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Published in:

Health education and the media : proceedings of an international conference organized jointly by the Scottish Health Education Group, Edinburgh, and the Advertising Research Unit, Department of Marketing, University of Strathclyde, Edinburgh, 24-27 March, 1981

[Link to publication](#)

Citation for published version (APA):

Raw, M., & van der Pligt, J. (1981). Can television help people give up smoking. In D. F. Leathar, G. B. Hastings, & J. K. Davies (Eds.), Health education and the media : proceedings of an international conference organized jointly by the Scottish Health Education Group, Edinburgh, and the Advertising Research Unit, Department of Marketing, University of Strathclyde, Edinburgh, 24-27 March, 1981 Oxford: Pergamon Press.

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Broerstraat 4
9700 AN Groningen

A078196795 ISN: 679837

RAPDOC (R)

OPGEHAALD

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Verzoeken te behandelen voor: 15-04-2005 **Ingediend door:** 0004/9999
Datum en tijd van indienen: 01-04-2005 19:07 **Datum plaatsen:** 01-04-2005
 19:07 **Type aanvrager:** UKB **I.D.:** UVA KEUR

PPN: 811745287

Leathar, D.S.

Hastings, G.B.

Davies, J.K. Health education and the media : proceedings of an international
 conference. (1981)Leathar, D.S. (ed.)arch, 1981 1981 Oxford [etc.] Pergamon Press

Gewenst: **Electronisch leveren (LH=N)**

Pagina's:

Hoofdstuk: Can television help people give up smoking

Opmerking:

arno ID 126990

LEE UW

Hdb 79

614.2^1981^

beschikbaar

307-390

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Can Television Help People Stop Smoking?

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"A smoker for more than 30 years, I thought when seeing your Granada Report, I may kick the habit, but as no kit arrived, I consider you played the biggest con trick ever on the British public..."

SUMMARY

This paper reports an evaluation of Granada's "Reports Action" programme, broadcast on 23rd October 1977, which offered viewers a free anti-smoking kit to help them stop smoking. Six hundred thousand people asked for the kit. The evaluation, which was set up at short notice after the programme was broadcast, involved sending a questionnaire with the anti-smoking material, to a random sample of 20,000 who had asked for the kit. Only 12% returned the questionnaire. This 12% was followed-up one year later, also by postal questionnaire, and 1,842 (82%) people replied, of whom 1,809 (76%) provided adequate data. Of these 1,809, 1,602 (89%) said after the programme that they intended trying to stop smoking. At one year follow-up, however, only 18 people reported having stopped smoking and been abstinent for at least one year. These results are considered disappointing, and a poor reflection of the potential of television for helping people stop smoking.

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INTRODUCTION

On Sunday afternoon, 23rd October 1977, at 5.15 pm, Granada's "Reports Action" programme included an item of about fifteen minutes on stopping smoking. The item included interviews with a patient suffering badly from emphysema, and with someone who had just stopped smoking. The style was hard-hitting and evangelical, and left smokers in no doubt about what they should do. It offered them the practical help they had all been waiting for: "...we want to make a frontal attack on smoking. And we're going to do that by sending you every known device to make you give it up and stop killing yourself." "In just a moment or two, you'll see the anti-smoking kit we're offering. We have tens of thousands of them so you don't need to rush." "And what we're offering to every one of you who rings... is this kit designed to stop you smoking." Viewers were offered "an information pack designed to make you convince yourself. We'll also give you a free sample of this Tabmint chewing gum. It makes all cigarettes taste disgusting and strengthens your resolve not to touch any more. On top of that, we'll give you some pastilles that'll help to relieve the pangs. They're called Tabano and they contain a nicotine substitute. On top of that we'll give you a sticker to prove to you and your friends that you mean business. And if you can't stop immediately, then you'll get the first in a four filter set made by MD4 that cuts down the harmful effects gradually to make it easier for that final wrench." "Ring us now, you can do it, and we're going to help, and if you're not convinced yet, then you know what you've got coming to you."

It became obvious quite quickly that a lot of smokers were tempted by this offer and after about ten minutes, one of the presenters hinted "that if you really want to be sure of your anti-smoking kit, which is a terrific offer, then you can do yourself a favour perhaps by volunteering for one of our other appeals in this series." Three times during the programme viewers were reassured that there were tens of thousands of kits and they were asked not to rush. The last such reassurance came at the end of the programme when they had already had 4,000 calls in thirty minutes.

For several days after the programme there was chaos in the UK telephone system as tens of thousands of people rang Granada, and for months after that furious activity among smoking and health workers. Eventually, about 600,000 people asked for the anti-smoking kit. It was said to be the biggest response to a television programme in the history of broadcasting. Since "Reports Action" were used to dealing with responses from 10 - 20,000 people and only had that many smoking kits, about 590,000 smokers were left frustrated and angry. Granada appealed for help to the DHSS, who agreed to fund, through ASH, the production and distribution of a "how to stop smoking" newsheet, and some research evaluating the effects of the programme. The newsheet, plus tar/nicotine tables and a sample of the pastilles containing a

nicotine substitute were finally mailed out in February 1978, three months after the programme, together with a heavily-disguised apology explaining the absence of the other promised aids, and the presence of a newsheet.

This paper reports the results of one evaluation which was set up from the Addiction Research Unit at the Institute of Psychiatry, London. It was not a controlled trial, since the general public could not have been allocated randomly into viewers and non-viewers. Nor was any other check on non-viewers possible, partly because of the limited time available to set up the study, which was planned and set in motion in 24 days. Eiser, Sutton and Wober (1978) reported a study on the effects of a television programme on smoking, which showed that viewers were more likely to try to stop smoking than were people who had not seen the programme.

SUBJECTS AND METHOD

Twenty thousand people were randomly selected by Granada from the total of 600,000 respondents. Together with the anti-smoking material (as it was now called in the hope that they would equate "kit" with "material") they were sent a four-page questionnaire, unfortunately entitled, "Now will you help us?" There were no repeat mailings to non-responders to this first questionnaire. Respondents were sent a one-year follow-up questionnaire ("How have you been getting on?") in January 1979 with repeat mailings to non-responders in February and March.

Only 2,394 (12%) people returned the first questionnaire. Of the 2,247 of those who were contactable at one year follow-up, 1,842 (82%) replied, and 1,809 (81%) provided adequate data. Because of the low original response rate, we sent a much shorter questionnaire to 169 of the original non-responders living in or near London, in order to gain some impression of how representative the responders were of the sample as a whole. People who did not return this short questionnaire were visited by an interviewer, until we had replies from 129 (76%) people. Of the remainder, some had moved and some simply refused to co-operate.

Table one shows that the non-responders were slightly older than the responders, but similar in terms of their cigarette consumption, sex ratio and social class distribution. Their ratings of the helpfulness of the material were surprisingly similar to those of the responders. Fifty two percent of the non-responders found the material unhelpful compared with 46% of the responders.

Table one - SUBJECT DETAILS OF THE MAIN SAMPLE, THE NON-RESPONDERS AND TWO OTHER SAMPLES.

	Main sample ^a (N=1752)	Non-responders (N=129)	GP patients ^b (N=1567)	Clinic patients ^c (N=69)
Mean age (years)	35.2	42.8	39.8	40.7
Mean consumption (cigarettes/day)	25.2	26.5	16.2	32.3
% of men	39	42	37	43
% of social classes I and II	22	18	-	51

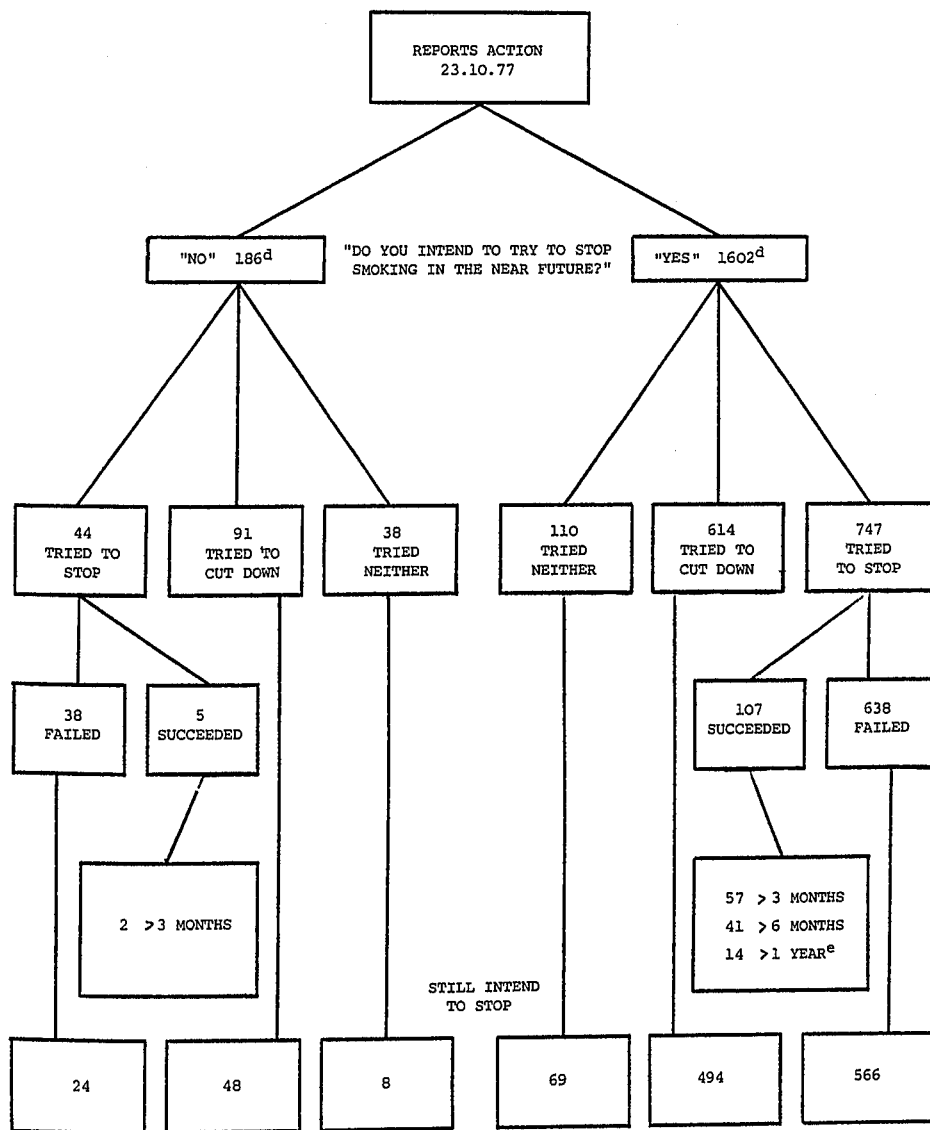
a) These data refer to cigarette smokers only, who comprised 99.1% of the total sample, less missing cases (41) b) These data are from Russell, Wilson, Taylor and Baker (1979) c) These data are from Raw, Jarvis, Feyerabend and Russell (1980).

RESULTS

The sample

Of the 1,809 people who provided adequate data at follow-up, 1,752 were cigarette smokers, 7 smoked a pipe only, 6 smoked cigars only and 3 smoked pipe and cigars only (41 people did not answer these questions). The cigarette smokers thus comprised 99.1% of the sample who answered these questions. Of these cigarette smokers, 90% said they inhaled, 93% rated themselves as fairly or extremely addicted, 87% found smoking fairly or extremely enjoyable and 74% had stopped smoking before. Only 5% smoked middle-high or high tar cigarettes. Eighty four percent thought their chances of getting lung cancer would be lower if they stopped smoking (16% thought they would be about the same) and 95% said it was important to them to reduce their chances of getting lung cancer. Health was given as the most important reason for wanting to stop smoking by 74% of the sample. The second most important reason, given by 17%, was expense.

Table two - A SUMMARY OF THE EFFECTS OF THE "REPORTS ACTION" PROGRAMME



d) The total base for this table is 1,809, as for the text. There were 21 missing values for this item. Any other totals that fall short of this figure also do so because of missing values.

e) Four long term successes are missing because they come from missing value cases earlier in the flow chart.

The effects of the programme

Of the total base of 1,809 smokers, 1,651 (91%) were still smoking at one year follow-up², and 1,209 (73%) of these still intended to try to stop smoking. Of the 158 nonsmokers at one year, only 18 had been abstinent for a year or more, so that the overall success rate of the programme was 1%.

Table two shows the effects of the programme as a flow chart. After seeing the programme 1,602 (89%) said they intended trying to stop smoking but only 747 (47%) of these actually did try to stop. Of these 747 who tried, 638 (85%) failed to stop even for a short while. Of the 186 who, after seeing the programme, said they did not intend trying to stop smoking, 44 (24%) did try to stop. None of these succeeded in the long term. The long-term success rate expressed as a proportion of those who tried to stop smoking was 2.3%.

Among those who stopped smoking but had relapsed by the one year follow-up, the modal length of abstinence was 1-3 days. All people still smoking at follow-up were asked the question: "Why do you think you failed to stop smoking?" They were given five reasons and asked to rank them in order of importance. These five reasons were rated as the most important reason for failing by the following proportions of people:

Because I didn't try hard enough	41%
Because it was too difficult for me	30%
Because of the kind of person I am	14%
Because I didn't know the best way to set about it	12%
Because of bad luck	3%

A similar question had been asked in the first questionnaire: "Why do you think so many smokers fail when they try to stop smoking?" Their answers were:

Because it's just too difficult for them	35%
Because they don't try hard enough	30%
Because they don't know the best way to set about it	25%
Because of the kind of people they are	9%
Because of bad luck	1%

Table three summarises the effects of the "Reports Action" programme and compares them with the effects of general practitioners' advice against smoking (Russell, Wilson, Taylor and Baker, 1979). Although a much higher proportion of the "Reports Action" sample tried to stop smoking, their success rate was lower even than that of the control group in the GP study. Table one, however, shows that the "Reports Action" sample were much heavier smokers at 25 cigarettes per day, compared with 16 cigarettes per day in the GPs' patients.

2. This makes the conservative assumption that there were no non-smokers amongst the cases for whom these data were not available.

Table three - A COMPARISON OF THE EFFECTS OF THE "REPORTS ACTION" PROGRAMME WITH GENERAL PRACTITIONERS' ADVICE.

	GP STUDY		REPORTS ACTION STUDY
	Advice & Control Groups (N=1567)	Advice Groups Only (N=797)	All Ss (N=1809)
Intended to try to stop	-	-	1602
Tried to stop	235	145	791
Percentage (of base) who tried	15%	18%	44%
Succeeded (for at least one year)	42	34	18
Success rate (% of base)	2.7%	4.3%	1.0%
Success rate (% of triers)	17.9%	23%	2.3%

Predictors of outcome

Discriminant analyses were performed on the three main outcome variables: intention ("Do you intend to try to stop smoking in the near future?"), trying to stop ("Since you received the material from "Reports Action" have you tried to stop smoking (or to cut down)?"), and success (abstinence for at least one year). People were more likely to say they intended to try to stop if they thought they were likely to succeed, considered it important not to get lung cancer, did not enjoy smoking and gave health as the main reason for wanting to give up (all $p < .05$). The only significant predictor of trying to stop was having intended to try ($p < .001$). Success was more likely in people who did not think they were very addicted ($p < .001$) and considered it important not to get lung cancer ($p < .05$).

Viewers letters

Over 100 people wrote to us, some instead of answering their questionnaires. Most of the letters explained that they couldn't fill in the questionnaires until they had received the kit. Some of these letters were written on the back of the apology which implied that they had received all the help they were going to get, and began: "This is not one of the kits that contain tablets or

anti-smoking chewing gum." Many of the letters were puzzled and several were angry:

"I am very sorry but I am so disgusted I cannot bring myself to answer this"

"Why waste money on literature when you cancel the kit?"

"I was very willing at the time to stop dead, because I thought you were going to help. I was one of the first on the telephone that night...have you never heard of the expression 'first come, first served'?"

"I will gladly fill in the form when I receive my anti-smoking kit."

"...I am a pensioner and can now not afford to smoke...I saved up very hard and bought some Nicobrevin...I must say I still feel rather let down and disgusted..."

"I never received the anti-smoking kit from Reports Action so I cannot help you with your questionnaire."

"Please find enclosed the completed forms as requested. I must say I am appalled that I have received all this from you, but I have not received anything from Granada as promised."

"...it annoys me to read in the press that £250,000 has been paid for stickers proclaiming 'I've given up smoking'...surely this money could be spent on more constructive help."

"I phoned Reports Action up...and wrote to them...I got no reply from them, so I stopped smoking, on November 18th 1977, and I would not touch another one..."

These letters show how unfortunate was the title of the first questionnaire "Now will you help us?" Clearly most smokers felt they had not been helped and many simply did not realise that the newspaper was the material referred to on the questionnaire. They were still waiting for the kit and the response rate was obviously low because of this.

DISCUSSION

The effects of the programme on stopping smoking

For most smokers, smoking is such a deeply ingrained habit that stopping smoking is bound to be a long and difficult process. This is why we have ignored, in our results, those who stopped smoking for less than one year. We consider this to be the minimum period which should be used in defining a success in stopping smoking (Raw, 1978). It seems extremely disappointing that out of nearly 2,000

smokers, there were only 18 successes. Even when the success rate is expressed as a proportion of those who tried to stop smoking, 2.3% still seems unimpressive. The nearest comparison we can make to shed some light on how good or bad these results are, is with the results of a study in which the patients of GPs were advised to stop smoking (Russell, Wilson, Taylor and Baker, 1979). In that study, two control groups were given no advice, one group was given simple advice to stop smoking, and the fourth group was given advice, a leaflet and warning of follow-up. The overall success rate in this study was 2.7% but in the advice groups it was 4.3% (Table three). These results are very much better than those of the "Reports Action" programme and when they are expressed as a proportion of those who tried to stop smoking, the disparity is even more marked. In the GP study, the success rates are then 17.9% and 23% respectively; ten times as successful as "Reports Action". Furthermore, the GPs' patients were not initially motivated to stop smoking, since the base for the study was all cigarette smokers over 16 years old. The "Reports Action" sample was drawn from people who had expressed a fairly strong desire to stop smoking. However, this comparison is not a direct one since there were two different samples. Table one shows that whereas the GPs' patients smoked about the same as the national average of 16.1 cigarettes per day (Office of Population Censuses and Surveys, 1980) the "Reports Action" respondents were much heavier smokers at 25 cigarettes per day. They may therefore have been selected not only because they were motivated, but because they were dependent. The fact that a low perceived level of addiction predicted success in stopping suggest that dependence is an important factor in determining success rates, and indices of dependence have been shown to predict outcome in smokers' clinic patients (Raw and Russell, 1980). The results of smokers' clinics, however, show that even extremely dependent smokers, who smoke twice the national average (Table one), can stop smoking if given enough help (Raw, 1978; Raw, Jarvis, Feyerabend and Russell, 1980).

It is impossible to know how the poor response rate to the first questionnaire affected the results. Table one shows that the samples were fairly similar, especially in terms of cigarette consumption, and the two samples' ratings of helpfulness of the material were also similar. However, if we make the conventional assumption that the non-responders did worse than the responders, it merely strengthens the conclusion that the results of the programme were disappointing.

Other effects of the programme

The programme was very effective in getting 89% of our respondents to say they intended trying to stop smoking, and in getting a high proportion of those (47%), to try to stop. However, measured in terms of its own explicit aims, claims and promises, the programme was a disastrous failure. It promised, and indeed guaranteed, smokers help and then, with a sample of motivated people eager for this help,

managed to produce only 1% non-smokers at follow-up. There is no doubt from the low response rate to our study, and from viewers' letters, that in making unrealistic promises, Granada angered thousands of smokers, who were not just puzzled and upset, but felt cheated, disgusted and appalled. It is even possible that the unfulfilled promises, combined with the three-month delay in mailing out the anti-smoking material, actually deterred many of the original 600,000 smokers from trying to stop. In the introduction we showed, with long quotations, just how much the programme promised viewers. It was not just going to offer help, the anti-smoking kit was going to make viewers stop smoking. Dishonest and ridiculous though this claim was, Granada did not make it out of ignorance. They were advised before the programme, by several groups of experts, independently, not to promise so much. That they ignored this advice and deliberately went for a "hard sell" throws considerable doubts upon their motives for making the programme. This whole episode should serve as a warning that television can be a powerful medium, and that it can be used extremely irresponsibly.

Conclusions

The number of people who responded to this programme asking for help surprised many. The response revealed that an enormous number of smokers who want to stop smoking feel that they need help. We have yet to consider this fact seriously and decide to do something about it. One viewer's letter highlighted this need: "It annoys me to read in the press that £250,000 has been paid for stickers...surely this money could be spent on more constructive help?" But what constructive help? We do not think that the "Reports Action" story reflects the true potential of television for helping people to stop smoking. On the basis of this study, we cannot answer the question "Can television help people stop smoking?" in the affirmative. This study offers no evidence that it can. However, this was grossly irresponsible broadcasting, which deliberately provoked a response for which there was totally inadequate backup. It remains possible that a carefully planned programme with equally well prepared back-up material could achieve a great deal. The "Reports Action" programme showed that the demand is there. Perhaps it should be added finally that such an attempt to fulfill demand must be carefully evaluated.

Acknowledgements

We thank ASH and the DHSS for making this research possible by arranging funding at short notice; Stephen Raw for designing and art-working the questionnaires at short notice; Penny Friend and Pauline Feltham for data coding; Gemma Hilton for data coding, organising the one-year follow-up and pursuing some irritated non-responders; Dick Eiser for helping set up the project from the beginning; Steve Sutton and Mike Russell for helpful advice during the project; Colin Taylor, John Stapleton and Raja Iyer for statistical and computing help; Jean Howard for secretarial help; Sam Raw for looking over the first draft;

Loren Grant for secretarial and editorial help. Finally, we thank Granada television and the smoking public for their co-operation.

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