

Paid Counter-Advertising: Proven Strategy to Combat Tobacco Use and Promotion

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This article discusses the effectiveness of paid counter-advertising in combating tobacco use and promotion, the impact of the Fairness Doctrine, which mandated anticigarette television advertisements in the late 1960s, and reasons why the media today are reluctant to run antismoking advertisements. Although counter-advertisements can work very well, they should be image-based, rather than fact-based. Currently, tobacco companies promote a positive image of cigarette smoking and brand awareness. Most antismoking ads, however, tend to focus on the tobacco itself and its adverse effects on the

Try this simple test: think of the last time that you saw or heard an advertisement that discouraged you from buying cigarettes. Now think of the last time you saw an advertisement promoting cigarettes. During presentations on countering the use and promotion of tobacco products, I pose such a test to my audience. Invariably, 30 seconds or more pass before two or three hands go up and somebody proudly relates having seen perhaps an antismoking poster at the doctor's office or a newspaper story on the Great American Smoke-Out during the past year. Yet when asked about having seen cigarette advertising, people quickly realize that they encounter such messages on the billboards they drive by each day; in their newspapers and magazines; on displays in supermarkets, gas stations, pharmacies, and convenience stores; on the scoreboards of stadiums at football games or auto race tracks they attend or watch on televi-

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smoker, rather than combating the images the cigarette ads promote. Urging counter-advertising to focus on the product, rather than to try to produce guilt in smokers, this article provides examples of paid counter-advertising strategies employed by Doctors Ought to Care to illustrate an image-based approach. Overall, the antismoking movement must guard against complacency and measure its success according to tobacco companies' declining revenues, rather than the number of public service advertisements in the media. [*Am J Prev Med* 1994;10(suppl 1):8-10]

sion; and on the tee shirts and caps worn by the teenagers they see at the movies.

The ratio of protobacco to antitobacco advertising messages in the United States can be posed as millions to one. In terms of paid mass media, approximately \$4.6 billion are spent in the United States to promote cigarettes, versus virtually no money spent to counteract the use and promotion of tobacco products. Even in California, where an excise tax has financed a \$6.3 million TV, radio, newspaper, and billboard advertising campaign, cigarette ads still outnumber antitobacco messages by at least 50 to one. And budget cutbacks in the state will likely curtail the positive health campaign.

How, then, can we explain the widespread belief that there is a major antismoking movement, that "we're winning the war against smoking," and that we are on course for a smoke-free generation by the year 2000? First, both governments and health organizations tend toward optimism. Further, since there has been a decline in smoking among the middle class, people assume that the tobacco companies must be "crying uncle."

In reality, tobacco company profits have never been higher. And in spite of the illusion that a company like Philip Morris has diversified—on its tour of the Bill of Rights, the company's spokeswoman was fond of saying that it manufactures over 3,000 different products, only one of which is cigarettes—it still earns more than 70% of its profits from cigarettes.

Unlike tobacco advertisers whose livelihoods depend on increasing tobacco sales and attracting new users, many health

professionals, teachers, and government officials concerned about tobacco use and young people have failed to understand the reality of the demographics of smoking (apart from identifying with the middle class and the traditional vehicles that advertise to it). The jobs of health professionals do not depend on a decline in tobacco consumption. Moreover, while the prohealth advocates tend to work from nine to five, tobacco advertisers maintain a round-the-clock presence, with special emphasis on nights, weekends, and holidays, when young people are away from school.

Added to complacency on the part of health professionals, educators, and the public alike, who may well believe that the war on smoking is being won, there is a basic failure to regard the tobacco issue as dynamic, not static. There is a common misconception that, if we can just educate children at a very young age about the dangers of smoking—this is the theory behind the Smoke-free Class of 2000—then they will be immunized against the likelihood of smoking.

Sadly, the battle does not work that way. Confronting over 60,000 research papers showing the danger of smoking, the tobacco industry nonetheless has not only maintained tobacco sales but increased them among certain groups, such as young women and Latin and black populations. The first failure, then, is in fighting images with the facts, and in fighting TV, billboard, sports, and magazine advertising with pamphlets, posters, press conferences, and preaching. Even when one realizes the necessity for creating image-based antismoking campaigns, research, creativity, and evaluation have been emphasized, rather than maximizing the frequency of the message. The advertisements of Tony Schwartz are brilliant because, for the most part, such ads have been directed at obtaining a specific short-term objective, such as the passage of a clean indoor air law or the divestment of tobacco stocks by a university. Schwartz's background as a creator of political advertisements is well-suited to what he calls "this guerilla media." Few organizations have been willing to purchase broadcast time for Schwartz's ads, however.

Today, purchasing broadcast time to un-sell tobacco use and promotion is necessary, a much different situation from 30 years ago when Schwartz created the first antismoking public service announcements for the American Cancer Society. Such advertisements were widely viewed between 1967 and 1970 as the result of a favorable ruling by the Federal Communications Commission on a petition by John Banzhaf III to mandate the broadcasting of antismoking advertisements as an application of the Fairness Doctrine. The counter-advertisements were so effective, in fact, that the tobacco companies could not take the competition. For the first time in this century, cigarette sales leveled off. Agreeing to withdraw cigarette advertising from television in 1970, the tobacco companies foresaw that this major weapon—counter-advertising—would no longer be a factor since the Fairness Doctrine would no longer apply.

Even more disturbing is the fact that the tobacco companies never really left the airwaves, shifting instead to the sponsorship of countless nationally televised sporting and cultural events. The failure of the Justice Department for the past 20 years to enforce the law against cigarette promotions on television, coupled with the elimination of the Fairness Doctrine under the Reagan administration, means that paid advertising campaigns must expose and undermine every aspect of youth-oriented tobacco marketing.

But why must we buy space to un-sell tobacco use and promotion? Why not prevail upon media corporations to act in the health interest of their communities by running free counter-advertisements or even voluntarily forgoing tobacco advertising? In fact, the print media covet tobacco advertising revenue, and the broadcast media fear losing revenue from the advertising by food subsidiaries of tobacco companies. Even so, media corporations cannot maintain credibility by turning down paid advertising aimed at countering the tobacco pandemic.

Such counter-advertising campaigns, large and small, can be amazingly effective. The most successful examples are those of the Canadian Nonsmokers Rights Association (NSRA), which for more than a decade has been mobilizing public opinion against the tobacco industry and its practices through paid full-page advertisements in major daily newspapers. Headlines on NSRA advertisements have included "SHOULD THE CANADIAN SKI ASSOCIATION GET IN BED WITH THE TOBACCO INDUSTRY?" and "NEWSPAPERS AND THE ADVERTISING CODE: CASH OR CONSCIENCE? Here is one story that some Canadian publishers would rather not discuss. . . ." Joined in its campaigns in recent years by the Canadian Cancer Council, NSRA achieved its biggest success in 1989 when the Canadian Parliament voted to ban most forms of tobacco advertising.

Similar forceful paid counter-advertising efforts have been launched by the Anti-cancer Council of Victoria and other states in Australia. In the United States, Doctors Ought to Care (DOC) has pioneered the concept of using paid counter-advertising to ridicule brand name tobacco advertising and promotion. DOC's sponsorship of local and national Emphysema Slims Tennis Tournaments—backed by paid advertising and corporate cosponsors—has raised public concern over tobacco sponsorship of sports. When conventional media have refused to sell space to DOC, out of fear of offending tobacco advertisers, the group has bought space in alternative media to expose such hypocrisy.

If the tobacco pandemic is to be stopped, counter-advertising may well play a far greater role than legislation or public policy. Most efforts to discourage tobacco use are now aimed solely at the person who smokes—the equivalent of combating malaria by spraying DDT in the rooms of patients who already have the disease. I prefer to see two underlying themes in counter-advertising: raising children in an environment free of tobacco smoke and raising them in an environment free of tobacco advertising and promotion. Essential to countering the quick-change artistry of the tobacco advertisers will be the adoption of a new, consumerist vocabulary, as opposed to the language of health behavior. Young people do not smoke: they buy Marlboros. They do not ask for a pack of nicotine: they buy Camel Lights 100s.

Although every advertisement for every brand of cigarettes is also an enticement to smoke, most so-called antismoking advertisements are off-base from the start by nagging or pretending to tell people something they already know. The failure of most antismoking advertising exposes our inability to shift our focus away from the substance (tobacco), the adverse effects of the substance (lung cancer), and the user (the smoker) in order to concentrate instead on the manufactured consumer product (Marlboro), its promotion (Marlboro Grand Prix auto race), and its pusher (Philip Morris). By shifting the focus away from the anger and guilt of the individual and instead onto the

cheapness and absurdity of the product, the advertiser creates an opportunity to win consumers and to channel their anger toward the real authority figure, the tobacco industry.

We must begin measuring our success not in press clips but in the decline of tobacco industry revenues. It is now essential to put our money where our mouths are. Even small, simple, frequent advertisements in the sports and fashion sections of

daily newspapers and other contexts with high readership or viewership will pay off in greater public acceptance of the message. We ought not to waste any more time demanding warning labels on cigarette billboards or race cars but rather should turn to mass media specialists such as Tony Schwartz, NSRA, and DOC, who have been in the vanguard of the antismoking movement for the past generation.