



# Harnessing the Power of Media Towards Effective Tobacco Control in Jordan

Policy Brief

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This policy brief addresses use of media to promote effective tobacco control measures in Jordan, which has exceptionally high rates of tobacco use and secondhand smoke exposure.

Media campaigns, such as United Against Tobacco and COVID (UATC), highlight the impact of effective messaging and strategic buying to garner support for tobacco control efforts. The dissemination of public health messaging across multimedia platforms, such as television, radio, print, online channels, and social media advertising serves as an important tool

towards gaining support to reduce both tobacco use and secondhand smoke exposures. The experience of Jordan in successfully utilizing media in their tobacco control programs is discussed to show the potential impact of media as a critical public health measure in the region.

Key learning from the UATC campaign as well as other tobacco control programs conducted in Jordan and globally are used to guide the recommendations in this policy brief.

## Background

In Jordan, and many other countries with high rates of tobacco use, we see a cycle of nicotine dependency which can lead to generations of tobacco users.

Approach to Noncommunicable Disease Risk Factor Surveillance (STEPS) survey findings in Jordan reveal a rise in tobacco consumption rates among adults aged 18-69 years and a younger initiation age for both genders between 2007 and 2019 [1,2].

## The Tobacco Consumption Problem

Comparison of the 2007 and the 2019 STEPwise

Jordanian Adults aged 18–69 who...	2019		2007	
	Men	Women	Men	Women
currently smoke tobacco	65%	16%	30%	6%
smoke, started smoking at the age of	17 years	24 years	19 years	26 years
smoke e-cigarettes or vapes	15%	2%	NA	NA

Source: STEPS survey 2019 and 2007

Survey results demonstrated that adult female tobacco consumers are twice as likely to consume waterpipe/shisha than males (approx. 43% vs. 21%, respectively) [1]. Waterpipe use is based on hour-long sessions in which smokers may inhale 100 to 200 times the smoke from a single cigarette containing multiple times the toxicants and carcinogens of a cigarette [3-5].

## The Secondhand Smoke Exposure Problem

According to the 2019 STEPS results, secondhand smoke (SHS) exposure remains high in Jordan with close to 79% of the adult population exposed [1]. About 63% of the population experienced SHS at home, 37% in public transportation, 19% at work, 14% at restaurants, 7% in governmental institutions, and 6% in healthcare facilities, universities, and schools [1].

## Legislative and Regulatory Control Measures

2019, the “Investment Case for Tobacco Control in Jordan” provided evidence supporting the economic benefits of implementing comprehensive tobacco control measures in Jordan. The study found that although JOD 889 million in revenue is generated annually from taxing the tobacco industry, this number is far outweighed by the JOD 1.6 billion cost attributed to tobacco consumption in the form of health and economic losses to the country [1] (1 JOD = 1.41 US \$). The study also found that investing in the World Health Organization’s (WHO) MPOWER (Monitor, Protect, Offer help, Warn, Enforce, and Raise taxes) tobacco control policy measures could avert JOD7.5 billion in health and economic losses by 2033 [6].

Jordan passed its first tobacco control legislation in 1971 with the Preventing Tobacco Risks regulation. In 2004, Jordan was among the first countries that endorsed the WHO Framework Convention on Tobacco Control (FCTC), a treaty created in response to the global tobacco pandemic using evidence-based strategies [7].

In 2008, the government introduced Public Health Law No. 47 which prohibits smoking in public places, bans tobacco advertising and promotion, regulates tobacco products display, and specifies penalties for violations, however, it does not ban tobacco sponsorship nor regulates point-of-sale display at tobacco shops [8].

Additional tobacco control measures were incorporated into other legislation. For instance, the 2008 Public Transport Law and the Traffic Law banned smoking in public transportation and smoking while driving; the Control of Juvenile Conduct Law of 2006 prohibited the sale of tobacco products to those under the age of 18, and regulations by the Jordan Standards and Metrology Organization addressed tobacco products contents, pictorial health warnings and tobacco packaging and labeling [7,8,9]. As for electronic cigarettes and vapes, they are included in the public places smoking ban through the Public Health Law of 2008 and were regulated for content, display, sale, and storage in 2019 by the Jordan Food and Drug Administration [9].

Although laws and regulations have been established to curb tobacco consumption and SHS exposure, enforcement of laws and compliance are low and violations are ubiquitous in Jordan. This is evident from the ease of access to tobacco products by minors [10], and the widespread exposure to SHS in virtually all avenues of life [1]. Furthermore, in 2018, Jordan ranked 83rd globally in the MPOWER ranking, and in 2023, Jordan had only implemented “minimal measures” to monitor tobacco use and prevention policies [11-14].

## Public Health Measures

The Jordanian Ministry of Health (MOH), supported by local and international public health stakeholders has been instrumental in promoting tobacco control policies within the country.

The MOH offered publicly available smoking cessation services as early as 2001 [15]. Since the MOH allocated a significant budget to increase the number of cessation clinics as part of its 2023-2025 strategy, the expansion of these services became a national health priority [16]. Currently, 29 MOH health centers across Jordan offer free smoking cessation services with plans to increase the number to 33 in 2025 [17,18]. The MOH also operates a smoking cessation helpline and a complaint helpline for those who wish to report public health law violations concerning smoking in public places [17].

The King Hussein Cancer Center established its smoking cessation clinic in 2008 [19]. Additionally, several public and private hospitals and universities have established similar clinics on their campuses [20-23].

Despite the pervasive tobacco epidemic in the country and widespread public acceptance of

smoking, only a limited number of mass media awareness-raising campaigns were conducted in Jordan until recently. These initiatives primarily focused on smoking cessation and preventing exposure to SHS [24,25].

## Effective Role of Media within Tobacco Control Programs

Numerous success stories illustrate the significant role of media campaigns integrated into tobacco control programs in reducing tobacco consumption's negative health and economic effects.

Türkiye Experience After adopting the FCTC in 2003, Türkiye began numerous legislative processes and public health measures. One such action was the Turkish government's mandate for television and radio organizations to broadcast PSAs about the health risks of tobacco use for at least 90 minutes monthly. Media campaigns were launched with themes championing "Smoke-free Air" and "Protection of the Air". Campaign evaluation studies found that anti-smoking campaigns targeted at the adult population also had a large influence on adolescents [26].

Bangladesh Experience Bangladesh, the first country to become a signatory of the FCTC, also reduced adult tobacco consumption through legislative processes and public health measures. Along with the tried-and-tested policy of banning all forms of tobacco advertising, the media played an important role in building public support for amending tobacco control laws, opposing tobacco farming, and exposing tobacco companies' tactics [27,28].

In 2009, the Global Adult Tobacco Survey (GATS) found that over 43% of adults in the country used tobacco and 62% of workers were exposed to tobacco smoke in the workplace; by 2017, adult tobacco use was reduced by 8% and SHS exposure declined by 21% in homes, 30% in restaurants and 11% in healthcare facilities [29].

## The United Against Tobacco and COVID (UATC) Campaign

UATC is a mass media tobacco control initiative funded by the US Centers for Disease Control and Prevention (CDC), through the Eastern

Mediterranean Public Health Network (EMPHNET), and implemented by local partners, with technical support from Vital Strategies [30]. The first of the UATC campaigns was launched across four countries, Jordan, Iraq, Palestine, and Egypt ([www.unitedagainsttobacco.org](http://www.unitedagainsttobacco.org)).

In Jordan, UATC consisted of two phases that took place in 2022 and 2023 respectively and targeted adults aged 18-55 years. Post-campaign evaluations took place after each phase and util a random sampling methodology to represent the population of Jordan.



A social media post from phase II of UATC-Jordan

## The First Phase

The 2022 campaign focused on raising public awareness about the health risks associated with tobacco consumption in the wake of COVID-19 and promoting cessation. The campaign ran from June to September 2022 on three national TV channels and was also disseminated through social media and online [31].

In June 2022, a few days after World No Tobacco Day, a high-profile launch of the mass media campaign took place in Amman, under the auspices of Her Royal Highness Princess Dina Mired of Jordan [32]. The launch drew considerable press attention in Jordan and beyond.

The campaign's main product, a video called ECHO, was adapted from a successful anti-tobacco campaign originally produced and aired in Australia and focused on the harms of tobacco (available on [www.unitedagainststobacco.org](http://www.unitedagainststobacco.org)). Other materials included social media posts, animated videos, factsheets, and an online webpage created as part

of the MOH's official COVID website to provide additional information and resources about quitting smoking [33].

### Outcomes

Approximately 25% of the total population was reached in the first phase, where more than 2.4 million views on social media and 2.8 million via local television were achieved [31,34]. During the campaign, there was an increase in the number of visits to the MOH's tobacco cessation resource webpage along with more than 1.5 times increase in the number of visits to cessation clinics (865 visits in the 3 months before the campaign compared to 1,392 in the 3-months following the campaign) [31,34].

The post-campaign evaluation results demonstrated that the campaign was recalled by more than one-third (36%) of respondents; almost half of them were smokers. Most campaign-aware respondents recalled seeing the campaign on TV (52%) followed by social/digital media (37%) [34].

Percentage of respondents who...	Campaign Aware	Campaign Unaware	p-value
said that PSAs made them stop and think	72%	63%	0.01
gained new information from PSAs	52%	45%	0.02
never discussed smoking and health	36%	47%	0.01
tried to quit smoking in the past 2-months	44%	33%	0.02
said they were more likely to quit smoking if there was a Quitline	30%	22%	0.049

Source: UATC post-campaign evaluation, 2022

## The Second Phase

Phase II was designed to build upon the success of the first phase and took place between August and September of 2023 on online media portals (Facebook, YouTube, Instagram, and the MOH website) using videos and still images. The primary objective of Phase II was to raise public awareness about the harmful effects of SHS on non-smokers -particularly children in schools and restaurants.

By educating the public about these dangers, the

campaign aimed to emphasize the importance of having smoke-free public places and advocate for policies that would make them possible.

### Outcomes

The second phase of the UATC campaign in Jordan reached almost 10 million individuals over social media. While this phase did not specifically target smoking cessation, the post-campaign evaluation found that a higher percentage of those aware of the campaign (22%) compared to campaign unaware

(15%) expressed intentions to quit immediately [35]. Additionally, about 46% of the campaign-aware respondents attempted to quit smoking within the two months following the campaign compared to 39% of the campaign-unaware group [35]. Around 68% of the aware group were motivated to encourage others to quit and 49% tried to prevent exposing others to smoke [35].

The post-campaign evaluation also revealed that campaign-aware individuals were more cognizant of the dangers associated with exposure to SHS. Additionally, both campaign-aware and unaware respondents expressed support for smoke-free bans, with a higher percentage of campaign-aware respondents expressing support for increased tobacco taxes (see previous table), among the most effective interventions [35].

Percentage of respondents who...	Campaign Aware	Campaign Unaware
smoke find it very likely or certain that children will become ill if they continue to smoke around them	72%	67%
understand the connection between SHS and sudden-infant-death syndrome	52%	39%
believe that SHS causes lung disease in children	95%	90%
support higher tobacco taxes	54%	45%

Source: UATC post-campaign evaluation, 2023

## Key Learnings

Valuable insights are provided by the UATC and other global tobacco control media campaigns; these insights can provide learning for tobacco control policy and intervention design.

## Media Interventions Advance Legislative and Regulatory Efforts

Media presence is a critical tool to elicit individual and societal behavior change and to generate advocacy for tobacco legislation and regulation. Media campaign materials have proven effective in supporting tobacco control programs when transmitted with adequate reach, duration, and frequency [36,37]. The UATC campaign played an integral role in promoting national tobacco control efforts supported by His Majesty King Abdullah II’s call in August 2023 to intensify tobacco control efforts in Jordan. The Royal directives, in line with the UATC message, urged the government to take stronger measures in combating the prevalence of smoking, and to support Prime Minister Bisher Khasawneh’s commitment to intensify inspections within public institutions.

## De-normalizing Tobacco Use and Exposure

In Jordan, campaigns that focused on de-normalizing tobacco use and exposure to SHS were found to be effective in achieving lower tobacco use rates and exposure to SHS [12,36]. Legislative and regulatory efforts in national tobacco control programs should be complemented with tobacco de-normalizing mass media campaigns to synergistically create long-term change.

## Effectiveness of Specific Media Channels

Effective communication campaigns should be disseminated through the most appropriate media channels for the target audience. An assessment of media consumption habits should take place before the campaign’s dissemination, to ensure wide and effective reach.

## Using Multiple Communication and Outreach Strategies

Media campaigns are most effective when a combination of paid media (TV, radio, social media, outdoor, etc.), earned media (PR events, news coverage, journalist and influencer engagement,

etc.) and outreach activities (such as community-level interventions that generate attention) is used [38].

## Consistency and Frequency of Campaigns

Consistent and frequent exposure to campaign messages increases target population awareness and recall as well as positively effect knowledge, behavior, and attitude change over time [36]. Campaigns with lesser consistency and frequency do play a positive role in achieving tobacco control strategy goals, however, consistency in broadcasting messages has been correlated with higher rates of positive actions such as attempting to stop smoking or asking others not to smoke in closed or public places [36].

## PSA Message Content

Regarding current tobacco users, messages containing a graphic or emotional tone that creates discomfort are effective in making smokers consider stopping [34,35,38]. As for SHS exposure, messages in the form of testimonials and personal stories that portray innocent victims, particularly children, that focus on the negative health effects inflicted on loved ones, were found to be effective [34, 35, 38]. These campaigns discourage smokers from smoking indoors, de-normalize indoor smoking amongst non-smokers, motivate smokers to quit, create societal-level rejection of SHS, and trump arguments about individuals' right to smoke.

## Actionable Campaigns

Both the “whys” and the “hows” of quitting should be contained within campaign messages. Including information and guidance to smokers on available smoking cessation services is effective in motivating quit attempts [34,35, 36, 38]. Providing a helpline number in a video or still image is useful given the convenience, cost-free, and anonymous nature of helplines. Getting help and assistance in quitting tobacco use is novel in Jordan, and many other countries in the region, and can catalyze both current smokers to quit and encourage smokers who unsuccessfully tried quitting in the past, to attempt quitting again.

## Policy Recommendations

In response to Jordan's entrenched tobacco consumption culture and the relaxed societal attitudes towards smoking in public and indoors

spaces we urgently recommend the adoption of a comprehensive tobacco control strategy. This should fully integrate mass media communication with public health, legislative, regulatory, and policy enforcement efforts.

## Policies to Support Expansion of Tobacco Control Media Campaigns

### 1. Facilitate Investment in Tobacco Control Media Campaigns.

Allocating a fixed annual budget specifically for tobacco control media campaigns from organic sources (such as the MOH's budget), and/or a “Tobacco Control Tax” imposed on tobacco companies' sales revenue would ensure media campaigns run most of the time, an evidence-based standard. The MOH has an annual budget for awareness and advertisement campaigns on smoking cessation, continuing professional development, parenting programs, and child abuse protection programs [16], however, earmarking a budget specific for tobacco control media campaigns by the MOH is advised to enable sustainability of campaigns.

### 2. Reduce Costs of Tobacco Control Media Campaigns.

Increase the affordability of media campaigns by requiring media outlets (TV, radio, online, social media, outdoor, mobile network operators) to apportion a set percentage of their airtime/ advertising prime time space for tobacco control in line with Turkiye's model legislation. Advocate for tax exemptions on tobacco control media expenditure.

## Policies to Institutionalize Media Campaigns in Tobacco Control Efforts

### 3. Establish a Media Group within the National Tobacco Control Program.

Create a media group, within the national tobacco control program, tasked with coordinating multi-party media campaigns, promoting media employment in tobacco control, procuring funds and grants for media campaigns, and monitoring and identifying determinants and trends of tobacco consumption/ SHS to tailor campaigns and advise policy. This

group could also optimize investments in tobacco control media campaigns through piloting and pretesting smoking prevention messages, assessing the performance of media campaigns, monitoring campaign metrics, publishing findings to expand the local and international knowledge base of the tobacco prevention field, and providing evidence for future media investments.

## Policies to Increase the Effectiveness of Current Tobacco Control Efforts

### 4. Create an Anti-Tobacco Media Coalition.

This will ensure that the journalism profession is made constantly aware, supportive, and vocal about tobacco control.

### 5. Involve Partners with High Levels of Population Reach.

Organizations such as the Ministry of Education and the Ministry of Awqaf and Islamic Affairs are entities with very high population reach, capacity, and interest in advocating for tobacco control; involvement of these entities can expand the impact of tobacco control efforts.

### 6. Use Repetitive Annual Events to Reach People.

Create annual, highly publicized, and planned smoking cessation events as part of a national tobacco control program, such as a “quit month”, to increase motivation and cessation attempts by the smoking population.

### 7. Increase the Scale and Scope of Smoking Cessation Services.

Provide widely available, high-quality, free smoking cessation services offering a variety of services such as nicotine replacement therapy as well as individual and group counseling, workshops, and seminars about smoking cessation and mentoring programs to encourage organic marketing of smoking cessation services across both traditional and digital platforms.

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