
TWO THUMBS DOWN – CANADA’S TOBACCO CONTROL MASS MEDIA CAMPAIGN

Health Canada’s mass media campaign is the heart of the federal government’s landmark programme to cut tobacco use. With 45,000 tobacco deaths a year in Canada, the health community has a responsibility to ask ...

Have Canadians received a media campaign worth \$28 million in Year One?

CANADA'S TOBACCO CONTROL MASS MEDIA CAMPAIGN

The Canadian government's largest mass media campaign

In April 2001, the federal government established a fund of CAN\$480 million to be spent over five years to reduce tobacco morbidity and mortality. A substantial portion, \$28 million, was to be spent on mass media initiatives in Year One alone. It is important to understand what a \$28 million campaign represents. Quite literally, it is the largest advertising campaign funded by the federal government. Because of its size, many people are watching the creative product produced by this campaign.

At that time, the minister of health also established a Ministerial Advisory Council on Tobacco Control (MAC) to advise on the broad range of tobacco issues, including the mass media campaign. This paper is a review of significant elements of the mass media component of Health Canada's campaign in Year One. It does not purport to be a complete review of the campaign however. The separate aboriginal media campaign, just as one example, is not discussed here but deserves critical analysis.

The importance of mass media in fighting the tobacco epidemic

The mass media campaign is of particular importance. After all, it has the potential to support most of the other elements of the federal government's tobacco control programme (TCP), including the development and implementation of tobacco control public policy. Tobacco industry products kill 45,000 Canadians each year. Observing that the health community should be in a war against those who promote the tobacco epidemic and who undermine government health policy, leaders of U.S. campaigns have used a military metaphor to describe media campaigns as the "air cover" for other key elements of any comprehensive tobacco control programme. *

But, just as a media campaign can drive and cover tobacco control efforts externally, any media campaign success also has the potential to cover the TCP from attack from within government and from the claw-back of the funding for the overall programme. It is well known that mass media campaigns attract vigorous and repeated attacks on their funding. After all, it is the media campaign which has the high public profile. And it is the media campaign which, if successful, could prompt support from editorial writers and media commentators in the face of cutbacks. As this commentary will reveal, the attack on the funding of the mass media campaign has already begun.

Mass media campaigns can play an important role in tobacco control if they have clear communication objectives which advance the tobacco control agenda. Where the tobacco epidemic is the challenge, aggressive mass media campaigns built on clear objectives can

* For perspective on tobacco-caused mortality rates, more than 42,000 Canadians were casualties during the more than five years of the Second World War.

create public support for new policy and for regulatory or legislative change. In turn, improvements in public policy and legislative reform can change behaviour even when ads which encourage smoking cessation may not.

Experts with experience in tobacco control mass media campaigns reveal that three of the most, perhaps the three most, effective tobacco control mass media themes used to date are second hand smoke, addiction/nicotine manipulation and tobacco industry denormalization (i.e. telling the truth about the industry's role in the spread of the tobacco epidemic and why this industry falls outside the norms of legitimate business).

In contrast, there is little evidence to suggest that campaigns which direct their messages to youth, as opposed to the general population, work and are not recommended. For reasons discussed below, the Florida and American Legacy Foundation campaigns may be exceptions to this generalization.

And, as we will explain in greater detail below, mass media campaigns that do work use blunt messaging, often use real people, explain the consequences of tobacco use, reframe the debate to expose the industry's role in the epidemic, and build public support for more effective tobacco control measures through tobacco control policy and legislation.

An introduction to Year One of Canada's mass media campaign (2001-2002)

In Year One, \$28 million Canadian dollars were spent on a Health Canada campaign that, in our view, failed to meet reasonable objectives for public health. The campaign certainly did not meet creative standards established earlier in California, Massachusetts, Florida and by the American Legacy Foundation. Health Canada started by removing tobacco industry denormalization from its version of an effective Canada-wide tobacco control strategy, failed to produce media in a timely fashion, was unable to produce a recommended campaign launch or a launch "repositioning of the issue" ad, and struck out on the messaging for two and perhaps all of its significant campaigns. We have yet to see the third campaign in its entirety. It focuses on second hand smoke.

The first campaign on 'light and mild' cigarettes was seriously "off message." It focused on smoking cessation when, it is argued, the messaging should have been on the deception which is at the core of the 'light' and 'mild' consumer fraud. By ignoring the deception, the campaign failed to provide effective support for needed change in public policy on the 'light and mild' reform.

The second campaign, featuring ads that ran in the 2002 Olympics, purported to attempt to prevent youth from starting to smoke. However, for a variety of reasons outlined in this paper, this campaign was more successful in political optics than in achieving public health objectives. In fact, the Olympic ads were a diversion of money from the tobacco control programme. The Olympic ads were not the product of Health Canada or the TCP as we were

all led to believe but were the work of Communication Canada. The tobacco control/health fund was used to pay for ads created primarily to give the federal government profile, not to promote public health. This is the tip of the iceberg. This report will look into the needs of a mass media campaign and discuss how to fix the one we have.

The campaign for an effective federal tobacco control programme

Many of the individuals and organizations receiving this critique made significant investments in time and money over a period of two to three years in order to secure passage of Senator Colin Kenny's various tobacco control bills. We supported the campaigns for Bills S-13, S-15 and S-20 because these bills could have created a significant mass media campaign, like the award-winning Massachusetts, Florida and California campaigns. And we advocated for an independent arms' length agency to administer any funding secured.

In response to the mounting pressure, and to undermine the Senator's campaign, the federal government set aside \$480 million for the tobacco control programme, a significant sum even if not close to the amount called for in the Senator's bills. However, contrary to the recommendations of agencies which pressed for passage of the Kenny bills, like the Canadian Cancer Society, the Non-Smokers' Rights Association and public health units from coast-to-coast, the government rejected the arms' length agency and decided to have Health Canada administer the fund and create the media campaign.

As well, instead of the independent foundation or agency, the health minister established MAC to provide what was proposed to be an independent stream of advice to the minister on tobacco issues.

MAC was clearly set up to quell the agitation in the health community for the arms' length agency to implement the programme. Critics at the time, including the NSRA and this writer, said that they did not believe that the government would run an aggressive, hard-hitting campaign. But, in the case of the NSRA at least, we believed that we had an ethical responsibility to public health to try to work with the cards dealt to us including a responsibility to work with MAC to influence the mass media campaign produced by Health Canada. In retrospect, it looks like Senator Kenny and the other critics were correct. The mass media campaign produced in the first year fell far short of expectations.

Communications objectives

Advertising campaigns need to start with very clear communication objectives. With respect to tobacco control, these objectives should be designed to move the attitudes and opinions of the population, or of a targeted sub-group, in a direction that advances the tobacco control agenda. Once the communications objectives have been chosen, it is possible to then have a productive discussion on how to reach the objectives, on what to say and, finally, at the end of this process, on how to say it.

If these steps are followed, advertising can be extremely effective in communicating emotions and shaping attitudes toward products, people and entities – hence its central role in marketing, including political campaigns. Skillfully executed, advertising can also be moderately effective in communicating information, particularly in written format. However, in isolated campaigns, advertising is unlikely to have a particularly strong effect on deeply entrenched behaviours. An ad saying, “Please quit smoking so you won’t die” would have little impact. Given the addictiveness of tobacco industry products, smokers are a particularly difficult group in which to induce behavioural change.

A properly planned tobacco control mass media campaign would start, not by trying to persuade people to beat their addiction, but by identifying the public attitudes that block effective tobacco control, especially change in public policy, and by removing those blocks. After all, public policy change including legislation is a very effective, probably the most effective, social change agent.

Considering attitudinal blocks, Michael Pertschuk, former chair of the United States Federal Trade Commission and co-director of the Washington-based Advocacy Institute has pointed out repeatedly that efforts to address the tobacco epidemic suffer from a serious lack of saliency and intensity. Smokers, being addicted and often feeling guilty about their use of tobacco, are conflicted out. And non-smokers, about 75 percent of many Canadian advertising audiences, often see tobacco as someone else’s problem. Or they take a “to each his own poison” or “it’s their responsibility to quit” point of view. As several U.S. campaigns and a modest effort in British Columbia have shown, effective mass media campaigns can make inroads against this type of apathy.

Given the importance of the Health Canada mass media campaign, we have real concerns about both the creative product that Health Canada did produce as well as the product that should have been produced but did not get out the door. If there is an overall criticism of the federal mass media campaign in Year One, it is that it had no credible communication objective, no overall purpose, no vision, no idea of where it was going. The campaign, what there was of it, seemed to lurch from one theme to another without any clear idea of what it was trying to accomplish. Each flight of ads was disconnected from what preceded.

There was also an almost complete absence of the tobacco industry denormalization theme, the strategy identified by the National Strategy to Reduce Tobacco Use* and by the Ministerial Advisory Council as a core element of any successful tobacco control media campaign (MAC recommendation to the Minister of Health, November 2001, see Appendix A).

* *New Directions for Tobacco Control in Canada: A National Strategy, 1999.*

“Best Practices” for tobacco control media campaigns

We know what constitutes “best practices” for mass media tobacco control campaigns. Campaigns that work utilize proven themes. They include:

- second-hand smoke (SHS) /environmental tobacco smoke, because this theme addresses a major involuntary health problem and, in the process, makes tobacco use socially unacceptable. Implementing reforms related to SHS changes social norms;
- tobacco industry denormalization (as opposed to smoking behaviour denormalization) which exposes the industry’s role in the tobacco epidemic. This is sometimes referred to in the American literature as the “industry manipulation” strategy;
- addiction/nicotine manipulation.

Campaigns that work:

- do not preach to youth about starting to smoke. Youth-focused campaigns have been the target of serious criticism, with justification. The Florida and American Legacy Foundation campaigns feature youth prominently in their messages but have not made their mark by focusing on youth smoking behaviour. One reason, perhaps the reason, that these campaigns worked, is that their ads have very strong industry denormalization components.

The American Legacy Foundation says, “Research suggests that hard-hitting industry manipulation [tobacco industry denormalization] messages appeal to youths who are risk takers ... Similar messages have been successfully used to reduce youth smoking in Florida and California” (see Appendix B). “The **truth**sm [American Legacy Foundation] campaign’s core strategy revolves around industry manipulation [TID] ...”;

- do not restrict their messaging to smokers and write off non-smokers, the other 75 percent of the potential viewers of the ads;
- are constantly in front of the public. They do not disappear from the media for months at a time.

There is also ample experience with respect to successful messaging to know that, wherever possible, campaigns should:

- use real people;

- make the message empathetic;
- explain the consequences of tobacco use;
- carry blunt messages about the risks involved;
- reframe the debate to expose the tobacco industry's role in the epidemic (industry de-normalization);
- mobilize public opinion to enable the implementation of effective tobacco control policies and the enactment of needed legislation.

Tobacco industry denormalization (TID)

The tobacco industry denormalization theme appears to be imperfectly understood within various arms of the federal government. And Health Canada itself is less than unified in its support of the strategy. The problem is that if Health Canada cannot reach a clear, unambiguous consensus on this strategy, that ambivalence will be detected by the Privy Council Office or the Prime Minister's Office, both of which have a very large say in what media goes to air. This has to change.

TID is a simple concept with a large potential health payback. For years the industry has simultaneously promoted its products and protected itself from the kind of regulatory and legislative interventions that would normally attend an epidemic of 45,000 deaths. The manufacturers have achieved this objective by projecting an image of normalcy and legitimacy for both the industry itself and the industry's products. This unquestioning societal acceptance of the normalcy of this industry, by governments, the media, and the public, has led to business practices bordering on the surreal: the most elegant packaging ever produced for a product that kills one out of two of its long term users, sales in pharmacies by health professionals, and power wall promotional displays next to the candy in almost every outlet on every commercial block in the country.

Here is our working definition of TID:

Tobacco industry denormalization is a tobacco control strategy and mass media theme that involves telling the public the truth about the tobacco industry's role as the disease vector in the development and perpetuation of the tobacco epidemic.

Tobacco industry denormalization is the reversal of the process of industry normalization promoted by the cigarette manufacturers. TID involves showing Canadians why the industry is not normal, or legitimate, and why both the product

and the industry fall outside the norms of legitimate business. It involves stripping the industry of its illegitimately obtained normalcy.

This strategy in a mass media campaign opens the door for serious regulation of the industry. But the TID strategy is valuable for yet another reason. Denormalization affords the government the opportunity to talk about and expose the tobacco industry's dishonesty, including the deceits related to the denial of the risks of its products, and the denial of addiction, nicotine manipulation and the targeting of youth. In turn, this permits public health interests to negate the benefits that the manufacturers have received over decades from such deception.

How important is the denormalization strategy? One of the architects of the California campaign, Bruce Silverman, the former president and creative director of the major U.S. advertising agency which implemented a significant part of the California mass media campaign, says that the industry denormalization strategy is "the granite," "the concrete," "the bedrock" of any effective tobacco control campaign, that without it, a mass media campaign will probably fail.

Are we getting our money's worth?

One major ongoing concern of national health interests is that, if the money allocated to Health Canada's Tobacco Control Programme (TCP) including the mass media campaign is not spent judiciously, the funding will be clawed back and redirected to other federal priorities, to the detriment of public health. In light of the incredible amount of work that Senator Kenny and health interests put into obtaining serious funding for tobacco control and in light of this risk, readers may be interested in what Canadians received for the \$28 million allocated for mass media in Year One (to March 31, 2002).

As a member of the Ministerial Advisory Council on Tobacco Control (MAC) and chair of the MAC Subcommittee on Mass Media and Denormalization, this writer was present at a number of meetings where the federal mass media campaign was discussed and developed. Because of obligations of confidentiality however, I cannot divulge what took place in those meetings. I will honour that commitment.

However, we now have considerable information on the public record, in part as a result of inquiries under the *Access to Information Act*. This, combined with the knowledge of the advice given to Health Canada by NGOs as well as the availability of the advertising published or broadcast to date by the government, enables us to complete a preliminary critique of the mass media programme. My own interest in mass media campaigns dates back to 1990 when I traveled to California to meet with California health officials and its advertising agency to learn more about the landmark campaign that was underway there.

In the process of completing this analysis, I sent it for comment to a number of people both in Canada and the United States who have knowledge of mass media campaigns or other expertise that is relevant to this discussion. This paper does not purport to be a complete analysis or a scholarly report. Others may pursue such an objective later, after qualitative and quantitative test results and other paper is obtained under the *Access to Information Act* and analyzed. For the moment, I think it is more important to disseminate what we do know from what is now on the public record. I think it is important to do what we can just to get the public discussion started.

The start of the Canada's new mass media campaign

The landmark and often award-winning tobacco control mass media campaigns in California, Massachusetts and Florida were all launched in two to four months after funding was assured for these initiatives. When the campaign kick-off day arrived, each state had a TV launch, print ads and other TV ads ready for airing. And in these states, the launch announcement news conference and new advertising was memorable enough to trigger substantial amounts of unpaid media.

Any campaign launch and, in particular, campaign launch ads, are important for a number of reasons. They have the potential to signal to the public through paid and unpaid media that a new era in tobacco control is beginning, that a new page is being turned, that the new campaign will reframe the issue and, in part, transfer responsibility for the tobacco epidemic away from individual behaviour and toward the behaviour of the tobacco industry.

A campaign tag line (branding) is also important. It provides the new identity and has the potential to educate and mobilize the public, especially decision-takers.

What information do we have that was obtained outside of the confidentiality strictures of MAC, that is from communications with provincial officials, and from normal NGO interaction with Health Canada and former health minister Allan Rock's office? We know the following:

- that Health Canada rejected the national strategy negotiated with the provinces and the NGO sector that had tobacco industry denormalization (TID) as its fourth goal (*New Directions for Tobacco Control in Canada: A National Strategy, 1999*). The four goals are prevention, cessation, protection and denormalization. Health Canada then created its own "federal strategy" and substituted harm reduction for denormalization;
- that some bureaucrats in Health Canada and in the central agencies of government have consistently opposed the use of the TID strategy, thereby protecting the industry. In fairness, others support the strategy;

- that even with a \$28 million budget, the largest ad campaign in government, Health Canada never held a campaign launch, produced a launch TV ad or held a launch news conference;
- that eight months into the campaign, Health Canada had not had a single piece of new TV creative go to air, that the best Health Canada could do in that first eight months was to do new voiceovers for existing Health Canada TV ads;
- that, after almost a year, the department had failed to develop any real media campaign identity or to mobilize public opinion through effective branding;
- that, based on ads now in the public domain, Health Canada either does not have clear communication objectives (as opposed to programme objectives) or it has failed to produce creative that follow these objectives.

Here are a few examples of advertising that missed the mark in Year One, to March 10, 2002.

1. The ‘off message’ light and mild campaign

The belief among Canadians that ‘light and mild’ and similar so-called low tar products offer health benefits when compared to full strength cigarettes has caused considerable harm. In fact, the ‘light and mild’ consumer fraud is responsible for thousands of deaths. To his credit, Health Minister Allan Rock decided to take this issue on. But to do so, he needed a communications plan. And he wanted ads to support his policy objectives.

It was the opinion of this writer and others in the NGO community, an opinion communicated to the minister’s office and to the department, that the science of ‘light and mild,’ including the science of compensation, would be difficult to explain to audiences given the constraints of commercial advertising, and that ads that only address the risks of ‘light’ cigarettes would be highly unlikely to change behaviour. Therefore, any ads produced would have to serve some other health purpose. In meetings with Health Canada outside the MAC framework, NGO’s argued that, since the ads would not change smoking behaviour because of the complexity of the issue and because of their limited air time or print exposure, any ads on the ‘light and mild’ issue should not focus on smoking cessation. We stressed the importance of producing ads that focus on the deception and the resultant consumer fraud.

Given the unlikelihood of changing behaviour with cessation ads, Health Canada should, we urged, target opinion leaders (many of whom are non-smokers) to support the policy change and legislation on ‘light and mild’ that could lead to major behavioural change.

At Health Minister Allan Rock’s urging, Health Canada decided to run TV ads to support the government’s focus on the ‘light and mild’ reform to which the minister was now committed.

Obviously, with a \$28 million dollar media budget, it was desirable to create new ads. New creative product should have gone out the door. Unfortunately, the varied interests involved in the decisions around creative, some of those interests in conflict, could not get sufficiently together to produce new TV commercials. Out of desperation, the department used existing Health Canada visuals from previously run ads and added new voiceovers.

This is not a recommended approach. The quality and strategic purpose of the creative could be limited by having to work around the existing visual footage. In fairness, there was some tobacco industry denormalization content in the pre-existing ads. However, it was present not because Health Canada is now committed to TID but because the TID content was in the original ad. And to take it out, i.e. to water down the existing ad, would have been hard to explain to health interests. For this reason, my comment on the TV ads involved, “Poisons,” and “Cocktail,” will be limited. I do not consider these ads to be part of the new campaign under review. They largely pre-existed. Pre-existing ads do not merit serious review as part of the new campaign.

What must be said however is that much of the criticism of the newspaper ad published to support the Minister’s ‘light and mild’ initiative (see below), also applies to the TV ads discussed here. The principle objection is that, from a strategic perspective, the scripts of “Poison” and “Cocktail” do not address the ‘light and mild’ deception.

Health Canada also chose to ignore the advice of the health community in its national newspaper ad “To your health” (see Appendix B). This ad is a health risk message, and the message is that both regular cigarettes and light cigarettes contain bad chemicals. But read the ad carefully. The text still allows people to read it and take away the conclusion "Yes, I know, both regular cigarettes and light cigarettes have bad chemicals. But at least light cigarettes have less bad chemicals."

Unfortunately, that’s the industry deception. With the TV ads “Poison” and “Cocktail” and the newspaper ad “To your health,” Health Canada naively or irresponsibly reinforced the fraud that ‘light and mild’ cigarettes offer health benefits when compared to full strength products. The government did so by failing to expose the deception. The communication objective should have been to support change in public policy through regulation or legislation by focusing on the deception.

If the NGOs recommended against an ad that focuses on the complicated science of the cigarette or that compares the chemicals in different classes of cigarettes, what kind of message should have been published?

- We recommended that the ad message support the Minister’s legislative/regulatory effort to get rid of the ‘light’ and ‘mild’ family of descriptors. Regulatory reform can change behaviour. To achieve this objective,

legislators, opinion leaders, smokers and non-smokers, need to understand that there is an ongoing deception and consumer fraud that has to be fixed.

- To do this, we recommended that the message had to be, that contrary to the industry deception via use of ‘light and mild’ descriptors, there are not health benefits to switching to light or mild cigarettes, or less disease risk overall as the industry may have led you to believe (any recommended ad message would not use this language, just the concept). The Health Canada ad did not say this. It failed to spell out the deception. Nor did it explain that the industry had promoted the deception and had avoided correcting the misinformation with its customers as we believe it has a legal duty to do.
- We recommended the “no-health-benefits-to-light cigarettes/ industry deception” message because it is the massive impact of any law reform through a ban on these descriptors that will change smoking behaviour, not the bad chemicals/ health risk message which was used.
- We pointed out that smokers could object to the loss of the ‘light and mild’ language descriptors, or other industry devices that will undoubtedly replace the language deception (e.g. utilizing colours and design to replace any banned deceptive language), because there is strong brand loyalty when people are addicted to a tobacco product. They will be less inclined to object and Health Canada will be more likely to succeed in obtaining a strong regulation if smokers understand that the industry has deceived them and that the implied health benefits are not there. Health Canada advertising that bad chemicals exist in both categories of cigarette, full strength and ‘light,’ does not assist in achieving the desired health objective (see Appendix C).

In a nutshell, to counter the industry deceit, Health Canada should have created ads that expose the deception. Health Canada should have stayed on message, but chose not to.

2. Morgue

Readers may remember “Morgue,” a TV ad that is situated in a mortuary. Three bodies lie on gurnies. Toe tags on the bodies read 44,998, 44,999 and 45,000. This ad reveals a hard number related to tobacco mortality but fails to give the viewer any sense of proportionality, i.e. how does tobacco mortality rank against other causes of preventable death such as alcohol, accidents and AIDS.

Health Canada had to have known the importance of the proportionality factor. For these numbers to have greater meaning, they have to be placed in perspective. This issue was discussed within the department when Health Canada created the tobacco package warning system. One of the sixteen exterior package warnings includes a graph that contains the

45,000 tobacco death estimate as well as estimates for other leading causes of preventable death. So there was no new information in the TV ad “Morgue.” Any smoker would receive a stronger version of this message, randomly, approximately 25 times a year via his cigarette package.

Ostensibly, “Morgue” is a smoking cessation message combined with a rather questionable secondary message that the government is taking “strong action to reduce smoking.” “Not on the basis of the mass media campaign,” an observer might reasonably respond.

Of course, there is no component of this message that could be construed as an invitation to the viewer to do something about the 45,000 preventable deaths annually. In fact, the message itself suggests the opposite. What is there to do if the government is already taking “strong action?”

Then the ad finishes with the anemic branding or tag line “Tobacco. We can live without it.”

3. The Stojko/Chouinard Olympics ads

You may remember the Health Canada ads that featured Elvis Stojko demonstrating his skating prowess. Serious objections have been raised with respect to these Olympic ads. For good reason. When an ad campaign costs \$8 million, the estimate of one Health Canada bureaucrat, the need for stewardship with public funds suggests that these ads should be effective. In fact, I am among the critics who believe these ads were a waste.

As most of you know, Canada’s Olympic ads involved elite athletes delivering a message that they had a choice to make when they were younger between “tobacco” and their athletic futures (i.e., we used our freedom of choice and we decided to say “no” to tobacco and “yes” to our sports). The ads appear to be a youth smoking prevention message.

There are a number of things wrong with these commercials. The NSRA staff reviewed the ads and then had a further discussion with Professor Stanton Glantz and other U.S. experts about them. Glantz told the NSRA that he has a team preparing a critique of this genre of ads. He shares our views that these ads are flawed for a number of reasons. Another U.S. expert called them a “complete waste.” Here are our concerns.

1. The “you have a choice to make” message is a perfect recitation of the tobacco industry’s youth smoking prevention approach. The messaging in these two ads would not have differed much if Imperial Tobacco had created them. In a study by Teenage Research Unlimited (TRU), a U.S. marketing research firm that specializes exclusively in the teenage market, the authors state:

“Ads that focused on the ‘choice’ theme (i.e. be yourself, you can choose whether to smoke) were consistently rated the lowest ... the ads stress individuals’ choices without being clear as to the serious consequences of smoking ... Other teens commented that these ads give kids a choice to smoke or not to smoke - and noted that some kids will choose to smoke, which is what the tobacco companies really want ... A few teens pointed out that these ads, unlike some others which were shown, seem to make teens responsible for their decision to smoke, thereby taking the blame off the tobacco companies.”

How can kids “get it” but adults in government can’t?

2. The Olympics ads are classic examples of “the blame-the-victim approach” to tobacco control, placing the responsibility for the tobacco epidemic on individual behaviour and on kids to make the right decision. Kids didn’t create the tobacco epidemic and should not shoulder the responsibility for stopping it. These ads fail to focus on the industry’s role in the problem. Goldman and Glantz wrote in JAMA that:

“Massachusetts found that the most effective positioning statement for young people is one that shows the industry as ‘money-hungry companies that intentionally and willfully target very young and vulnerable kids with manipulative and deceptive tactics in order to get them addicted to cigarettes at an early age so they become customers for life (or until tobacco kills them.)’ Focus groups showed youth disliked being manipulated by the tobacco industry.”

3. There are serious doubts about whether or not youth-focused messages like this ever work. Tobacco control specialists gave this warning to Health Canada repeatedly over the last several years. The government has ignored the advice of the health community and is pressing on with a campaign focused on youth, but minus the TID component which is the hallmark of the American Legacy Foundation, Florida, California and Massachusetts campaigns. Health Minister Anne McLellan says:

“My province [Alberta] and others talk a great deal now about making sure their decisions are on the basis of evidence . . . we are reviewing what the scientific evidence does indicate . . . we are spending a lot of money on the advertising part of this campaign and we have to constantly evaluate to see if the money is being well-spent and whether we are hitting our target. Right now we’re focusing on young people.”

Unfortunately, there is little evidence that indicates that youth-oriented campaigns of the kind envisioned by Health Canada work. Here, Minister McLellan appears prepared to throw out her evidence-based rule for the purpose of political optics.

4. The Stojko/Chouinard ads missed the target. Youth who are at greatest risk of becoming smokers, as opposed to youth who are achieving in school and participating in athletics, do not relate to squeaky clean, elite Olympic athletes. There is a “disconnect between kids at risk and super role models” according to one U.S. media expert. Kids at risk don’t join ski teams and skating clubs. And they don’t identify with kids who do, even in their own schools. And they generally don’t watch the Olympics. So these ads sent a tobacco industry-friendly ineffective message to the wrong audience.
5. One expert raised this important point. And in doing so he was not demeaning Elvis Stojko who is a phenomenal athlete. He noted that “the tobacco industry promotes extreme sports with kids. It uses sports which involve risk: mountain climbing, white water kayaking and hang gliding. In contrast, Health Canada goes toe-to-toe with the industry with a guy who dances on skates!” Now who do you think understands the target audience best?
6. These ads fail to mention the consequences of a decision to smoke, a critical component to messaging that works according to U.S. experts. Lois Biener, Center for Survey Research, University of Massachusetts, reports “Youth prevention programs should not shy away from anti-tobacco ads that feature the serious consequences of smoking. These types of ads are the ones perceived as most effective by teenagers regardless of their smoking status, age, gender or ethnicity.” Such ads target the adult population. Kids listen in on adults talking to adults.
7. Many of us also have concerns about the ineffective branding tag line “Tobacco. We can live without it.” It’s cute but fails to mobilize, to give Canadians any real strategic action to take, except the appeal to kids, “Don’t smoke”. Tag lines that had a potential to mobilize the audience, obviously, were not given sufficiently serious consideration.
8. Being youth smoking prevention messages, the Stojko/Chouinard ads automatically fail to speak with any public health benefit to 85 percent of the audience who are smoking and non-smoking adults. These ads sent, I think dishonestly, a message to the adults who were watching that Health Canada is concerned about kids and is making serious efforts to prevent youth smoking. Setting aside the issue of veracity, the ads in question did not contain a message with any meaningful public health benefit. In fact, giving concerned adults a warm and comforting message of reassurance about the government’s concern for kids harms public health when, in fact, thoughtful citizens should be alarmed.

The critique above assumes what the government intended us to assume, that the Stojko/Chouinard ads were “straight-up” tobacco control messages. In fact, they were not.

And this brings us to one of the most serious concerns about these commercials. These ads were not Health Canada products. They were produced by Communication Canada, a section of what Hugh Winsor of *The Globe and Mail* charitably called the “controversial” Communication Co-ordination Service Branch of Public Works Canada. According to CBC Radio’s “The House,” the purpose of Communication Canada is to “tell Canadians what the government does, with an eye to keeping the country united.” CBC journalist Jennifer Fry used the Stojko ad as a prime example of the give-the-government-some-profile work of Communication Canada.

When people called to the 1-800 phone number posted at the end of this commercial, and others produced by Health Canada in Year One, did they reach the kind of 1-800 number recommended by the health community where properly trained staff could give serious advice with respect to smoking cessation? No, callers reached the Communication Canada call centre whose primary function is to give the government profile and to promote Canadian identity, not public health.

When whichever branch of government produced the Stojko/Chouinard ads, the communication planning process cited earlier in this paper seems to have been stood on its head:

- the Olympics were coming, which provided a potential venue where something could be said by whomever was pulling the strings of this campaign;
- Elvis Stojko and Josée Chouinard were available, which provided super role models who could say something;
- once these super athletes were chosen, those involved in the campaign looked around for things that Stojko and Chouinard could say;

The result was the tobacco-industry-friendly message that kids should make the right choice and that the federal government is concerned about your kids and the youth smoking problem.

Unfortunately, the quality of the product combined with the millions of dollars spent on these ads suggests that the government is more interested in political optics than in protecting kids at risk. These “promote the Government of Canada” ads were a waste of money, a cosmetic effort to make people believe that something serious is being done in this media campaign. Take note. Health Canada will produce polling data or focus group results that will conclude that the ads tested well, that they were believable or were remembered. Unfortunately, these are insufficient measures by which to assess the effectiveness of the mass media campaign. Yet non-smoking Canadians will be reassured by them that Health Canada is taking action. But will these ads persuade kids to stay out of the market? Not on your life.

We have no intention of debating the merits of advertising to promote Canadian unity or whether such advertising even works. What we can say with some assurance is that the Stojko/Chouinard ads represent an \$8 million dollar diversion of the precious tobacco control funding that so many people worked so hard to secure. In fact, it was the first claw-back of funding that many of us have feared.

Was this exercise undertaken honestly and openly? No. Certainly the health community was never informed of the funding diversion. Was any effort made to make effective ads that would achieve public health objectives? The products perhaps speak for themselves.

4. Second hand smoke, “Target”

Second hand smoke is an extremely important issue in tobacco control in Canada at this moment and has been for some time. In 2001, the cities of Ottawa and Toronto as well as other significant municipalities were struggling to pass or to hold onto their smoke control bylaws. Also, British Columbia’s Workers’ Compensation Board was engaged in a titanic struggle to carry out its plan to clear the air in all B.C. workplaces.

Although the federal government has no jurisdiction over provincially regulated workplaces, it certainly could use the mass media campaign to educate the public about second hand smoke (SHS) as an occupational health risk and lend federal support to the health agencies and health units across Canada which are struggling with this problem. The California TV ad “Waitresses” is an excellent example of what was needed in Canada.

Earlier in this paper, we talked about the need to identify the public attitudes that block health reform and then to create a communications strategy to remove those blocks. In the case of SHS, we recommended to Health Canada that it support law reform involving SHS. We also pointed out that, according to experience in other jurisdictions, SHS is one of the most effective mass media themes that the government could pursue. It would promote public policy implementation which can change behaviour. And, because this theme would have the potential to be of interest to nearly all of the audience of any medium, in contrast to health risk messages which might be of interest to smokers only, pursuing the SHS theme from an occupational health perspective would be very cost-effective.

Despite this advice, Health Canada produced “Target,” an ad directed at SHS in the home. However desirable it might be to pursue a SHS theme, the decision to focus on SHS in the home was not strategic. The timing of “Target” was also less than optimum, given that there were no policy options related to smoking in the home that were then under consideration.

Even if smoking in the home was considered to be a priority SHS issue, was “Target” well executed? We suspect not. We know that smokers, Health Canada’s primary target for this

ad, do not understand the way smoke travels in indoor environments. Smokers could easily feel comfortable dismissing the message in “Target.”

The ad misses the mark in other respects. It offers no information as to the gravity of the risk that SHS represents. The line “Over a million kids are exposed to second hand smoke every day” is relatively meaningless in the absence of information as to what that risk means. Imagine the public outcry about a waste of public funds if the voiceover said, “Over a million kids are exposed to air pollution every day” and left the issue there.

Having seen effective SHS executions produced in other jurisdictions and knowing the importance of support for public policy on SHS, Health Canada’s second hand smoke campaign was an opportunity missed magnificently.

Where do we go from here?

As this commentary suggests, Health Canada’s mass media campaign in Year One was a huge disappointment. The campaign had little strategic value, lacked vision, salience and intensity. And because its ineffectiveness has to be obvious to a great number of people, the quality of the product leaves the funding vulnerable to claw backs by those with designs on the money.

Does this Association put the mass media campaign funding at risk by releasing a critical commentary? This may be the view that some will take. Certainly Health Canada would prefer to work quietly out of the spotlight, regardless of the ineffectiveness of the campaign. We take another view. We argue that the quality of the mass media effort produced in Year One is already apparent to a great number of people, and is already inviting attack. In fact, the fund was already raided by Public Works Canada.

We argue that the public has a right to know, that only through vigorous criticism will the public and the health community demand a better effort. We can cut the government a certain degree of slack due to the fact that this was the start-up year of this campaign. We have done that. But the problem goes beyond this. In our opinion, there was a level of dysfunction related to the mass media campaign that does not bode well for the second year of the campaign and beyond. The government simply has no sense of a need for any strategic thrust for this initiative or any real appreciation of the value of tobacco industry denormalization.

The answer is not to abandon the campaign. Or to cut its funding. Mass media tobacco control campaigns are no less important now than when the campaign was announced. The answer is to fix the campaign. Smoking Canadians deserve better. Non-smoking Canadians who have watched their friends and relatives die and have seen their children become addicted deserve better. Members of Parliament and of the Senate who fought for the tobacco control fund deserve better. And, most assuredly, our kids deserve better.