

# **“Social Marketing Implications for Tobacco Control Policy”**

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## **1. Introduction**

Marketing has enabled the tobacco industry to make cigarettes into one of the most profitable legal consumer products sold (Pertschuk, et al., 1994; Wallack and Montgomery, 1992) Through the steady and often brilliant use of marketing, tobacco companies have made smoking a socially acceptable behaviour to billions of people in the twentieth century. The success rate of marketing is expected to continue, and by 2025 it is projected that there will be half again as many smokers as there are today. (Mackay, 1998) The impressive record of cigarette marketing means that most marketing textbooks use examples of it when discussing such things as branding and advertising. (E.g., Kotler, 1997, p. 292; Engel, Blackwell and Miniard, 1993, p. 837) It is also probable that most marketing educators use at least one example of tobacco marketing to illustrate the principles taught in their courses. If the educator does not do so, then the students are sure to bring up cigarette examples of the marketing issues discussed!

Unfortunately the success of tobacco marketing has also contributed to the smoking pandemic unleashed by tobacco products. The statistics revealing the ill effects of tobacco marketing have been well documented. (E.g., WHO, 1996) Globally, 3 million people die yearly from tobacco-related illnesses, and that number is projected to increase to 10 million by 2025. (Peto et al., 1994) The World Bank has estimated that 250 million of the children alive today will die prematurely from tobacco usage if the current smoking trends continue. Overall, 500 million or 9% of all people currently alive would eventually be killed by tobacco. (WHO, 1996) In terms of the implications of this for South Africa, the World Bank’s conclusions about the impact of tobacco on public health in developing countries is bleak:

*“Unless smoking behaviour changes, three decades from now premature deaths caused by tobacco in the developing world will exceed the expected deaths from AIDS, tuberculosis, and complications of childbirth combined.” (WHO, 1996)*

Simply put, one out of every two regular smokers will die prematurely from tobacco. (Mackay, 1998) Of the 50% of smokers who do not die prematurely, most of the others will experience higher incidences of ill health because of their nicotine habit. An additional aspect of tobacco’s health effects is that many of those who choose not to smoke but are around smokers will also suffer death and ill-health and discomfort from tobacco exposure. (Yach, Saloojee, and McIntyre, 1992) A research review by the Centers of Disease Control and Prevention suggests that 50,000 deaths a year in the U.S. are attributable purely to exposure to second-hand smoke. (Gibson, 1997) In summary, the marketing of tobacco has contributed to human death and suffering on a scale unparalleled by the marketing of any other fast moving consumer good.

Over the last three decades, leaders of thought in the field of marketing have become increasingly concerned about the moral role of their discipline in the life of societies and individuals. This has generated much debate, research and conceptual development. (E.g., Sacks and Abratt, 1990; Lazer and Kelley, 1973; Robin and Reidenbach, 1987; Takas, 1974; Wallack and Montgomery, 1992) One of the results of this process has been the emergence of the field of social marketing. Twenty-seven years ago Kotler and Zaltman wrote a seminal article defining social marketing as the use of marketing skills in social action efforts. (1971) Numerous contributions have advanced the evolution of this field. (E.g., Andreasen, 1995; Fine, 1990; Kotler and Roberto, 1989; Lefebvre and Flora, 1988; Manoff, 1985; Novelli, 1990; Rangan and Karim, 1991) Since its inception, social marketing has been applied to the resolution of a wide variety of human problems, many of which affect the public health. Thus, social marketers are credited with influencing the global diffusion and impact of contraception and family planning, and are playing significant roles in efforts to combat the spread of AIDS. (Family Planning Programs, 1980)

This paper will reflect upon what social marketing has to offer efforts to combat the tobacco pandemic. The term tobacco control is used to describe the range of policies and actions taken by individuals, organisations and governments to curb the damage inflicted on individual and social welfare by tobacco consumption. The paper will also consider two categories of social marketing research that could assist tobacco control policy formulation.

## **2. The Definition of Social Marketing**

Marketing is typically thought of as applicable to commercial endeavours. When marketing is applied to public health and social development efforts, such as tobacco control, it is referred to as “social marketing.” This is because certain things change about how marketing is used. The difference is evidenced in the definition of social marketing provided by a current leader of thought in the field, Alan Andreasen:

*“Social marketing is the adaptation of commercial marketing technologies to programmes designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of the society of which they are a part.”*(Andreasen, 1994:110)

This definition highlights the fact that social marketers differ from other marketers in that they take a prescriptive, focused ethical stance toward what the outcomes of their efforts should be. Social marketers constrain themselves to trying to influence behaviours that contribute to individual and collective welfare. Specification of what constitutes that individual and collective welfare is usually derived from the professional standards and norms of the arena of impact. In public health, the standards and objectives articulated by social institutions, such as the World Health Organisation, the South African government’s Department of Health, and the Medical Association of South Africa, define the ethical focus and outcomes that social marketers seek to foster. These organisations are on record as defining tobacco usage to be detrimental to the welfare of the individual and society. (WHO, 1996) They advocate taking action to decrease tobacco consumption and to curb the impact of tobacco marketing on public perception and behaviour. (Yach, Saloojee and McIntyre, 1992)

Social marketers, therefore, differ from other marketers in that they do not focus only on unleashing and amplifying the forces of the free market so that individual needs, wants and interests are met. They also try to change some of those forces so that their outcomes conform to socially sanctioned definitions of human welfare, and contribute to an optimal balance between individual and social welfare.

The focus on *voluntary* behaviour in Andreasen's definition of social marketing is also significant. First of all, it is not enough to just influence ideas and beliefs--the outcome social marketers aim for is behaviour change. (Andreasen, 1995) In addition, social marketing focuses on influencing people to freely choose to undertake the target behaviour or stop a harmful behaviour. This focus on voluntary behaviour differentiates it from other options for influencing behaviour also used in tobacco control.

### 3. Social Marketing as an Element of Behaviour Management

A comparison amongst basic options for influencing human behaviour was recently offered by Michael Rothschild at the Innovations in Social Marketing Conference at Boston in August 1997. (Rothschild, 1998) He has been developing a behaviour management framework that differentiates amongst three approaches to altering the behaviour that causes social problems: marketing, education, and the force of law. He aims to identify criteria for selecting amongst the approaches.

It is beyond the scope of this paper to fully describe and discuss the framework. Briefly, however, Rothschild proposes that the three behaviour management approaches differ in how they influence a person's readiness to change. Specifically, **education** refers to "messages of any type that attempt to inform and/or persuade a target to voluntarily behave in a particular manner, but do not on their own, provide direct and/or immediate reward or punishment. (1998: p. 3) This approach is at its most effective when reaching people who are "*prone to change*" because they have the motivation, opportunity and ability to do what is desired and can respond to educational messages alone. (1998: Figure 2, p. 30) Another alternative is the **force of law**, which refers to "the use of coercion to achieve behaviour in a non-voluntary manner (e.g. military conscription), or to threaten with punishment for non-compliance or inappropriate behaviour (e.g. penalties for drunken driving, or littering)." (1998: p. 4) Enacting laws is the most effective approach for influencing people who are "*resistant to change*" through lack of motivation. (1998: Figure 2, p. 30) In the middle ground is **marketing**, which involves "creating alternative reinforcing choices in the target's environment which invite voluntary exchange." (1998: p. 4) Marketing is most effective when it is possible to offer benefits to a person that outweigh those derived from the problem behaviour so as to motivate change. At the heart of the marketing concept is a mutually satisfying voluntary exchange of values. Marketing is particularly effective when a person is "*unable to change*" due to lack of opportunity. This is because it can change the environment to provide opportunity. (1998: Figure 2, p. 30)

Rothschild provides a succinct summary of how the three approaches work: education conveys "promises," marketing offers "carrots," and the force of law is a "stick."

How then does social marketing fit into this framework? Andreasen's definition of social marketing specifies that it is geared toward soliciting exchanges that enhance the

individual's and the society's welfare. (1995) The implications are that when tobacco control policy makers use marketing for social welfare purposes to influence people not to start smoking and to stop using tobacco, they are practising a specific form of marketing—social marketing. Tobacco companies are not constrained to such purposes and can be said to practice marketing. We shall use marketing as the generic term of which social marketing is a sub-set, with the understanding that when the purpose is for tobacco control, social marketing is implied by the generic term.

It is interesting to note which approaches tobacco control policies and intervention programmes typically draw upon. Certainly, tobacco control examples of all three types can be cited:

- *education* ----- brochures describing the health risks of smoking
- *marketing* -----a discounted insurance premium for non-smokers
- *law* -----a sales ban making cigarette sales to minors illegal and punishable.

However, it is apparent that a large proportion of tobacco control effort in recent years falls under the category of force of law. This is understandable, given the addictive nature of tobacco and addicted smokers' resistance to changing their behaviour, as well as young people's inability to take seriously the long-term, intangible threat of illness and death. Actually, though, it is only in the past few years that tobacco control advocates in some countries, such as South Africa, have achieved significant enactment of laws to curb tobacco distribution, sales and promotion and raise the price through excise taxes. Laws for reducing the exposure of non-smokers to second-hand smoke are only now beginning to emerge, mostly in developed economies. Previously, for decades, the emphasis was placed on education of smokers and non-smokers through warnings about health hazards. However, these "promises" of bad long-term effects failed to adequately reduce the spread of smoking and the consequent increase in tobacco-related deaths and illnesses.

Clearly, the "stick" is needed to curb smoking by those who are unwilling to change or are highly predisposed to start. This is particularly important because of the public health need to shift public perception away from belief that smoking is normal and to foster belief in non-smoking behaviour as the social norm. Jacobson, Wasserman and Anderson, in their review of the tobacco legislation and regulation in the US, noted:

*“. . . to the extent that laws and regulations stimulate or validate changing cultural norms, it is important not to abandon the force of law in maintaining the desired goal of reduced tobacco use.” (1997: p. 90)*

However, at the same time that sticks and promises are needed, effort also needs to be put into providing people with "carrots" to entice them to be non-smokers. All three tools need to be used in public policy management. Rothschild's (1998) behavioural management framework offers insights into the unique capacities of each approach and under what circumstances it is best used. However, it is not enough to focus on the using each approach on its own. A fundamental principle underlying the concept of the behaviour management framework is that policy makers should construct a strategic mix of the approaches so that an optimal overall impact on the public problem is achieved. Tobacco control policy development,

therefore, needs to utilise all three approaches in society-wide interventions. Laws, education programmes through the national media, education and health departments, as well as creative marketing initiatives such as a public health system-based cessation programme should be coordinated so that each increases the impact of the other.

The final portions of this paper focus on what insights social marketing can offer into how best to intervene in the tobacco consumption process. We turn now to discussion of the level of focus of social marketing applications. Then the discussion turns to the strategies and methods social marketing has to offer. Lastly, attention is given briefly to two areas of research needed to inform the development of tobacco control policies and interventions.

#### **4. Micro-level and Macro-level Implications of Social Marketing for Tobacco Control Design**

Social marketing has two levels of implications for tobacco control. First of all, at a “micro-level,” social marketing interventions comprise one of the approaches in the overall mix of tobacco control efforts, along with educational and legal interventions. The discipline offers strategic perspectives and methods for creating social marketing interventions that elicit voluntary exchanges with people that lead them toward non-smoking. One example of such an intervention, mentioned earlier, is an insurance premium that is discounted for non-smokers. The strategies and methods of social marketing include: segmentation of the public; targeting of critical segments; tailoring interventions to the reality of each segment; and the designing a marketing mix that optimally influences the segment members to move toward a non-smoking lifestyle. Thus, social marketing is the mechanism for configuring a social marketing intervention.

Secondly, at “macro-level,” the very same social marketing strategies and methods can be used to configure the overall mix of the three approaches in behavioural management efforts. Thus, social marketing is also a mechanism for configuring the whole behavioural management mix of educational, marketing and legal interventions.

A dynamic underlying the contrast between the micro- and macro-level application of social marketing is the degree to which the individual versus the environment is focused upon as the item to be changed. Martin Goldberg (1995) noted that until recently social marketing interventions have focused on changing problematic individual behaviour, as opposed to changing the socio-political environmental factors contributing to the problem. He referred to an exclusive focus on individual behaviour as “downstream marketing,” (Wallack et al., 1993) because, metaphorically, it concentrates on helping individuals who are “drowning” in problems *after* they have fallen in and floated down river. In contrast, “upstream marketing” asks what happened upstream to cause people to fall in originally. It focuses on remedying the circumstances that lead to their falling in. Such factors are forces in the policy-social environment, such as marketing, that influenced people to go too close to the riverbank and even to dive right in.

Goldberg indicated that social marketing is often lacking proper impact on social problems:

*“The bigger picture is that of a more conservative, downstream structural-functionalism guiding much of social marketing, whereas a more activist, upstream critical theory approach lies relatively dormant.” (1995: p. 367)*

He calls for social marketing to broaden its definition and extend its task to “fostering change not just at the individual level but also at the policy/social environment level.” (1995: p. 351) This is a call for social marketing to move beyond a focus purely on interventions targeted at changing individual behaviour, as important as this is. It urges social marketers to engage in behavioural management endeavours that include law and regulations that change environmental factors such as advertising, price and distribution so as to reduce their influence on individual behaviour. This is the macro-level use of social marketing. Social marketing strategies and methods are used to configure and co-ordinate law, education and marketing. Interestingly, such a mix of the three approaches can impact upon *both* individual behaviour and environmental determinants of the problem.

## **5. Social Marketing Strategies and Methods**

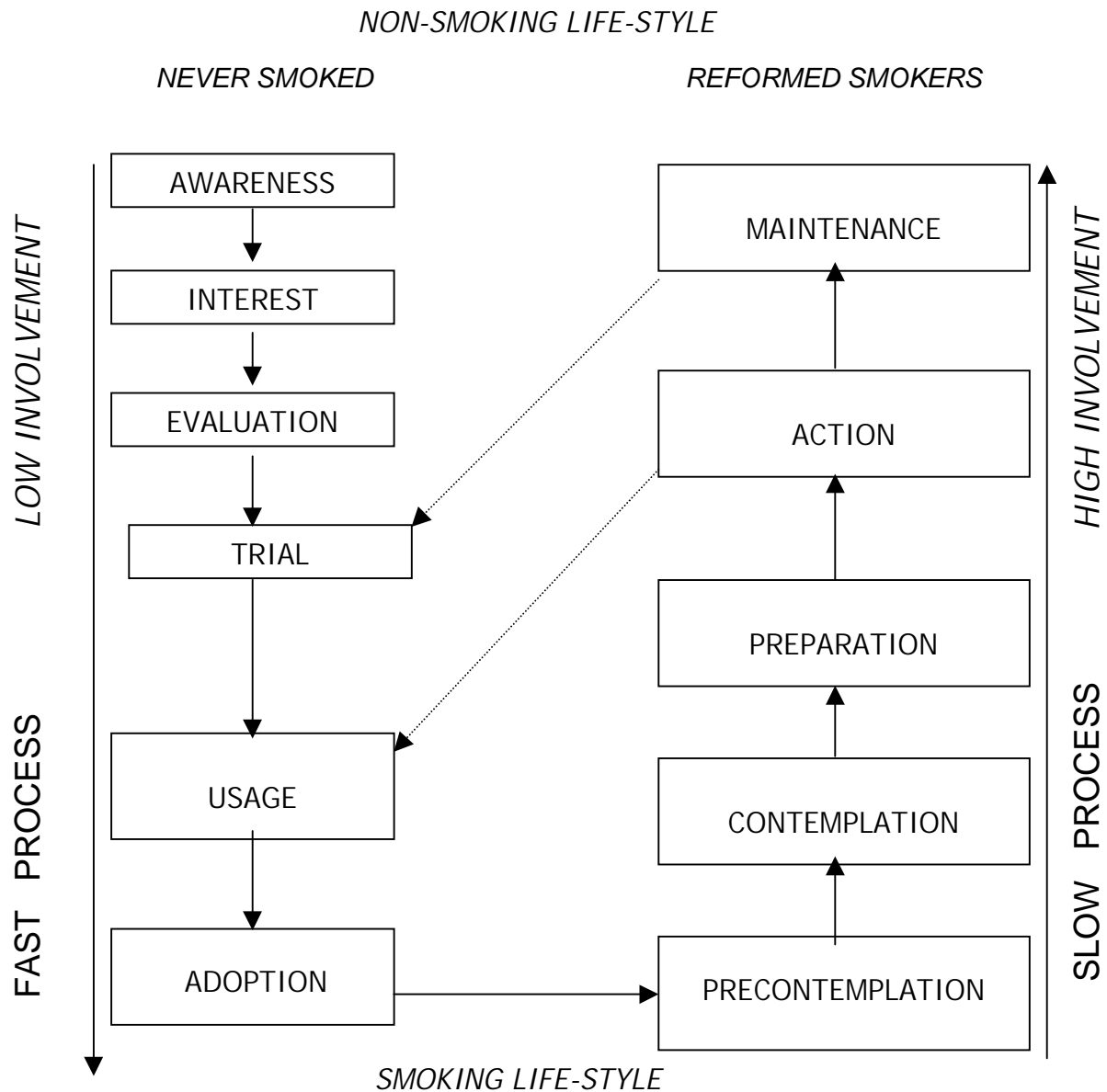
We turn now to consideration of the strategies and methods that social marketing has to offer the development of tobacco control policies and interventions. The discussion will focus on their application at the micro-level to the development of social marketing interventions. However, the reader can apply the same information to social marketing being used at the macro-level for development of the overall behavioural management mix of the three approaches.

### ***A. Segmenting the Public***

A key question that must be answered first when designing a tobacco control intervention is to whom are we speaking? From a marketing perspective, what are people’s different needs and wants and do they vary? The answer lies, at least in part, in finding meaningful and effective ways to conceptualise how people differ with regard to their relationship with tobacco. In other words, appropriate segmentation schemes need to be developed to classify people into groups which optimise the homogeneity of intra-group members’ approaches to tobacco while maximising the differences in such approaches between the groups. Modeling tobacco use as an addiction cycle provides such a framework.

#### **(1) Smoking as a Lifestyle**

The left-hand side of Figure 1 shows steps that someone who has never used cigarettes can go through on the way to becoming a smoker. At the top and bottom of the diagram *non-smoking* and *smoking* are each referred to as a *lifestyle*. The word “lifestyle” implies that tobacco usage has an impact on a smoker’s life experience that is deeper and more complex than simply buying an object, using it and throwing away its remnants. (Solomon, 1994: p. 438-39) Cigarettes and other tobacco products have been shown to be highly addictive, so that a user becomes dependent on them. (Heishman, Kozlowski, and Henningfield, 1997) Such dependency means the smoker feels compelled to use the product and therefore organises many other aspects of his life around purchase and consumption behaviour.

**FIGURE 1: THE TOBACCO ADDICTION CYCLE**

A few brief examples are provided to illustrate how smoking influences a person's lifestyle so that it supports the consumption of cigarettes. (Solomon, 1983) These examples are extrapolated from findings about what is the typical consumption behaviour of "fast moving consumer goods." (E.g., Peter and Olson, 1996: Schiffman and Kanuk, 1997: Solomon, 1994) A smoker tends to shop regularly at places that give reliable access to his preferred brand of cigarettes, buys at a frequency to keep the nicotine level in his body at an optimum, and arranges his expenditure patterns so as to pay for this habit. He organises his daily schedule and behaviour around smoking, and where it is prohibited, such as in a workplace, must go out of his way to take a "smoke break." In those instances, smokers tend to socialise with each other and the habit can affect whom they know and count as friends. Frequently, smokers have product-induced coughs and other symptoms that affect them in the morning, and are more prone to respiratory infections and other illnesses that cause them to lose workdays. Chronic illnesses arising from tobacco usage themselves entail lifestyles, popularly referred to by such words as asthma sufferer or heart patient, etc. Additionally, consumer research has shown that product usage or ownership affects the degree to which a person pays attention to information in the environment about the product, (E.g., Peter and Olson, 1996) which suggests that smokers' usage of the media and related thinking patterns are affected by their consumption of cigarettes.

## **(2) Not Smoking as a Lifestyle**

Just as cigarette users have a smoking lifestyle, so non-smokers can be said to have a lifestyle based on not using cigarettes. Many non-smokers claim to be oblivious to smoking and would say that smoking does not consciously affect what they do or how they live. In that case they may be said to function in a smoke-free way. However, many other non-smokers' lives are affected daily by others' smoking and this influences their lifestyle. People who don't like to be exposed to smoke consciously and unconsciously design their day around avoiding uncomfortable levels of exposure to tobacco smoke. Avoiding tobacco smoke can affect where one shops, with which one socialises, and even work efficiency and comfort in public places. In short, non-smokers, by virtue of not using tobacco products, have patterns of life they do not share with smokers, and which frequently are shaped by efforts to avoid tobacco exposure.

The concept of lifestyle also means that people use socially recognised symbols such as clothing styles, language and possessions to communicate identity and meanings about self-worth to others. (Solomon, 1983) Tobacco companies have spent billions in the last century to make their products social icons that people use to communicate who they are or want to be. (Sacks and Abratt, 1990) Much of advertising content tries to link different "personalities" or lifestyles to different brands of cigarettes, so people can find one that expresses just what they want to be and say. Thus, a smoking lifestyle has embedded within it a deeper level usage of the cigarette and its smoking to express personal meanings publicly.

Non-smokers are often swimming against the stream of social trends by not using and even opposing icons that have become powerfully condoned and used in the culture. It is only in recent years that non-smokers have been given social icons such as no-smoking signs and no-smoking sections that they can use to express their preferences. They still have had an uphill battle in using those icons, because they communicate socially negative meanings for large numbers of people. That is only gradually starting to change. Thus, for many people, the addictive nature of the product is both biochemical and psychological. The cigarette is a

fundamental building block of identity. Asking them to stop smoking is also asking them to lose that element of core meaning in their lives.

The concept of lifestyle means that when someone who has never smoked becomes a smoker or when a smoker ceases smoking, he or she goes through a process of lifestyle change. This is far more complex than just buying a product or not buying it. Let us now turn to what consumer research suggests are stages that people go through in lifestyle change. We start by examining the stages of changing from a non-smoking lifestyle to one of smoking.

### (3) How Someone Who has Never Smoked becomes a Smoker

The left-hand side of Figure 1 shows that a multi-stage process of change occurs when someone who has never smoked becomes a smoker. This process will be discussed in terms of how it might apply to a young person under 18 years of age. The stages shown here are characteristic of several “hierarchy of response” models that have been developed by consumer researchers to explain the psychological steps entailed in purchase behaviour. (Kotler, 1997) These models do not imply that every person moves through all the stages shown, rather, that the sequence of events is typical for many purchase decisions.

Most of these models are based on the notion that decisions to try, use, and adopt a product or service first entail a “cognitive” or learning stage. In this model, the young person becomes *aware* of the product through passive exposure to information in the environment and to smokers. Thus, the increasing amount and kinds of tobacco promotion, whether through advertisements or things like sports sponsorships, ensure that increasing numbers of children in most urban centres in the world and even in large portions of the rural areas are exposed from the earliest ages to various forms of persuasive messages to smoke. (Wallack and Montgomery, 1992: p. 207) In addition, children’s passive exposure to the product increases as the incidence of smoking in society increases.

Most consumer response models indicate a person then moves on to an “affective” stage of the process. Figure 1 shows the person to feel enough *interest* in the product to pay attention to ads and other kinds of information sources and learn about it. Tobacco advertising can draw children into this deeper level of response to smoking. For example, a U. S. study found that over half of the 3 to 6 year old children studied were able to match the Joe Camel tobacco character with cigarettes. (Mizerski, 1995: p.66)

Figure 1 then shows the person moves to *evaluation*, which is a kind of “mental trial” to see whether it is personally relevant and, if so, what brand or form is preferred. (Schiffman and Kanuk, 1997: p. 524) Advertising seems to play a role in assisting teenagers to evaluate cigarette brands at this stage. Pollay, et al. found teenager advertising elasticity to be about three times higher than an adult’s, which is consistent with the finding that teenagers’ brand choices are highly concentrated on the ones most advertised. (1996: p.11) This suggests that, contrary to tobacco industry claims, adolescents use ads, and not just peer smoking behaviour, in evaluating the relevance of smoking to their own selves. (Boddewyn, 1987)

The final phase of most consumer response models is “behavioural.” The person then acts on the beliefs and attitudes he developed in the previous stages. First he *tries* the product in a limited, experimental way, and goes through a pattern of *usage* and then *adopts* it as a regular

part of his lifestyle. Research has found that “even limited exposure to cigarettes during [early adolescence] substantially raises the probability of regular smoking in adulthood,” (Hine et. al., 1997) with conversion rates from trial being as high as 75%. This suggests that the time span between trial and adoption might be very small and that a period of uncommitted usage is omitted in at least some cases. One of the criticisms levelled towards the tobacco industry is that it has increased the level of nicotine in brands so as to induce addiction after only a few cigarettes. (Kelder and Daynard, 1997: p.176) This would collapse the stages into a trial step followed almost immediately by adoption.

Obviously, the decision-making stages shown in Figure 1 are not being presented as the final word in consumer purchasing behaviour. Indeed, numerous rival models and psychological processes have been proposed that are more complex and that model deeper dynamics of the mind and motivation. (E.g., Hine et. al., 1997: Engel, Blackwell and Miniard, 1993, p. 559) In addition, it is important to note that different sequences of the stages of response have been proposed. One such suggestion uses the Foote, Cone and Belding model of product categories to suggest that cigarettes fall into a product category that evokes a powerful affective, emotional level of response. (Vaughn, 1980) The immediacy of this response can lead people to first mimic the behaviour of others, and only then create emotional and rational justifications for their behaviour. That response sequence would be “behaviour” to “affect” to “cognition,” which is the opposite of what is shown in Figure 1. This idea fits well with the popular notion that peer influence is an overpowering force that can supersede even strong antismoking beliefs a youth may hold. (Hine et. al., 1997) The point being emphasised is that, although consumer researchers have learned a lot about the psychological response process a person experiences in moving from a non-smoking to a smoking lifestyle, even more has yet to be discovered. Figure 1 simply tries to illustrate that a process involving stages occurs and that understanding its dynamics is important.

#### **(4) Stages of Change from Smoking Back to Not Smoking**

The right-hand side of Figure 1 is, in effect, a mirror image of the left-hand side because it represents the reversal of the process just discussed. However, the fact that different steps are shown suggests that the road back to non-smoking for a smoker is much rougher than the one that lead to the smoking. Smoking is an addictive behaviour because tobacco contains nicotine, a drug “as capable of producing addiction as heroin, cocaine, or alcohol.” (Heishman et al., 1997: p. 15) Addiction to nicotine involves physical dependence on cigarettes such that stopping smoking elicits a withdrawal syndrome. Withdrawal brings about symptoms so intolerable as to cause the abstainer to revert back to smoking to get rid of them. The cigarette, as tobacco companies themselves have admitted, is a “nicotine delivery system” of a drug that hooks the user into a deep level of dependency from which it is hard to break free. (Heishman et al., 1997: p. 15)

Prochaska and DiClemente (1983) developed a model of the structure underlying people’s intentional efforts to change their own addictive or problem behaviours. Their team’s studies over two decades have identified a consistent pattern of critical stages that underlie such behaviour changes and are precursors to success. (E.g., DiClemente et al., 1991: Prochaska, DiClemente, and Norcross, 1992:) The basic constructs of their “Stages of Change” model are shown on the right-hand side of Figure 1. These are briefly explained below and some are

illustrated with examples from Prochaska et al.'s experience with smoking cessation treatment programmes. (1992)

*Precontemplation* is a condition in which the person has no intention to change the problem behaviour, and actually does not see it as a problem. Prochaska et al. measure it by "asking whether the individual is seriously intending to change the problem behaviour in the near future, typically within the next six months," with those saying "no" then classified in this category. (1992: p. 1103)

*Contemplation* is when a person is aware that a problem exists and is "seriously thinking about overcoming it but [has] not yet made a commitment to take action." (1992: p. 1103) People can remain in this stage for long periods with one group of smokers studied being there for the whole two years of the project and showing no movement at all. The mindset is typified in the statement, "Yes, I know. I am not ready yet." (1992: p. 1103) Contemplators give serious consideration to problem resolution and actively evaluate the pros and cons of smoking versus those of the process of overcoming the addiction and those of being a non-smoker.

*Preparation* is a transitional phase between contemplation and action and entails seriously intending to take action very soon. Small tentative actions are taken to prepare for the real change effort. DiClemente et al. found that smokers at this phase would try such things as smoking five cigarettes less a day or delaying the first one of the day by half an hour. (1991)

*Action* is when a person makes significant, overt efforts to change the behaviour through a considerable commitment of time and energy. Prochaska et al. classify a smoker as being in this stage only if he reaches a certain degree of change in previous behaviour. (1992: p. 1104) For example, they would not classify someone who cuts down on smoking by 50% and changes to low tar cigarettes as taking action, but rather as being in preparation for action. Their experience, like others', with smokers who reach this level is that they almost always revert back to smoking after the first attempt to take action. "With smoking . . . successful self-changers make an average of from three to four action attempts before they become long-term maintainers." (1992: p. 1104) The arrow in Figure 1 from this stage back to the usage condition on the left-hand side indicates the tendency for those taking action to revert to back to usage and then become trapped once again in a smoking lifestyle.

*Maintenance* is reached when a person works on keeping the behaviour change stable and preventing relapse. It is not a static stage, but instead is "a continuation, not an absence of change," (1992: p. 1104) that in some cases lasts a lifetime. It is a constant state of working on preventing a relapse. The arrow in Figure 1 from this stage back to the trial condition on the left-hand side shows that reformed smokers are vulnerable and, through something as small as "just a little puff of yours, please," can slip back down into a smoking lifestyle.

Important insights emerge from this model. First of all, actions are hard to bring to the maintenance stage and frequently result in failure. However, the vast majority of such relapsers cycle back to the earlier stages of contemplation or preparation and, having learned something, try again. In fact, Prochaska et al. posit a spiral-like, iterative pattern to exist whereby regression to an earlier stage means the individual starts the process over again, but usually from a stronger base. (1992: p. 1104)

Secondly, both because of this iterative pattern of change in cessation and because of the very high involvement it necessitates, the process of ceasing smoking is typically much slower and more intensive than that of starting smoking. Figure 1 shows that, relative to each other, the path from not smoking to smoking is a faster one than that of cessation. Because it involves a less intense degree of cognitive and affective functioning, in a psychological sense, the time between the interest and adoption phases may actually be collapsed. A teenager that decides smoking is of interest may jump almost immediately to full adoption because it is part and parcel of the overall lifestyle he or she aspires to and then adopts.

The model in Figure 1 has been presented as an example of current thinking in social marketing to segment the public in terms of their response to an addictive health problem such as tobacco usage. Many other schemes are also applicable to tobacco control needs and can also be utilised to segment the populations being targeted. (Kotler and Roberto, 1989)

### ***B. Selection of Segments to Target***

Once a way of segmenting people according to their relationship to smoking is found, decisions must be taken as to which segments to target. Certainly, emphasis needs to be placed on convincing those who already smoke or wish to smoke not to do so. This is a logical antithesis of the tobacco industry's focus on convincing them to smoke. However, it is not enough to just work on those who want to smoke. Indeed, laws and regulations are at play already in many countries to that effect. Tobacco control efforts must also speak to those who are inclined NOT to smoke and reinforce that orientation. Additionally, it must speak to those who have not really considered the issue and give them the information, attitudes and skills they need to withstand the pressure from tobacco company messages. Tobacco control activities can seek to immunise them against the tobacco industry's efforts and social influence. (Pechmann and Ratneshwar, 1994) This is of particular importance, for example, in the case of the 39% of the South African population who are Black African women. (CSS/RSA, 1995) These women have traditionally had one of the lowest rates of smoking in the country, but are increasingly being targeted by tobacco marketing. Even a casual perusal of the print media reveals that black women are increasingly featured in the advertising in South Africa.

### ***C. Strategically Tailoring Interventions to Different Segments***

Interventions can then be tailored to speak to the particular pattern of beliefs, attitudes, values and behaviours held by each targeted segment. Although the idea of creating a targeted intervention for each segment has become a common practice in the commercial sector, it is not so common in the public sector. Targeting sub-segments of the population and creating different interventions for each one is contrary to the nature of many public and governmental agencies because they perceive their public mandates to be to serve "all of the people all of the time." They feel a strong political and policy impetus to ensure that the expenditure of the "taxpayers' money" does not exclude any taxpayers or voters in its effect.

However, a broader "buckshot" approach, such as a mass media campaign spreading the same tobacco control message to everyone, may not speak adequately to attitudes and beliefs held by sub-segments. It may even not speak adequately to the vast majority. Public campaigns often appear to aim at an "average" public attitude. Even if such an attitude existed, it would be

mid-way between the extremes amongst all attitudes and, therefore, probably held by only a subset of people in the broader population!

In contrast, an intervention can be tailored to a segment of the population so that its content is correlated with the members' mindset toward rejecting tobacco. In fact, one implication of the tobacco addiction cycle model is that people at one stage need different interventions than those at another stage. (Kotler, 1997; Prochaska et al., 1992) For example, Prochaska et al. (1992) have consistently found that people in the preparation stage had significantly more success with cessation programmes than others. This suggests that it is more effective to first identify the people who are in the preparation stage and then target cessation interventions to them. Such high-cost and labour-intensive interventions would be wasted on most of those who are only in the contemplation stage. Instead, contemplators need interventions that provide them with information about the benefits and costs of smoking and non-smoking so as to calculate the trade-offs between the two behaviours. In order for a contemplator to shift into preparation, they need to conclude that non-smoking benefits override the costs of cessation and losing the habit.

In short, strategically tailoring interventions to each segment can increase tobacco control impact, resulting in a more effective expenditure of public money and effort. Although separate interventions for all segments may be prohibitively expensive in comparison to a single society-wide intervention, this does not preclude targeting one or more of the most critical segments. It also does not preclude having a society-wide intervention. In fact, social marketing research into segmentation can reveal essential perceptions shared amongst most segments on which to base the mass intervention's content. In addition, the smaller, targeted interventions could be designed to complement the impact of the broader intervention and, thus, amplify its effects. This would increase the effectiveness of overall tobacco control expenditures. Thus, the segmentation and targeting philosophy and methods offered by social marketing can increase the ability of tobacco control efforts to move people toward a non-smoking lifestyle.

#### ***D. Developing a Marketing Mix for Targeted Segments***

Social marketing also offers the concepts and methods needed to design a tailored intervention from a mix of elements that speaks effectively to a target. Public health experts who wrote a commentary on social marketing widely used by their peers have aptly summarised the tools of the field as including:

*“. . . functions such as market research, product positioning and conception, pricing, physical distribution, advertising, and promotion (hence the mnemonic 'four Ps'-- product, price, place and promotion). The 'social product' might be a consumable object (such as a contraceptive device), a practice (a one-time act or more complex behavioural repertoire), or even an abstract belief, attitude, or value (like social justice).”* (Walsh, Rudd, Moeykens, and Moloney, 1993)

Thus, social marketers can use the 4 P's to design a cessation programme(s) that meets the needs and wants of the people in the population who are prepared to try to stop smoking. They can also design an intervention(s) that provides helpful benefit/cost information to contemplators who are seeking data on which to base their calculations of the trade-offs between smoking and not smoking.

In summary, social marketing has a rich array of strategies and methods to offer tobacco control, both at the micro-level as an independent intervention and at the macro-level as a means of designing an effective mix through which the behavioural management approaches of education, law, and marketing can work effectively together. We conclude the paper with a brief consideration of two areas of research that can contribute to the design of tobacco control policies and interventions.

## **6. Implications for Research**

The tobacco control forces, globally and in specific regions of the world, are not highly organised or funded. Mostly they consist of people mandated to address tobacco control issues in the United Nations agencies (E.g., WHO, FAO, etc.) and governmental departments, as well as tobacco control advocacy organisations. There are few people who work full time in this endeavour. For example, in all of Asia, there are fewer than 10 full time workers. (Mackay, 1998) This is in comparison with the hundreds of thousands or millions of people in the tobacco industry and retail sectors, globally, who work on the marketing of tobacco. Likewise the monetary resources available to tobacco control are a tiny fraction of those available to the tobacco industry and retail sectors.

Consequently, it is critically important for tobacco control players to leverage the scarce human and financial resources available for their work. Social marketing research into a wide variety of issues would help them select which strategies to adopt to maximise the impact of their expenditures. It is beyond the scope of this paper to present a comprehensive overview of research that needs to be done, or to specify the methods to be used to address the needs. However, two arenas of research needs are briefly discussed. Examples of some of the research done at the Graduate School of Business at UCT are provided to illustrate the ideas presented.

### ***A. Understanding What Tobacco Companies Do***

Tobacco control competes with the tobacco industry and retail sector. Tobacco control initiatives need to target those industry actions which are having a significant influence on key consumer segments, such as youth, and which are most vulnerable to being curbed by law, education or social marketing interventions. Competitive analyses are needed of the tobacco industry marketing and merchandising practices used to influence consumer perceptions and behaviour. Such analyses must be based upon research providing systematic and standardised measures of industry activities such as retail audits and content analyses of advertising messages.

In particular, longitudinal studies are needed in order to identify how the industry responds over time to tobacco control legislation and interventions, so that public policy and programme development can anticipate and counter industry actions. For example, simple retail audits can be performed in a variety of retail contexts to provide a benchmark for further tobacco policy formulation. A case in point is a marketing honours thesis at UCT that collected and analysed data on indicators of the merchandising practices for cigarette brands in different categories of retail outlets in Cape Town, including informal shops in the townships. (Armitage and van Niekerk, 1994) This study provides a benchmark for replication and longitudinal analysis. Another case in point is the research report by a UCT MBA that consisted of time

series analysis of the impact on vending machine sales of South African legislation mandating health warnings in advertisements. (Zelezniak, 1995)

### ***B. Segmentation of the Public***

Segmentation research is needed in order to identify the variation in consumer response to tobacco and pinpoint patterns of readiness to change that exist in people's relationship to tobacco. Once segments are developed from these findings, profiles are needed of each segment's members' media usage, exposure to marketing influences, and other demographic and psychographic characteristics. The profiles need to reveal the nature of segment members' relationship with tobacco such as their perceptions of its usage and of tobacco brands, their sense of the social norms about its usage, their purchasing practices, propensities to switch brands and alter smoking behaviour.

A social marketing research project to this effect is underway at the Graduate School of Business of the University of Cape Town as part of the Comprehensive Tobacco Control Research Programme for South Africa co-ordinated by the Medical Research Council's Chronic Disease of Lifestyle Programme. (Steyn, 1996) The Canadian International Development Research Council in conjunction with the International Tobacco Initiative funds it. (ITI, 1996-97) The research focuses on understanding the nature of Black African women's relationship with tobacco. It is motivated by the fact that they are being increasingly targeted by tobacco companies, even though they (along with Asian women) have the lowest tobacco consumption level in South Africa as well as the lowest rate of increase in consumption. (Seftel, 1992: Yach and Martin, 1993)

The project is intended to contribute to counteracting tobacco marketing influences and keeping the smoking rate among Black South African women, specifically in the Cape Town area, low. To this end, it has three main objectives:

- (1) To identify the smoking beliefs, attitudes, values and behaviours of Black women living in Cape Town townships so as to:
  - understand the current status of Xhosa-speaking females' response to tobacco usage and determine segments based upon that relationship,
  - provide a benchmark against which to measure how the status changes, and
  - provide a basis for speaking to black women in their own terms about tobacco control.
- (2) To identify the key determinants of these perceptions and behaviours by investigating the relative impact of such things as urbanisation, socio-economic status and contextual factors such as exposure to media and marketing activities.
- (3) To devise recommendations for the design and implementation of public policies and health interventions that:
  - counteract tobacco marketing influences, and

- reinforce appropriate existing beliefs, attitudes, values and determinants that keep black women from smoking.

The project is to be completed by the end of 2000.

In summary, social marketing strategies and methods, as well as interventions, can provide powerful tools that complement other behavioural management efforts in tobacco control endeavours. These social marketing tools can identify high risk or high return population segments to target and assist in tailoring social marketing interventions to those segments. It can also co-ordinate the overall behavioural mix so as to amplify the effects of all three types of interventions.

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