

Using Tobacco Control Policies to Increase Consumer Demand for Smoking Cessation

Andrew Hyland, PhD, K. Michael Cummings, PhD, MPH

Introduction

Population-based indicators of smoking cessation have stalled in recent years. This commentary focuses attention on tobacco control policies that can be used to stimulate renewed consumer demand for smoking cessation. Tobacco use as reflected in population trends is the product of the interaction of three broad categories of factors: agent, host, and environment. Government policies are an important, modifiable environmental influence that can directly or indirectly influence smoking behavior. For example, numerous studies have shown that a hike in tobacco taxes reduces cigarette consumption and encourages smokers to quit.

Such policies typically cause the tobacco industry to respond by offering consumers incentives, such as price discounts on cigarettes, to lessen the impact of tax increases. The challenge faced by tobacco control practitioners is how to market smoking cessation to make it a more attractive consumer choice when compared with what cigarette marketers are doing to keep consumers puffing away.

This commentary reviews factors that drive consumer demand for cessation products and services, and discusses how tobacco companies excel at driving consumer demand for their products. Finally, there is a discussion on how tobacco control practitioners and advocates can exploit various policy options that are likely to create demand for smoking-cessation products and services.

What Drives Consumer Demand?

The National Tobacco Cessation Collaborative hosted a series of consumer demand roundtables that spawned eight general principles that drive consumer demand for any product or service.¹ The eight principles are: (1) allow them to kick to tires, meaning to allow consumers to try a

product or service before they commit to acquire it; (2) lower the bar by decreasing the financial, psychological, or access cost of a product or service; (3) make it look and feel good through attractive packaging and design; (4) facilitate transitions by designing products and services so that they are easy to adopt in their daily life; (5) products and services should make progress toward some goal tangible; (6) products or services should foster a real or virtual community of users; (7) connect the dots, allowing consumers to integrate access to an array of products and services through a single, easy-to-use interface; and (8) integrate with their lives by encouraging consumers to use products and services to reinforce their personal values and lifestyles.

These common-sense marketing principles essentially boil down to making it easier for consumers to try a new service or product and to make it relevant to them. Tobacco companies have long used these principles by offering their consumers price discounting, attractive brand imagery and packaging, rewards for continued smoking that foster a “smoking” community mindset as well as more tangible rewards, such as branded possessions. And of course they have engineered their products to facilitate the transition process from taking the first puff to regular daily smoking. However, those offering smoking-cessation services have generally lagged far behind in following these principles.

Tobacco Companies Excel at Driving Consumer Demand for Tobacco

One hundred years ago cigarette consumption was virtually nonexistent. Yet, in a few short decades, cigarette manufacturers created a demand for cigarettes such that the majority of adults used this product everyday.² How did this happen? Cigarettes were promoted as being part of the social fabric of America, readily accessible to all and portraying an image to which people aspired.³ Today, the same types of marketing and promotional practices are seen. A contemporary example includes the marketing of RJ American’s new “Camel Crush” cigarette brand. Camel Crush is a customizable cigarette that contains a small blue menthol capsule within the filter. By squeezing the filter before or while smoking the cigarette, a small blue capsule is

From the Roswell Park Cancer Institute, Department of Health Behavior, Buffalo, New York

Address correspondence and reprint requests to: K. Michael Cummings, PhD, MPH, Department of Health Behavior, Roswell Park Cancer Institute, Elm and Carlton streets, Buffalo NY 14263. E-mail: michael.cummings@roswellpark.org.

0749-3797/00/\$17.00

doi: 10.1016/j.amepre.2009.12.007

crushed and releases chemicals into your filter, transforming a regular cigarette into a menthol one in a matter of moments.

Coupons for free or discounted Camel Crush cigarettes are readily available, making it easy for consumers to “kick the tires” and try this new product at low cost. The product packaging is attractive, and the product itself is designed to allow the user flexibility to “make it their own” by smoking a regular light cigarette or a menthol cigarette as they prefer (Figure 1, top panel). An online search for “Camel Crush cigarette” returned 30 videos with tens of thousands of video views on YouTube featuring the product, including one with the subtitle of “baghead teaches u how to smoke cigarettes” showing the star of the video—named “baghead”—extolling the virtues of the Camel Crush brand among other things. Camel Crush is too new to know how well its market share has performed; however, RJ American has designed a product that has many of the features that are known to boost demand.

Camel Crush is just one current example of how tobacco manufacturers have and continue to design products that are very attractive and frankly simple for consumers to find desirable; other examples can be found at www.tobaccoproducts.org, a website that is tracking new tobacco products. Of course, tobacco products also have the advantage of containing the addictive substance nicotine,⁴ which further reinforces continued use of the product.

Smoking Cessation Does Not Effectively Compete with Tobacco Products

The goal of tobacco control is to reduce demand for tobacco products. In a way, smoking cessation is competing against cigarette marketers for a share of the smoker consumer market. Thus, the goal of public health practitioners is to try to increase the market share of the “Quit” brand in any given cohort of smokers by getting the Marlboro, Camel, Newport, and other brand smokers to switch to their Quit brand. Caution must be taken, though, because the brand managers of those brand families are doing everything in their power to hang on to their loyal customers so they can maximize their profits. The principles of marketing can be used to help guide the ways used to make the Quit brand more competitive in the open market. The tools to market the Quit brand are inferior to the tools used by tobacco companies to promote their cigarette brands, and our promotional funds are miniscule in comparison. Tobacco control policies that serve to alter this environment can be good for public health. Two specific domains should be considered that are either directly or indirectly related to smoking cessa-

tion: smoking-cessation services and products; and tobacco control policies.

Cessation services and products. Unlike Camel Crush, the typical smoking-cessation products and services are unattractive, and they do not compete well. Let’s consider the mostly widely used smoking-cessation product used by smokers today—the transdermal nicotine patch. These cessation products require lengthy and complicated labeling requirements, come in multi-week packaging that is expensive, and are promoted as medicine to treat addiction, often through a lengthy multi-step process with low absolute success rates. A YouTube search for “nicotine skin patch” yield zero exact matches, and the product packaging is uninspiring (Figure 1, bottom panel). On the basis of a head-to-head comparison of what drives consumer demand, the most popular cessation product loses on most every count.

Considering other cessation services, such as telephone quitlines or online Internet quit sites, and in-person cessation counseling services, a similar pattern emerges. In-person counseling services may foster a sense of community among participants, but they have substantial barriers in terms of time and expense. Quitlines/quit sites offer the advantage of increasing the accessibility of the services to consumers, and many quitlines/quit sites offer free stop-smoking medications to eligible smokers. When New York City offered and advertised 6 weeks of free nicotine replacement therapy to eligible smokers through a quitline, the demand for these products far outstripped the supply.^{5,6} But, today, with limited funds for creative quitline promotion, only about 5% of smokers now use these free quitline services in their cessation efforts (special data run from the 2007 International Tobacco Control Survey, a nationally representative survey of ~2000 smokers in the U.S.), leaving enormous room for improving their promotion, use, and reach.

Using tobacco control policies to boost demand for smoking cessation. Tobacco control policies are intended to reduce tobacco use and improve public health. The Framework Convention on Tobacco Control is the world’s first public health treaty, and it requires ratifying nations to implement an array of policy strategies to reduce tobacco use in their country including: (1) higher tax and price policies; (2) policies to expand clean indoor air laws and restrictions; (3) product regulations; (4) product marketing restrictions; (5) policies that promote community education; and (6) policies to increase demand for, access to, and use of proven cessation treatments. There are 164 nations that have ratified the treaty as of March 11, 2009, and the U.S. is one of the few countries not to have done so. Many of these policies

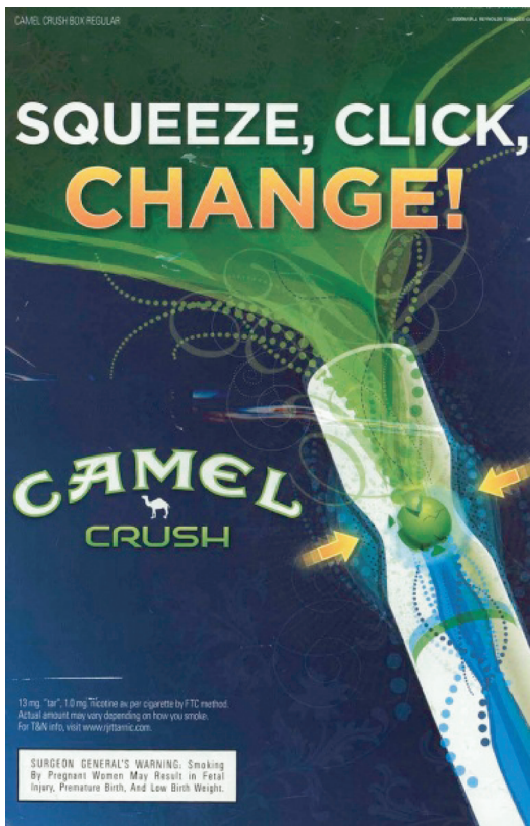


Figure 1. Which product looks more inviting to try? Camel Crush (top panel) or nicotine skin patches (bottom panel)?

either directly or indirectly affect some of the eight consumer demand points discussed earlier. For example, tax policies raise the cost of trying and using the product. Smokefree air policies increase the social cost of using the

product and facilitate transition to a smokefree environment, and product marketing restrictions can inhibit the positive attributes cigarette brands and promotions strive to convey.

Policies designed to increase demand for cessation services are more direct, and these include eased marketing and promotion restrictions on cessation products; free and readily accessible cessation services for all smokers, especially those with the highest use rates such as blue-collar workers; and adequate funding for population-based public education campaigns that are proven to work.⁷

A simple summary of what policies and practices drive the demand for smoking-cessation services was developed for the Robert Wood Johnson Foundation's Substance Abuse Policy Research Program by Cummings.⁸ It highlights effective interventions that reach many people often, increasing the use of proven pharmacotherapies and behavioral therapies, and bolstering healthcare providers' efforts to consistently recommend and deliver effective quit-smoking interventions in the course of routine care.

Opportunities for the Future

Tobacco control policy can play a major role in helping to shape what we do in the future to address these issues. Effective tobacco control policy should make it easier for consumers to want and to succeed in quitting smoking, and these policies should make it more difficult for them to continue to use tobacco. In order for smoking-cessation products and services to compete with tobacco products for market share, the public health community needs to do a better job of marketing and promoting cessation. It should not be the case that the most dangerous products are also the most attractive to consumers. What can public health practitioners do to increase the market share of the Quit brand? How do we sway cigarette brand-loyal consumers to switch to the Quit brand? To be successful we need to better understand the wants, needs, and desires of our target population; we need to devise products

and messaging to meet these consumer demands; and we need to get our products and messages in places where the target audience can access them.

No financial disclosures were reported by the authors of this paper.

References

1. Consumer Demand Design Principles. National Tobacco Cessation Collaborative. January 2008. <http://www.tobacco-cessation.org>.
2. Giovino GA, Schooley MW, Zhu B, et al. Surveillance for selected tobacco-use behaviors—United States, 1900–1994. *MMRW Morb Mortal Wkly Rep* 1994;43(3):1–43.
3. USDHHS. Preventing tobacco use among young people: a report of the Surgeon General. Atlanta GA: USDHHS, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.
4. USDHHS. The health consequences of smoking: nicotine addiction. A report of the Surgeon General, 1988. Atlanta: USDHHS, Public Health Service, CDC, Center for Health Promotion and Education, Office on Smoking and Health, 1988. DHHS Publication No. (CDC) 88-8406.
5. Miller N, Frieden TR, Liu SY, et al. Effectiveness of a large-scale distribution programme of free nicotine patches: a prospective evaluation. *Lancet* 2005;365(9474):1849–54.
6. Cummings KM, Hyland A, Fix B, et al. Free nicotine patch giveaway program 12-month follow-up of participants. *Am J Prev Med* 2006;31(2):181–4.
7. National Cancer Institute. The role of the media in promoting and reducing tobacco use. Tobacco Control Monograph No. 19. Bethesda MD: USDHHS, National Institutes of Health, National Cancer Institute, 2008. NIH Pub. No. 07-6242.
8. Substance Abuse Policy Research Program Knowledge Asset. Overview of Increasing the Use of Smoking Cessation Treatments. www.saprp.org/KnowledgeAssets/knowledge_detail.cfm?KAID=6.