Smoking Cessation & NRT
Consumer Insights

David Graham
1. Quitting is a journey – not a single event
2. There is no “typical” smoker; attitudes, behaviours and reactions vary widely.

- Each smoker has a different experience with smoking and withdrawal, yet they all travel the same journey.
- A “one size does not fit all” will not be effective although there is clear segmentation in the smoking universe.
- Smokers generally underestimate their reactions to removing smoking from their daily routines.
- Adapt a language to suit the smoker where they are on their journey.

Every smoker associates cigarettes with individual moments

Reduction Positioning Qualitative, April 2004—UK—CSR International
Healthcare Exploratory Qualitative, December 2002—UK—The Big Picture
Reduction/TA Strategic Qualitative, January 2004—UK, Ireland, France, Sweden, Australia-Flamingo
Empathic/Ethnographic, February 2004—UK, France, Germany, Sweden, Spain—IDEO
NPD Qualitative, April 2004—UK, Sweden, Canada, Japan-Flamingo
NPD Qualitative, June, 2003—UK, US-Forbes Consulting Group
Positioning Exploratory Qualitative Research, July 2000—US-Liebling Associates
Professional Exploratory Qualitative Research, July 2000—US-Glickman Research
Project Victory, April-September 2002—Australia—Jigsaw Strategic Research
A review of the French smoking cessation market Quantitative, February 2004—France—Research International
Healthcare providers perceptions of NRT Qualitative, January 2004—France—Research International
3. Smokers are looking to regain control of their smoking; this can be a life-long battle.

- On average a smoker attempts quitting 7 times before ultimate success. These attempts can span a 20 year timeframe.

- Smokers remain dissonant to some degree throughout this time.
4. Smoking is an emotional, not rational activity.

- Smoking is associated with personal identity rather than conscious health risks.

- Replacement of an emotional crutch requires a huge personal transformation.

Antonio sees smoking as part of his rock band lifestyle
5. Smokers do not see themselves as patients seeking treatment; for them smoking is a lifestyle choice, not a disease.

- Smokers don’t see themselves as ill
- Smokers need a credible and empathic brand to address the challenges of controlling the habit; a medical tone may not demonstrate understanding.
6. Smokers need to be understood on an individual level and must not feel guilty for “failing” at quitting.

• Each quit attempt helps a smoker to better understand his/her habit.

• Each attempt requires a great effort and deserves credit regardless of its ultimate success.

• Being able to use NRT discreetly is important to many smokers.
7. The definition of success varies by smoker and they don’t need to quit to feel better about themselves.

- Reducing the number of cigarettes smoked also deserves credit.

- Just because you fail in a quit attempt and go back to smoking, it doesn’t mean you don’t want to be healthy.

- Success is in the eye of the smoker.

If Ellie could smoke just a few each day she’d be very happy.
8. Cutting down is seen as a stage on the pathway to quitting.

- Smokers see a logical progression from reducing intake to making quitting easier.
- Reducing is perceived to be ‘healthier’.
- At least as many smokers try to cut down as try to quit.

In order to cut down Sylvia only allows herself one puff off a cigarette,

Reduction Positioning Qualitative, April 2004—UK—CSR International
Reduction/TA Strategic Qualitative, January 2004—UK, Ireland, France, Sweden, Australia—Flamingo
Empathic/Ethnographic, February 2004—UK, France, Germany, Sweden, Spain—IDEO
NPD Qualitative, April 2004—UK, Sweden, Canada, Japan—Flamingo
NPD Qualitative, June, 2003—UK, US—Forbes Consulting Group
A review of the French smoking cessation market Quantitative, February 2004—France—Research International
Healthcare providers perceptions of NRT Qualitative, January 2004—France—Research International
9. Not all cigarettes are equal.

- Each cigarette smoked over the course of a day represents a unique mix of physiological, behavioural and emotional factors.

- Smokers can easily identify the cigarettes which matter most versus those which are smoked as an automatic part of the habit.

Alexia only gives in to her habit when she’s out with friends.

Reduction Positioning Qualitative, April 2004—UK—CSR International
Reduction/TA Strategic Qualitative, January 2004—UK, Ireland, France, Sweden, Australia—Flamingo
Empathic/Ethnographic, February 2004—UK, France, Germany, Sweden, Spain—IDEO
NPD Qualitative, April 2004—UK, Sweden, Canada, Japan—Flamingo
NPD Qualitative, June, 2003—UK, US—Forbes Consulting Group
A review of the French smoking cessation market Quantitative, February 2004—France—Research International
Healthcare providers perceptions of NRT Qualitative, January 2004—France—Research International
9. Not all cigarettes are equal.
10. Consumers do not understand the benefit and function of NRT.

- The benefit of replacing nicotine from cigarettes with NRT is unclear.
- Because of the format and dosage, smokers are unable to easily convert cigarette consumption into NRT products.
- Consumers have a mis-perception around the safety of nicotine, they view it as the cancer causing element in cigarettes and that the risk of overdose is high.
- Those consumer fears contribute to non-compliance and ultimately efficacy.
- The price of using NRT is perceived to be more expensive than smoking.
11. Current product offerings are sub-optimal with considerable room for improvement.

- There is very low consumer satisfaction
- Product rejection is high
- Smokers want a pleasurable experience

Reduction Positioning Qualitative, April 2004—UK—CSR International
Healthcare Exploratory Qualitative, December 2002—UK—The Big Picture
Qualitative with NRT shoppers in store, February 2001 – Sue Pedley
Reduction/TA Strategic Qualitative, January 2004—UK, Ireland, France, Sweden, Australia-Flamingo
Empathic/Ethnographic, February 2004—UK, France, Germany, Sweden, Spain-IDEO
NPD Qualitative, April 2004—UK, Sweden, Canada, Japan-Flamingo
NPD Qualitative, June, 2003—UK, US-Forbes Consulting Group
Pilot Product Test, January 2003—Sweden-Martin Hamblin/GSK
Positioning Exploratory Qualitative Research, July 2000-US-Liebling Associates
Project Victory, April-September, 2002-Australia-Jigsaw Strategic Research
A review of the French smoking cessation market Quantitative, February 2004—France—Research International
Healthcare providers perceptions of NRT Qualitative, January 2004—France—Research International
### Key implications

1. Expand the current “abrupt quit” offer to a more inclusive approach that understands and helps smokers throughout their journey to cessation
   - Add support option for “Cut Down Then Stop”

2. Develop new and improved products that deliver a more satisfying experience
   - Taste
   - Strength, Speed of action
   - Presentation

3. Correct misperceptions about NRT and nicotine among consumers
Cut Down Then Stop – an additional route to cessation

- Using NRT gum / inhaler to reduce smoking over up to 6 months in order to quit
- This is NOT about sustained reduction
- Aims to widen access to cessation by including smokers not currently able or willing to quit abruptly
- Offers an effective route to cessation for smokers who are currently reducing without NRT
Cut Down Then Stop – UK TV Advertising