The Australian Effie Awards

“How Champix Outsmarted Cigarettes” – Category ‘E’: Healthcare
Introduction

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Objective:
To launch Champix – a new, prescription-only smoking cessation treatment – into the Australian marketplace and help the 17% of Australian’s that still smoke to outsmart the number one cause of preventable death in this country.

Results:
• Over 100,000 visitors to the ‘Outsmart Cigarettes’ website during the campaign period.
• Encouraged 7% of all Australian smokers to make a quit attempt with Champix.
• 248,296 prescriptions filled and $50,936,964 in sales in our first year on the market.
• Became market leader within 5 months, and doubled the size of the smoking cessation category.
Executive Summary

For decades, Government sponsored ‘Quit’ campaigns aimed at turning smokers off cigarettes. To stand out and encourage action in this category is a tough brief. Into this landscape Pfizer launched Champix, a new, prescription-only smoking cessation treatment, available only from a doctor.

The Champix launch delivered true innovation in one of marketing’s most highly regulated markets. Our willingness to embrace non-traditional pharmaceutical marketing channels, our truly unique ‘you can’t do it’ communication strategy, and the way we stalked quitters throughout their smoking day, were all catalysts for one of the most original and successful pharmaceutical product launches in recent history.
The Challenge

Market overview
In Australia, nearly 20% of deaths among adults aged 30+ can be directly attributed to smoking. Even in light of this type of data, and the broad awareness of the immediate health benefits of quitting, 17% of Australians (3.4 million adults) still smoke.

For decades, Government-sponsored ‘Quit’ campaigns aimed at turning smokers off cigarettes. From arteries clogged with yellow ooze, to grey tar-soaked lungs wrung out like sponges, the smoking cessation category has set a very high bar in terms of messaging impact.

To stand out and encourage action in this category is a tough brief.

How to quit?
There are many different approaches to quitting smoking. ‘Cold turkey’ (stopping via willpower alone), hypnotherapy, acupuncture, counselling, books, natural remedies, OTC (pharmacy products like Nicorette and Nicabate) and prescription medications (accessible only via a prescription from your doctor).

Despite so many freely available treatment options, there is still a huge failure rate among quitters. Only 3-5% of ‘cold turkey’ quitters remain smoke-free at 12 months, and most smokers make 5-7 attempts before they finally quit smoking.

Like weight loss, smoking cessation is a category characterised by failure.

The smoking cessation marketplace
The mainstream smoking cessation market in Australia was worth almost $73 million, and was dominated by Nicotine Replacement Therapy ‘NRT’ (products like Nicorette and Nicabate). NRT (most commonly patches and gums) has been available in pharmacy for almost 2 decades, and recently became available in supermarkets.

The major NRT brands were Nicorette ($35m) and Nicabate ($31m) Feb MAT 2008. The only other significant player in this market was a prescription only medication called Zyban ($6.6m) Feb MAT 2008. Zyban, when launched in 2001 achieved huge initial interest and significant sales success, but had since declined to become a minor player in the smoking cessation category.

It was into this landscape that we launched Champix, a new prescription medication from Pfizer, available only via a prescription from a doctor.
Introducing Champix

Champix (a tablet taken twice a day for 12 weeks) is the first non-nicotine agent designed specifically for smoking cessation. Champix works in a different way to other smoking cessation medications. It has an action that simultaneously decreases the effect that nicotine has on the brain, whilst encouraging the brain to release small amounts of dopamine (the chemical in the brain that’s associated with pleasure) to help control the cravings associated with nicotine withdrawal.

This dual action is intended to help the quitter with their desire to light up, while also assisting them to have less withdrawal symptoms during their quit attempt. See diagram.

Champix dual mode action

**PARTIAL AGONIST EFFECT**

CHAMPIX binds with high affinity to the a_4 B_2 nicotinic acetylcholine receptor, and only partially stimulates the release of dopamine^{51}

**ANTAGONIST EFFECT**

Because the a_4 B_2 receptor is bound by CHAMPIX, it is blocked and can’t be stimulated by nicotine^{51}
The Challenge

Market research

Market research on the category shows that while 64% of smokers say they want to give up, only 7% are ever ‘actively’ quitting. The research (Global Landscape Study: Australia 2004) into smoking and quitting behaviour identifies five stages or attitudes to quitting:

- **Content (36%)** – Know they shouldn’t smoke, but are happy enough smoking… now.

- **Contemplation (39%)** – The largest segment of quitters. Thinking about quitting, not sure how.

- **Preparation (9%)** – Have given the idea of quitting much greater thought. Have a date or an event as their deadline. Probably have a strategy in mind, most likely NRT.

- **Reduction (9%)** – Reducers believe that they have enough will power and motivation to quit on their own. Will quit by reducing their consumption of cigarettes until they’re not smoking at all.

- **Action (7%)** – Quitting now! This group of smokers are highly motivated and are actively engaged in quitting. They’ve tried many things before, certainly NRT, some may have tried a pharmacological treatment.

Getting to the right smoker

Despite these seemingly clear categories, many smokers will move back and forth between these stages multiple times per year. At any point in time a smoker may be in a different stage and have different levels of confidence and motivation to quit.
The Challenge

Channel planning

In health communication terms ‘channel planning’ relates to understanding who are the stakeholders that can influence a treatment choice, be they GP’s, specialists, pharmacists, advocacy groups, the media, the Government, patients or customers. Then, what messages must resonate with these audiences at the various ‘moments of truth’.

As Champix is a prescription medication, resources would traditionally be deployed at point of prescription (the doctor) only. But market modeling uncovered a very significant promotional challenge for Champix.

On average 600+ pharmacy customers per year would ask their pharmacist for a quit smoking treatment recommendation. Inevitably they were given patches or gum from the NRT franchise. While doctors (Pfizer’s primary channel of influence) were only asked 3-4 times per year for a treatment recommendation.

GP research showed that a significant number of doctors were reluctant to proactively suggest quitting to their patients that smoked. They worried that the patient would feel like they were being nagged, and this could lead to a poor doctor/patient relationship, or worse, the patient might take their health needs elsewhere.

Many also felt that smoking cessation was the domain of the pharmacy. “I tell them to try patches, and if that doesn’t work to come back and see me for something else”.

To guarantee the success of Champix we needed to embark on a rather revolutionary path for a prescription medication in the Australian marketplace. To communicate indirectly with consumers to ensure that they were aware that their doctor had smoking cessation treatments that could help them.

Essentially, to advertise without a logo.
The Solution

Advertising without a logo

Unbranded ‘disease awareness’ advertising campaigns aim to encourage patients with a particular condition to consult with their doctor about treatments that may help them. It’s not aimed at substituting the important role the doctor plays in deciding what treatments are best for their patients. It’s about creating patient traffic.

It’s a unique and hugely challenging communications discipline, because it’s essentially marketing with one hand tied behind your back, because there isn’t a logo or a brand directly associated with the communication.

This approach isn’t right for all prescription products, but it can be very valuable for the right product, in a significantly-sized market, with the right competitive context.

So the advertising agency Ursa was briefed to create a DTC campaign for Pfizer, aimed at offering a compelling alternative to the traditional pharmacy/NRT alternatives. The objective of the DTC campaign being to send quitters into the doctor’s surgery for treatment advice.

Consumer insight

Few smokers like to admit they’re a slave to nicotine. In fact, for many, being told that they are under the control of nicotine can elicit strong feelings of resentment and even anger. So rather than a more typical “you can do it” quit message, the Team at Ursa wondered how effective a very untypical “you can’t do it” message could be.

What would happen if we taunted quitters about their past quitting failures, and brought to their attention the controlling and manipulative nature of their cigarettes? Further, rather than concentrating on the physical damage caused by smoking, we wanted our campaign to be about winning the psychological battle against nicotine addiction and quieting that inner voice.

Essentially, we wanted to show smokers how to ‘Outsmart Cigarettes’.
Champix is a therapy specifically designed to diminish the power of that inner voice and help smokers break the physical and psychological hold that nicotine has over them. To dramatise this internal battle between the smoker and their cigarette addiction, we created a character called ‘The Master’, a taunting/mocking voice aimed at piquing the underlying feeling of resentment they have against nicotine addiction.

The Master taunted quitters about failing, enflamed their resentment and actually goaded them into taking action by seeing their doctor or visiting outsmartcigarettes.com.au.

The real power of The Master was best demonstrated by the way he was able to seamlessly deliver his taunting through multiple channels. Not just on TV, The Master stalked quitters at any time and place they’d be vulnerable. At work, on line, in the street, at the cinema, at the footy and of course, in the pub.

See attached brand film and creative.
The Results

Champix entered into a mature category, with two well entrenched and well resourced competitors. Total promotional spend in 2008 for Nicorette (the market leader) was $3,108,000, while Nicabate spent $4,603,000. Champix spent a total of $4,555,000. (AdQuest Competitive 2009).

Within the first 12 weeks of the campaign, The Master’s taunting about past failures was the signal for over 120,000 smokers to seek information from our website outsmartcigarettes.com.au at an average of three minutes per visit. That’s over six thousand hours of quitting time!! Resentment runs deep.

This initial wave of interest in The Master then became a tsunami of patient traffic into the GP surgery, resulting in quitters filling 248,296 prescriptions for Champix at their pharmacy in the 12 months of 2008. A staggering number when you consider 3.4 million Australians still smoke. This means our campaign was able to mobilise 7% of the total smoking population to engage in a quit attempt with Champix.
The Results

With patient traffic of that magnitude, it was no wonder we were set to redefine what success meant in this category. Within 5 months of launch Champix had become market leader (as measured by monthly sales) in the smoking cessation category, and went on to sell $50,936,964 in its first year.

Nicorette’s annual sales for the same period totalled $37,205,412, whilst Nicabate’s sales totalled $32,446,242. See table 2A and B (IMS Monthly Sales 2008).

Another pleasing aspect of these sales results was that we had succeeded in significantly growing the category, rather than simply taking share from the existing players. The smoking cessation category has doubled in size going from $72M to $140M+ in the 12 months since the launch of Champix.

It was this success at bringing new quitters into the market that helped feed the stunning Champix sales story.
The Results

Discounting for other factors

**Changes in legislation** (smoking in public places)

In 2007 smoking in pubs and clubs was restricted to designated areas inside or outside the venue. 2008 saw no additional restrictions placed upon smoking that would otherwise influence these results.

**Government Quit advertising**

In 2008, almost $14,933,000 was spent nationally on Government-sponsored Quit Smoking activity. This activity was in line with the amounts spent over the past decade. See chart below.

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**Competitor noise**

Total promotional spend in 2008 for Nicorette (the market leader) was $3,108,000, while Nicabate spent $4,603,000. Champix spent a total of $4,555,000. So the ‘unbranded’ Champix campaign didn’t significantly outspend its competitors during the campaign period.

**Price**

As this medication was listed on the PBS (the Federal Government’s Pharmaceutical Benefits Scheme) the cost was the same as all other PBS listed prescription medications (around $30 per script).
The Champix success story is really a triumph of refusing to believe that there is one fixed way of approaching a pharmaceutical product launch. The ability of the Champix marketing team to see the potential of the entire smoking cessation category, rather than simply the ‘doctor-only’ aspect, set the scene for an expansive and revolutionary marketing and communications solution.

Our willingness to embrace non-traditional pharma marketing channels, our truly unique ‘you can’t do it’ communication strategy, the taunting of The Master, the way we stalked quitters throughout their smoking day, were all catalysts for one of the most original and successful pharmaceutical product launches in recent history.

Conclusion
Resentment runs deep.