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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Public health education campaigns are worth while

SIR,—Because a chest infection does not respond to an antibiotic does not mean that all antibiotic treatment is ineffective. Selection of the appropriate composition, its frequency, intensity of administration, and combination with other approaches are all important to ensure success with antibiotics. Similar criteria apply to the use of mass media in health education. Dr B T Williams, in his personal appraisal of public health education campaigns (21 January, p 170), may have given the impression to some readers that mass media initiatives in general are not worth while. This is not so.

The Southampton breast study, carried out by one of us, which Dr Williams selected as representative of the potential power of health education campaigns was at the extreme end of a range of studies.[1] Although closely evaluated, the study admitted to having only a short, relatively low key health education input (the evaluation costs formed most of the sum Dr Williams quoted). The actual intervention cost not more than 0·5p per caput of total population (excluding staff time and free media coverage)—perhaps this was why it produced few measurable changes. In South Australia another public health education campaign about breast cancer achieved much more encouraging results in terms of changing behaviour, but the programme cost about 10 times more than the Southampton programme per caput of total population (again excluding staff time and free media coverage).[2] As a consequence the South Australian government has continued to fund ongoing and enhanced programmes. Maybe you get what you pay for.

Dr Williams's leading article did not refer to all the international studies of the effectiveness of public health education campaigns against smoking—one of which was published in the *BMJ* only a few months earlier.[3] These research studies provide a much better understanding of the efficacy of various health education inputs. There is good evidence at local, area, and national level that the use of mass media can be effective. The interventions in New South Wales, Australia[3]; North Karelia, Finland[4]; and Stanford, United States[5] all showed significant sustained falls in prevalence of smoking in the study population compared with that in controls, after intensive, well designed, mass media campaigns.

Although "one off" antismoking mass media campaigns on a national scale appear to have a relatively small and often transitory effect, longer term evaluation indicates that the cumulative effect of years of sustained activity is substantial.[6] Prevalence of smoking in the United Kingdom has declined by 10% over the past decade, indicating that some three million smokers have given up,[7] and some 95% of these are likely to have stopped without the aid of formal professional input.[8] Evidence suggests that the considerable potential influence of health professionals is largely underused,[9] and it is hard to attribute the considerable falls in prevalence of smoking to their interventions. The media clearly must have played an important part.

Dr Williams is quite right to emphasise the importance of individual and group education, which is probably the most effective form of health promotion—but also one of the most expensive on a population basis. There is no simple choice between the various methods of health promotion, and usually a combination of approaches is necessary. Where community based programmes using health professionals are integrated with initiatives using mass media, the outcomes can be particularly worthwhile. Evaluation is certainly important, but there has to be something tangible to evaluate lest false conclusions and overgeneralisations are made.

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[2] Health Promotion Services. *Final report of the South Australian breast self examination campaign.* Adelaide: South Australia Health Commission, 1982.
[3] Egger G, Fitzgerald W, Frape G, *et al.* Results of large scale media anti-smoking campaign in Australia: North Coast "Quit for Life" programme. *Br Med J* 1983;**287**:1125-8.
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