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The Effectiveness of the Counter Marketing Strategy of the truth® Campaign

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THE EFFECTIVENESS OF THE COUNTER MARKETING STRATEGY OF THE TRUTH®
CAMPAIGN

By

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Submitted in Partial Fulfillment
of the Requirements for
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The Effectiveness of the Counter Marketing Strategy of the truth® Campaign

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University of South Carolina
Honors Thesis
May 2020

Abstract

The counter marketing strategy of the truth® campaign is unique. They use a voice that does not talk down to the teens in their target market; instead, they talk to teens in their own voice.

Throughout this paper, I work to determine the effectiveness of the truth campaign's counter marketing strategy. I do this through my own research, in which I utilize a survey and two focus groups, in addition to secondary research. As many of the studies I looked at were from the time of the launch of truth®, conducting my own research allowed me to gain a better understanding of truth® and the effects of the campaign today. This research is more important than ever before as youth smoking rates have once again increased due to the introduction of e-cigarettes. Research supports my hypothesis that truth® has been effective, but it is important that they continue this success and tailor their strategy to combat the everchanging tobacco industry.

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The Effectiveness of the Counter Marketing Strategy of the truth® Campaign

At my high school, smoking was not commonplace. There were a few students that would smoke on a corner of the parking lot deemed “smokers’ corner,” but they only made up a very small fraction of the school’s population. For most of us, it seemed that the Drug Abuse Resistance Education, or D.A.R.E., program and others like it did their job in preventing us from picking up smoking. College was an entirely different environment. Outside all of the bars you would see large groups of people smoking in the designated smoking areas. It was not uncommon for people to “only smoke while drinking” which in many cases, I saw translate to a cigarette addiction. I knew of anti-smoking campaigns, but it was not until I came out of the bubble of my high school and saw how prevalent smoking cigarettes or tobacco products still is, that I realized how important anti-smoking campaigns, such as the truth® campaign, are.

The American Legacy Foundation launched the truth® campaign in 2000 with the goal of reducing smoking amongst adolescents. Throughout this project, I intend to dive into the truth® campaign, their counter marketing strategy, and how effective this is in their goal of reducing teen smoking in the United States. The goal of the truth® campaign is not something new; the protest of cigarettes and tobacco products has been around almost as long as the products themselves. Tobacco products have existed in the United States since the colonists first arrived, although the rise of cigarettes in the U.S. is mainly attributed to the invention of the cigarette rolling machine by James Albert Bonsack in 1881 (Centers for Disease Control and Prevention, 2000). The tobacco industry continued to rise until its peak in 1963, during which 523 billion cigarettes were smoked (Tobacco Industry's Peak Year: 523 Billion Cigarettes Smoked, 1964). The Surgeon General published a report on the effects of tobacco in 1964 that “consolidated and legitimized 15 years of growing evidence on the dangers of smoking to

health” (Centers for Disease Control and Prevention, 2000). This report marked the beginning of the decline of the use of cigarettes and other tobacco products.

In 1998, the Master Settlement Agreement created the American Legacy Foundation “to support research and programs to reduce youth tobacco use and educational programs to prevent tobacco related disease” (Ibrahim & Glantz, 2006). The American Legacy Foundation, now known as Truth Initiative, first launched their truth® campaign in 2000. On their website they define their goal as the following:

“Truth Initiative® is America’s largest non-profit public health organization dedicated to making tobacco use a thing of the past. We speak, seek and spread the truth about tobacco through education, tobacco-control research and policy studies, community activism and engagement, and innovation in tobacco dependence treatment.”

The truth® campaign focuses on empowering people to say no to smoking. Their initial goal was to reduce teen smoking. In 1997, the percentage of adolescents who reported smoking cigarettes in the past month was at 28% (Office of Adolescent Health, 2019). By 2015, this number was down to 6% (Office of Adolescent Health, 2019). In 2014, truth® launched their “#FinishIt” campaign and changed their goal from reducing teen smoking, to ending it. In order to achieve this goal, they use a counter marketing strategy which is defined as “the use of commercial marketing tactics to reduce the prevalence of tobacco use and counter pro-tobacco messages and influences” (Georgia State University, 2018). Although the counter marketing strategy is used widely, the style of marketing that the truth® campaign uses to tackle the

problem of teen smoking is unlike any other anti-smoking campaign I have seen before. Their television advertisements surprise their viewers not due to fear tactics, but because they are so different from the “normal” commercials done by other anti-smoking organizations such as the CDC. For example, one of their more recent advertisements is captioned “we’re here for the butts: the big butts, the little butts...just not cigarette butts” (Truth Initiative, 2019). They also have a recent animated commercial that informs viewers that smoking can lead to erectile dysfunction. The commercial has a main character named Dick who cannot keep his kite up in the air. While watching this commercial, my friends and I were amazed that this was an advertisement for TV, that it was allowed to air with how overt the analogy was. This commercial intrigued me enough that I went to the truth® website to learn more about their organization which led me to making their campaign the focus of my thesis project.

In recent years, anti-smoking campaigns have had to face a new challenge: e-cigarettes, also known as vapes. These products first came onto the market in 2007, but their rise to popularity was not seen until 2018 (Thomas & Kaplan, 2019). E-cigarette companies claimed that their products were meant to help people quit their cigarette addiction and provide a “safer” alternative to traditional cigarettes as they do contain nicotine but not tobacco. However, these products led to an increase in the number of smokers around the country. According to the Centers for Disease Control and Prevention (CDC), from 2011 to 2019, the rate of middle school students that reported vaping, another term for the use of e-cigarettes, in the last 30 days increased from 0.6% to 10.5%. Over this same time period, the rate of high school students increased from 1.5% to 25.7% (Centers for Disease Control and Prevention, 2019). In addition to these increases in youth smokers, the United States saw its first vaping-related deaths in 2019. The first death was reported on August 23rd, 2019. By September 26th, 2019 there were 806

cases of lung injury reported and 12 deaths (Berke, 2019). States such as New York and Washington have started to address this issue by announcing bans on flavored e-cigarettes as they felt the flavors were targeted at younger consumers. State legislation ranges from banning all flavors except for tobacco and menthol to banning e-cigarettes and vape products altogether. Juul is currently the leader in the e-cigarette industry with a market share of 73.4% (Truth Initiative, 2019). To combat e-cigarettes, the truth® campaign launched a series of advertisements titled “The March Against Juul” that depict animals protesting the testing of Juuls on humans. These advertisements highlight the fact that as of now, no one knows the long-term effects that e-cigarettes can have on people, nor is it clear if they are actually “safer” than regular cigarettes. E-cigarettes pose a new hurdle that the truth® campaign, as well as other anti-smoking campaigns, will need to overcome in the near future to continue the progress they have made in lowering the national youth smoking average. In order to do this, it will be important to identify what makes an anti-smoking campaign effective, which is the question I plan to address in this paper.

Methods

The methods I will use to determine the “effectiveness” of the truth® campaign can be broken up into two parts: primary research and secondary research. For the secondary research, I will be analyzing the methods and results of other sources that have assessed the effectiveness of truth® in lowering youth smoking nationwide. For the primary research sections, I will be utilizing an online survey and two focus groups. I used the information I learned from other studies that have been done to assist me in determining the methods for my own research.

In 1999, the Truth Initiative, previously known as the American Legacy Foundation, started sponsoring Legacy Media Tracking Surveys (LMTSs) (Farrelly, et al., 2002). These were

telephone interviews during which adolescents between the ages of 12 and 24 were asked questions regarding their attitude and beliefs towards the tobacco industry, perceptions of the social acceptability of tobacco use, and their likelihood to smoke. They were then asked to recall anti-smoking campaigns that they were aware of. To further measure awareness, they were asked to give a description of advertisements. Confirmed awareness, meaning the respondent was able to accurately describe at least one advertisement, indicated that they were aware of the campaign. These interviews were done in 8 waves from December 1999 to January 2004 and were the foundation for many later studies that analyzed the effectiveness of truth®. The data collected in these interviews would later be used for a number of follow-up studies on the effectiveness of truth®.

One of these studies from 2002 focused on comparing the effectiveness of the truth® campaign compared to the “Think. Don’t Smoke.” campaign (Farrelly, et al., 2002). This study focused only on the respondents aged 12 to 17 years. The only two waves of telephone interviews used in this study were conducted prior to the launch of the truth® campaign in 1999 and 10 months after the launch in late 2000. The “Think. Don’t Smoke.” campaign started in 1998 and aired for over 12 months prior to the truth® campaign. The goal of the study was to compare the two campaigns on a number of variables such as awareness and changes in attitudes and beliefs. (Farrelly, et al., 2002)

Another 2004 study by Niederdeppe et al. used the LMTS data and focused on comparing teens from Florida and teens from states that did not have “established comprehensive tobacco control programs” (Niederdeppe, Farrelly, & Haviland, 2004). Similar to the previous study by Farrelly et al., this study focused on the data for teens aged 12 to 17 from fall 2000 to spring 2001. The Florida sample was comparable to the national sample in distribution of age and

gender. This study focused on comparing Florida teens and national teens on their smoking intentions and behavior. It also contrasted the levels of program awareness between Florida and states without established anti-smoking campaigns. (Niederdeppe, Farrelly, & Haviland, 2004)

The last study I looked at that used LMTS data was from 2004 and had the goal of determining if the effectiveness of the truth® campaign is affected by state level involvement in tobacco production (Thrasher, et al., 2004). The respondents from the LMTS aged 12 to 17 were divided into the following groups: tobacco producing states, non-tobacco producing states, non-tobacco producing states with relatively high funding, non-tobacco producing states with established anti-industry ad campaigns. This study focused on measuring the respondents' reactions to anti-industry advertisements, the strength of anti-tobacco attitudes or beliefs, and changes in these attitudes or beliefs over time. (Thrasher, et al., 2004)

A different study by Farrelly, Nonnemaker, and Davis measured the effectiveness of the truth® campaign by comparing the levels of exposure to the campaign and changes in smoking initiation (Farrelly, Nonnemaker, Davis, & Hussin, 2009). This study used data from the National Longitudinal Survey of Youth 1997. This data contained a sample of 8,904 youths between the ages of 12 and 17 who were interviewed annually from 1997 to 2004. The members of the study were between 15 and 20 years old at the launch of the truth® campaign. The age of initiation of smoking was based on three questions. Each person was asked "Have you ever smoked a cigarette?" If the response was yes, they were then asked, "How old were you when you smoked your first cigarette?" During each subsequent interview, the people were asked "Have you smoked a cigarette since the last interview?" Potential exposure was calculated based on the following information: the programs on which truth® commercials aired, the percentage of the target audience that watched the programs, and frequency with which they aired. Gross

rating points were used to quantify the reach and frequency of exposure of truth®. Cumulative gross rating points were used as it was hypothesized that it would take time for the campaign to affect changes in behavior. Exposure was set to zero prior to the launch of the truth® campaign in February 2000. (Farrelly, Nonnemaker, Davis, & Hussin, 2009)

The last important study I came across in my research was a biochemical validation study conducted by the American Legacy Foundation (Allen, Vallone, Vargyas, & Heaton, 2010). This study focused on determining if the self-reported youth smoking statistics were accurate or not. The American Legacy Foundation used a sample of 5,511 students from 48 high schools matched to those sampled for the 2002 National Youth Tobacco Survey. Biochemical indicators of smoking were measured using saliva cotinine. This study is especially important as other studies are based on self-reported smoking data. If they were to find that the self-reported smoking data had a high disparity from the smoking data found through the biochemical validation study, this may discredit other studies that relied on self-reported data as well. (Allen, Vallone, Vargyas, & Heaton, 2010)

To start my primary research, I wanted to get a better understanding of teen- and college-age smokers today. First, I conducted a survey that asked respondents about their smoking habits. I felt that an anonymous survey would be best as it would put people at ease so they would answer honestly regarding their smoking habits. Ensuring that people self-reported their smoking accurately was important given the biochemical validation study previously mentioned. This survey had a total of 24 questions regarding cigarette and e-cigarette use among respondents aged 18 to 23. To measure awareness of the truth® campaign, the respondents were then asked if they had heard about the truth® campaign, how they felt about the truth® campaign, and to

describe any of their commercials that stuck out to them. I sent the survey to roughly 300 people and received just over 100 responses.

After receiving the results of my survey, I conducted two focus groups. The first focus group had seven participants, the majority of whom reported not smoking cigarettes nor e-cigarettes. The second focus group had eight participants. Of the eight, one participant reported smoking cigarettes socially (a maximum of once to twice a week) and one reported a history of a cigarette addiction that is now an addiction to e-cigarettes (smokes every day). It is important to note that it was difficult to find willing participants for these focus groups that were frequent smokers (smoke most days per week). As one of the studies I looked at compared truth® to the “Think. Don’t Smoke.” campaign, I wanted to compare truth® and the CDC’s campaign. The CDC’s campaign reminded me of the anti-smoking advertisements I saw growing up. They focused on using scare tactics to stop people from smoking. As these commercials are what I would consider more “traditional” anti-smoking advertisements, I thought it would be interesting to compare them again truth®.

In each focus group I first showed two advertisements created by the Centers for Disease Control and Prevention (CDC) titled “Tips from Former Smokers.” These advertisements depict real-life former smokers and the effects that this had on their bodies. The first commercial I showed is about a 51-year-old woman named Terrie. She describes her daily routine that includes putting in her dentures, putting on her wig, and inserting her “hands-free device” that is used to cover her stoma from her laryngectomy. The caption for the video explains that Terrie had throat cancer and as a result of the treatment lost her teeth, her hair, and needed a laryngectomy. The second commercial from the CDC depicts Marie (61 years-old) and Brandon

(31 years-old) that are living with the effects of Buerger's disease caused by their smoking. Some of Marie's toes and fingers were amputated and both of Brandon's legs were amputated.

After showing this first set of ads, I asked the focus group discussion questions such as "What are your thoughts on these advertisements?," "How do you feel about the CDC's anti-smoking campaign?," and "What aspects of these ads do you think are effective?". After listening to their discussion about these advertisements, I showed a second round of advertisements created by the truth® campaign.

The first commercial I showed by the truth® campaign is titled "The March Against JUUL." This is one of the aforementioned commercials that depicts animals protesting Juul's testing on humans. This is referring to the fact that as of now, no one knows the long-term effects of e-cigarettes thus it is as if Juul is testing on humans. The second advertisement is titled "Better Butts Song." This advertisement shows a variety of cartoon butts, along with a catchy song, that tells the viewer that all butts, from flat butts to big butts and everything in between, are better than cigarette butts. It also acknowledges the negative impact that cigarette butts have on the environment. The last commercial I showed is titled "Twinkle Twinkle." This is the commercial I previously described that touches upon the fact that cigarettes can cause erectile dysfunction. It also has a catchy jingle similar to the "Better Butts Song" commercial. After showing the second round of commercials, I asked the same questions as before, but this time in relation to the truth® campaign's commercial.

Results

The 2002 study by Farrelly et al. concluded that between December 1999 and December 2000, awareness of any anti-smoking campaign doubled from 23.6% to 45.6%. The percentage of respondents that had confirmed awareness of the truth® campaign fell at around 75% whereas

only 66% of the respondents had confirmed awareness of “Think. Don’t Smoke.” The most changed attitudes were “taking a stand against smoking is important,” “not smoking is a way to express independence,” and “cigarette companies deny that cigarettes cause cancer and other harmful diseases.” These attitudes are associated with the truth® campaign’s strategy. As these changes occurred over only 10 months, they show that anti-smoking campaigns can have a dramatic effect on attitudes towards tobacco and the tobacco industry in a short period of time. (Farrelly, et al., 2002)

The 2004 study by Niederdeppe et al. found that Florida teens who had been exposed to the truth® campaign were less likely to have smoked in the last 30 days and to have ever tried smoking than teens who had not been exposed to anti-smoking campaigns. The Florida teens also had substantially higher levels of awareness of the truth® campaign than the national average. Niederdeppe was able to conclude that there is a correlation between higher levels of awareness of truth® and lower smoking intentions and behavior. A causal relationship is not necessarily certain but is indicated by the fact that during this time period there were no changes recorded in beliefs about the social and physical effects of smoking. Thus, the main difference during this time period was the exposure to the truth® campaign. (Niederdeppe, Farrelly, & Haviland, 2004)

The third study I looked at focused on comparing tobacco producing states and non-tobacco producing states to see if this affects the effectiveness of anti-smoking and anti-tobacco campaigns. This study measured the respondents’ reactions to anti-industry advertisements and the strength of the anti-industry attitudes and beliefs. The results of this study indicate that the effectiveness of anti-smoking campaigns is not affected by state type. In other words, youths

living in tobacco producing regions seem to be as responsive to anti-smoking campaigns as those living in non-tobacco producing areas. (Thrasher, et al., 2004)

The 2009 study by Farrelly et al. found that an increase of cumulative campaign exposure of 10,000 GRPs was linked to a 20% decrease in risk of initiation among adolescents. In other words, 6.8% of adolescents aged 20-years initiated smoking. It is estimated that without exposure to the truth® campaign, this percentage would have been roughly 8.5%. Thus, between the years 2000 to 2004, it is estimated that 456,281 fewer smokers are attributable to exposure to truth®. This study was based on self-reporting. However, as explained by the next study, this is not a concern for error. (Farrelly, Nonnemaker, Davis, & Hussin, 2009)

The last study I reviewed used biochemical validation to determine whether or not there was underreporting in the youth smoking statistics. This study concluded that the level of underreporting was about 1.3% and that truth® exposure was not related to this. The study shows that underreporting of smoking is not a very large source of error in the school-based surveys used to determine the average number of youth smokers. (Allen, Vallone, Vargyas, & Heulton, 2010)

I received over 100 responses to my survey. Of the respondents, 21% reported smoking cigarettes, 40% reported smoking e-cigarettes, and 19% reported smoking both. Through this research it became clear that when it came to nicotine products, e-cigarettes were a much more popular option than normal cigarettes for smokers aged 18 to 23. Of the respondents that reported smoking cigarettes, 4.8% reported smoke every day. Of those that reported smoking e-cigarettes, 35% reported smoking every day.

In terms of awareness, only 33 of the 100 respondents had heard of the truth® campaign. Of these 33, 11 responded that they had an advertisement that stuck out to them. Only about three of the final 11 could accurately describe a commercial from the truth® campaign. Some described commercials from other anti-smoking campaigns such as The Real Cost™. The accurately described truth® campaign commercials were the “The March Against Juul” and “Twinkle Twinkle” advertisements previously mentioned.

The first focus group had seven participants. Only one had a history of smoking e-cigarettes. This participant quit smoking e-cigarettes prior to the focus group. The second group had eight participants. One has had a history of smoking cigarettes socially or casually. Another had a cigarette addiction and transitioned to e-cigarettes. The latter is still smoking e-cigarettes. All of the participants were between the ages of 18 and 22-years old and therefore in the target demographic of the truth® campaign. Common words used to describe the CDC’s anti-smoking commercials were “scary” and “shocking.” Prior to watching the video, many of the participants did not know that amputation was a possible consequence of smoking. A few of the participants also mentioned that these videos reminded them of health classes from middle school. On the other hand, the truth® campaign commercials were described as “comical,” “funny,” and “interesting.” One notable difference the participants saw between the CDC’s anti-smoking campaign and the truth® campaign was that for some of the truth® campaign commercials, it took some time for them to realize that it was an anti-smoking commercial whereas for the CDC commercials they knew immediately that it was an anti-smoking advertisement. Some of the participants felt that this makes the truth® campaign’s commercials more memorable for the viewer. While the participants found the truth® campaign’s ads to be more “catchy” and “interesting,” most felt that these advertisements were geared towards a younger audience that

has not yet formed an opinion on smoking. Many found the CDC's advertisements hard to watch and possibly too graphic yet thought the more personal aspect of real people telling their stories was effective.

When asked which campaign they thought was more effective, most participants chose the CDC due to its shock factor. They felt that these ads could help to scare young people from smoking whereas the truth® campaign advertisements may not be taken as seriously due to their humor. However, the participants did note that the truth® campaign has already tailored its commercials to focus on e-cigarettes and they thought that was especially important given their rise in popularity. To end the focus group, participants were asked to describe what they believed an effective advertisement would be. Most agreed that they felt a combination of the CDC and the truth® campaign's tactics would be best. The truth® campaign seemed more relatable to young people, but the fear factor of the CDC's campaign was also very effective. They ended by recommending a commercial with young smokers talking about the effects that they have had from smoking as this would be more relatable to young viewers.

Discussion

The biochemical validation study previously mentioned leads me to not be concerned about the validity of the smoking statistics I gathered through my survey. Although this was self-reported, it seems that underreporting should not be a concern. The studies I have found regarding the awareness factor of the truth® campaign are mostly from the time of its launch. As these studies have found high rates of awareness at around 75%, it was interesting to find that only 3% of the respondents to my survey could accurately describe an advertisement by the truth® campaign, thus had confirmed awareness (Farrelly, et al., 2002). This may indicate that the methods the truth® campaign uses, such as television advertisements, may not be the most

effective method for reaching their target audience. This could be due to the rise of streaming services such as Netflix and Hulu. The truth® campaign could focus on placing their advertisements on platforms such as Hulu that still include commercial breaks in order to reach a larger portion of their target audience. A few of the participants in the focus group noted that they had seen some truth® campaign ads on social media platforms such as TikTok. However, these advertisements were different from those shown on TV and were confusing to the viewer. These advertisements are titled “Ditch Juul” and depict people getting rid of their Juuls by drowning them in a glass of orange juice or throwing them in a pool. As the participants reported only being confused, it seems that it may be more effective if the truth® campaign could put their original television advertisements on these social media platforms rather than these new “Ditch Juul” ads.

Many of the participants also noted that while they were glad that the truth® campaign had started touching upon the problem with e-cigarettes, especially Juuls, they did not feel that the statement at the end, “Fact: No one knows the long-term effects of Juuling. Do you?” was very effective. At this time, it is not possible to have any long-term studies on the effects of e-cigarettes or Juuls as they only rose to popularity within the last ten years. However, this statement does not seem to appeal to people that smoke e-cigarettes or are at-risk to start smoking as this does not convince them that e-cigarettes are actually harmful to their health.

It is possible that the results of the focus groups were affected by the fact that most of the participants were people who had already chosen that they would not smoke. The participants do not seem to fall into the group of youths that are at-risk of starting smoking. This may have affected their perception of which campaign they felt was more effective and their reasons as to why. The frequent smoker in the focus group felt that no campaign is effective in causing

current smokers to quit their habit. This is due to the fact that smokers know the risks already, thus campaigns highlighting these effects are not any more convincing. A focus group with more participants that are more at-risk for smoking may be better for determining the effectiveness of these counter marketing strategies, as these are the people that the campaigns are really focusing on.

While the participants in my focus group felt that the CDC's anti-smoking campaign was more effective, the five studies I reviewed in-depth have found that truth® has been very effective in preventing smoking among youths. The truth® campaign does not talk down to youths, it uses peer-to-peer language. Unlike other campaigns, such as Philip Morris' "Think. Don't Smoke.," truth® does not tell adolescents what to do. Instead, its goal is to "get the real facts in front of as many people as [they] can." The numbers and data do not lie, truth® has done an impressive job in decreasing the youth cigarette smoking averages. However, as e-cigarettes cause these youth smoking averages to rise once again, truth® will need to tailor its methods to tackle this new challenge.

Much of this data was gathered prior to the rise of e-cigarettes, it will be important to continue these studies especially with this new development in the tobacco industry. As I stated before, the rate of high school students smoking e-cigarettes is 25% (Centers for Disease Control and Prevention, 2019). This is essentially the rate that youth smoking of cigarettes was at in 1999. The truth® campaign was able to decrease this to 6% at one point. However, this progress will need to be repeated once again due to the rise in popularity of e-cigarettes. One aspect of e-cigarettes that truth® will need to overcome is the image associated with them. Cigarettes are seen as socially unacceptable whereas e-cigarettes are not seen in the same light; this may be due to the fact that the health effects of e-cigarettes are unknown unlike those of

cigarettes. E-cigarettes also have fruity flavors and do not cause the yellowing of teeth or nails like cigarettes thus, it is easier for youths to hide their smoking when it comes to e-cigarettes. The next steps in terms of research are first figuring out the effects that e-cigarettes have on a person's body and health over time as this is important information for truth® to have in order to create an effective campaign against e-cigarettes. It will also be important to continue the studies outlined in this paper on the effectiveness of the truth® campaign, but this time in regard to e-cigarettes.

If in the future I were able to revisit this topic and conduct further studies, I would like to repeat them on a broader scale. I only had 100 respondents for my survey and 15 participants in my focus groups. This sample size is not nearly large enough to make estimates about the population of the United States. I was also only able to gather participants from a circle that is somewhat close to me. As not many of the people close to me are smokers, or in the at-risk group for smoking initiation, they do not accurately represent the target market of the truth® campaign. It would also be beneficial to compare truth® to another youth anti-smoking campaign that uses scare tactics such as The Real Cost™ rather than the CDC as the target demographic for the CDC's campaign may be older. I would also want to gain a better understanding of the social perceptions surrounding e-cigarettes as they seem to be different than the social perception of cigarettes. This would be important for understanding why the rate of youth smoking of e-cigarettes has increased while the youth smoking rate of cigarettes remains low. Some aspect of e-cigarettes is appealing to youths and it is important to determine what this is so that anti-smoking campaigns can develop a way to counter this in their marketing. While I found the studies I looked at interesting, I did question how applicable they still are today. Most were conducted very close to the time of the launch of truth® and as it is now 20 years later, I

think it is time for new studies to be done to ensure that the progress truth® made in the begin is continuing. Over this time, the tobacco industry has changed as well as the generation of teens that truth® needs to focus on. A good start to figuring out how truth® needs to change is finding out how effective it is now, in 2020.

Conclusion

Prior to my research, I was skeptical of the effects of anti-smoking campaigns.

Personally, I did not feel that scare tactics were very effective; especially when targeted at youths who were curious. For the adolescents that may be interested in smoking, it did not seem that an adult figure telling them not to would work. The truth® campaign takes a different approach. I liked that their only goal was to give the facts and let people decide if they wanted to smoke or not. It was interesting to find that the truth® campaign was not effective for the participants in my focus group. However, my original beliefs about the effectiveness of truth® were supported by numerous studies that showed the truth® campaign has been an important factor in the decrease of the national youth smoking average. I am very interested to see how truth®, in addition to other anti-smoking organizations, will tailor their campaigns to address e-cigarettes in the near future.

Through this project I have been able to hone my skills in both primary and secondary research. I hope to work in marketing and data analytics in my future career. I have learned how to create a survey using SurveyMonkey and SurveyGizmo as well as how to analyze the results. These skills will be very important for my future career and I am glad that I now have real hands-on experience to show to future employers.

Determining how effective the truth® campaign is and quantifying it has an effect on all youth anti-smoking campaigns. This paper has compiled numerous studies that prove the truth®

campaign is effective in lowering the number of youth smokers. This gives all other youth anti-smoking campaigns a format to follow. As tobacco companies find new ways to market to adolescents, it is important for anti-smoking campaigns to find new ways to rise to the challenge. This research only proves that these campaigns have worked thus far. However, it is imperative to pursue further research in this area to ensure this progress continues.

References

- Allen, J. A., Vallone, D., Vargyas, E., & Heaton, C. G. (2010). The truth® Campaign: Using Countermarketing to Reduce Youth Smoking. In B. J. Healy, R. S. Zimmerman, & C. Heaton, *The new world of health promotion: new program development, implementation, and evaluation* (pp. 195-215). Sudbury: Jones and Bartlett Publishers.
- Berke, J. (2019, November 8). *Investigators are homing in on a potential chemical culprit behind the mysterious spate of vaping-related illnesses and deaths. Here's what officials knew and when.* Retrieved from Business Insider: <https://www.businessinsider.com/timeline-of-vape-related-illnesses-and-deaths-2019-9>
- Centers for Disease Control and Prevention. (2000). *2000 Surgeon General's Report-Reducing Tobacco Use.*
- Centers for Disease Control and Prevention. (2019, December 10). *Youth and Tobacco Use.* Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
- Farrelly, M. C., Heaton, C. G., Davis, K. C., Messeri, P., Hersey, J. C., & Haviland, M. L. (2002). Getting to the Truth: Evaluating National Tobacco Countermarketing Campaigns. *American Journal of Public Health, 901-907.*
- Farrelly, M. C., Nonnemaker, J., Davis, K. C., & Hussin, A. (2009). The Influence of the National truth® Campaign on Smoking Initiation. *American Journal of Preventive Medicine, 379-384.*
- Georgia State University. (2018). Counter Marketing. *The Tobacco Portal.* Retrieved from tobacco.publichealth.gsu.edu/solutions/counter-marketing/
- Ibrahim, J. K., & Glantz, S. A. (2006). Tobacco industry litigation strategies to oppose tobacco control media campaigns. *British Medical Journal, 50-58.*
- Niederdeppe, J., Farrelly, M. C., & Haviland, M. L. (2004). Confirming "truth": More Evidence of a Successful Tobacco Countermarketing Campaign in Florida. *American Journal of Public Health, 255-257.*
- Office of Adolescent Health. (2019, May 1). *Adolescents and Tobacco: Trends.* Retrieved 2019, from www.hhs.gov/ash/oah/adolescent-development/substance-use/drugs/tobacco/trends/index.html
- Thomas, K., & Kaplan, S. (2019, November 1). *E-Cigarettes Went Unchecked in 10 Years of Federal Inaction.* Retrieved from The New York Times: <https://www.nytimes.com/2019/10/14/health/vaping-e-cigarettes-fda.html>
- Thrasher, J. F., Niederdeppe, J., Farrelly, M. C., Davis, K. C., Ribisl, K. M., & Haviland, M. L. (2004). The impact of anti-tobacco industry prevention messages in tobacco producing regions: evidence from the US truth® campaign. *British Medical Journal.*

Tobacco Industry's Peak Year: 523 Billion Cigarettes Smoked. (1964). *The New York Times*.

Retrieved from <https://www.nytimes.com/1964/01/01/archives/tobacco-industrys-peak-year-523-billion-cigarettes-smoked.html>

Truth Initiative. (2019, November 11). *E-cigarettes: Facts, stats and regulations*. Retrieved from

Truth Initiative: <https://truthinitiative.org/research-resources/emerging-tobacco-products/e-cigarettes-facts-stats-and-regulations>

Truth Initiative. (2019). *Truth*. Retrieved from Truth Initiative: www.thetruth.com/