had the greatest impact in terms of recall and intention to smoke. Importantly there is evidence to show that the effects wear off once the campaign ceases. The effectiveness of tobacco industry de-normalisation approaches varies across sub-groups, for example, one study found that young people from an area with lower educational achievement were less aware of the truth campaign than those living in areas of higher educational achievement. While cost effectiveness was not a key element of this review, the review did include one study that reported that campaigns with multiple elements were most cost effective, a premise reiterated in the guidance by the Centre for Disease Control on tobacco control programmes (CDC, 2005).

While the evaluation of the truth campaign indicates effectiveness, there are a number of limitations. For example, the majority of papers reviewed used cross sectional study designs, making it impossible to attribute cause and effect, and in longitudinal studies there was a failure to account for survey attrition over time (Davies, 2009). In studies that use post only measurements to compare youths living in areas exposed and unexposed to the campaigns, it is possible that smoking rates were different at baseline (Davis et al, 2009). Characteristics of participants should also be considered; those who can recall the campaign messages may differ to those who cannot, for example young people with existing strong anti-tobacco attitudes may be more receptive to the campaign messages (Cowell et al, 2009).

Of equal importance, it must be noted that the evidence in this review is largely related to the USA and it is not clear whether results can be applied to a UK youth population. In the UK, the Tobacco Advertising and Promotion Act 2002 came into force in November 2002 which means that many young people will be unfamiliar with tobacco advertising, a situation very different from that which currently exists in the USA. Other cultural differences also exist between the USA and UK.

The evidence review therefore shows that smoking de-normalisation strategies like the truth campaign has the potential to change smoking behaviour. However, an intervention that is successful in one setting does not necessarily mean that it will be so in another because the context within which an intervention operates is important. Furthermore, the USA based de-normalisation campaigns were well funded and the impact of anti-tobacco industry interventions will be associated with the target audience's perception of the quality and quantity of the message.

The full evidence review is available as a separate stand alone document (McCoy et al, 2010).

Stage 2: Electronic focus groups
Participants
Focus groups were held in Merseyside, Greater Manchester, Lancashire, Cheshire and Cumbria and covered the following year groups:

2 X Year 7
1 X Year 8
2 X Year 9
2 X Year 10
3 X Years 12/13

Groups were qualitative, therefore participant profile information was only recorded where the electronic voting technology was used, detailed in the table below. The total number of participants was 112.

Table 1: **Phase One electronic focus group participants**			Gender		Smoking status	
	Year	Count	M	F	Never	Smokes
Cumbria	7	19	53%	47%	89%	11%
Cumbria	12	17	47%	53%	70%	30%
Trafford	7	18	17%	83%	66%	33%
Trafford	8	14	36%	64%	86%	14%
Preston	9	7	0%	100%	100%	0%
Preston	10	8	100%	0%	75%	25%
Widnes	12&13	9	77%	23%	55%	45%

Attitudes to smoking and smoking behaviours
Relatively low levels of smoking initiation were found amongst all age groups and it was therefore difficult to identify a large number of regular smokers in the schools we visited. Most participants had a relatively strong anti smoking position – 'it's the quickest way to die'. From the feedback it appears that the existing smoking prevention approaches using health messages are effective, in that most respondents understood that smoking caused health problems and which appeared to be a strong deterrent to smoking initiation. However, most respondents had, at best, only a basic knowledge and / or awareness of the tobacco industry and its activities – there was no recall of tobacco advertising and little memory of smoking in public before the ban.

Testing messages and facts
In relation to pro and anti-smoking facts, most participants were very clear about which were myths, and which were the facts: health information and messages were recognised, understood and believed.

Some messages were considered 'more relevant' to the audience if they could associate with the consequences – for example, even the younger girls found fertility and damage to unborn babies relevant enough to influence them. Messages about the physical impact of smoking on their looks (ageing skin, teeth, smelling of smoke) were also favoured, particularly amongst the girls. Messages with clear facts and figures were more shocking and effective – such as comparing smoking deaths to other major causes of death that can affect their age groups like road accidents, suicide, HIV. Most said smoking was addictive and 'definitely not cool' and did not feel any peer pressure from friends to start smoking. Additionally, having smokers at home tended to make participants even more anti-smoking and the risks of passive smoking are understood and a real concern to young people. However, having older siblings that smoked was considered slightly more likely to influence initiation.

Media and communications preferences

Favourite and memorable media campaigns tend to feature humour, repetition or, for products such as beauty, celebrity endorsement – for the glamour. Most felt television was best for advertising – but that they themselves were far more likely to be influenced by their friends and family than any advertising campaigns. Some did say that cinema advertising would work well. The audience felt that social networking and You Tube use tended to be more for seeking information rather than viral sharing.

Towards the end of some of the focus groups with the older year group students, some did feel that the subject of industry de-normalisation would be best approached in schools, where they could learn and become aware of the issues and be able to discuss them properly.

Testing the concept of industry de-normalisation

Viewing the adverts before any explanation, the concept of de-normalisation created little reaction and many respondents did not understand the purposes of the interventions[1] shown to them. However, once the tactics of tobacco companies had been explained to them there was a sense of exploitation generated amongst some respondents, though the majority of respondents remained ambivalent. Understanding of the films grew as context was explained to them: this was mainly with the older, and potentially better educated individuals (i.e. those with a better understanding of what was being discussed), or those with brothers or sisters in the 'target ages of 13 to 14'. Comments included,

"I feel used..."

"I bet they don't all smoke!"

"They are trying to kill us faster."

Most respondents were not aware of the tobacco-related issues around third world exploitation or environment. Again, once this was explained it did have an impact and respondents felt a degree of anger towards tobacco companies. However, many felt that whilst they sympathised with the

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[1] Details of the films tested, using electronic voting technology, are detailed in the powerpoint presentation (section A2). Messages tested can be found in the on-line survey questionnaires.

exploitation, it was happening to people just too far away from them to have any influence on their behaviour. Many respondents thought that tobacco industry de-normalisation / de-legitimisation interventions are useful and feasible, but that it needed to be part of a wider approach to reducing smoking among young people and that it should not replace a health based prevention message.

Stages 3 and 5: On-line study with young people and parents and street interviews with smokers

Participants – Students

The age and regional profile of students (N=822) who participated in the on-line survey [2] are detailed below.
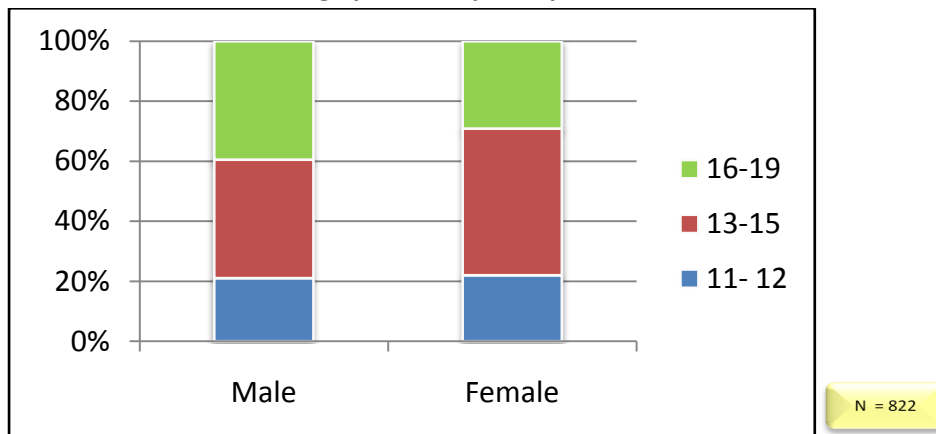
Chart 1: Age profile of participants

N = 822

Chart 2: Regional profile of participants

N = 822

Smoking Status

- Never smoked - 72%
- Quit – 12 %
- Smoke less than 1 cigarette per week – 6%

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[2] A copy of the questionnaire is included in the Appendices.

- Smoke more than 1 cigarette per week – 10%

Participants – Parents

The characteristics of parents (N=40) who participated in the on-line survey [3] are as follows:

- 92% female
- 100% white British
- 81% A, B or C1 – no skilled / un-skilled participants
- 81% do not currently smoke
- Only 14% live with a smoker.

Participants – Smokers

The characteristics of the smokers (N=50) who participated in face to face interviews [4] are as follows:

- 68% females
- 54% live with one or more other smokers
- 70% said a few of their friends smoke; 28% said most of their friends smoke and only 2% said none of their friends smoke.

The main findings from this phase of the research are detailed below. A significant additional level of detail is included in the powerpoint presentation pack (section A3) which accompanies this report.

Students' on-line study

Students participated in a 10 minute on-line questionnaire which included the testing of the three selected films[5].

Smoking behaviours

The results show that there is little gender difference in smoking behaviours of students, although females are slightly more likely never to have smoked. When looking at what proportion of students' friends smoke, split by their own smoking behaviour, it is clear that there is a link between the two. Of those who said 'None of my friends smoke,' 96% were non-smokers (and had never smoked previously). Conversely, those who said that 'Most of my friends smoke', 64% were smokers with a further 16% being ex smokers.

Testing statements and statistics

The Body bags film was felt to be the most effective video for students, followed by the Don't fall for it film. The reasons given for Body bags being the most effective was because of its shocking nature, whereas reasons for choosing the other films included fear, health focus and clear information. The results show there is no difference in the order of film preference by gender or by age.

After seeing the adverts, students were asked how they felt: 31% said they felt informed, with the next highest response (26%) being shocked. More males (16%) than females say they are un-concerned after viewing. Those emotions with the fewest responses were anger and feeling used.

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[3] A copy of the questionnaire is included in the Appendices.
[4] A copy of the questionnaire is included in the Appendices.
[5] See methodology section and Appendix 8.11.

It appears from the results that there are a number of messages that are persuasive to the audience, with '13 / 14 year olds are being targeted', the 'potency of nicotine' and the '4,000 chemicals' messages all scoring highly. Overall, 33% of respondents felt informed after reading the messages and facts, and another 22% felt shocked.

Media and communications preferences
Overall the study found that the best way to reach this audience is through social networking (28%) and through schools (23%); 32% of males preferred the school route compared to only 15% of females.

When, at the end of the survey, having seen the films and messages, students were asked how they would describe their attitude to smoking, 60% of the respondents stated that they were more likely to stop smoking or not to start smoking. In terms of profile, 63% of females stated this compared to 55% of males. However, 32% said their attitude had not changed. Additionally, those in the 13 to 15 age bands were more likely to stop smoking / not start (65%); however they also were the highest group of those saying they were less likely to stop. 55% of 16 to 19 year olds said their attitude was unchanged or were less likely to give up / not start smoking at having participated in the reserach.

Attitudinal segmentation (using cluster analysis)
 To explore whether any segments existed around attitudes towards de-normalisation of the tobacco industry we undertook cluster analysis on the data. A full statistical breakdown of the results can be found in appendix 8.12.

The high level result of the cluster analysis was that no strong segments based on communication preferences with clear membership criteria emerged. This could be anticipated when we consider the findings of the qualitative stage, in particular the fact that there was such low unprompted awareness of the tobacco industry and its tactics. Some attitudinal themes did however emerge and these are explained below:

1. Those seeking **information based** interventions, communications and solutions, and who are more likely to be influenced by informative and factual approaches. These people tended to be female and have no friends who smoke. This group accounts for about 33.3% of the population.

2. Those who found **shock** or being scared to be a most effective strategy. The typical profile of this segment was those aged 13 to 15. A significant number in this segment live with two other smokers and a few of their friends smoke. This group accounts for about 26.5% of the population.

3. Those largely **unmoved** (not influenced) by the interventions. Their views were heavily driven by their answer to the question 'How effective would the videos be in stopping you from smoking or stopping you starting to smoke?', on a scale of 1 to 5 with 5 being not at all effective, the mean score for this group was 3.59. This segment's profile tended to be those aged 16 to 19 who were male and tended to smoke less than one cigarette per week and to not have thought about stopping. Additionally, most of their friends smoke. This group accounts for about 14.5% of the population.

4. The final group we called No Strong Opinion because they did not demonstrate any significant communications preferences / influences. They tend to be in the 11 to 12 age group, mostly they have never smoked and have not even thought about it. This segment accounts for 25.6% of the population.

In terms of targeting, no clear uniform membership criteria appeared in attitude segments, which is largely in response to the fact that the existing level of respondents knowledge and understanding, and therefore opinions, about this subject was very low; respondents were unaware of the de-normalisation concept or the tobacco industry generally. This lack of commonality means that successful targeting through attitude segment alone should not be relied on.

However, whilst it is difficult to target individuals by way of campaign according to their attitude alone, the segments identified may support the refinement of existing work and feed into the development of new. Some examples from these findings are:

- Shock tactics, used with 13 to 15 year olds, could be more effective than with other ages as a prevention prompt across all counties - apart from Lancashire, where this was not significant. The video body bags proved particularly effective in this respect. However these findings report that the shock approach proved less effective with 16 to 19 year olds.
- Building proximity of risk with this 13 to 15 year old group could be done through referring to the people they live with.
- The White British group responded best to the Don't fall for it film, evoking a 'scared' response and acting as a prevention prompt.

Parents' on-line study

Results of the survey have been included in the report, however, as explained in the methodology section, given the low levels of completion, the results have to be interpreted in this context and should not be considered sufficiently representative.

Smoking behaviours

The results show that 44% of parents have never smoked and 37% used to smoke but never do now. Of the 19% that did smoke, only 4% smoked more than 20 cigarettes per day. When asked if they think their children have ever smoked, 77% said they had not but 11% were not sure. Only 11% said yes, they thought that any of their children have ever smoked.

Testing statements and statistics

When asked to express how they felt reading the statements and statistics about the tobacco industry and its marketing activities, most parents said they either felt anger or informed. 63% said they had learned something new, mostly around the deliberate targeting of teenagers and also the levels of money spent on marketing. However, 67% said that it did not change their view of the tobacco industry. Those who said it did change their opinion gave reasons such as:
"I was under the impression that the tobacco industry was more of a social conscience".

Nearly 60% of parents thought that the marketing activities might have an influence on some young people, with only 26% saying it was quite a big influence on a lot of young people. Of the messages

tested, parents felt that the most persuasive are those with facts about chemicals and nicotine. They said this was because they felt that facts will scare their children into stopping or not starting to smoke more effectively.

Media and communications preferences

In terms of media preferences, three quarters of parents consider social networking media to be the best way to reach their children, with the next most popular response being via schools and / or teachers.

At the end of the survey, having seen the films and messages, parents were asked how concerned they now felt after having been made aware of the facts. More than a quarter were far more concerned, with a further 18% saying they were somewhat more concerned. However, 56% were no more concerned than before reading the facts.

Street interviews with smokers aged 16 to 19

Testing statements and statistics

Smokers said that the advert they preferred was Camel Cowboy film and that it was the most effective because of its use of humour and also its shocking nature. Although initially, when asked how effective the Body bags film would be in stopping them smoking, only 14% said it would 'probably' stop them smoking; 86% were unsure or felt it would not stop them. However, once they had seen both films 26% of smokers said they felt more informed and only 24% still described themselves as 'not concerned'. In terms of the strongest messages – preferences were around the effects of nicotine and the way 13 and 14 year olds are marketing targets.

Media and communications preferences

42% of respondents say social networking media is considered to be the best way to reach them, with Internet advertising / You Tube also highly rated (24%). 28% say health professionals are the best way to get them to see and understand a message. However, unlike the on-line students' and parents' views, only 2% think schools and teachers are the best medium. When specifically asked to identify the least effective way to reach them 52% said schools / teachers.

At the end of the survey, having seen the films and messages, students were asked how they would describe their attitude to smoking now. Although 50% said their attitude had not changed, 48% did said that they are more likely to stop smoking now. After the interventions nearly half of the smokers have been positively influenced and said they are more likely to stop smoking, however half have not changed their view at all.

Stage 4: Semi structured interviews with potential providers and promoters

The following people were interviewed from across the North West region:

- Programme Manager, smoking related youth group
- Public Health Specialist, PCT

- Participation Officer, Youthwork Unit
- Youthwork Manager, Youth Service
- Teacher, Secondary School
- Teacher, Secondary School
- Associate Director of Public Health, PCT
- Healthy Schools Consultant, Council.

Despite a number of attempts, no retail organisations were willing to participate. The provider/promoter interviews identified a number of themes and each is discussed here.

Support for the implementation of tobacco industry de-normalisation/de-legitimisation interventions

Interviewees thought that tobacco industry de-normalisation/de-legitimisation interventions are useful and feasible, as part of a wider approach to reducing smoking among young people. Most interviewees suggested that a raft of initiatives was needed in order to reinforce the message and some thought that alone, anti-tobacco industry messages would not work. One interviewee suggested that anti-tobacco industry interventions could actually be useful because the focus is on the industry rather than the young person:

"Talking about the tobacco industry things, you're not directing it at them, it becomes depersonalised as well as telling them things that they've not been told before".

It was felt that the mechanisms needed to deliver this type of intervention (for example the staff and resources) already exist in the North West, and that organisations needed to come together and learn from their shared experiences. Staff training would be important but the expertise to do this already exists in the North West. The Youth Sector was identified as a key ally.

The message

The message is of key importance, with interviewees saying it had to be relevant to the audience in terms of the message, the way it is delivered and the person delivering it. It is important that the message is non-judgmental. The words interviewees used to describe appropriate messages included: snappy, short, humorous, personal, eye-catching, have an emotional impact, health orientated, involving sex (for example, impotence) or use a famous person. One interviewee did not believe that health messages had enough of an impact because the impact was too distant, while other felt that health messages had an impact because they were gruesome. In relation to the message, comments included:

"Health messages stick with the younger side of young people".

"The child labour side of things in particular does affect a lot of young people".

"It's the immediacy and the gruesomeness which appeals, I suppose, as opposed to the mind games that they might be playing with them".

Age appropriateness of tobacco industry de-normalisation

Interviewees generally thought that de-normalisation/de-legitimisation interventions can be used with all ages but the message and resources need to be tailored accordingly:

"You've got to be very conscious of the way you present it, in a way that young people can understand".

This intervention may be most appropriate for secondary school children because they are learning how to debate and because they are more aware of what being manipulated means, although a second interviewee felt it was important to target young people at a very young age. Another interviewee suggested that the important issue was the type of child rather than their age. One interviewee said that ground work needed to be carried out first because few young people in the North West would know much about the tobacco industry:

"I don't think they have much understanding at all of the tobacco industry… I don't think they'd ever question where the cigarettes came from… they're not even really probably aware of tobacco as a plant… I certainly think people are ready for it and that is something new and we should be trying it but yeah, I think there's a lot of work to be done".

Another interviewee felt that anti-tobacco industry interventions should be targeted at everyone irrespective of smoking habits in order to properly de-normalise smoking.

Barriers and facilitators to implementation

Interviewees with experience of organising groups of young people to carry out anti-tobacco industry initiatives have found it challenging because it is difficult to bring a group of young people together at the same time:

"Probably the biggest barrier is getting a group of them together at the same time to be able to do it. It's not a problem of finding people; it's actually bringing them all together at the same time".

To overcome this issue, the facilitator needs to be in regular contact, for example through the use of text messages. It was also mooted that the young people involved should be paid for their time, possibly through vouchers, or could be given food during the meetings. Group meetings need to be fun, exciting and interesting and offer more than lobbying activities. To be effective within these groups, young people need access to good media training and presentation skills in order to lobby. One interviewee also thought that the current policies of the Volunteer Service needed to be reviewed because currently they resulted in a high staff to young person ratio. A major facilitator is getting the young people on side with the campaign and encouraging them to work on the messages, delivery channels and so on.

"Recruitment needs to be done properly and in such a way that you're getting young people who are committed and can actually make a difference".

One interviewee said that only having one year funding for groups acted as a barrier to longer term planning and that a three year funding cycle would be helpful. The political environment has to be borne in mind when developing campaigns and activities but this means that sometimes groups

have to *"jump through hoops in terms of getting things okayed"*. Linking up with regional campaigns can make this easier because the regional body can handle the public relations side and ensure that the messages are acceptable.

In order to deliver anti-tobacco industry interventions to groups of young people with the aim of changing individual behaviour, interviewees felt it necessary to have resources, in terms of photos, films, quotes. Key co-ordinators within schools could be used to develop strategies and deliver intervention. There are time pressures on teachers due to the national curriculum so schools would need resource packs (online activities, statistics, videos, full lesson plans, which will need to be updated periodically), training and activities to facilitate delivery and also staff cover while teachers are trained:

"Something like this would come low down on a normal teacher's week. We do have people like health co-ordinators who will have more of a focus and can do the bigger picture but a form tutor, they would need things to be ready and done otherwise they will get dismissed and we move on to the next thing".

A number of interviewees suggested that anti-tobacco industry messages do not solely have to be delivered via Person Social Health Education lessons but could be integrated into other classes, such as geography (for the impact of growing tobacco in developing countries) or history. Delivering interventions in a school setting can present problems because schools block Facebook and You Tube, however they do offer an environment where discussion can occur.

Whichever approach is taken, fundamentally you need the necessary resources. One interview stated that you also need a key champion at a high level to support this approach. A summary of the barriers and facilitators identified by potential providers and promoters of anti-industry approaches is detailed below in Table 2.

Table 2: Barriers and facilitators to the implementation of anti-industry approaches

Barriers	Facilitators
Organising lobbying groups	
Bringing a group together	Regular contact (e.g. via text messages)
	Paying young people (e.g. vouchers or food)
	Making groups fun and exciting
	Recruiting committed young people who are keen to be involved
1 year of funding	Longer term funding
The political environment	Linking up to a regional body able to handle public relations
School or club based interventions	
Competing activites especially in schools	Provision of resource packs and lesson plans
	Use Healthy School Co-ordinators
	Integrate across the curriculum

Potential delivery channels

Interviewees thought you needed a raft of delivery channels and they highlighted the internet, Facebook, Twitter and Bluetooth messaging as means of reaching young people with an anti-tobacco industry message:

"I think it needs to be a mixture of probably all of them but particularly the mass media so the YouTube viral…coupled with, if you could, some kind of more localised intensive type training with young people".

One interviewee suggested having messages that popped up onto computer screens each time a person logged in. Local and national media (for example radio) was also identified as useful to spread a message but it was also recognised that such an approach was costly. Interviewees suggested that a media campaign would need to be run for a long time to have any impact, and one interviewee suggested that mass media was better suited to prevention than cessation. Another interviewee suggested that the usual media channels like the internet were only useful when people were actually ready to seek out information:

"I think the problem with advertising... is that you need to inundate areas with advertising of all kinds so that people and even young people see it enough times to feel that it's having an impact. And I'm not sure we've got the funding or ability to do that."

It was suggested that young people have a small radius of influence; interventions should be targeted locally but supported by a regional or national campaign. Peer education was viewed positively, but it was suggested that it is the educators themselves that benefit most in terms of developing an understanding of the issues. If peer educators are used, one interviewee felt that it was important to use different young people, not only those that were good at school. It was also recognised that peer education is costly because you need to provide ongoing support. Peer educators would also benefit from wider training in order to deliver intervention such as how to get messages across, and how to deal with unruly behaviour.

"I think you need to use all elements and I think peer-to-peer is very effective but it needs to be part of a wider campaign really".

Other people, for example teachers, could also be intervention providers, as long as the message, delivery and resources are right; people that young people trust are best placed to deliver an intervention. Fundamentally, young people do what their peers do so the main issue is changing social norms. It was suggested that intensive work on small areas with a high prevalence of youth smoking could really make a difference.

Phase Two

Stage 6: Evidence review

The Phase Two evidence review showed that adults from a number of countries support anti-industry interventions and strong regulation of the tobacco industry. Furthermore, awareness of tobacco industry tactics and industry manipulation was associated with smoking intentions and behaviour among adults. Two studies reviewed in Phase Two were follow up studies which used changes in smoking behaviour as an outcome measure. Sly et al (2002) demonstrated that non-smokers were less likely to become established smokers if they reported having negative attitudes towards the tobacco industry, while Hammond et al (2006) reported that smokers reporting medium or high industry denormalisation beliefs were more likely to report an intention to quit and more likely to be abstinent at follow up than smokers reporting low anti-industry beliefs. In combination, these findings suggest that anti-tobacco industry beliefs may be effective in both reducing the likelihood of smoking initiation and increasing the likelihood of quitting. The full evidence review is available separately (McCoy et al, 2010).

Stage 7: Focus groups with young people aged 18 - 25

Participants:

We ran four, one hour groups. These comprised the following:

Table 3: Profile of Phase Two focus group participants aged 18 to 25	In education		Not in education	
	No. of groups	No. of participants	No. of groups	No. of participants
Current smokers	1	7	1	8
Current non smokers	1	8	1	8

All respondents were aged between 18 to 25 at the time of the groups.

Influences and opinion forming

Across both smokers and non smokers, friends and peers were by far the biggest influence on this age group; this was followed by parents and celebrity endorsement, while previous experience also plays a part. This influence was typically delivered through word of mouth. However all audiences felt that how you felt about something depended on what it was. Respondents felt they were far more likely to develop their own view on something like buying an inexpensive item, however something like smoking was more complicated and peers, family and friends played a bigger role. This was the same once you had made a decision; you were more likely to stick to a complicated decision.

Brand loyalty and familiarity and credibility of source were important to young people, including for example celebrity endorsement – if they were credible, such as sports personalities promoting sports products. Brand 'snobbery' could play a role, such as being seen with expensive cigarettes, as was brand association using, for example, colour (Formula One red was cited) and price was seen as a driver and influence to many. However, many were also influenced by ethical branding, such as citing Fairtrade as a positive influence, and Primark as a negative.

In terms of views on general advertising and its influence on them, humour was not seen as effective, but something 'weird' or 'stupid' was memorable, although only really shock worked, with groups citing drink driving and Leah Betts campaigns as memorable and effective. Television was a good source of opinion and information with many respondents being able to remember memorable, catchy adverts. Online media was also seen as a good source of information, with most respondents actively using social media sites for sharing information. Whilst they felt that on-line advertising was not particularly effective and that they were not influenced by subliminal on-line advertising, some felt that if they were already doing a competition or game on-line, some adverts might catch their attention, and they suggested that adverts on i-player could be more effective as you had to watch them.

'As a 13 year old I didn't listen to anyone' – Smoker, not in education.

Attitudes to smoking and smoking behaviours

This was the area that most polarised opinion. Smokers felt that it was 'no big deal' that they smoked and were frustrated, bordering on annoyed, that people were constantly trying to get them to stop. On the other hand non smokers felt that the habit was 'disgusting' and really could not understand why anybody would smoke.

Smokers felt that they were being victimised and that many other people had unhealthy habits but were not pursued to the same extent. The felt that their smoking habit was transient (i.e. they fully expected to stop smoking at some point) and also that smoking was a very social habit and a good way to meet people. Those in education held this view the strongest; those not in education more wished they could give up but felt they could not. It was those not in education that most wanted access to cessation services. All smokers felt that only they can stop smoking, they have to really want to do it for themselves, they cannot be easily be persuaded.

Non smokers were really anti smoking and felt resentful towards smokers because often they had to breathe in their second hand smoke outside pubs, clubs and bars.

'It is no big deal that I smoke, I'll probably give up when I'm older' – Smoker, education.

'It is disgusting, why on earth do they do it? I've tried to persuade my boyfriend to give up, I can't understand it?' – Non smoker, education.

'I know it is bad for me, I don't need people to tell me that, it is just not that easy to give up' – Smoker, not in education.

'We feel like social mongrels' – Smoker, education.

'You don't have a go at fat people' – Smoker, education.

'Uni life is not for the health conscious, there is time for that when you are older' – Smoker, education.

Many smokers held the opinion that they would need to chain smoke to suffer serious health consequences and nobody believed that they really smoked too much. There was a slight sense of denial about the longer term risks attached to smoking. They did not believe that they would find themselves in that situation. There were varying degrees of understanding of the full impact of smoking-related diseases, especially when compared to drinking and eating behaviours. Additionally, there were different levels of awareness about the number and types of additives and chemicals in tobacco, citing packaging that claimed to contain 'additive free' tobacco and also some had perceptions that loose tobacco was less dangerous.

Nobody liked the idea of children smoking and did feel on the whole that they should be protected. Participants were particularly protective of their younger siblings and wanted them to avoid smoking, with one respondent saying, *"I would kill him* (her younger brother) *if he started smoking!"* (Smoker in education). Smokers did concede that their smoking behaviour could impact and even encourage their younger siblings' smoking behaviours. There was a sense that as soon as a person got to 18 it was however their decision whether they chose to smoke or not. All audiences felt that by this age they had all made up their minds on whether there were going to smoke or not. Similarly, most smokers felt that they would quit at the stage in their life where they 'settled down for a family', and most seemed convinced that this would be a strong enough motivator to quit fairly easily, when the time came.

The cost of smoking was seen as a real barrier and had forced people to cut down. Respondents suggested making smaller packets of cigarettes could be beneficial. This was because they would be forced to cut down, but that at least it would be affordable.

Awareness of smoking generally and in the media
Again the awareness of smoking in the media differed if you were a smoker or not. For smokers, they felt that television in particular could portray smoking as glamorous, but for every 'role model' there was also the counter and people mentioned older people in Coronation Street and characters from Shameless. Smokers, however, did seem slightly more aware of smoking imagery, and they generally want a cigarette when they see a character smoking on television, and for some, even somebody on the street smoking could make them want a cigarette. This was the exact opposite for those who did not smoke – seeing a character smoke reinforced all of the reasons they did not like the habit. Whilst it did not influence them, non smokers did worry that it may influence younger children.

Most respondents felt that the portrayal of smoking on television was relatively accurate to what happens in real life, but if anything it underplayed how many young people smoked. There was a belief that teenagers and older people smoked and that people in their 30's and 40's did not. There was also a belief amongst smokers that tobacco did not need to be advertised in any way either through actual advertising or portrayal on television, it would sell itself.

'I'd hate to end up like any of those characters from Shameless, that is how you look if you smoke' – Non smoker, education.

'The idea that smoking is glamorous is probably a bit outdated now, everyone knows the risks' – Smoker, education.

Testing the concept of industry de-normalisation

The concept of de-normalisation did not need detailed explanation; all respondents quickly understood the concept. However, initially all audiences had the opinion that the tobacco industry was an industry like any other, it was a legal activity and they already had quite draconian restrictions placed upon them. Many felt that pressure groups and government were trying to force tobacco consumption underground and make it feel illegal, but did not have the courage to make it illegal. They felt that other anti-social or unhealthy practices were not singled out to the same extent.

It was also interesting to understand who audiences felt were responsible for smokers smoking. Non smokers most definitely felt that it was smokers responsibility and this was on the whole shared by smokers. Some smokers, not in education, did feel however that the industry was to blame and should take some of the responsibility for their predicament (especially those who wanted to stop but found it very difficult).

When we explained the tactics of tobacco companies and shared quotes with respondents, it made some respondents quite angry. This anger was generated because they felt that the tactics employed were manipulative and in some cases immoral. However many smokers either laughed off the claims made in the videos, or felt that they already knew what it was saying / felt that stopping smoking was more difficult than that. It was also interesting to observe that many smokers felt that they held no power, they did not appear to believe that they could make a difference to the situation either individually or collective and therefore seemed to be happy to accept the status quo.

'If you are going to stop smoking it has to be for you, not because of a company's tactics' – Smoker, not in education.

'It would make me want to stop, but for only a minute, I'd start again after that' – Smoker, not in education.

'*We already know this, we are not stupid, but it isn't that easy to give up'* – Smoker, not in education.

The fact that seemed to have the most resonance for smokers was the fact that cigarettes contained a whole cocktail of chemicals, many of which were poisonous.

After a period of debate all groups felt that it publicising manipulative tactics that tobacco companies employ may have the potential to persuade some people not to start smoking, however it was difficult to see circumstances where the message would be strong enough to persuade a smoker to stop smoking.

When smokers were asked about what would prompt them to quit, the majority felt that the willpower to quit was personal to them and that the desire to quit needs to have some longevity. To them, adverts and messages were prompts that were short-lived and that their desire to quit only

lasts a very short time. In terms of the longevity of desire to quit and their personal readiness – a number of factors were considered important. Family and life-stage were most influential – with smokers believing they would quit when they were ready to have a family. They did not see themselves smoking as parents, or when pregnant – and they agreed that messages about the effects of smoking on fertility could be a good motivator. Some talked about seeing themselves behave as their parents do, and smoking did not feature. Another motivator was helping them to limit or restrict their smoking behaviour. Most fully supported the smoking ban, as this had helped restrict them smoking, and participants talked about other ways to restrict their smoking with suggestions such as making smaller cigarette packs (of 5 or 10 cigarettes) and also that the increasing price being a possible prompt to quit. Once they were ready, they wanted support in cessation, with aids such as patches perceived as helpful once they had made the personal decision.

Testing statements and statistics

Camel cowboy

This was felt to be more childish than many of the other films shown, this was due primarily to the choice of imagery at the start of the film. Interestingly the initial imagery is not seen as glamorous as might be first perceived. The perception that smoking is 'cool' is now dated according to all audiences and so the imagery is perceived as humorous.

The transition between the initial 'lighter' imagery and the harder 'health risk' imagery is shocking and this draws attention to the film. This film was less powerful for smokers than for non smokers. Whilst smokers did not want to be like the man in the wheelchair, they did not believe that they would ever get to that situation, comments included '*I'm not sure that I want to live to that age anyway', 'You'd have to chain smoke to get to that stage'.* Few smokers felt that Camel cowboy would make them quit or think about quitting.

Body bags

This was seen by most respondents to be the most effective film for an older audience, but not for a younger audience. This appeal was driven by a number of things, but primarily the statistics included in the film / factual nature of the film and the cinematography in particular the imagery and the link between the corporate world and tobacco related deaths.

Many respondents felt that this link between tobacco companies and by association tobacco and death would be an effective preventative message. However many non smokers stated that it was highly unlikely that they would consider smoking at their stage of life. Smokers shared the view that it could be a strong preventative message, but did not feel that it would persuade them to stop smoking.

Some smokers had a very strong reaction to this film '*These ads stress me out, they are frustrating and annoying. I'm penalised and stigmatised because I smoke, I'm attacked for smoking, they do not do this to fat people.'*

Slaughterhouse

This film was seen as very well produced and very powerful, however it was not felt to be smoking specific *'It only said at the end it was about smoking, up until then it could have been about anything.'* and this reduces its effectiveness.

Many respondents, both smokers and non smokers saw this as a very powerful film for preventing initiation, but again perhaps not as effective for cessation.

The key message of 'why pay for it' was very applicable to this audience because of the costs attached to smoking and prompted many respondents to think about whether the financial cost (as opposed to the health risk) was worth it.

Machine

This film was quite educational for many respondents as they were not aware of either how much tobacco Executives earn or even that children were responsible for producing the crop regardless of how much they were paid. Most respondents felt that more should be done to make the general public aware of this exploitation through media such as Comic Relief.

There is the clear understanding that this film is highlighting the manipulative practices of the tobacco industry, but many smokers pointed to the fact that 'these things happen and worse happens in other places'.

'If you shop at Primark you are also condoning child labour' – Smoker, in education.

'Children would be exploited anyway, we have no influence and it won't change anything' – Smoker, in education.

'You are going about this the wrong way, it actually wants me to rebel and smoke more' – Smoker, in education.

Don't fall for it

This film was felt to be the most effective deterrent for younger people, again because of the imagery used. However for the same reason this limited its appeal to different audiences. Boby bags was felt to be a more appropriate message for an older audience.

The key message people took from this was that anybody (but particularly a younger audience) was vulnerable and could fall for the tactics of tobacco companies. A secondary message that people received from the film was that smoking can affect your sporting performance. The local accent for the voiceover helped this film, it was perceived as professional rather than being overproduced. This was appealing.

Scum and Senegal

Scum was the least persuasive of the films shown for the majority of respondents. It also had a credibility issue; most respondents were not convinced that it was true. In many ways this was the same for Senegal with respondents questioning whether that was really true and if it was did it really

matter. For both of these films the respondents found it difficult to relate to them and equate the message with their own personal risk.

Shards

Whilst many respondents of all audiences felt that this was quite creative and imaginative it was also too humorous and possibly 'too stupid' to be really effective. Respondents felt that smoking was a serious subject and that the analogy the film draws was too frivolous.

Few respondents felt that this film would persuade smokers to stop smoking and many felt that children would not understand the analogy that was being drawn. These beliefs limit the effectiveness of this film in either cessation or prevention.

Advocacy

Most groups felt that there is definitely a role for 18 to 25 year olds to influence a younger audience, especially as word of mouth and family and friends are such an important source of influence. It would have to be positioned in a role modelling way rather than in a 'nagging' way. Smokers also felt that they could play a role with a younger audience by showing them that once they are addicted it is really difficult to give up.

Stage 8: Street interviews with young people aged 18 to 25[6]
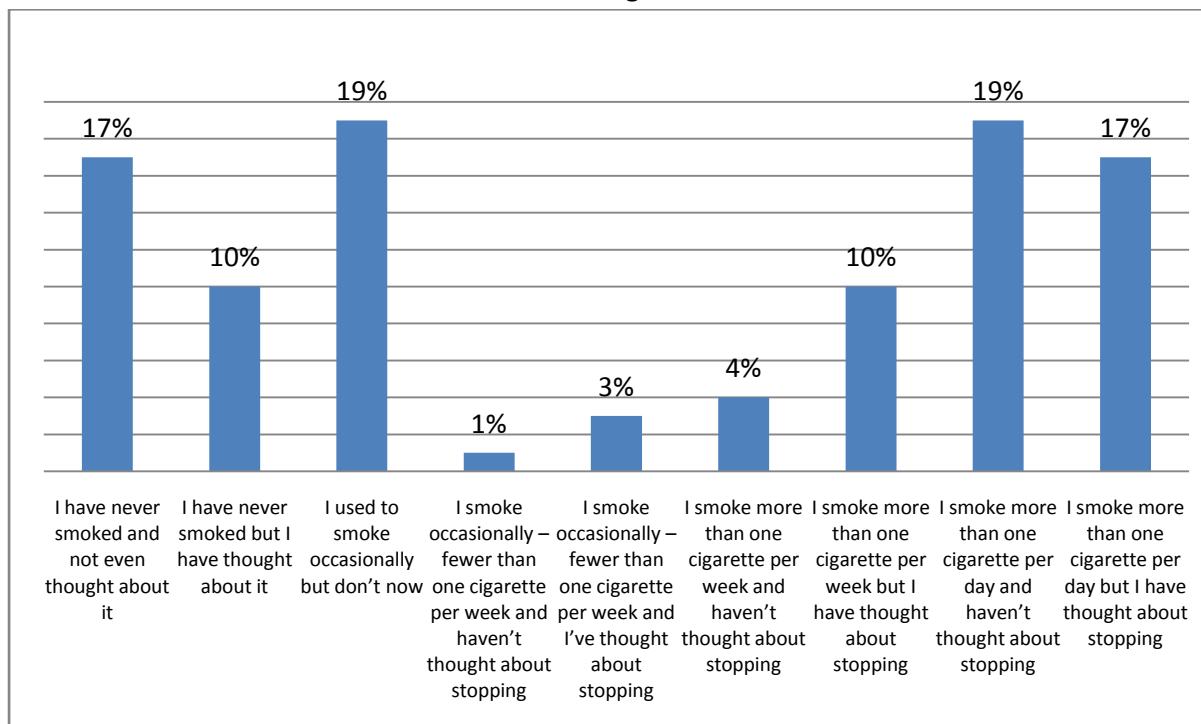
Participants

The characteristics of the young people aged 18 to 25 years (N=100) who participated in the street interviews are as follows:

- 53% female; 47% male
- 53% from Lancashire (interviews carried out in Preston); 47% from Greater Manchester
- 50% in full time education; 50% not in full time education (see table below)
- 50% smokers; 50% non-smokers (see table below)
- 52% live with at least 1 smoker
- Only 5% say none of their friends smoke.

Table 4: Profile of Phase Two focus group participants aged 18 to 25	In education	Not in education
Current smokers	20	30
Current non smokers	30	20

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[6] Full details of the street interview findings can be found in the Powerpoint pack in the Phase 2 findings section B3.

Chart 3: Smoking behaviours

Bar chart showing smoking behaviours (N = 100):

- I have never smoked and not even thought about it: 17%
- I have never smoked but I have thought about it: 10%
- I used to smoke occasionally but don't now: 19%
- I smoke occasionally – fewer than one cigarette per week and haven't thought about stopping: 1%
- I smoke occasionally – fewer than one cigarette per week and I've thought about stopping: 3%
- I smoke more than one cigarette per week and haven't thought about stopping: 4%
- I smoke more than one cigarette per week but I have thought about stopping: 10%
- I smoke more than one cigarette per day and haven't thought about stopping: 19%
- I smoke more than one cigarette per day but I have thought about stopping: 17%

N = 100

The results show that 27% of respondents have never smoked and 19% have given up. Of the 4% of occasional smokers (fewer than one cigarette per week), three quarters have considered stopping. Of the 14% who say they smoke more than one cigarette per week, and of the 36% of regular smokers (more than one cigarette per day), more than two thirds say they have considered stopping. Results show that existing smokers were significantly more likely to live with smokers than non-smokers were, and non-smokers had fewer friends who smoke.

Testing statements and statistics

Films were shown to participants in random order so that no one film was seen first to ensure all films were tested fairly. As detailed in the methodology section, the three films selected were: Machine, Scum and Don't fall for it. In all the testing of films and written messages, we found no significant trends and differences between the participants in terms of age, gender, smoking status or education status.

Participants rated the tobacco industry messages in the Scum and Machine films as the main messages; however they also rated these two films as less likely to be effective in stopping them from starting to smoke or in getting them to stop smoking. Don't fall for it was comfortably viewed as the most effective video, with participants choosing 'shock' as the main message.

There was very little difference in views between smokers and non-smokers, or between those in and not in full time education.

The most effective message by some distance was 'In the UK, smoking kills five times more people than road accidents, overdoses, murder, suicide and HIV all put together', followed by 13 and 14

years olds being targeted. However, opinions seem less effective than factual messages, with those opinions of the tobacco companies having the least effect.

The overriding emotion felt by participants after seeing the adverts and messages was 'informed', suggesting that the biggest barrier would appear to be a lack of education or information. Their feelings of anger grew as they became more informed. 61% say their attitude has not changed after seeing the films and messages; however 23% are more likely now to not start or to stop smoking. Slightly more smokers say their attitude has not changed / or are less likely; however the difference is not significant. There were no key differences in education profile either.

**Media and communications preferences**
Television and cinema advertising were rated as most effective media for getting the audience to take notice of and understand messages, with social networking and internet rated next most likely to be effective. The audience considered friends and family, magazines, health professionals and also radio as the least likely media to be effective. As with other questions, again very little difference can be identified between the smokers and non-smokers or those in and not in full time education.

Testing the concept of industry de-normalisation
Over half would support the tightening of regulations or legislation on the sale, promotion, advertising and marketing of tobacco products and a third say they would be interested in getting involved in efforts to change policy and practices to reduce smoking, particularly amongst young people.

Slightly fewer people thought that tobacco companies are more accountable than the individual smokers for tobacco related health conditions/deaths – however 60% say that the companies and smokers are equally responsible.

Chart 4: Perceived responsibility of the individual and the tobacco industry
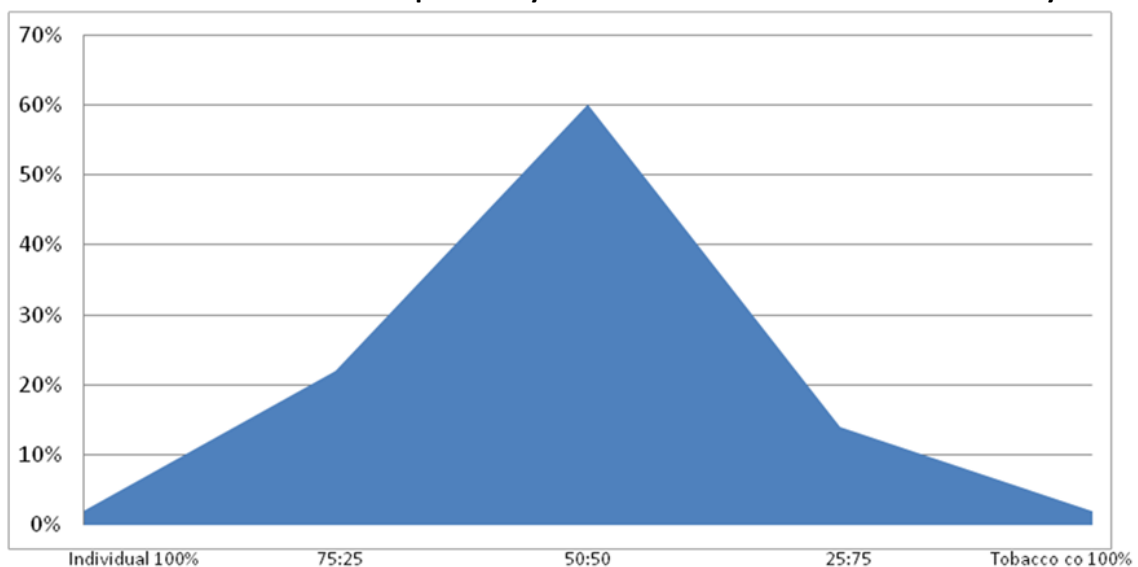
Stage 9: Semi structured interviews with key stakeholders

The following international experts on tobacco control were interviewed:
- A tobacco control Researcher in Australia.
- A Director of a Centre for Tobacco Control Research in the UK.
- A Professor of Public Health in the UK.
- A Director of a Centre for Tobacco Control Research in the USA.

The findings from the key stakeholder interviews are detailed below, by major theme.

Effectiveness of anti-industry approaches
Generally, interviewees were positive about the effectiveness of anti-industry approaches though an acknowledgement of the limitations of the evidence was made, and interviewees suggested that anti-industry approaches should be part of a pack of tobacco control measures:

"It's very important because there's quite good evidence among both youth and young adults that people who don't trust the tobacco companies and don't like the tobacco companies are less likely to smoke and if they're smokers, they're more likely to make a quit attempt. So it's very very important."

"I'd say they [anti-industry approaches] are very important but they are not the whole story."

"I think it's difficult to say the evidence is absolutely there to say this is an important component of denormalisation but the evidence I think does suggest that it can play a part in tobacco control, in the places where it's been used, it has been effective."

Indeed one interviewee believed that quality anti-industry approaches were more effective than traditional prevention (for example in schools) and the provision of clinical services for smoking cessation because:

"…most people quit unassisted and the strongest predictor of cessation efforts are the number of times you try and industry denormalisation messages stimulate quit attempts."

Consequently, interviewees felt that anti-industry approaches should be tried in the UK:

"I do think there's scope for this and I think it's one thing that we haven't tried and we have to continuously innovate in tobacco control so that rates don't go back again."

In terms of its contribution to de-normalising smoking, anti-industry approaches can help to create an environment where it is harder for tobacco companies to appear credible which in turn means such companies will find it harder to influence policy:

"I mean the other thing we haven't talked about in terms of industry denormalisation in its role is to change the policy, the policy environment, so it makes it far harder for the tobacco industry to influence policy and harder for them to be believable."

Furthermore, while anti-industry approaches are an effective approach to tobacco control, tobacco control and smoking de-normalisation can support tobacco industry de-normalisation. If smoking is deemed unacceptable, then people come to view the tobacco industry as unacceptable too.

When asked specifically if an anti-industry approach would work in the UK, respondents suggested that it should be tried and properly evaluated. One respondent stated that they were sceptical that young people in the UK had limited awareness of the tobacco industry:

"And people were like 'well it wouldn't really work', people aren't aware of the tobacco industry, and I am a bit suspicious of that. It's like, well, the product is sold on every street corner in the country, y'know smoked by more than twenty percent of the population, people are aware that these cigarettes don't just pop out of thin air."

While a second respondent believed that young people in the UK may have little awareness of tobacco advertising (due to the ban) but would be aware of tobacco brands and pack designs and the way that cigarettes are marketed at the point-of-sale.

Marketing methods used by the tobacco industry
Interviewees proposed a range of methods the tobacco industry was using to market its products, with one interviewee suggesting that tobacco companies do everything they are can within a particular jurisdiction which in many countries includes mass media and sponsorship. While the UK has a ban on advertising of tobacco products, interviewees stated that the tobacco industry would still market its products to UK young people, using creative approaches. Interviewees suggested that marketing was largely via the internet because it is less regulated than other communication methods and that marketing tactics may include covert approaches such as setting up Facebook groups or You Tube product reviews:

"[It] is not as regulated… and legislators don't understand it and it's quite easy to be anonymous and it's quite amazing just how much pro-tobacco and pro-tobacco brands are on-line and I think that y'know, if you're on Facebook and you're a smoker, you can very easily find fan groups and pages of your favourite brand… That's quite covert and it's very difficult to pinpoint if it's the tobacco industry who's behind or are these just enthusiastic smokers doing it off their own back… Same on Youtube, you can find all kinds of product reviews… or videos of people smoking, say the new [name of top selling brand] cigarette and like 'oh, it's so great, I love the new package', stuff like that and again it's very difficult to pinpoint is that being funded by the tobacco industry directly."

Similarly, one interviewee suggested that tobacco companies might be covertly funding libertarian groups like Big Brother Watch in order to support smoking by coupling it with someone's right to make personal choices.

Other marketing strategies included tying tobacco with fashion, music and films. Product innovation was also mentioned, because new products inevitably receive coverage. Recent innovations include different types of filter such as the 'roll and click' menthol products which contain a capsule of mint in the filter that is squeezed to release more menthol. Not only is this product new, the interviewee suggested that it was being marketed in a manner that reassured the consumer:

"[The tobacco industry] kind of make these health claims about the new type of filters, in the way that they launched 'lights' and 'mild' in the past."

Importantly in terms of youth smoking, interviewees also mentioned slim packages, bright coloured packages, embossing, metallic finishes and point-of-sale displays which would appeal to image conscious young people. Adding flavours to cigarettes was also mentioned, as was price as an important aspect of marketing:

"Price is another form of marketing that they introduce, very aware of, they know that smokers are exceptionally price-sensitive and that teenagers only have so much disposable income."

Age appropriateness of anti-industry approaches
Two interviewees suggested that the best approach to tackling youth smoking was to reduce smoking in the general population and that the most effective approach would be to tackle adult smoking:

"It's been about population, media campaigns that appeal to everybody and the side effects of that is that youth smoking rates go down. You reduce adult smoking rates, youth smoking rates go down. And that's sometimes hard. The hard sell for politicians who are all 'yes, yes, we must combat youth smoking'. The best way to combat youth smoking is to actually do something about adult smoking."

However, a third interviewee said that anti-industry approaches were suitable for all ages and for young people from disadvantaged backgrounds as well as those who are more politically engaged; this interviewee suggested that around the age of 12 would be a suitable age to start this approach. The final interviewee suggested that anti-industry approaches would be appropriate for all ages.

The message
It was suggested that an important first aspect was to ensure that people really understood the link between smoking and ill health. While the public may know the link between smoking and lung cancer, for example, they may not know the link between smoking and other negative health outcomes like coronary heart disease and cot death. Interviewees felt that mass media campaigns were useful but had to be hard-hitting and linked to the health consequences of smoking:

"If you look at the international evidence on mass media, it's saying there are certain messages that play better which is the nasty health impact and the tobacco industry."

However, a second interviewee felt that focusing on distant health outcomes like lung cancer would not resonate with young people and that focusing on other issues with more relevance to them:

"So if you want the young people to engage with tobacco control issues then telling them about heart disease and lung cancer in their late 50s is really not going to get very far cos they're simply not going to relate to it. It's not going to align with their values. On the other hand, telling them they're being duped and hoodwinked by an industry that exploits child labour, that has a much greater chance of resonating with them."

Anti-industry messages should not be seen as mutually exclusive to other messages but rather they should be seen as mutually supportive:

"No-one has ever suggested that the only message in a campaign be the industry denorm. It's a foundational message."

Finally, one interviewee suggested that, when testing adverts in focus groups, it should not necessarily be seen as problematic if respondents find the advert annoying or jarring or simply do not fully understand it, because such reactions are associated with better recall.

Implementation of anti-industry approaches in the UK

Interviewees were asked how anti-industry approaches could be implemented in the UK. One interviewee suggested that knowledge of the tobacco industry in the UK is limited and so an important first stage would be to educate people about the industry and its strategies:

"If you want to move along an anti-industry, in an anti-industry direction, you have to first educate people about what is going on and what the industry is doing cos it is largely hidden."

One interviewee suggested that the best approach would be to follow exactly what has been done in America; while the media is recognised as being important interviewees also commented that the truth campaign started with community development:

"To just going out into the community. I mean you can't just do this with media. What you want to do, you want to look for permanent on the ground social change so that they just aren't a legitimate player in social and business discourse."

In relation to this, a second interviewee commented that the videos in the truth campaign were great, but may not work well with a UK audience because they were very American. Furthermore, this interviewee reiterated that the USA based campaigns had been incredibly well funded and that funding would inevitably have an impact on the success of any UK based anti-industry campaigns:

"I know other states, Massachusetts, their denormalisation campaign stood out as one of the reasons why their youth smoking went down, but, and it's a big but, that was an incredibly well-financed campaign, it wasn't a case of 'oh, we'll just make a commercial, pop it on television, problem solved'."

While interviewees suggested the media was not the full answer, it was identified as an important mechanism. In relation to this, one interviewee suggested that anti-industry messages should be voiced every time an organisation has an opportunity to do so:

"I think any sort of organisation that's out there talking to the press needs to make sure that part of their key talking points, their key messages, their soundbites, have an anti-industry focus."

Indeed, this interviewee suggested that all resources which focus on tobacco control should include anti-industry messages, including school resources, websites, and seminars. These approaches were

deemed to be significantly cheaper than a mass media campaign. Other suggested interventions included community action such as getting universities to adopt policies about tobacco industry money or museums to not accept exhibits sponsored by the tobacco industry. If anti-industry interventions are initiated in the UK, interviewees said they should be properly evaluated in order to add to the body of evidence around anti-industry approaches to smoking de-normalisation and tobacco control.

4.0 Discussion, Key Messages, Recommendations and Future Proofing

Discussion

The aim of this research was to ascertain the scope for using tobacco industry de-legitimisation and de-normalisation interventions to reduce tobacco use in people aged between 11 and 25 years. In doing so, we employed strategies that would ensure that a range of people with different characteristics and backgrounds were included within the research. It is, however, important to note that the views expressed by research participants may not be representative of the wider population of the North West of England. In particular, the number of parents willing to participate in this research was small and drawing robust conclusions from parental data is therefore difficult.

Our findings show that the majority of research participants across the different research elements and across the North West of England already held anti-smoking attitudes, suggesting that tobacco control initiatives have been largely successful. Nationally, rates of youth smoking have been falling, with the most recent *Smoking, Drinking and Drug Use among Young People in England* survey reporting that less than a third (29%) of those surveyed had tried smoking in 2009, compared to over 50% in 1982 and 39% in 2006 when the smoke free legislation was passed (National Centre for Social Research, 2010). Estimates from the 2009 Trading Standards survey of people aged 14 to 17 years attending schools in the North West of England reported that 22% of respondents identified themselves as smokers (Auton and Hoang, 2009). While we took all possible steps to mitigate this, it is possible that the smokers aged 11 to 18 years who took part in school focus groups were unwilling to admit that they were a smoker within a classroom environment and that young smokers were less willing to participate in focus group discussion than people who already held negative attitudes towards smoking. Furthermore, while the majority of research participants expressed negative attitudes towards smoking, not all did so, showing that a range of tobacco control initiatives, possibly with the inclusion of new methods, should continue to be an area of public health priority in the North West of England.

The stakeholders interviewed were positive about the use of anti-industry approaches to reduce youth smoking and felt that these should be piloted and evaluated in the UK. Potential providers or promoters of anti-industry initiatives were generally supportive of such interventions to de-normalise smoking and they also believed that the approach was feasible. Those who had experience of running lobbying groups were very supportive and felt that young people would come onboard with this approach. The potential promoters and providers who had no experience of anti-tobacco industry initiatives felt that a lot of ground work would need to be undertaken because they felt that young people aged between 11 and 17 had little understanding of the tobacco industry and its marketing tactics. In general, this suggestion was true; the research participants in Phase One (i.e. those of younger age) did not understand the anti-industry videos and messages unprompted. There was little understanding about the impact of tobacco growing on the environment or third world exploitation. However, once the research team had explained the concept and the tactics used by the tobacco industry to market tobacco products to them, while most remained ambivalent, there was a sense of exploitation among some respondents, particularly those who were older and better educated (those with a better understanding of what was being discussed) and among those who had younger siblings. Encouragingly, 60% of young people who responded to the Phase One on-line survey said that seeing the films and being told about the tobacco industry made them more likely

to stop smoking or not start smoking, with younger female respondents being most likely to report this attitude. Similarly, approximately half of smokers in the Phase One street interviews said that seeing the films and being told about the tobacco industry had made them more likely to stop smoking. A prospective cohort study would be needed to ascertain whether these views had any impact upon smoking behaviour.

The older research participants included in Phase Two grasped the concept of anti-industry messages and videos far quicker than younger groups, but still came to the research with little existing knowledge of tobacco companies or their tactics. Predominantly the older groups felt that the anti-industry approach would be effective in preventing younger people smoking, but would be far less effective in encouraging cessation. Indeed there was evidence from the 18 to 25 year olds focus groups to suggest that anti-industry tactics with an older age group reinforces existing behaviour whether positive or negative. These older research participants generally felt that it was an individual's responsibility to smoke or not to smoke, that smokers knew the risks, and that the tobacco industry was simply a business aiming to make profits, though in the street interviews with 18 year 25 olds, almost two thirds thought that the responsibility lay equally with both an individual and the tobacco industry. Clearly, for the older participants, more work would be necessary in order to change their opinions that the tobacco industry was a business like any other. This however could be a difficult task as some older participants asked why take this approach to a legal business sector and vilify them. Participants felt that, if people had strong negative attitudes towards the tobacco industry because of the harms it caused, they should make it illegal; but while the industry was a legal business participants felt that everyone had the freedom to choose to make their own decision about whether or not to smoke.

Across the age groups, in general, non-smokers had fewer friends that smoked and participants said that their friends and family influenced their smoking behaviour and younger participants were influenced by older siblings, whilst the older participants were protective of younger people, especially their siblings, and recognised that their own smoking behaviours could impact and influence them. These findings are unsurprising in light of evidence that the smoking habits of parents, friends and siblings all influence a young person's decision about smoking (Bricker et al, 2005). There is a potential opportunity here to utilise this protectionism by older siblings to influence younger siblings to stop smoking or not to start in the first place.

The parent on-line questionnaire suggested that few of them knew that the tobacco industry deliberately targeted young people and some expressed anger towards the tobacco industry, however, two thirds of parents stated that participating in the survey had not changed their views of the industry. These findings show that parental education would also be necessary before they would endorse anti-industry approaches to smoking prevention. In relation to this, two of the stakeholders suggested that the best way to reduce youth smoking was to reduce adult smoking and incorporating anti-industry messages into materials that support adults to stop smoking could be considered.

Our research shows that participants were fairly clear about smoking myths and smoking facts, demonstrating that interventions using health messages have been largely successful in shaping people's understanding of the risks associated with smoking. In relation to anti-industry approaches

to changing smoking behaviour, the evidence review completed as part of the current research showed that interventions which focused on messages about the negative health effects had the greatest impact in terms of recall and intention to smoke (McCoy et al, 2010). The stakeholder interviews completed in Phase Two suggested that an important first stage of implementing anti-industry approaches would be to ensure that the public really understood the link between smoking and the range of associated diseases, though this was not a universal perspective with one stakeholder suggesting that health outcomes were too distant to have an impact on young people. Our research also shows that, across the ages, messages giving clear facts and those which were shocking were highlighted as having an impact. Student participants in the Phase One on-line questionnaire favoured the Body bags because it was shocking in nature, while Phase One smokers favoured the Camel cowboy film for the same reason but also because of its humour. Similarly, Don't fall for it was rated most highly by the street interviews with 18 to 25 year olds because of its shocking nature. This was also reflected in the 18 to 25 year olds focus groups where Don't fall for it and Body bags were the most effective choice.

The interviews with potential providers and promoters of anti-industry interventions stated that the message must be relevant and real to young people; this premise was supported by the focus groups where participants liked the statistic comparing smoking deaths to other major causes of death that were relevant to their age such as road accidents, suicide and HIV. These findings suggest that in the UK, tobacco industry de-normalisation approaches should be centred on messages which link the tobacco industry to the negative health impacts of smoking, are shocking and have clear facts that are relevant to the target group.

It was also interesting to observe that the closer the perceived proximity of the risk people face, the more likely there were to act. This became apparent in two areas, firstly it was seen that with teenage girls the risk that they become infertile was a stronger deterrent to stop smoking than more 'traditional' health messages associated with smoking such as throat or lung cancer. Secondly with an older audience they find it difficult to accept some of the health risks because they see smoking as transient and something they will have given up by the time they are thirty. This belief in the transient nature of their habit means they see no long term risk. They are almost in denial about the effect their habit will have on their health.

When asked what forms of media were best to communicate smoking messages, participants in the 11 to 18 year olds school focus groups felt that television was a relatively effective form of advertising, while the street interviews with 18 to 25 year olds identified the television and cinema. Social networking and You Tube were used by Phase One focus group participants but more for seeking information rather than viral sharing. However, 42% of smokers and 75% of parents who responded to the Phase One on-line survey stated that social networking was the best way to reach young people. Stakeholders suggested that the tobacco industry uses the internet (Facebook and You Tube) to market to young people so presumably this is an important communication mechanism. It was also interesting to understand views around the portrayal of smoking on television and in the media generally. The views of the participants of 18 to 25 year olds focus groups were that it was not portrayed as glamorous on UK television programmes, often the opposite and that it was fairly reflective of smoking habits in real life. If anything, respondents felt that the media underplayed smoking in the younger age group. Smoking on television does however

act quite strongly as a catalyst for behaviour, for those who did not smoke if they saw a smoker it reinforced to them all of those reasons why not to smoke, but it did exactly the opposite for smokers.

Towards the end of the focus groups, some older students included in Phase One felt that tobacco industry de-normalisation would be best approached in school where they could learn about an issue and have the opportunity to discuss it in depth, while about one quarter of student respondents to the on-line survey felt that school was the best way to convey messages to young people. Potential providers and promoters of tobacco industry denormalisation also supported the premise that schools could be a useful mechanism to support this approach, though barriers such as time constraints on teachers' time would have to be overcome by providing lesson plans, or using Healthy School Co-ordinators to deliver the intervention. Guidelines from the National Institute for Health and Clinical Excellence on school based interventions to prevent the uptake of smoking among young people suggest that interventions should be integrated into the curriculum; classroom discussions could be relevant in a range of subjects including biology, chemistry and citizenship. These guidelines also advocate that anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status (NICE, 2010). While schools therefore appear a useful channel for delivering anti industry interventions, it must be noted that the Phase One face to face interviews with smokers, showed that half felt that schools / teachers were the least effective way to reach them. Potential providers or promoters of anti industry interventions felt that a raft of delivery channels would be necessary. Of key importance, population level interventions which aim to support attitude and behaviour change (for example mass media advertising), must be consistent with those delivered to individuals and communities (NICE, 2007). One suggestion from the stakeholder interviews was to include anti-industry messages in all smoking prevention interventions. In light of this, investing time into developing a couple of key anti-industry messages that would be incorporated into all tobacco control initiates should be considered as a first step to disseminating tobacco industry de-normalisation and de-legitimisation messages. However it was clear that this should be incorporated into a wider tobacco control strategy and not be positioned independently.

Within the scope of this piece of research, our ability to define strong attitudinal segments is limited, this because the initial knowledge base (concerning de-normalisation) of those interviewed in most cases were low. The lack of attitudinal segments however does not mean that we cannot apply segmentation in some form to this audience or that practical learning cannot be taken and incorporated into existing schemes.

In conclusion, the evidence reviews undertaken as adjuncts to the primary research detailed in this report, concluded that there was evidence to show that anti-industry approaches have been successful in reducing both youth and adult smoking in countries other than the UK. Consequently, the key stakeholders that were interviewed as part of this research thought there was scope to try this approach in the UK. When asked how tobacco industry de-normalisation interventions should be implemented in the UK, one stakeholder felt that the best approach would be to follow the process that had been undertaken in America in relation to the truth campaign. Importantly, stakeholders were keen to stress that the truth campaign was incredibly well funded and that the level of funding would naturally affect the effectiveness of any tobacco industry de-normalisation campaign. In

addition it must be stressed that other socio-economic and socio-cultural differences exist between the UK and the USA or between the UK and Australia; these need to be given careful consideration before replicating the truth campaign in its entirety. In relation to the media, one stakeholder suggested that anti-industry messages should be included as a key 'sound bite' every time a health practitioner was interviewed on smoking, thus providing a free mechanism for disseminating anti-industry messages to the public. However, the primary research discussed in this report shows that unprompted, people aged 11 to 18 have little understanding of the tobacco industry or its marketing tactics, while older people generally felt that the harm caused by smoking was not the fault of the tobacco industry. If anti-industry interventions are initiated in the UK, stakeholders said they should be properly evaluated in order to add to the body of evidence around anti-industry approaches to smoking de-normalisation and tobacco control.

Key messages

The key messages emerging from the research are as follows:

- The evidence review shows that tobacco industry de-normalisation strategies have the potential to impact positively on smoking.

- Potential providers or promoters of industry de-normalisation approaches, and key stakeholders, stated their support for anti-industry approaches as part of a raft of interventions.

- Our findings show that there was a lack of awareness and understanding by younger research participants (ages 11 to 18) of tobacco advertising, tobacco companies or the tobacco industry tactics used to target young people. Somewhat of a paradox exists in that anti-industry approaches should be initiated at a young age (because this is when people begin to smoke) but anti-industry messages are less well understood by young people less than 18 years of age.

- However, once prompted and informed it was possible to build and create strong emotions of anger, exploitation and defiance against the tobacco industry and its marketing activities among some of these 11 to 18 year old participants.

- Some investment in educating young people, such as defining and explaining the issues clearly, would be necessary with young people in the 11 to 18 age range, in order for their awareness levels to be raised and for anti-industry messages to have an impact. This educational process need not be lengthy but would be likely to increase the effectiveness of an anti-industry campaign. This would be more effective if targeted at prevention rather than cessation.

- Young people aged 18 to 25 better understood anti-industry messages but generally thought that this approach would not be effective in reducing smoking among their age group. They felt that the tobacco industry was a legitimate business, simply out to make a profit.

However, some in the 18 to 25 age range did feel that it could be a useful tool in preventing initiation in young people aged less than 18 years.

- Research participants in the 18 to 25 age range felt strongly that their younger siblings should not smoke and disliked the idea of their younger siblings smoking. There is a potential opportunity to use this dislike as a way to influence the younger sibling audience.

- Some young people aged 18 to 25 stated a willingness to be involved in advocacy work in order to support tobacco control initiatives. Consideration should be given to developing the approach to advocacy, in terms of how to best engage and work with this audience, in order to raise awareness and to influence behaviour change amongst young people.

- Health messages were well understood by research participants, while the evidence review suggested that negative health effects had the greatest impact in terms of recall and intention to smoke. Health is the gatekeeper to changing opinions around tobacco with this audience. It is important that people understand the association between smoking and a range of health outcomes, particularly those that are of greatest relevance and immediacy to young people, for example, fertility, or other life stage triggers. Using other health related messages wider than those normally associated with smoking (cancer) appears to increase the chance that the message will hit home with the target audience.

- Shock messages, messages which provide facts and which can be seen to personally impact young people are considered most effective. The quality of the message, in terms of its ability to resonate with, and impact upon, the target audience, will be paramount to its success.

- Whilst it is difficult to target individuals by way of campaign according to their attitude alone, the segments identified may support the refinement of existing work and feed into the development of new. Some examples from these findings are:

  o Shock tactics, used with 13 to 15 year olds, could be more effective than with other ages as a prevention prompt across all counties - apart from Lancashire, where this was not significant. The film Body bags proved particularly effective in this respect. However these findings report that the shock approach proved less effective with 16 to 19 year olds.
  o Building proximity of risk with this 13 to 15 year old group could be done through referring to the people they live with.
  o The White British group responded best to the Don't fall for it film, evoking a 'scared' response and acting as prevention prompt.

- There are a number of effective routes to reach this audience such as mass media, word of mouth, social networking and schools based interventions. School based interventions where education can be provided supported by wider advertising and social networking appears to be the most effective route to reaching respondents.

- It was suggested by stakeholders that the tobacco industry uses the internet widely to market (covertly) to young people thorough Facebook groups and You Tube videos, although we were not able to collect any specific evidence. If this is the case, it would support the use of social media as a route to reach and effectively communicate with this audience.

- While the media was identified as an important mechanism for propagating tobacco industry de-normalisation messages, large media campaigns are costly. One stakeholder suggested that a less costly approach would be to promote anti-industry messages through the media opportunistically by encouraging tobacco control representatives to include an anti-industry 'sound bite' every time they appear on the radio or television. Indeed, it was suggested by this stakeholder that anti-industry messages should be incorporated into all tobacco control initiatives, for example all school resources.

- Stakeholders recommended that, if a tobacco industry de-normalisation campaign is initiated in the UK, it should be evaluated in order to add to the body of evidence in relation to such approaches.

Recommendations

- There is scope to pilot and evaluate an appropriately funded anti-industry intervention in the UK as part of a wider tobacco control programme.

- Activity should be focused on a prevention rather than a cessation message to maximise the effectiveness of the approach.

- Any tobacco industry de-normalisation approaches should include interventions that raise people's awareness of the tobacco industry and its tactics and should attempt to de-legitimise the industry by comparing it to other businesses such as fast food providers, discount clothes retailers or the alcoholic drinks industry. By raising people's awareness through education you will expedite the effectiveness of the approach.

- Anti-industry approaches should focus upon linking the tobacco industry with the negative health outcomes of smoking, using shock-based or fact-based messages of relevance to the target audience.

- We recommend using school or youth based interventions supported by social media and more traditional media options such as cinema or television advertising to promote tobacco control initiatives.

- The role of older siblings, and how they can be used as advocates to stop younger siblings from starting to smoke, should be explored.

- Anti-industry messages should be incorporated into all tobacco control resources, especially existing school resource packs.

- Where appropriate, all media opportunities should be used to promote anti-industry messages. If a tobacco industry de-normalisation campaign is initiated in the UK, it should be evaluated in order to add to the body of evidence in relation to such approaches.

Future Proofing the Research

The findings will continue to be relevant in the future unless there is a major policy change, for example, a change in the current advertising or smoking legislation.

We involved a number of different audiences within the research and many of the findings were common to all.

5.0 Acknowledgements and References

Acknowledgements

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6.0 Appendices to the final report

8.1   Full Evidence Review
8.2   Full PowerPoint presentation including Phase Two findings
8.3   Phase One electronic focus group discussion guides (X2)
8.4   Phase One student on-line survey questionnaire
8.5   Phase One parent on-line survey questionnaire
8.6   Phase One smoker street interview questionnaire
8.7   Phase Two focus group discussion guide
8.8   Phase Two street survey questionnaire
8.9   Key informant interviews schedule
8.10   Interviews with potential providers interview guide
8.11   Full list of videos originally considered for inclusion in focus groups and on-line / street testing.
8.12   Statistical results for the phase one cluster analysis.

6.0 Appendices to the final report

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