



Public Health
England

Protecting and improving the nation's health

Stoptober 2020

Campaign evaluation

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Introduction

Background

Stoptober is a key strand of the Public Health England (PHE) tobacco marketing programme. It is an annual mass quit smoking calendar event, wholly created through marketing.

Stoptober launched in 2012 and entered its ninth year in 2020. The campaign aims to inspire as many smokers as possible to make a quit attempt from 1 October and maintain it for at least 28 days. Evidence shows that if you stop smoking for 28 days, you are 5 times more likely to stop for good.¹ Since 2012, Stoptober has driven over 2.3 million quit attempts.²

Each year the campaign seeks to offer refreshed approaches to generate awareness, interest and engagement among smokers to build on an established and proven approach that has now been running for several years.

Context

Each year, the campaign is fully evaluated, and learnings are applied to the following year's campaign.

The 2019 campaign performed well, generating quit attempts among 25% of all smokers and recent ex-smokers, with 8% reporting that they were still not smoking at 4 weeks (in line with 8% in 2018). The campaign also delivered campaign recognition of 65% against a target of 50%).

There were some key findings within the evaluation of the 2019 campaign that warranted consideration for the 2020 campaign strategy. These were that:

- the campaign fell short in driving population-level shifts in the perception that 'people like me' are quitting – this continues to decline year-on-year; with smoking prevalence in decline, the social norming aspect of Stoptober's role as a national quit event was considered as part of the 2020 Stoptober planning

¹ R West and J Stapleton. 'Clinical and public health significance of treatments to aid smoking cessation' European Respiratory Review 2008: volume 17 issue 110, pages 199-204

² Sandtable modelling of PHE's Stoptober campaign related quit attempts 2012 to 2020

- health continues to be the most motivating factor in generating quit attempts, followed by the financial gain of quitting – the barriers of stress and not feeling ready were key reasons cited for not making a quit attempt; for 2020 the campaign looked to further use this insight to motivate and support smokers to quit

Campaign planning for 2020 also needed to consider that:

- Stoptober was in its ninth year but was also brought under the new umbrella brand Better Health for the first time – it needed to feel fresh, exciting and part of the wider Better Health initiative
- the coronavirus (COVID-19) pandemic affected all aspects of daily life, shifting media, health and consumer landscapes, and the effect appears to be polarising –
 - 1 in 5 have suffered from depression during COVID-19³; the strong correlation between depression, anxiety and smoking means, for many, that their habit may have increased⁴
 - curbing of freedoms may have led to rejection of official messages, for example by refusal to wear masks and social-distance flouting
 - one million smokers have quit since the start of the pandemic⁵ and there is an increase in public narrative and conversation around personal health
 - 65% agree that the impact of COVID-19 helped communities to come together⁶; this belief fits with a possible increase in localism, collectivism and community observed as a result of lockdown
- as well as our core of older ‘entrenched’ smokers, there was an increase in smoking among young adults⁷

³ Office for National Statistics. ‘Coronavirus and depression in adults, Great Britain’ January to March 2021

⁴ NHS.uk

⁵ ASH July 2020

⁶ TGI, 2020

⁷ Smoking Toolkit Study July 2021

Strategy

To address the key findings of the 2019 campaign, the 2020 campaign sought to:

- dial up the narrative around health – making the connection between lung health and future protection from serious illness clear, creating a ‘teachable moment’ that could be used to reset the nation's attitude towards health
- harness the positive sense of community created by the pandemic to galvanise and support quitters
- use the established Stoptober ‘moment in time’ to overcome procrastination and position not smoking or quitting as the norm and showing different segments that others ‘like me’ are quitting too
- use social, partner and influencer channels
- increase smokers' capability to quit by ‘chunking down’ the overwhelming task of quitting into a clear and easy behavioural first step and by steering smokers toward support methods that make them more likely to succeed
- motivate all types of smokers by addressing a universal insight around health benefits, specifically ‘breathing easier’

Implementation

The 2020 campaign ran from 21 September to 18 October 2020. Campaign activity included radio and contextual OOH targeted at areas of high smoking prevalence, video on demand, a national digital approach and a PR component. In addition, the campaign was supported by a range of national and local commercial and public-sector partners who amplified the campaign’s reach. The total media budget in 2020 was £990,000 which was fractionally lower than the 2019 media budget of £1 million.

Evaluation methodology

We conduct holistic evaluations – developing measurement frameworks and setting key performance indicators using a Theory of Change methodology and a range of historical data.

The 2020 evaluation sought to assess:

- campaign scale – reach and visibility (campaign and brand recognition)
- engagement and interaction – degree to which people engage with different elements of Stoptober, across all aspects of participation
- outcomes – actions and behaviours Stoptober has generated

Data sources in the evaluation included:

- market level data and surveys, such as the Smoking Toolkit Study⁸
- digital media diagnostics
- PR analysis, partnership data
- support tool engagement data
- web data
- a bespoke quantitative advertising tracking survey of 1,000 current and recent ex-smokers⁹

Key performance indicators and targets against each were:

- campaign recognition – 45 to 49%
- reported quit attempts – 10.26 to 12.40%
- positive claimed action taken – 5.65 to 7.92%
- total campaign actions – 799,768 to 999,710
- reported sustained quit attempts (% of smokers reporting a quit attempt related to Stoptober and still not smoking after one month) – 4 to 6%
- agreement in breathing more easily is a major benefit – significant shift from pre-wave
- perception that people like me are quitting – significant shift from pre-wave

The above targets are based on all smokers in England.

In 2019 for the first time YouGov were used as the providers for our main bespoke tracking survey. This was to ensure the sample contained the largest and therefore most representative sample of smokers whose intention to quit is in line with findings from the Smokers Toolkit Study (a robust and representative sample to compare to). This change meant a fresh sample, mitigating any impact from the same respondents completing the survey year-on-year, reducing the likelihood of any conditioning effect on responses. However, parallel tracking of key questions with Kantar, Stoptober's historical tracking provider, was important to conduct in 2019 as we transitioned providers. This has allowed for consistency when measuring campaign performance against targets, which this year were set based on 2019 performance benchmarks

⁸ The Smoking Toolkit Study is a national research programme run by University College London that tracks key indicators of smoking and smoking cessation. This evaluation uses data from the Study largely to improve understanding of the broader market context.

⁹ This was measured through pre and post campaign online tracking surveys with 1,000 current and recent ex-smokers (aged 18+) in England. This quantitative work is carried out by YouGov, an independent market research agency.

measured by YouGov data and has allowed important year-on-year comparisons to still be made.

In addition to these headline indicators, further performance indicators were set that provide additional context to our understanding of the campaign’s performance.

Findings

Summary of findings

The campaign performed well with the majority of campaign channels delivering as intended – despite a challenging media and COVID-19 dominated environment – and crucially with quit attempt and smoking action targets having all been met. Despite this, campaign awareness is lower this year with recessive Stoptober branding potentially having had an impact on cut through.

Performance against targets

	Target	Results
Campaign recognition	45 to 49%	35%
Reported quit attempts	10.26 to 12.4%	12.3%
Reported sustained quit attempts	4 to 6%	4%
Other positive claimed action (e.g. downloaded the Stoptober app, spoke to a pharmacist about quitting)	5.65 to 7.92%	6.98%
Total campaign actions (quit attempt + other positive claimed action)	799,794 to 999,774	964,358
Perception that people like me are quitting	Sig shift from pre-wave (51%)	53% (non-sig)
Agreement in breathing more easily is a major benefit	Sig shift from pre-wave (35%)	38% (non-sig)

Findings in detail

Advertising diagnostics and campaign recognition

The advertising in 2020 looked a lot different – bright and bold to bring it in line with the new umbrella health marketing brand, Better Health. With this, the Stoptober brand became recessive to the new Better Health brand. We saw Stoptober brand awareness fell to 40% from 54% in 2019 which in turn may have had an impact on Stoptober campaign recall: 35% in 2020 compared to 49% in 2019.

Whilst we do have to bear in mind how difficult it was to break through in the pandemic media landscape, we will continue to build both the Better Health brand and the association with smoking cessation and Stoptober over time, as well as looking to make more of the Stoptober brand in 2021.

The main messages and principles of Stoptober continue to cut through and, in many ways, more so than in 2019, in that:

- 52% of respondents agreed with the statement “These ads made me think that if I quit for 28 days, I'm much more likely to quit for good”, a significant increase from 37% last year
- 56% agreed that “Anything that makes me five times more likely to quit for good is worth a try” compared with 50% last year
- 38% agreed with the statement that “These ads make me think I should stop putting it off, and stop smoking now”

There were no signs of serious ‘wear out’ for the campaign, with 34% reporting that “These ads really caught my attention” and 58% agreeing that “These ads are aimed at people like me”.

This all indicates that a focus on gain framed harms ('breathe easier') messaging was well received this year.

Campaign engagement

As in 2019, media was selected to drive quitting action. The app was highlighted as a support tool within the advertising call to action across out of home and broadcast channels. The year 2020 saw 27,694 app downloads (compared to 18,939 in 2019) and 16,412 Personal Quit Plan completions (compared to 18,568 in 2019).

Despite the attention of our public sector partners being focused on handling the COVID-19 pandemic, we still saw significant levels of support from local authorities, NHS organisations, national and regional charities as well as local stop smoking service providers. We had over 19,000 downloads of campaign assets from the Campaign Resource Centre, with 93% of

partners who completed our post-campaign survey saying they would support the campaign again (with the remaining 7% saying 'maybe').

The campaign was also supported by several national commercial partners including Amazon, Superdrug and Boots; with Boots amplifying the campaign through customer emails reaching around 1.6 million people. Furthermore, despite Stoptober not being one of the mandated campaigns that pharmacies must support as part of their NHS contract, there were similar levels of engagement (as demonstrated through the number of pharmacies requesting resources and anecdotal feedback) encouraging level of interest from the pharmacy sector still wishing to amplify the campaign to their customers as in previous years.

Quit attempts and support tools

The 2020 campaign met the target for quit attempts and the target for sustained quit attempts.

This year almost 1 in 5 (18%) of those exposed to the Better Health Stoptober campaign, claim to not be aware of Stoptober. This is 3 times higher than in 2019. Smokers can recall the campaign but not specifically Stoptober. Therefore we adjusted how we measure quit attempts this year. The metric takes into account both those aware of the Stoptober brand but also those exposed to the Better Health Stoptober campaign.

12.3% of smokers (% of those who have heard of the Stoptober brand or seen the Better Health Stoptober campaign who claim to have made a quit attempt) made a campaign related quit attempt. Due to the change in branding, and therefore measurement, it is difficult to compare quit attempt performance to previous years but this does appear to be in line with, and a slight increase on, last year at 11% in 2019.

The proportion of smokers making a sustained quit attempt has dipped slightly in 2020. 4% reported that they were still not smoking after 4 weeks, compared to 5% in 2019. Overall we appear to have a higher level of people attempting to quit but starting to smoke again. In 2019, 53% of quitters started smoking again. This has risen to 65% in 2020. Smokers report that this relapse has been driven predominantly by stress (35%).

The campaign this year continued to attract younger smokers, with quit attempts being driven more by smokers under 35 (16% compared to 12% in those aged 35 to 60). Older smokers are still more likely to sustain their quit attempts vs younger smokers (5% vs 3%).

Stoptober tools are still perceived as useful (67%), however use and awareness of Stoptober tools has significantly dropped in 2020. 30% made a quit attempt with no Stoptober related support, vs 10% in 2019. 39% of smokers claimed Stoptober offered support which is down from 45% in 2019. However, whilst Stoptober tool engagement has fallen, use of quit aids hasn't (52% of those who made a quit attempt used a quit aid, compared to 49% in 2019).

Whilst we met our target for sustained quit attempts, for 2021 we will focus on translating quit attempts into more sustained quits, with thought to how we promote support within the campaign. The Stoptober app is also under redevelopment and will be new and improved for the 2021 campaign.

Conclusion

Stoptober continues to effectively drive smokers to make a quit attempt. In 2020, the campaign generated quit attempts among 12.3% of all smokers and recent ex-smokers, with 4% reporting that they were still not smoking at 4 weeks. The campaign also generated 7% of respondents claiming that they made another positive claimed action as a result of the campaign, for example, downloaded the Stoptober app, or spoke to a pharmacist about quitting. This is all encouraging given that the number of smokers in the population is decreasing and also because of the busy media context the campaign operated within.

Stoptober brand awareness fell to 40% from 54% in 2019 and in turn, this looks to have had an impact on Stoptober campaign recall (35% in 2020 compared to 49% in 2019). However, encouragingly, this doesn't appear to have negatively impacted behavioural action. In 2021 we will continue to build the Better Health brand but also draw strength from the historical value of the Stoptober brand.

It has been a stressful and difficult year for many with the COVID-19 pandemic and this appears to have had an impact on sustained quit attempts (with stress being reported as the biggest reason for relapse). In 2021 we will re-evaluate what support we promote and how and the Stoptober app is already in development for deployment within the 2021 campaign.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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