

Research to Support Targeted Smoking Cessation

Insights on how to encourage people living in
high deprivation communities and/or
Māori people to quit smoking

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Prepared for:



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1.0 Introduction

This document reports on a two-staged qualitative research programme commissioned by Quitline in 2014.

Quitline wants to help people living in high deprivation communities and particularly Māori and Pacific people to quit smoking. Quitline recognised the need to guide its efforts to help people in the target communities to quit smoking by being informed by robust research. This document provides a summary of a two-staged qualitative research programme undertaken with people in the target communities. The overall aim of the research was to refresh Quitline's understanding of how best to develop a communication campaign to target this audience.

The first stage was exploratory research, intended to help Quitline increase its understanding of the target audience, how to encourage the audience to quit and how to support the target audience to quit. The research fieldwork was undertaken in May 2014.

The second stage of the research tested five draft communication concepts to assess their effectiveness as communication tools with the target audience. The fieldwork was undertaken in June 2014.

Research Approach

For both stages of the research the approach was qualitative and used a mix of focus groups (with 5-6 respondents per group) and mini groups (2-4 people per group). All of the respondents were current smokers¹ who were open to quitting and were from low income households. Nearly all of the respondents were Māori or Pacific. A summary of the profile of each of the focus/mini group samples for both stages is provided in the table below and overleaf.

Stage 1: Exploratory Research, total sample: 46

Group Type	Location	Ethnicity	Number of respondents
Family	Whangarei	All Māori	6
General public	Whangarei	All Māori	6
Parents	Whangarei	Māori and 1 Pakeha	3
Couple	Whangarei	Both Māori	2
Family	Porirua	Pacific	4
Family	Porirua	Māori	4
Family	Porirua	Māori	3
Parents	Porirua	Māori	3
Parents	Porirua	Pacific	3
General public	Porirua	Mix of Māori, Pacific, Pakeha/other	6
General public	Porirua	Mix of Māori, Pacific, Pakeha/other	6

¹ Note two respondents were very recent quitters, having quit between being recruited and undertaking the interviews.

Stage 2: Concept Testing, total sample: 32

Group Type	Location	Ethnicity	Number of respondents
General Public	Gisborne	Māori and 1 Pakeha	5
Family	Gisborne	Māori	3
Parents	Gisborne	Māori	3
Workplace	Gisborne	Māori	3
General Public	Hutt Valley	Māori	5
Parents	Hutt Valley	Māori and 1 Pakeha	3
General Public	Porirua	Pacific	7
Family	Porirua	Māori	3

Context

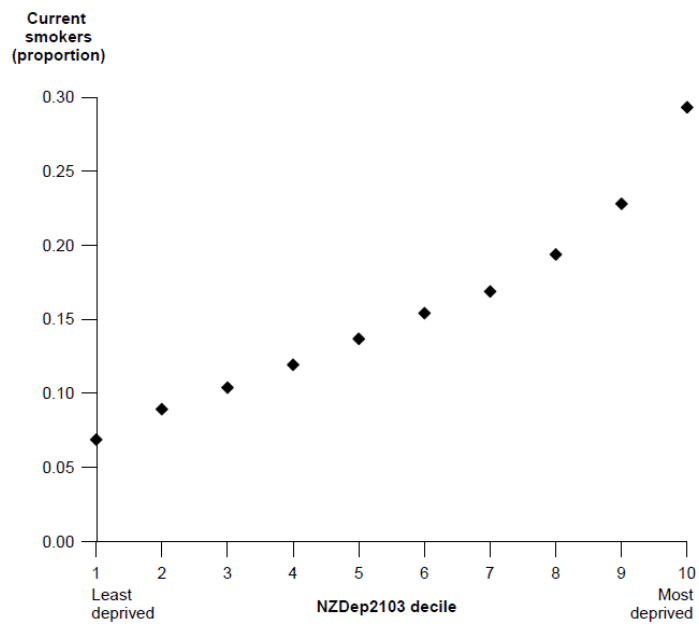
People living in high deprivation communities and Māori people are considerably more likely to smoke tobacco than other New Zealanders. This is demonstrated in the:

- New Zealand Health Survey² finding that Māori are 2.7 times more likely than non-Māori to be daily smokers.
- New Zealand Health Survey finding that the most deprived New Zealanders are 3.1 times more likely than the least deprived New Zealanders to be daily smokers.
- The New Zealand Index of Deprivation 2013³ index validity check that illustrates the strong relationship between smoking and deprivation in New Zealand – the higher the deprivation the higher the proportion of smokers within the population (see graph overleaf).

² Annual Update of Key Findings 2012/2013

³ NZDep2013 Index of Deprivation, Atkinson et al, May 2014.

Current Smoking in 2013 by NZDep2013



2.0 Stage One Research

Understanding our population of interest

Understanding the world our target audience lives in and how they respond to the world is pivotal in understanding how best to encourage them to quit smoking. There is considerable diversity within the target audience, but there are also commonalities.

From the New Zealand Health Survey⁴ research we know that the target audience is more likely than the rest of population to:

- Be hazardous drinkers
- Be asthmatic
- Have diabetes
- Have experienced psychological distress in the last four weeks.

In this research, many of the respondents spoke about their upbringing as being very 'hard'. Describing their childhood for instance as being akin to 'Once Were Warriors' and describing living 'in the hood'.

For many there had been significant hurdles to overcome in their lives to date, including: time in jail, physical abuse, loss of loved ones, drug addiction and losing access to their children. Lack of money was also a significant stressor for many.

Most respondents we spoke to had little access to sporting, social or cultural recreation. Social life tended to be limited to socialising at home with a small number of friends/whanau.

Smoking

Most of the research participants had started smoking as children and were children of smokers. Many had started smoking between 12 and 14 years of age, although some had started as young as seven years.

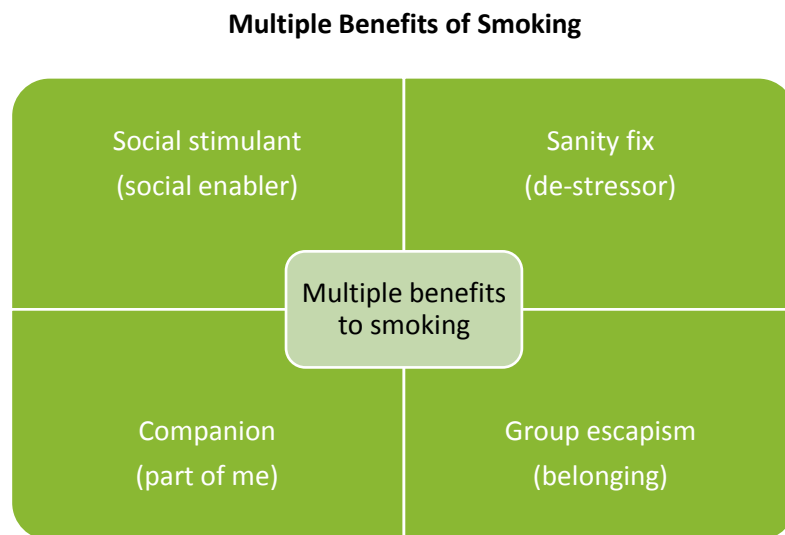
Most (though not all) of the respondents had grown up in households where their parents or care-givers smoked. For many, tobacco had been easy to access within their home.

"I think when I was about 12, my Mum used to get all of us to light smokes for her, so that's how we got started."

⁴ New Zealand Health Survey, Annual Update of Key Findings 2012/2013.

From the respondents' perspective, there are multiple benefits of smoking:

- It is used as a social stimulant, a social enabler
- It is used as a sanity fix, a de-stressor
- It is used as a companion, a part of me
- It is used to aid group escapism, belonging.



The majority of respondents were currently living and socialising in environments where most people smoke. Most felt they would be the odd one out if they did not smoke.

Quitting

Most respondents accepted that smoking was not good for them and had at least some desire to quit smoking (note this was a condition of participating in the research). All of the respondents had tried to quit at least once in the past.

Although all of our respondents were 'open to quitting' the desire to quit **now** or even **soon** was low for many. They appeared nervous and discouraged about starting the process. They had experienced how hard it is to quit so were now waiting for a 'magic bullet' that would encourage them to try again.

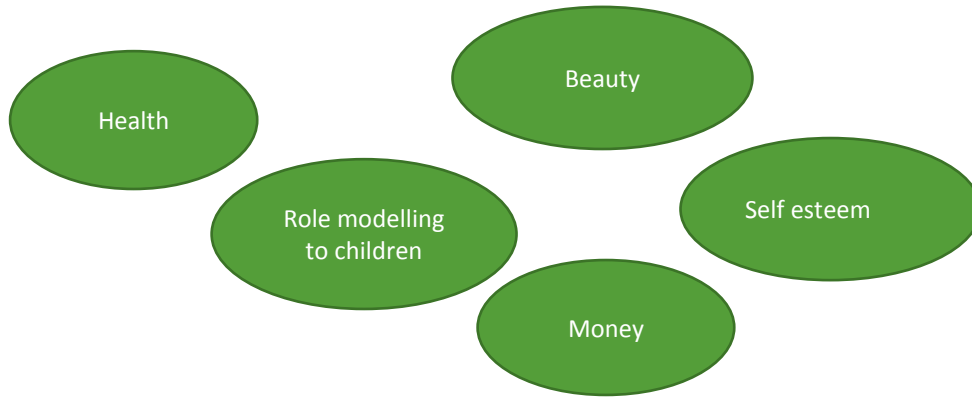
For some respondents quitting smoking was highly aspirational. They spoke animatedly about how they would feel 'reporting' back to the researcher in six months' time that they were now non-smokers.

However, their own ability to actually quit was widely questioned by many of the respondents. The self-doubt was reinforced by the fact that all of the respondents were experienced quitters (and therefore had experienced quitting failures in the past).

Many respondents were also conscious they would not receive support to quit (particularly emotional) from any of their family or friends.

For most respondents the motivators to quit smoking were considerably fewer (and more long term) than the barriers to quitting which were vast (and more immediate).

Primary Motivators to Quit



Primary Barriers to Quitting



While the barriers to quitting are common to many smokers, the impact of some of the barriers (i.e. those listed below) were particularly strong for this target audience:

- Being left out socially is more powerful if your social life is:
 - one dimensional
 - whanau based
 - based around drinking/partying.
- The risk of being intolerant with your children is more extreme if you are poor and/or single.
- The risk of stress is higher if you are poor, isolated, unhealthy and/or using other substances.
- The risk of missing smoking is higher if you are isolated and/or not working and/or have 'light' relationships with others.

Cessation

Most of the messages to quit smoking from mass media and other sources were considered to be profligate and monotonous. This combined with ongoing nagging to quit (particularly from health care providers and children) seemed to have numbed them to many of the messages. Respondents spoke about 'switching off' or 'glazing over' particularly when it came to television advertisements and package warnings.

Despite this, nearly all of the respondents kept their own homes smokefree, choosing to only smoke outside. The primary reason for smoking outside was to reduce children's exposure to second-hand smoke. This suggests successful penetration of this messaging **and** demonstrates the power of messaging about causing damage to children).

Respondents said they thought smoking was not as widely accepted by society as it had been in the past. Some spoke about not being comfortable smoking in front of some people or in some settings (for instance on the main street of town). They perceived there to be a certain level of shame associated with smoking today.

"Getting a bit whakama now... it's a bit of a minority now, smoking. Not a lot of people have got a lighter these days. 'Oh do you? Nah, I don't smoke'. One day I hope to say that to someone."

Existing messaging

The researchers tested the salience of a range of television commercials and print advertising used in the past to encourage smoking cessation. The examples included both materials developed by Quitline and by other organisations in New Zealand and offshore.

There was considerable apathy towards the current materials shown to respondents. Most of the material was considered to be:

- 'Flat' and lacking emotional power for the respondents
- Eurocentric and aimed at the middle class
- Easy to ignore.

The material tested that had some impact tended to be:

- Uplifting and personal (quitting stories)
- Personally relevant (someone who sounds a bit like me and has a life a bit like mine)
- Able to evoke an emotional response (typically about others who had suffered from smoking related illness or about the impact on children of smoking related illnesses).

While some of the material did have power in encouraging respondents to be more committed to quitting, none of the material was very strong at encouraging respondents to quit **now**.

Increasing the desire to quit

The research has revealed seven overarching insights to consider when determining how best to encourage the target audience to quit:

1. While we only spoke with people who were 'open' to quitting, most of them were not **actively** thinking about quitting (again). For most, the motivators to give up (and the aspirations it offers) were too far from their reality to be motivating right **now**.
 - Encouraging them to move from being 'open' to quitting to actually quitting requires messages that are personally relevant, will increase their engagement in quitting and grow their desire to quit **now**.
2. The message 'to quit' needs to empower the audience. Apathy with the current style of messaging and the scarcity of immediate motivators to quit suggest a 'rewards/benefits based' message would have more impact than a consequence based message.
 - The reality of the difficulties of quitting are at the forefront of their mind.
 - Showing negative consequences risks feeding the stresses of their current existence and causing many to actually go and have another smoke.
 - The audience need to grow in their own confidence that they can achieve. The benefits of giving up need to be celebrated and talked about more.
3. To get the audience to actually **act** on quitting (rather than just considering it) there is potential to capitalise on what we know about the triggers that have led to them actually quit in the past. Key triggers included: presence of cessation services at community events/malls, advice from health professionals, courses, prison, finding God, pregnancy, nagging from loved ones, group challenges, advertising, workplace/social stigma and other changes in personal circumstance (e.g. illness, divorce).
4. Smoking is all about immediate gratification. To give up, a replacement is needed. With this in mind, the end take-away message (albeit sub-conscious) must evoke strong emotional cues.
5. The tone of the advertisements (messages and messengers) will be the most difficult aspect. It's not about 'seeing' Pacific or Māori 'presenters', it's about 'hearing' themselves. It's about being unscripted, raw and down to earth, and with a degree of lightness.

- Most of the respondents didn't have a lot financially but they made up for it in personality. They don't take life too seriously. They love to laugh – especially at others. Subsequently, they will ignore 'white/middle class' styled advertisements which are dry and boring.
 - The target audience are influenced by 'how' something is expressed, versus 'what is said'. Serious undertones to an advertisement risk feeding their short term perceptions that giving up will be dull and difficult.
6. The messages and their delivery need to be extremely strong (hard hitting emotionally), direct and unique (to stand out from the plethora of messaging they are exposed to on a daily basis).
 7. Ultimately the impact of smoking/quitting on others – especially children – was identified as the most salient message.

Primary Quitting Message

There was strong support from the target audience for new messaging to be based on the impact of smoking on children, with the primary emotional out-take of guilt. There are four key areas prompting significant guilt:

1. Children copying and becoming smokers too. *"If I think about my children smoking it makes me feel broken"*.
2. Children having to face a parent's funeral or ill-health. A thought mentioned across both the research phases was imagining their children at their funeral *"that makes me feel sick... I'm sure if I saw that I would cry"*.
3. Children being left alone in the house (while adults smoke). *"My child and I are often playing tug of war with the door... I normally end up screaming at him to go away"*.
4. Less money for the essentials and/or treats. *"I know if I gave up smoking I'd be able to give heaps more stuff to my baby that I never had as a kid"*. *"It's not till you look at your kids do you feel really guilty about smoking"*. *"Everything we do, we do for our children – they are what motivates us to get up every day"*.

Target audience creative

Asked to tell us spontaneously what the new Quitline advertisements should be like respondents told us:

"You need to make me feel really guilty."

"I can just imagine the shame of walking down the street with my kids when I see that their friends have better things simply because their parents don't smoke [and the sadness in my kid's eyes]."

“It’s so bloody hard to quit that I almost need a shot gun to my head to encourage me to actually go through with it. “

“How about the mum dies and the story comes from the child's perspective – not only missing her but their life is just not the same. No one can love their child like their own mum!”

“The more shocking the more I’ll take notice.”

“Kid comes home and wants to go on camp and mum says she can’t afford it... but the kid works out the numbers and says we can afford it if you don’t smoke.”

“If it makes me cry I’ll probably really think about it.”

“Interview the kids, to get their point of view on how they feel when they see the parents smoking....”

“What about the view coming from non-smokers about how they see us as smokers. It would be controversial but it would get people talking.”

“Each one of us has a journey and then we come together as a support group... have a korero, talk about what’s effective, then go back on our own journeys [and following the real life story of a group quitting].”

Message Channels

For this audience television still represents the key medium most interact with. Some do have access to My Sky and other on-demand services but most still actively watch television advertisements (with the volume unadjusted).

There is also high use of social media in this audience. By far the most popular is Facebook (often accessed only via mobile phones). Social media was considered by many to have potential to be a quitting enabler – for instance posting on Facebook about their quitting journey would be motivating and may garner support from others.

There is also high use of magazines (e.g. Women’s Weekly), local newspapers and radio. These channels may be particularly useful as vehicles for telling quitting success stories.

3.0 Stage Two Research

The second stage of the research focussed on testing five potential new Quitline advertisements intended to reach the target audience. All of the advertisements tested sought to increase the desire to really want to quit (i.e. putting quitting back on the immediate radar). There was less focus on prompting individual quitting attempts and promoting cessation services.

The five tested advertisements were:

1. **Fight the Toxic** – a series of images familiar and relevant to the audience (e.g. elders smoking watching a hangi being laid, butts in a pot plant or sandpit toy). The images would be accompanied by a song about the impact of smoking sung by Chad Chambers. The final scene would show a child swaying to the music, watching himself in a mirror, pretending to smoke a pen.
2. **Chad quits (again)** – a series of advertisements following the journey of Chad Chambers attempting to quit again. The scenes would be real life and similar to the advertisements used in his first attempt at quitting (but this time shown on mainstream TV).
3. **Brent and Koha quit** – a video diary following the journey of Brent (Homai te Paki host) and his wife Koha attempting to quit. The scene is their life and is set in their home and immediate surrounds. Both the adults (particularly Koha) and their children would tell their quitting story.
4. **Crayons** – a social scene at a low income home showing parents happy smoking together outside. Inside the children mock their parents smoking and talking (pretending to smoke on crayons and demonstrating the parents are prioritising paying for smokes over buying what their children need). Ultimately a child who is too small to play with the other children looks longingly at both groups – knowing she needs to smoke to belong.
5. **Glove** – a hard hitting scene set in ‘the hood’, a scene where parents were both drinking and smoking. The dialogue refers both to the damage to self in smoking (looks and lungs) and to the impact on the child (‘Holiday’ cigarettes being the closest the child would get to taking a holiday).

When tested, all of the concepts had at least one element that resonated with the target audience and most were considered to be the strongest concept for at least one respondent. Overall, the concept that tested the strongest was Crayons and the second strongest concept was Brent and Koha.

The primary reasons the Crayons concept tested so well were:

1. The use of children as a messenger was highly motivating.
 - Unique & effective: *“Makes me think of my own kids and what they are thinking”*
 - *“They’ve never used kids before”*
 - *“Probably makes me think a bit deeper about how my smoking is actually affecting them”.*

2. The multi-faceted message strengthens the punch and broadens the relevance of the advertisement.
 - Children copying smoking is visually powerful
 - Parents leaving children alone for long periods is relevant
 - Children not fitting in and/or missing out is relevant, emotional and punchy
 - Mentioning 'addiction' and 'heaps of excuses' is motivating.

3. The mocking/role play nature of the advertisement is engaging.
 - Keeps the audience tuned in while they try and understand what is happening
 - Makes it more interesting
 - Makes it more cutting and thought provoking.

4. The setting is realistic, but also loaded with effective symbolism.
 - Parents outside laughing is promoting the fun aspect of smoking to children
 - Children inside alone gives an indication of neglect
 - A round table symbolises a relationship with other people/family, domestic comfort, 'putting cards on the table' BUT in this instance is a poignant dichotomy
 - TV on – i.e. the babysitter
 - Young child looking out window symbolising their outlook on life and prompting a questioning around love.

Ultimately, for those who understood and/or liked the concept it evokes a high degree of emotion and most importantly guilt.

Realising the potential of the *Crayons* concept

There are a number of important considerations to ensure the potential of the Crayons advertisement is realised. These include:

- Making sure the story is reasonably easily understood.
- Producing multiple versions of the ad to keep the emotional momentum alive and the audience interested.
- Ensuring scripts and visuals used touch nerves – to mirror conversations and fears that really worry, or could embarrass the target audience (and ensuring children's feelings are shown as much as possible). For instance:
 - Choosing to buy smokes over milk (for weetbix etc.)
 - Kids wearing cheap shoes that wear out after a couple of weeks – now holes in them
 - Kids picking up cigarette butts
 - Kids hanging around by door...parents holding on to it so child doesn't go outside... then screaming at them to go away
 - Kids asking to do something with parent and constantly being told 'I'll be there in a minute' (20 minutes later...)
 - Kids telling parents they are hungry and being told they'll be there in a minute (20-30 minutes later...)
 - Kids being left to babysit younger children/babies.

- The ad needs to finish with a clear, catchy and compelling end message, preferably combining the following:
 - A focus on the positive
 - Focussed on 'quitting' (rather than 'smoking')
 - Delivered by the child
 - A segue into other quitting messages, due to be on air around the same time.

There is also a need to manage the following risks:

- The risk that Māori will be portrayed negatively and stereotyped by these advertisements (this applies to all concepts tested).
- The concern that children would be encouraged to pretend to smoke because of seeing children pretend to smoke in the ad.

These risks can be reduced by media placement strategies and a mix of ethnicities in the cast. However, it should also be acknowledged that these risks could also work in favour of the advertisements by encouraging contention and debate.

Moving Forward

It is important to note that while Crayons tested well against the goal of 'increasing the desire to quit', it needs to be supported by other initiatives to achieve the goals of:

- Triggering quit attempts
- Encouraging use of Quitline.

Developing a highly emotional, highly engaging advertising campaign will help inspire "quitting thinking" and start to close the gap to when they are actually going to do it. However there is a small window of opportunity to move them from thinking to acting before apathy seeps in. A mix of advertisements is needed to move them along the continuum from "I really want to do it" to "I'm actually going to start ON x" to "I'm doing it".

A child-led strategy (using Crayons) is likely to have the most success in engaging and inspiring the target audience to think about quitting. It is also likely to resonate across a wider smoking audience.

To be successful the Crayons concept will need to have:

- Ideally more than one ad to retain interest
- Layers of messages
- A script and end-frame that punches emotionally and prompts high guilt levels
- Careful creative craftsmanship
- The Quitline logo positioned at a secondary level and changed stylistically
- Wider media support to stimulate conversation/debate – e.g. viral and/or gorilla, PR, possibly billboards, radio/song by children etc.

This message needs to connect – in a timely and cohesive way - with two other messages:

- Try again... Quit now
- Quitline will increase your chance of succeeding.

4.0 Conclusions

People living in high deprivation communities and/or Māori people are more likely to be tobacco smokers than the rest of the New Zealand population. Qualitative research with this target audience demonstrated that a tailored approach to messaging and service delivery is required to encourage and enable this target audience to quit smoking.

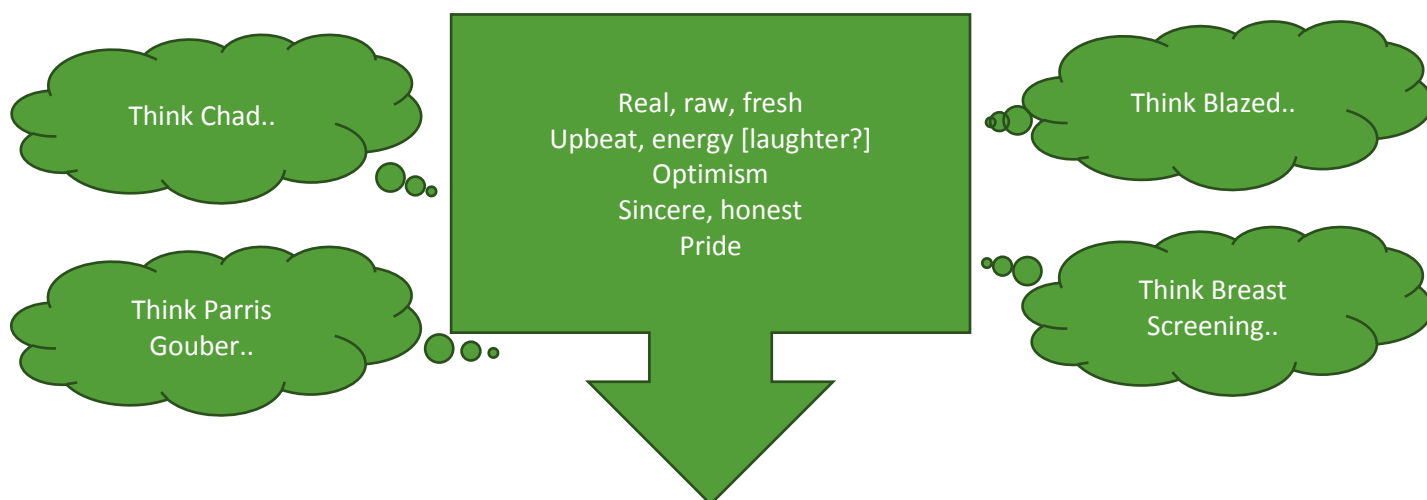
This target audience tend to face multiple life challenges, including a higher propensity to experience psychological distress. Asking this audience to quit smoking is perhaps a bigger ask than it is of other smokers.

The research found that current efforts to encourage smoking cessation have not comprehensively served this target audience. This is because the messaging has tended to be directed toward the mainstream. The research respondents were clear that the majority of existing messaging did not draw their attention, engage or motivate them.

The new communications need to be tailored to resonate with the target audience. The research found that to reach this target audience the communication needs to:

- Have a clear emotional hook
- Use relevant settings and scenes
- Stand out from previous advertising
- Use multiple channels
- Be tonally appropriate
- Have a clear outtake/call to action.

Tone of Voice is Essential to Crack



I feel inspired to give quitting another go

The research evaluated the efficacy of a group of new quit smoking advertisements. The advertisement that was found to be most salient was 'Crayons'. This advertisement met the communication needs by:

- Evoking guilt about the impact of smoking on their children (clear emotional hook)
- Set in a home that had similarities to their own and showing a scene they could imagine playing out in their life (relevant settings and scenes)
- Taking a new approach by focusing on the impact of children and being 'raw' and 'real' (standing out from previous advertising)
- Used tone and language the respondents thought would be used in their world (be tonally appropriate)
- Had the potential to be delivered via multiple channels, including radio and billboards (use multiple channels).