**Lose the fags: Community-based social marketing**

Fiona Spotswood, Lecturer in Marketing at Bristol Business School and member of Bristol Social Marketing Centre

Sarah Clarke, Public Health Specialist (Health Promotion), NHS Stockport

**PROJECT OVERVIEW**

The Lose the Fags project is located in Brinnington, a small housing estate in the North of Stockport, Greater Manchester, England. The project is lead by NHS Stockport in partnership with the National Social Marketing Centre (NSMC).

Although only covering a relatively small area, the Brinnington housing estate is an important area to focus upon for NHS Stockport. The estate is ranked the most deprived area in Stockport (Neighbourhood Renewal Strategy, 2009) and is ranked in the top 3% most deprived areas for England and Wales and has relatively high unemployment, low education levels, premature death and poor health (IMD, 2007).

Due to the extremely high smoking prevalence, a unique project was developed for the Brinnington estate residents. The project was community-based and NHS Stockport developed partnerships with established local services such as the Children’s Centre and Stockport Sports Trust’s community fitness centre. After 18 months of preliminary work, the project was launched in July 2009 is still continuing today, funded by NHS Stockport.

**PROJECT RATIONALE**

Brinnington Neighbourhood Renewal Area has a total population of 6,508 and is predominantly white (97.4%) with more people than average under 16 years olds (Profiling Stockport, 2010). People in Brinnington consider themselves to have worse health than the Stockport and national average (ibid). They are also twice as likely to be unemployed compared to the national average. People in Brinnington are less likely to have formal qualifications than people across Stockport and are more likely to rent their accommodation from the local authority than the national average (ibid).

In 2007, a survey of 600 Brinnington residents found that over half currently smoke (54%) (Neighbourhood Renewal areas Residents’ Survey, 2007), which was significantly higher than the Stockport average of 18% and the national average of 24% (Banister and Burgess Allen, 2007). NHS funded smoking cessation services had initially attracted residents, but only 186 quit attempts were made in 2007/8 and numbers were declining quickly. In 2008/9 only 145 people accessed services (Stop Smoking Service Equity Profile, Stockport NHS).
Social marketing was identified by the Associate Director of Public Health and the Tobacco Lead at NHS Stockport (then Stockport PCT) in 2007 as a tool which might enable the PCT to engage with the target group of routine and manual workers living in Brinnington which had not been engaged by more traditional communication methods.

AIMS & OBJECTIVES

The behavioural problem in Brinnington was that too few people were accessing local smoking cessation services and the numbers accessing services were in decline and yet it is known that using NHS smoking cessation services makes quit attempts several times more likely to succeed. Therefore, the aim of the project was to design a social marketing intervention which would see an increase in the numbers of quitters registering with local NHS smoking cessation services.

In 2008/9, the year prior to the intervention launch, there were 145 quit attempts by smokers who accessed cessation services. This is equivalent to 5.6% of the smoking population accessing services, compared with a Stockport average of around 10% (ref). Services comprised those based in Brinnington itself a local smoking cessation advisor based at the main GP practice, and Quit for Life drop in group. Other services accessed out of Brinnington included a pharmacy service and specialist service. The SMART objective set was to double the number of quit attempts through all local services, including the two new services (at the Target Life Lapwing Community Fitness Centre and Children’s Centre) within 12 months of the launch of the project.

IDENTIFYING THE TARGET AUDIENCES

A multi-stage segmentation process was implemented to enable Lose the Fags to be carefully positioned to best meet the needs of defined target audience. Three segments were identified, based on demographic and psychographic factors.

- **Contemplators.** First, Lose the Fags was designed to target contemplator smokers in Brinnington; those who are considering quitting smoking. Research from the baseline survey suggested that there was a large segment of contemplators whose needs were not necessarily being met by existing services.

- **Women with pre-school age children.** Secondly, the target audience was segmented by gender and age. Women with pre-school age children (and also contemplators) formed one target segment. These women ranged in age from 18 to 40 and required childcare facilities if they were to attend any clinic or group, which were not currently available. They were also experiencing particular pressures in terms of adjusting to motherhood, financial strain and confusion over competing and complex
health messages they received. Smoking was an ingrained part of their lives, and yet they desired to give up with the right kind of support; in a friendly, familiar environment with people ‘like them’ and with child care so they could focus on themselves for a short period of time.

- **Adult male contemplators.** The other segment was adult male contemplators. Research indicated that men faced major barriers to quitting smoking because it was culturally not acceptable to admit wanting help, or to be seen to be asking for it. Existing support groups were seen as women-oriented and not suitable for men. Support for men’s quit attempts would have to be disguised in some way, to alleviate the psychological costs of asking for support.

**SCOPING RESEARCH**

Primary research formed a core part of the scoping stage of the Lose the Fags intervention. Research was multi-staged and qualitative in nature. The research aimed to identify the key insights which could help the Solutions Team develop the intervention. The research was completed in five distinct phases.

**Phase 1: Exploratory research**

In order to gain an initial understanding of the barriers and motivations towards smoking cessation in Brinnington, five mixed gender focus groups were held in Brinnington during Spring/Summer 2007. The groups included:

- Hardened smokers with no intention of quitting;
- Smokers who had tried but failed to quit;
- Smokers who were contemplating quitting;
- Successful quitters; and
- Those currently in the process of quitting.

The objectives of this research were to explore attitudes to services, including: experiences of successful quitters and those who had dropped out of the service, and why current cessation services had achieved limited success. A series of interviews were also held with key health professionals in Brinnington to explore possible improvements to smoking cessation services to make them more consumer-centric.

**Phase 2: Follow-up primary research**

Once men and women with pre-school aged children were chosen as the target audiences for the project, two further focus groups were conducted with representatives of these
target segments in Summer 2007. The purpose of this research was to gain additional insight into their lifestyles, what moves and motivates them, and what their interests, fears and pleasures were.

**Phases 1 and 2: Key findings**

- Key barriers and motivations for quitting were largely in line with national research into smoking amongst routine and manual workers.
- Brinnington smokers were tired of being ‘nagged’ into quitting and were unlikely to succeed or make an attempt because their support networks consisted of smokers, providing a real fear of being ostracized.
- Life in Brinnington often has smoking at its centre; socializing at the school gate, drinking in the pub, waiting in queues for local services, chatting to neighbours or family.
- There was a real drive to quit, primarily because of financial worry but also because of the fear of ill-health and desire to be a positive role model for children. For women particularly, family is the most important part of their lives and protecting and encouraging their children is paramount.
- For women with pre-school aged children, childcare facilities provide time to focus on themselves away from their demanding children, and are therefore essential to any intervention.
- Low confidence was a considerable barrier to community participation, and services in a trusted, safe and well-known environment with familiar faces is essential.
- Given the complexity of their lives, ease of access to NRT is also vitally important.
- Men were more likely to work, often in shift patterns, so out-of-hours access to support is essential. However, there was a huge stigma for men to admit they needed help and support and most men refused to do so, despite the supporting statistics linking NHS support to success. Therefore, a service with a concrete distraction away from the smoking cessation element was needed.

**Phase 3: Community consultation**

After the focus groups and interviews were completed, two phases of consultation were held with key members of Brinnington’s community, including: health service providers and managers; ex-smokers; current smoking cessation service users; community group leaders and organisers; and smoking cessation service providers.

In the first consultation workshop, held in March 2008, key findings from the primary research phase were presented to the group. Participants were then split into smaller working parties to discuss specific questions around developing appropriate services within the infrastructure in Brinnington for each of the two target segments.
The discussions were recorded, transcribed and translated into a report for circulation after the event. The report contained ideas for the development of new services targeting each of the key segments.

The second workshop, in early May 2008, focused on communications and involved brainstorming ideas on the creative proposition, branding, media, incentives and relationship building. The resulting report formed the creative brief for the design agencies. The draft intervention plans, developed as a result of the first community consultation meeting, were also discussed and agreed at this meeting.

**Phase 3: Key findings**

- Localising the creative design was the key to successful communications. It was important to promote the services as something that local people requested, launched and manned.
- It was recommended that local residents were used to star in the communications campaign, which was guided by the proposition that ‘Brinnington is giving up smoking’.
- It was recommended that local humour, language, and backgrounds were used in the message, tone and visual material.

**Phase 4: Communications pre-testing**

The creative brief was sent to two agencies and five creative themes were returned for consultation with the community. To pre-test these communications material, a series of single-gender focus groups were run in August 2008. Each of the five creative themes were discussed in detail and data gathered on communication, comprehension, impact and liking. As the chosen creative concept was slightly contentious, two further pre-test focus groups were held to confirm the final concept boards. Council and PCT senior managers, leaders and organisations operating in Brinnington were also engaged to ensure the rationale underpinning the use of the creative concept was understood and its use was supported.

**Phase 4: Key findings**

- The ‘Lose the Fags’ concept was agreed at the creative pre-testing stage, but concerns were raised as to whether parents would find the strapline ‘give smoking the two fingers’ offensive or upsetting to children.
- The photographs were therefore taken in a way that clearly portrays the ‘two fingers’ pose as a smoker holding a cigarette. Smoke was also added to the photos so that even though the cigarette had been ‘lost’, just leaving the two fingers pose, it was obvious what the picture meant.
- The word ‘Brinny’ (the name many local resident’s use for Brinnington) was intended to be used as the keyword for prospective quitters to text to request help. However, the pre-test research found that ‘Brinny’ has some negative connotations due to the
derogatory way it is sometimes used by outsiders, and so was replaced with ‘losefags’ as the key text word.

Phase 5: Concept testing

Finally, with a fully developed intervention plan, communications plan and creative concept, the full intervention concept was discussed in detail with users of the Lapwing Centre and Children’s Centre. No further changes were made.

ACTIONABLE INSIGHTS

There were a number of key insights which emerged from the extensive scoping research, and which were used to develop the intervention.

- **Lack of trust.** The key insight was that trust in ‘authority’ and health ‘messages’ was very low. Brinnington residents are bombarded with ‘outsiders’ offering help, support and advice and this is perceived as them being bossed around, manipulated and patronised. The intervention itself, and the process of developing the intervention, had to be co-created with key community members, or it would be rejected as mere interference. Co-creation and community involvement became the guiding principle by which all work was conducted.

- **Utilising established local services.** In terms of intervention development, co-creation informed the selection of the Lose the Fags services partners, and also the Lose the Fags supporting communications campaign. Service delivery partners were selected which were already operating in Brinnington and trusted by local people. These were the Target Life Lapwing Centre (a community sports facility run by Stockport Sports Trust) and The Brinnington Children’s Centre. Additional delivery staff was selected from the existing smoking cessation service, who already worked in Brinnington and were known and accepted. In terms of communications, all photographs for creative material were taken locally and featured local people who had recently quit smoking with the help of the local NHS stop smoking services.

- **Loss of social life.** A key insight from the research was that for people in Brinnington, giving up smoking also meant giving up key parts of their social life, such as the morning cigarette with other parents after dropping children at school, or the mid-morning smoke with work mates. Quitting smoking was a huge barrier, and even though the client may be considering quitting (and therefore be a contemplator), the jump between contemplation and action was large. The baseline survey for Lose the Fags indicated that 40% of smokers in Brinnington were thinking of quitting but only
3.3% were definitely planning to quit. The job of the Lose the Fags team, then, was to enable these tentative contemplators to take a step towards quitting without it feeling too overwhelming. A texting service was set up for this purpose. Texting was considered to be an easy, small step to take in the right direction which was less daunting than telephoning to make an appointment. The texter would receive a phone call from a local team member to then make further arrangements for treatment.

- **Fear of asking for help.** In addition, there were key costs which were identified by the research which had to be reduced by the intervention. As has been mentioned, men in Brinnington struggled to actively ask for help. They were also restricted from attending day time services if they worked. The Lapwing Centre is a community sports centre offering supported classes and individual fitness programmes for the local community. There is a fitness suite (gym) and various community rooms for use by clubs and classes. There is also a thriving boxing club on the premises. The fitness Instructors at the Lapwing were suggested as ideal new service providers. Men could feel they were simply going to the gym, and ask for support in an ad hoc way, reducing their psychological costs. The gym is also open until 9pm.

- **The need for personal time (away from the children).** For women with young children, childcare is an essential accompaniment to any day time service. Also, research identified that self-esteem, perceived self-efficacy and confidence were all very low in Brinnington’s young mums, so offering a smoking cessation service in a very familiar environment was essential. The Children’s Centre is central in Brinnington and familiar to many young mothers. Crèche facilities were available at the Children’s Centre, and busy support workers in all roles were able to signpost women attendees of the centre to the new smoking cessation sessions, which are run by a member of the central stop smoking team familiar with Brinnington.

**STAKEHOLDER ENGAGEMENT**

As with all social marketing interventions, the Lose the Fags project involved numerous stakeholders. Early on, a stakeholder engagement plan was written, using a National Social Marketing Centre matrix (below illustrated at an early stage of the project) to identify who were the most powerful and most interested (and least powerful and least interested) parties. The red arrows indicate the direction of desired travel, achieved through the internal marketing strategy.
This matrix was used to generate an internal marketing plan. Key stakeholders were identified as the PCT (particularly the executive), the Department of Health, service delivery partners (The Children’s Centre and Lapwing Centre), voluntary groups within Brinnington and the local press.

A marketing communications plan was developed so that these groups could be included in the development of the Lose the Fags project. A newsletter was sent to a database each month and key stakeholders were invited to a team meeting every other month to discuss the daily running of the project.

In addition, stakeholder events were held to showcase the project. These were held before the launch of the project, to share insights from the research phase, as a press launch of the project and two thirds of the way through the first twelve months, to offer interim findings and showcase key learning from the intervention.

**BARRIERS**

Research identified a series of barriers which the target group faced in their attempts to access stop smoking services already existing in Brinnington.

1. **Lack of services.** Prior to Lose the Fags, services comprised of appointments for advice and NRT at the GP’s surgery and stop smoking nurse, and support and NRT from the Quit for Life drop in Group. None of these services offered crèche facilities, so women with pre-school age children found attendance particularly difficult. These existing services were also less accessible by men if they worked, because there were no evening sessions available.
2. Low-self confidence. In addition to these practical barriers, women faced the barrier of low self confidence, which prohibited attendance at groups in unfamiliar venues. Also, research found that men struggled to admit they needed to seek advice for quitting smoking and this reluctance formed a significant barrier to service uptake.

The marketing mix, detailed below, illustrates how these barriers were overcome in the development of the Lose the Fags intervention. For example, the Children’s Centre was selected as a venue for an intervention targeted at women because it was a familiar venue and because childcare facilities were available. The Lapwing Centre was selected as an intervention targeted at men because fitness instructors were already known and trusted, and the men could ‘go to the gym’ rather than admitting they were seeking cessation advice. The Lapwing Centre is also open into the evenings.

**MARKETING MIX**

*Product*

**Interventions for men:**

The *core* product (i.e. benefit promised) was convenient stop smoking support in a familiar environment, i.e. The Lapwing Centre gym in Brinnington. Fitness instructors were trained as smoking cessation advisors and can deliver appropriate vouchers for nicotine replacement therapy (NRT), which can be exchanged at the local pharmacy.

The *actual* product (i.e. desired behaviour) was that the men visit the Lapwing Centre for stop smoking support rather than attempt to quit smoking without support.

The *augmented* product (tangible object/service) included:

- Advice on an ad hoc basis, as and when fitness staff members are approached by customers as a result of seeing promotional material.
- Easily available advice. Clients can return regularly and at extended hours (from 7am until 10pm) with or without using the gym or other facilities.
- Brief intervention at induction, where probing questions and signposting for smoking cessation support have been incorporated into the standard induction questionnaire.
- Marketing communications and PR to signpost clients to the Lapwing Centre for stop smoking advice.

Fitness instructors will be incentivised to proactively approach gym customers who smoke to offer their smoking cessation service.

**Interventions for women:**
The *core* product (i.e. benefit promised) was convenient stop smoking support in a familiar environment, i.e. at The Children’s Centre with childcare facilities for pre-school age children.

The *actual* product (i.e. desired behaviour) was that the women visit the Children’s Centre for stop smoking support rather than attempting to quit without support or not attempting to quit.

The *augmented* product (tangible object/service) included:
- A stop smoking clinic for drop in/one-to-one appointments; run every Wednesday afternoon, delivered by a central stop smoking team member.
- Support staff at the Children’s Centre, who have been trained as Level 2 smoking cessation advisors and will be incentivised to signpost the Children’s Centre sessions to members of the many community clubs and groups that meet at the Children’s Centre as well as parents dropping off and collecting their children from nursery.
- The free crèche, which enables mothers with pre-school age children to attend the sessions.
- Marketing communications and PR materials to signpost parents, and particularly mothers, to the Children’s Centre stop smoking service.

*Price*

The Lose the Fags identified key costs to our target audience and has addressed them through the intervention:

<table>
<thead>
<tr>
<th>Cost</th>
<th>Barrier Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological cost of going to a ‘new’ clinic or group (lack of self-esteem and self confidence).</td>
<td>Services in well known locations using known staff, trained as smoking cessation advisers, to deliver the services.</td>
</tr>
<tr>
<td>Time cost of visiting stop smoking services in work hours (for men, particularly).</td>
<td>Service at the Lapwing is available until 9pm.</td>
</tr>
<tr>
<td>Psychological cost of telephoning the stop smoking nurse to make an appointment.</td>
<td>Texting service is available so contemplators can simply text a word and their name to a number at minimal financial cost (less than 10p) and then receive a phone call to discuss next steps.</td>
</tr>
<tr>
<td>For women, the effort cost of having to find childcare to visit a stop smoking group.</td>
<td>Creche facilities are available at the Children’s Centre during the stop smoking meetings.</td>
</tr>
<tr>
<td>Psychological cost for men of asking for help and advice to give up smoking.</td>
<td>The service based at the Lapwing Centre enables men to feel they are just ‘going to the gym’ rather than seeking out smoking</td>
</tr>
<tr>
<td>Psychological cost of Brinnington residents feeling like they have yet more ‘outsiders’ coming to tell them how to live their lives.</td>
<td>Brand and intervention co-creation with the community to encourage feelings of ownership of Lose the Fags.</td>
</tr>
</tbody>
</table>

**Place**  
The two new interventions have been selected because they are easy to access, familiar to local people and have friendly, welcoming atmospheres. Staff members are well known and this breaks down psychological costs of engaging with an unfamiliar NHS Stop Smoking Service.

In addition to the new services, however, existing stop smoking services have been brought together under the Lose the Fags umbrella brand. These include the large joint GP practice in Brinnington, the local NHS stop smoking nurse and the Monday morning Quit for Life drop in group. It was not possible to give the pharmacy a role in the provision of NHS support due to the lack of a permanent pharmacist but the pharmacy have a supporting role in promoting the lose the fags initiative and providing NRT in exchange for the voucher. It is now possible to seek smoking cessation advice in many places across the estate, at different times of day and in different formats, from one to one session to drop in social group.

**Promotion**  
A communications strategy was developed to underpin the promotion of new and existing services. This includes:

- Interactive promotional material, which encourages prospective clients to text or telephone free of charge a dedicated central contact point for advice, support and signposting to appropriate services;
- Consistent word-of-mouth promotion via community groups and clubs in Brinnington and regular ‘road shows’ in community meeting places; and
- Engagement with health professionals and key reference groups to promote the Lose the Fags services and create a multitude of referral pathways.

The development of the Lose the Fags brand was a key part of the promotional activities. This was co-created with the Solutions Team (a mixture of community members, service users, service delivery staff and PCT strategists). The brand was chosen from several suggested by the creative agencies in response to the creative brief written using insight from the research. It represents the message that ‘Brinnington is giving up smoking’ and portrays a cheeky, very ‘local’ humour indicating that people in Brinnington are giving smoking the ‘two fingers’. It suggests that Brinnington residents are in control and that no
one is telling them what to do or how to behave; it is their choice to lose the fags and they are sharing the message through the brand.

MONITORING & EVALUATION

The evaluation plan for Lose the Fags has five strands, each described below.

1. **Pre and post intervention service registration rates**
The intervention objective was to increase numbers of local people accessing local NHS stop smoking services so access rates are the primary evaluation data required. However, the standard measure for NHS supported quit attempts (the 4 week measure) will be used to compare the intervention with other smoking cessation interventions and 26 weeks will also be examined for the evaluation. The percentage of quits that are successful at 4 weeks will be compared with data from before the Lose the Fags project was launched to gauge any change. There are no comparative measures for longer term success as this data was not collected prior to the launch of the intervention.

2. **Pre and post qualitative**
Qualitative research will be undertaken after Lose the Fags has been in place for 12 months to gain some qualitative understanding of how the intervention has impacted smokers and particularly contemplators in Brinnington. Focus groups and depth interviews will be conducted with a purposive sample of service users, ex-service users and non service-users to explore the cross-community impact of the intervention on the perception of smoking and smoking behaviour.

3. **Service use questionnaire**
At the end of the 12 month implementation stage, a brief two page questionnaire will be developed and issued to a small purposive sample of service users to capture functional data about their experience using each service which falls within the Lose the Fags umbrella: GP; Quit for Life; Children’s Centre; and Lapwing Centre. These will help guide changes to the services which will be made to ensure the intervention is sustainable in the future.

4. **Pre and post quantitative: Awareness and experiences of quitting in Brinnington**
A quantitative market research company was commissioned to deliver a comprehensive and statistically significant pre-post survey questionnaire. The questionnaire, to be delivered in Brinnington and a control area, captured the impact of Lose the Fags work plus detailed smoking and demographic data.

5. **Qualitative service delivery evaluation**
For internal use only, a two-stage qualitative research programme has also been implemented to gather implementation evaluation data. Service delivery staff were interviewed halfway through the first 12 months and also at the end of the first 12 months. The purpose of this strand of the evaluation is to feed back to the PCT comments from the service delivery teams, key partners and stakeholders which will be used to improve the sustainability of the intervention into the future.
FINDINGS

The trend towards fewer people in Brinnington making supported quit attempts is slowly reversing with at least 162 quit attempts registered in the 12 months since the intervention was launched (numbers to be confirmed by end of August 2010.) The major contributor to date is the Children’s Centre service as the lapwing service has taken longer to become established.

LESSONS LEARNT

The intervention in Brinnington has been a triumph of community partnership working, with numerous community organisations having a genuine stake in the intervention. From the outset, the project team focused on building strong community links with volunteers and workers, and focused on developing an intervention which would fit into Brinnington alongside existing services so it would be readily trusted and accepted by the target audience.

This community partnership approach also brought problems, in that when management changed at the Children’s Centre, the new Lose the Fags intervention was changed, causing problems with delivery. However, the Lose the Fags team reacted fast by having more team meetings and increasing communication between partners. It was also difficult for the fitness instructors and Children’s Centre staff to adopt smoking cessation into their existing roles, and considerable support was required to provide them with the skills and confidence to deliver the Lose the Fags intervention on the ground. However, the support of the PCT’s smoking cessation team has made this possible.

The project is sustainable because existing, established community organisations have adopted smoking cessation as part of their core offering, and the Lose the Fags project has provided a strong brand to support their efforts. Gradually, quitting smoking is becoming a social norm in Brinnington.

REFERENCES


Stockport Stop Smoking Service Health Equity Profile statistics 2009, available from Public Health Directorate, Stockport NHS.
The Solutions Team comprised local community members, community-based stakeholders and Stockport NHS workers. The team was convened to guide core parts of the intervention development process.

NRT is nicotine replacement therapy; pharmaceutical products which can help quit attempts by alleviating withdrawal symptoms and cravings. NRT can take the form of the nicotine patch, nicotine inhaler, nasal spray, gum, sublingual tablet, and lozenge.

Studies show that people are four times more likely to successfully quit smoking with NHS support. See [http://www.nhs.uk/Conditions/Smoking-(quitting)/Pages/Treatment.aspx](http://www.nhs.uk/Conditions/Smoking-(quitting)/Pages/Treatment.aspx).

Clients of NHS stop smoking services are contacted four weeks after their declared quit date to gauge the success of their quit attempt.