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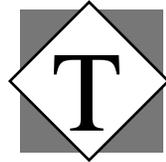
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Applying Social Norms Marketing to Tobacco Cessation and Prevention: Lessons Learned from Three Campaigns

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This paper summarizes research findings and practical lessons learned from three separate social norms marketing (SNM) interventions targeting college student smoking. While acknowledging that tobacco misperceptions exist as they do for alcohol, the

authors also recognize that tobacco use presents unique challenges. Attention to these differences is important when planning social norms interventions with tobacco. Findings from each of these projects support the usefulness of SNM with tobacco issues on campus.

Theoretical and Research Considerations

Tobacco use trends in high school and college. Tobacco use is the leading cause of preventable morbidity and mortality in the United States (USHHS, 1994) yet, smoking continues in the broader culture as well as on high school and college campuses despite knowledge of the dangers of smoking. This fact stands as proof that knowledge alone is insufficient to change behavior. Longitudinal data from the Monitoring the Futures Studies (Johnston et al., 2001) indicate that while past month use by high school seniors fell in the late 1970s and stabilized in the 1980s, it rose steadily in the 1990s, peaking in 1997 with rates almost identical to those in 1975. Of those high school students in the class of 1999 who plan to finish four years of college, 31.4% had smoked at least one cigarette in the past 30 days (Johnston, et al., 2001).

A cross-sectional study of American college students conducted in 1993 and 1997 reported a rise in the prevalence of current (30 day) cigarette smoking from 22.3% to 28.5% (Wechsler, 1998). Nationwide nearly half (45.7%) of college students have used tobacco in the

Editor's Note

This working paper reports on three social norms marketing campaigns that successfully address smoking cessation and prevention. Along with two projects not reported on here, they demonstrate that the social norms approach can be used effectively to reduce and prevent smoking. Consider the following data resulting from these five campaigns that successfully corrected misperceptions and reduced smoking and/or prevented its initiation:

- ◆ The University of Wisconsin at Oshkosh reported a 29 percent decrease in smoking rates in one year while rates at a control campus did not change significantly.
- ◆ The number of cigarettes smoked per month at a control campus increased by almost a pack and a half per day while at Virginia Commonwealth University use remained stable as perceptions became more accurate.
- ◆ In a demonstration project hosted by BACCHU & GAMMA on five college campuses, small decreases in smoking were obtained (1-2 percent).
- ◆ A high school social norms anti-smoking campaign in Illinois reported a 34 percent increase over a period of three years in the non-use of tobacco during the past month.
- ◆ In a seven county campaign directed at 12-17 year olds in Montana, only 10 percent of non-smokers initiated smoking following the campaign, while in the control counties 17 percent reported beginning smoking.

These results are impressive. They demonstrate that social norms marketing campaigns can be effective in reducing smoking or delaying its onset in both high school and college populations during an age when smoking is normally on the increase. These five campaigns include three with control groups and two that took place at multiple sites. They add to the growing literature supporting the effectiveness of social norms interventions for the prevention of alcohol use and abuse, smoking, and sexual assault.

This working paper is the sixth of seven to be issued this year. These working papers focus on a particular aspect of theory, research, methodology, or application of the social norms approach. The goal is to help advance the field of social norms by providing a lively forum for best practices, controversial issues, and creative applications. Each working paper is a "work in progress" rather than a final statement and is offered to stimulate thought and discussion.

We are extremely interested in your comments, reactions, and thoughts on each working paper. You can send them to Alan Berkowitz, the Editor of *The Report on Social Norms*, or to any of the authors of this working paper.

Thank you!

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past year and 32.9% within the past month (Rigotti, 2000).

Misperceptions and tobacco use.

Research consistently shows that teenagers and college students misperceive and overestimate their peers' use of tobacco. Perkins et al (1999) analyzed data from over 100 college campuses and found that more than three-quarters of the students believed that the typical student used tobacco almost weekly; and almost half believed that the typical student used everyday.

While it is true that more college students are smoking now than in the past decade, it is also true that *most college students do NOT smoke*.

Historically, antismoking campaigns have focused on the short and long term health effects of smoking and paid little attention to the fact that smoking is not a normative behavior. Outcome evaluations of these common smoking and health campaign strategies have demonstrated mixed results (Fiori, et al., 1993; Goldman & Glantz, 1998). Although research with high school and middle school children documents misperceptions that indicate norms correction might be a beneficial strategy (Sussman, 1998; Hansen, 1991), there are no published studies related to correcting tobacco use misperceptions.

Does SNM work for tobacco?

Given the documented success of SNM in reducing alcohol use by college students, it is not surprising that three independent groups of researchers working with college campuses decided to apply it to the issue of tobacco use. Virginia Commonwealth University (VCU), the University of Wisconsin at Oshkosh (UWO), and the BACCHUS & GAMMA Peer Education Network (B&G) all began development of tobacco SNM projects in the late 1990's. Each team utilized lessons learned from

alcohol prevention projects and adapted the principles of SNM to tobacco prevention and cessation. Each team was aware that other groups were working on similar projects but due to time limitations there was only minimal contact before the implementation of each program. Through the National Social Norms Conference and the National Collegiate Tobacco Symposium these researchers became more aware of each other's efforts and began discussion about the strengths and weaknesses of each project.

Similarities and differences in tobacco versus alcohol. Because SNM is effective for alcohol use reduction, this does not automatically mean it will be effective for tobacco prevention and cessation. SNM might impact a variety of issues related to tobacco including prevention of use initiation, cessation promotion, policy change and basic cultural change concerning the acceptance of tobacco use.

While tobacco and alcohol are both potentially addictive substances there are physiological differences in how we metabolize alcohol and nicotine. Alcohol is a liquid, absorbed in the stomach, which then travels to the heart, the lungs and finally to the brain. Tobacco is usually inhaled, resulting in a very rapid effect in the brain. While a drinker may consume several times a week or a day, a pack-a-day smoker uses all day and experiences about 200 puffs or "behavioral reinforcers" in a wide variety of social settings. In addition, the majority of people can use alcohol socially and not become addicted, while the majority of regular smokers are addicted (Russell, 1990). This difference in social use and the amount of behavioral cueing explains, in part, why the relapse rates for tobacco addiction are higher than the relapse rates for alcohol addiction. Many alcoholics can

quit drinking, but have more difficulty in quitting smoking. Thus, while positive norm setting might change behavior in non-addicted smokers, the ability of norm setting to change addicted smokers' behavior has not been evaluated.

There are also social and cultural differences in how our society treats the use of each substance. Tobacco use is legal for the vast majority of college-age students, while alcohol use is illegal for those under 21. Alcohol use is also prohibited during work hours and class activities and has been relegated to certain "social" events, which usually occur in the evening. Tobacco use, on the other hand, is a more accepted daily behavior that occurs at any time of the day in a variety of settings. Finally, because of current trends in indoor air policies, smokers are forced to stand outside building entrances, which further increases their visibility and fuels misperceptions of smoking prevalence. These possible "perceptual side effects" of indoor air policies provides yet another reason for further study of SNM and tobacco use.

Prevention and Cessation: Two sides of the same coin. It is virtually impossible to address prevention and not simultaneously address cessation. The Theory of Diffusion of Innovation (Rogers, 1995) helps to explain this overlap. Smoking onset diffuses through a population starting in children as young as elementary school. Onset peaks in high school but continues throughout the college years. Rarely do adults start smoking after the age of 25 (Chassin, 1995). Diffusion of cessation begins in high school and peaks in early adulthood. One goal of cessation strategists should be to target smokers who are "innovators" to become quitters, which hastens the diffusion of cessation and slows the onset use (Redmond, 1996).

Unfortunately, many campuses have non-existent or inadequate prevention and cessation services. A national study in 1995 found that only 27.8% of college students reported receiving information on tobacco use prevention from their college or university (Douglas, 1997). A recent national survey of college health center directors found that more than 40% of their schools did not offer smoking cessation programs and that the demand for cessation was low (Wechsler, 2001).

Definitions of “smoking” can be confusing. Defining a “smoker” is a difficult task both in common language and in research terminology (Kovar, 2000). Individuals often respond “No” to the question “Are you a smoker?” even if they frequently smoke when they socialize or smoke several cigarettes per day. Some people do not consider themselves smokers as long as they don’t smoke over a half-pack-a-day or don’t buy cigarettes themselves. Thus, caution must be used in survey construction to help us collect solid data and compare change over time. While there is no “right” or “wrong” definition of smoking, being consistent and having a rationale for your definition is vital. For example, in order to determine smoking prevalence, VCU asked students “*Think about the past 30 days. On how many days in the past 30 days did you smoke cigarettes? Write a number 0 to 30.*” This question assessed past month prevalence and was used to create the message: “7 of 10 don’t smoke.” UW Oshkosh and B&G chose to use the Centers for Disease Control definition of a “current smoker,” requiring the student to have smoked in the last 30 days, and to have smoked at least 100 cigarettes in their lifetime to be categorized as a “smoker.”

Goals and Results of Each Project

The goals and outcomes of each project varied somewhat and are presented in Tables 1 and 2 (*which can be seen on the following two pages*). All projects determined that prevention should include outreach to both non-smokers and smokers. Also, because focus groups consistently indicated that non-smokers like their smoking friends and do not want them to feel badly about themselves, messages were kept positive and smokers were not cast in a derogatory light. All projects also believed that policy changes would be supported if people knew that smoking was a non-normative behavior.

Lessons Learned

There are a number of important considerations for creating a successful tobacco SNM campaign, some unique to tobacco, and others common to all campaigns. The following suggestions are based on the experiences of the three smoking prevention campaigns described here.

Bacchus & Gamma

Create a stakeholder group. The SNM process seems straightforward, but without campus support and understanding, your efforts may be limited or even jeopardized. Creating a stakeholder group helps make the project better understood across campus and may even create more exposure for your work. Training stakeholders about the program and asking them to share with others what you are doing increases buy-in and acceptance across campus and in the community. Additionally, this group can help to dispel myths that may arise. Make sure that this group is inclusive of various departments and students across campus. Plan to meet regularly to keep

updated on how the campaign is working.

Value peers in the process. SNM provides a great avenue to have students involved in the campaign, as members of the stakeholder group and as an integral part of the campaign team. Students enrolled in statistics classes could administer the survey and analyze the data as a class project. Marketing students could present their ideas for a social norms campaign and create a portfolio for their resumes at graduation. Peer educators could be part of the dissemination team and help in data collection. Given that students are the target audience, focus groups with smokers and nonsmokers could be conducted to evaluate the messages prior to implementation.

Train the carriers of misperception. On campus there are many people who become the carriers of the misperception, including RAs, administrators or others who work with smokers. Moving smokers outside has created a misperception that there are a lot of smokers simply because they are very visible in the outside smoking spaces. Working to educate the entire campus that most people don’t smoke is crucial to the support of your program. Additionally, it is important to work with the administration so that they understand that even though a small percentage of students smoke, the health risk for those few is worth the campus’s time and energy to build a comprehensive campus tobacco program.

Consider norms messages that are attitudes. Not only are there positive norms (in terms of behavior) around the actual use of tobacco, there are also positive attitudinal norms. These may also create a campus environment that supports tobacco-free initiatives. As you develop your survey instrument, look to

include attitude questions that may help support policy change or anti-tobacco initiatives.

Be prepared to answer questions.

Because we are dealing with misperceptions, people may not want to believe your campaign message. Be prepared for phone calls, letters to the editor and other communication indicating that campus and/or community members do not believe the campaign. Work with your stakeholder group to prepare how you will address those persons who may question the campaign. A letter to the editor, be it positive or negative, may create an excellent opportunity to further your message and create a better understanding.

Vary the message medium and remember “More is Less.” Each of the campaigns described in this article took very similar information and presented it in unique and distinctive ways. Look at your data and work with your students to create messages for your specific campus. Also, remember more is less in social norming. Sometimes, we have so many “good numbers” that we want to display them all. Keep the main message prominent and simple.

Carefully construct messages. One of the goals of the campaign is to encourage smokers to quit. It is important to work with smokers so the campaign does not create a smoker versus non-smoker mentality. For example, one of our first messages was that non-smokers are proud to be tobacco-free. This message was strongly disliked by smokers. After weighing the feedback from our target population, we decided to eliminate this message.

Virginia Commonwealth U.

Choose the media development team carefully. A team that had a good balance of skills developed the media campaign at VCU. The Health

Table 1. Comparison of projects: description of sites, goals and campaign strategies

	Virginia Commonwealth University (VCU)	BACCHUS-CDC Demonstration Project	University of Wisconsin at Oshkosh (UWOSH)
Funding Source	Virginia Department of Health, Tobacco Use Control Programs	Centers for Disease Control, Office on Smoking and Health	Wisconsin Tobacco Control Board, American Cancer Society, Ctr for Tobacco Control and Intervention
Initiation Date	Fall 1999	Fall 1999	Fall 2000
Study Site Descriptions	VCU – large public urban university with 23,000 students Control Campus- large public urban university with 22,000 students	Variety of campuses: 1. Gustavus Adolphus College 2. Oswego State Univ. 3. Texas Christian Univ. 4. Univ. of Maryland 5. Univ. of North Carolina at Asheville	UWOSH – medium public university with 10,000 students Control campus- medium public university with 7500 students
Goal of Project	Study impact on cigarette smoking perceptions and behavior in first year residential students and change in vulnerability toward future smoking in non-smoking freshmen.	Prevent initiation of tobacco use by students, promote cessation in students and eliminate environmental tobacco smoke by addressing policy issues.	Create a comprehensive tobacco use reduction plan that would reduce smoking rates by 4% on the UW Oshkosh campus.
Campaign Development Partners	VCU Office of Health Promotion Staff, Ad Center graduate students, staff from Student Affairs Communications Office.	BACCHUS staff and staff from all 5 colleges.	Counseling Center staff, Student Health Center and a public relations professional from student union.
Campaign Theme	“7 of 10 college students don’t smoke.” Primary Campaign: True Facts of Modern Life-funny statistics plus smoking statistics. Secondary Campaigns: Smoking Cessation information provided in all campaigns	“People Are a Lot Like You.” “Most students choose not to smoke.” “Most people would help a friend quit smoking.” Students prefer... a smoke free environment, dating a non-smoker...	“You know you want to...” Examples: -Be Kissed (91% of UWOSH students would rather kiss a non-smoker.) -Be Rich (96% of students at UWOSH want to quit before graduating.)
Web Site	www.smokefreeVCU.org		www.uwosh.edu/programs/youknowyouwanto
Campaign Components	Multimedia campaign: Posters, promotional items, newspaper ads, table tents, T-Shirts, Dart Vapor spokesperson.	Multimedia campaign: Posters, promotional items, newspaper ads.	Multimedia campaign: Posters, “art car,” mannequin, info tables, varsity sports promos, novelty items, newspaper ads, movie trailers. Policy changes, cessation services and community partnership.
Campaign Cost	\$4,580	Approximately \$5,000 per school	\$43,000
Market Saturation	94% in residence hall freshmen		91% of students recalled our campaign theme

Promotion staff knew the theory and data, the student affairs Communications Office Staff had the technical skills and the three graduate students at VCU Ad-Center had energy, creativity and lived as part of the target population.

Keep the focus on norms. All team members needed to be reminded to stay on target related to norming, as other tobacco prevention strategies, such as deglamorizing, can be very distracting. The norms message was kept positive, inclusive and empowering. We found that humor increased acceptability and credibility of the ads.

Choose the type of research you can afford that best eliminates confounding variables. When doing research, remember that it is only logical for tobacco use to escalate as students move from their parentally controlled homes into a less restrictive environment. In addition, because tobacco use varies considerably both within and between individuals, VCU chose to conduct a control site, time-limited study that matched individuals pre- and post-intervention. This eliminated a large source of error in the study. Findings show that perceptions became more accurate at VCU by almost over 10% while remaining about the same at the control site. The number of cigarettes smoked per month increased by almost a pack-and-a-half per day at the control campus while remaining unchanged in the individuals at VCU.

Not all non-smokers are the same. Research shows that the cognitive commitment to non-smoking can be assessed by asking non-smokers three questions (Pierce 1996; Choi, 1997). Students do not decide once to be a non-smoker and then never revisit that decision. By measuring cognitive commitment to non-smoking, we can evaluate what impact our intervention has in making non-smoking students less vulnerable to

Table 2: Comparison of research approach and findings

	Virginia Commonwealth University (VCU)	BACCHUS & GAMMA 5 campus sites	University of Wisconsin at Oshkosh (UWOSH)
Study Population	Residence hall freshmen individuals were matched at both pre-and post-times	Undergraduate students responding to mailed survey	Students in psychology, sociology and health classes
Control Group	Yes University, similar demographics and policies	No Demonstration project	Yes University with similar demographics
Survey Tool & Administration	33-item VCU College Tobacco Survey Administered and collected in residence hall meetings	Tobacco Use & Attitudes Survey Random mail-out survey sent to undergraduate full-time students	39-item UW Oshkosh College Tobacco Survey Administered and collected in general studies classes
Time of Survey and Sample Size	Baseline -- Aug. 1999 VCU n= 371 Control n= 163 Follow up Nov. 1999 (This was a matched study. The same individuals measured pre/post.)	Baseline -- Spring 2000 Total n = 1,266 Follow up- Spring 2001 Total n = 1,533	Baseline -- Fall 2000 UWOSH n=437 Control n=774 Follow-up Fall 2001 UWOSH n=621 Control n=678
Response Rate	Varied by floor but often greater than 80%.	Varied by campus around 40-50%.	All students in classes selected.
Data Analysis	Matched pre-post by unique anonymous identifiers. Paired t-test for change in individuals. Independent sample t-tests for difference in changes between sites. McNemar & chi square	Longitudinal data assessing difference in population over one year time.	Longitudinal data assessing differences over one year.
Findings	Statistically significant differences found in perception change: $t=7.16$ $p<.005$ Use: cigarettes smoked per month in total sample $t=2.42$ $p=.008$	One-year preliminary data shows small decreases in smoking 1-2%.	29% decrease in smoking rates in one year. At pre-test at UWOSH 33.9% were "current smokers," by post-test 23.8% were "current smokers." ($z=3.78$, $p<.001$). Control group did not change significantly.
Conclusions	Perceptions became more accurate by 10% at intervention school. Use remained stable at intervention school and went up at control school. Non-smokers became more committed to non-smoking at VCU and less committed at control site.	No firm conclusions yet, but anecdotally campuses thought SNM was a well-recognized health program on campus. One campus believes the SNM led to policy change.	Smoking prevalence reduced, perceptions of smoking became more accurate, residence hall smoking policy and smoke-free zone instituted.

future smoking (Hancock & Henry, in press).

Conduct market saturation surveys and find out what reaches students. At VCU, our market saturation survey showed that 94% of freshmen had seen at least one piece of the media campaign. The cheapest items (print black and white posters and table tents) produced the greatest recall. The next year we replicated the campaign for only \$150.00 and had the same impact on freshmen pre- and post-intervention related to perception and use data.

Be prepared for those who want to quit smoking. This suggestion sounds like common sense, but if the social norms project is being run from outside of the health center or counseling center, there may be a gap in service that will show up when students who want to quit come for cessation services. Create a campus referral resource sheet that details all of the services available on campus and in the surrounding community. Provide this resource to those that you train. If you do SNM be prepared for increases in demands for smoking cessation services because “if you build it, they will come.” VCU gave out over 400 QUIT KITS to students seeking cessation services last year alone.

UW Oshkosh

Build a diverse core team.

Today’s students are media savvy and have the ability to immediately sort and bypass information that isn’t presented in a sophisticated manner. It’s imperative to include a public relations or marketing professional on the team from the

A CDC Framework for comprehensive tobacco control program

The Centers for Disease Control and Prevention (CDC) have created a national framework that can serve as a guideline for practitioners to create a comprehensive tobacco control program. It outlines four major goals that apply directly to campus interventions: 1) prevent initiation of use, 2) promote cessation, 3) eliminate exposure to secondhand smoke, and 4) eliminate disparities among populations. These four goals provide a framework for campus tobacco interventions and can serve as the framework for social norm interventions. SNM can be used to address each of these goals.

Goal One: Prevent initiation of use. Prevention efforts have been aimed at youth under the age of 18 because data tended to support that if a person had reached the age of 18 and had not smoked, it is unlikely that they would begin. Unfortunately, that trend has changed in the 1990s with data showing students beginning to use tobacco after they come to campus. This new trend has been attributed to an increase in tobacco industry targeting following the Master Settlement Agreement which does not allow tobacco companies to market to youth under 18.

SNM has the potential to play a role in addressing this trend because the true norm on campus and in most communities is that most students do not smoke. By using this as the basic message, there is reinforcement for those who do not smoke and hopefully deters those who are considering starting to use. This positive social norm holds true for other forms of tobacco as well, such as cigars, bidis, and smokeless tobacco.

Goal Two: Promote cessation. Smoking cessation should be included in your campaign. SNM theory can be used to reach out to those who smoke and encourage quit attempts. Strong norms have been discovered in adult populations that most smokers would like to quit. This norm has also been reported among college students when asked if they would like to quit by the time they graduate. Thus a social norm message that focuses in on most smokers’ desire to quit can be used to help prompt quit attempts among smokers with a goal of behavior change or cessation.

Goal Three: Eliminate exposure to secondhand smoke. Many campuses have started to recognize the importance of creating smoke-free environments based upon the Clean Air Act that named secondhand smoke as a Class A carcinogen. As campuses look to change policy to address the issue of smoke-free residence halls, buildings and tobacco-free campuses, SNM can serve as an ally in helping advocates fight for these new policy initiatives. The true norm can be used to rally and support the majority of the campus community that does not smoke, yet is in potential danger from exposure to secondhand smoke. Additionally, in preliminary studies B&G have found that most students say they prefer to be in a smoke-free environment. With supporting data from the majority, this may provide advocates the necessary leverage to create and pass stronger tobacco-free policies.

Goal Four: Eliminate disparities among populations. Nationally there appears to be distinct disparities across various ethnic and diverse populations. Historically, these minority populations have been heavily targeted by the tobacco industry. The CDC has created this objective as a means to work to eliminate the disproportionate health burdens caused by tobacco use. Various campuses may serve as a vehicle to reach these populations either by directly working with students or staff to address tobacco in their subpopulation or by working with the community near the campus to create opportunities to address tobacco control.

SNM has an important place as one piece of a comprehensive tobacco control program. The CDC framework can serve as a base upon which to build your goals and objectives for your campaign

- Jan Gascoigne, CHES, PhD

project's inception who knows how to package and market messages and move beyond the traditional modes of communication. In addition, the cross-fertilization that will occur between marketing professionals, health educators and psychologists will push your team well ahead of the creative curve on campus. A marketing or public relations professional will need to understand the SNM approach and differentiate it from other marketing practices in order to maintain the clarity and not work at odds with the SNM message.

Understand your target market.

You can never know your target market too well. By conducting focus groups and one-on-one interviews, you can gain remarkable insight into the reasons that students smoke. The entire campaign message at UW Oshkosh was based on information gleaned from focus groups and interviews. By the time we launched the campaign, we knew we were delivering a message that students wanted. We knew how students felt about their addiction to nicotine and addressed those feelings in a personal and positive message. Interviews that continued throughout the entire campaign to assess the message impact allowed us to make minor changes and shift certain messages based on student input.

Repeat the message with sophistication. It is a cliché that a message must be heard numerous times before it is actually received, but today's students will not look at the same message seven times. The message must be recreated and echoed across time and space in order for it to be truly heard. The UW Oshkosh campaign used a variety of creative media that repeated our message in a manner engaging to students. For example, an art car, which portrayed elements of our campaign, was created by UW Oshkosh students during a homecoming competition. The art car

was parked in high traffic locations on campus, served as a transport for fairly standard informational tables, and was seen at home football games when lucky students had the chance to "kick-it" at the halftime by kicking a football into the art car's trunk. A mannequin, adorned with various smoking related messages, was placed in unexpected locations around campus. These traveling art installations kept the campaign fresh and students a bit off-balance.

Assess with multiple measures. Data was collected from two large samples of students in general education classes at UW Oshkosh. This within subjects design leaves open the possibility that differences in the samples produced some of the change in the smoking rate. Program assessment continues and data from multiple measures such as the CORE will be compared to assess how the observed changes hold up over time. Because they are often counter-intuitive, it is common for the basic statistics used in SNM campaigns to be questioned by students. We are also finding that our substantial reduction in smoking prevalence is being questioned as well. This topic will be further addressed in future publications

SNM catalyzes policy change. SNM can lay the foundation for policy change. During the UW Oshkosh campaign, the residence halls went completely smoke-free and a 25-foot non-smoking zone around buildings was established. While a social marketing campaign may be temporary, it establishes a cultural foundation for lasting policy changes to be made. Our campaign never directly advocated for non-smoking residence halls or smoke free zones around buildings. However, campaign messages that most students (even a majority of smokers) prefer to live and socialize in a smoke free environment, don't like to smell like smoke and understand that

secondhand smoke is dangerous surely empowered the average student, emboldened student leaders and administrators, and contributed successful referenda to support policy change.

Conclusion

The findings of these three studies support the usefulness of social norms marketing as a technique for tobacco use prevention and cessation on college and university campuses. They provide a reminder that each health issue has its own culture, and that interventions must be adapted to the unique culture of the problem to be solved, in this case, tobacco. Thus, simply copying a successful alcohol intervention by transferring it to tobacco is not good practice. Another lesson in the case of tobacco is that success is not only defined by a reduction in the numbers of smokers and the amount smoked, but by reductions in the numbers of students who take up smoking at an age when smoking initiation is on the increase. Finally, these three studies included two with carefully matched schools that served as control groups, increasing the scientific rigor of the research and increasing our confidence in the strength of results in support of the social norms approach.

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