Don’t Make Smokes Your Story Aboriginal and Torres Strait Islander anti-smoking campaign

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Introduction

Don’t Make Smokes Your Story is the latest phase of the Australian Government’s National Tobacco Campaign which uses an empowering and positive approach to encourage quit attempts among Aboriginal and Torres Strait Islander smokers. This campaign is one element of the broad comprehensive tobacco control measures in place at national, state and local levels introduced to address the high rates of tobacco use amongst Aboriginal and Torres Strait Islander Australians, a recognised national priority through the Council of Australian Governments’ (COAG) commitment to halve the Aboriginal and Torres Strait Islander adult daily smoking rate by 2018.

Smoking is a significant contributor to poor health outcomes, accounting for 12% of the total burden of disease, and is estimated to account for 20% of Aboriginal and Torres Strait Islander deaths.¹ Data from the ABS National Aboriginal and Torres Strait Islander Social Survey 2014-15² show significant gains have been made with a drop in daily smoking rates among Aboriginal and Torres Strait Islander people aged 15 years and over to 39% in 2014-15, continuing a downward trend from 45% in 2008 and 49% in 2002. Fewer young people are starting to smoke and there is a significant decrease in daily smoking rates of those aged 15-24, down to 31% in 2014-15 from 39% in 2008.

However, the data indicate that the majority of the change in daily smoking rates has occurred in non-remote areas with 47% of people aged 15 and over in remote areas smoking daily in 2014-15 (down from 50% in 2002) compared with 37% in non-remote locations (down from 48% in 2002). And although the declining overall rates show a very positive longer term trend, Aboriginal and Torres Strait Islander people are still almost three times as likely as non-Indigenous people to be daily smokers reinforcing the need for ongoing action and commitment to reducing smoking prevalence in this population.

The campaign builds on the success the Break the Chain campaign which was launched in 2011 and also ran in 2014. Break the Chain consisted of a TV advertisement, radio and print media.

Method

The campaign strategy draws on a number of pieces of research including the Talking About the Smokes project led by the Menzies School of Health Research³, exploratory research for the National Tobacco Campaign conducted by GFK Australia and the Cultural and Indigenous Research Centre Australia⁴, and previous National Tobacco Campaign evaluations.

Don’t Make Smokes Your Story was developed in close consultation with the target audiences. Between February and April 2016 over 70 focus groups were conducted by ORC International with people in urban, regional, rural and a significant remote component including communities in Cape York, Arnhem Land and the Central Desert. The research sample included Aboriginal and Torres Strait Islander smokers and recent quitters aged 15 years and over, family members, health professionals and community leaders, as well as some non-Indigenous smokers. Initially concepts from five creative agencies were tested to identify a potentially successful campaign. Ongoing
modifications and edits were made to the campaign materials throughout fieldwork in response to audience feedback to maximise the campaign’s effectiveness and appeal. The Department and ORC International acknowledge the significant role local community organisations played in the coordination of group discussions in their communities.

The evaluation research sought to engage with local communities in an appropriate and culturally sensitive way and aiding local capacity building. ORC International worked with local Indigenous community organisations to provide advice on protocols and recommended twenty eight local people who were trained as interviewers for the project. A national sample design was developed which was stratified in proportion to the Indigenous population in urban, regional and remote locations in each state and territory. 201 smokers and recent quitters were interviewed via a face to face methodology across 13 locations immediately prior to the campaign and 310 smokers and recent quitters were interviewed across 20 locations for the post-campaign evaluation phase. Data was weighted by age, gender, state and geographical remoteness using data from the National Aboriginal and Torres Strait Islander Social Survey to represent the population of smokers aged 15 and over.

Background
Most smokers whether or not they are from Aboriginal and Torres Strait Islander backgrounds, or metropolitan or regional settings do want to quit smoking to avoid becoming sick but many feel they need more support, information and skills to do so. There are many similar motivations and barriers to quitting across all smokers however fewer Aboriginal and Torres Strait Islander smokers have attempted to quit, successfully quit and believe their community disapproves of smoking with some smokers believing their families and communities actively condone smoking. Aboriginal and Torres Strait Islander smokers also lack appropriate quitting and non-smoking role models. Failed attempts to quit among friends and family serve to reinforce that quitting is hard and undermine confidence that a quit attempt can be successful.

Among Aboriginal and Torres Strait Islander smokers there is understanding of the general health harms from smoking, often because of personal experiences of smoking-related illnesses among friends and family members. The most well-known and concerning health consequences of smoking are emphysema, lung cancer and stroke. But more specific health information is still news for many smokers. Most smokers relate to immediate health consequences such as coughing, breathing difficulties and reduced fitness as this affects being physically active and being able to keep up with their children. These more immediate effects resonate with younger smokers more than longer term health impacts. Financial and social costs can also be influential.

Smokers are genuinely concerned about the harms of passive smoking for young children. Children are often concerned for their family’s health—often actively imploring their parents, siblings and relatives to quit. For smokers, this strongly reinforced feelings of guilt, shame and concern that their smoking might encourage their children to smoke (often reflecting how their own smoking began as a result of parents and relatives who smoked). The importance of role modelling for their children, family and younger community members is regularly cited as a motivator to quit.

The high smoking prevalence in Aboriginal and Torres Strait Islander communities creates a very different experience of smoking and quitting compared with the non-Indigenous population. Smoking is readily associated with friends and socialising, does not have the same social consequences of segregation and isolation that is now experienced by other smokers, and there is low perceived support for quit attempts.
Campaign development

The developmental research saw a call for more active support and encouragement from family and friends and, where possible, a community response to help smokers quit together.

This research as well as previous research to develop Break the Chain found that targeted campaigns are likely to be most effective and recommended that ideally a campaign targeting Aboriginal and Torres Strait Islander smokers would include a combination of messages that depict the serious, longer-term health consequences of smoking, as well as the more immediate and tangible health consequences, while acknowledging the challenge of quitting and providing encouragement and support with a focus on family.

Research pointed to the need for a balance of negative and positive framing and the need for an empowering tone. The graphic imagery of health consequences often used in mainstream campaigns (which this audience is also exposed to) was specifically not used in this campaign. It was also important not to increase feelings of guilt and shame or to stigmatise smokers for their behaviour. A number of different message territories were tested with the audience and those that spoke to the ‘further consequence of the health consequence’ were the most powerful such as missing out on time with children and family, important life events in the future and the potential impact on others including young people taking up smoking. It was also important that these types of messages should be delivered from the perspective of a smoker’s personal experience not a non-smoker telling smokers why they should quit.

Don’t Make Smokes Your Story was created and produced by Brisbane based agency Carbon Media. The campaign tells the story of a young dad, “Ted”, played by a former smoker alongside his real family. Ted quits smoking for his family—two young kids, his pregnant wife, mum and aunties. He has already lost his father to smoking-related illnesses and has experienced his own health scares. A range of extension videos demonstrate Ted’s quitting journey actively refusing smokes in common trigger environments and model Ted accessing a range of support services such as speaking to an Aboriginal counsellor from the Quitline and using the updated My QuitBuddy app.

Concept testing showed the proposed Don’t make Smokes Your Story campaign had the most potential to develop further. The proposed concept had high appeal with the primary target audience, effectively demonstrated the benefits of quitting for smokers and their families, and would potentially encourage quit attempts. The target audience participants felt the advertisement was warm and positive focusing on the good things that can happen when quitting and applauded the positive role modelling approach. The story and character of Ted was found to be very believable, credible, was easy to relate to and Ted was an appealing role model. Overall the audience felt the campaign was delivering important messages. Importantly the campaign tested well with audiences in regional and remote locations and also with non-Indigenous smokers.

The campaign ran during May and June 2016 running alongside the existing campaigns of Break the Chain and Quit for You Quit for Two as part of an integrated strategy utilising mainstream mass media, local and targeted channels, digital and social media with a strong Facebook strategy, presence at the Barunga festival a feature on NITV’s League Nation and other public relations activities. The media buy was skewed towards regional and rural locations reflecting higher prevalence rates.
Evaluation

Data combined from benchmark and post-campaign evaluation surveys revealed several differences in smoking and quitting behaviour between metropolitan smokers and those from regional and remote locations. Respondents from major cities were more likely to report wanting to quit smoking, to have tried quitting smoking and to have used quitting aids in their quit attempts. Remote smokers were also less likely to believe that quitting would have financial or health benefits.

In the post-campaign survey Seventy five per cent of respondents reported being aware of the campaign. Awareness was highest for television (58%) followed by print (40%), and radio (35%). One in three reported awareness of the social media/online advertising and 28% that they had seen the campaign at a community outreach event. With the exception of community events which were recalled most strongly in metropolitan areas, awareness was similar in regional and metropolitan areas but was lower for respondents from remote areas—reflecting a strong regional buy but fewer opportunities for placement in remote areas.

The television component performed strongly against communication diagnostic measures as being easy to understand (97% agreement), believable (90%), made respondents ‘stop and think’ (84%), and made respondents more likely to try to quit (71%). The message take out of the campaign was strongly recognised as about quitting, quitting for family and the impacts of smoking on family and community.

Significant behavioural change was reported as result of campaign exposure with 58% reporting they had taken some action. Nine percent reported they had quit smoking and 27% reported they had cut down the amount they smoked. Many people spoke to others about quitting—friends or family (20%), a doctor (8%) or health worker (7%). Action taken was significantly higher among those who had seen the campaign than for those who recalled Break the Chain.

Supporting claims of behaviour change, usage data from the campaign support tools increased over the campaign period. The My QuitBuddy app was downloaded over 33,317 times during the campaign period, a 65% increase on downloads during the seven week period before the campaign launch (19,820). Visits to the Quit Now website increased by 570% from 40,919 visits in the previous seven weeks to 274,438 visits during the campaign period.

Discussion

The Don’t Make Smokes Your Story campaign has successfully reached Aboriginal and Torres Strait Islander smokers in both metropolitan and regional locations with a positive and empowering quit smoking message. Significant behavioural change was reported and is supported by website and app data. It is acknowledged that there will be over-reporting due to a culturally driven acquiescence bias however these results suggest that change is taking place and the campaign has performed more strongly than the well regarded Break The Chain campaign. The reported action taken of smoking fewer cigarettes can be interpreted in different ways. Smoking cessation literature suggests that this is not necessarily a better health outcome however, behaviour change theories point to attempts and modification of behaviour as an important step in the behaviour change continuum. The skew towards a regional and remote media buy and careful testing of the materials resulted in strong regional results. The survey also provided detailed information about media consumption habits which will be used to further tailor future phases of activity.
References

1. ABS, AIHW. The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples 2008. ABS cat no. 404.0, AIHW cat. No. IHW 21


3. Thomas DP, Talking About The Smokes. Transforming the evidence to guide Aboriginal and Torres Strait Islander tobacco control. The Medical Journal of Australia, 2015: 202(10), Supplement S1-89.