**A mass media campaign is needed to counter misconceptions about back pain and promote higher value care**

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Back pain is saddled by misconceptions that contribute to low-value care and poor outcomes. Many patients and clinicians mistakenly view the spine as fragile, believe that pain equates to damage, and over-emphasise the role and value of rest, imaging, medication, and surgery.1 Guideline-based care will not be embraced if such misconceptions are not countered. Here we provide four arguments for accessible, engaging and convincing education to the public and health professionals.

1. **Mass media campaigns can work**

The “Back Pain: Don’t Take it Lying Down” media campaign in Victoria, Australia, aired in the late 1990s and aimed to shift public attitudes about what to do when you experience back pain.2 Television advertisements aired for the first 12 months and again for the final three months of the 3-year period. There were substantial improvements in workers’ compensation costs (15% reduction in the number of claims), as well as back pain beliefs, disability, and medical management by the end of the campaign. Variants of this campaign have been repeated elsewhere, with observed improvements in pain beliefs.3 However, the Australian campaign was the only one to have a significant impact on health care utilisation and disability behaviours, such as work loss. Key contributors to its success are thought to have been significant funding, use of multiple media sources (TV, radio advertising, billboards), and clear advice on staying at work.

1. **We need to address ongoing challenges and seize new opportunities**

 Two decades on from the Victorian media campaign, additional insights have emerged:

Low-value tests and treatments for back pain have proliferated, with increases in the use of medicines, imaging, and surgery. Campaigns that aim to reduce low-value investigations and treatments for back pain, such as Choosing Wisely, have so far failed. Perhaps we could update the successful Victorian campaign to explicitly target low-value care, and steer people towards ‘higher-value’ alternatives.

We have an expanded understanding of the myriad of factors that can be involved in the back pain experience. Accurate patient education can provide long-term reassurance to individuals with back pain, and reduce primary care visits.4 Updating the Victorian campaign to include pre-emptive education at the societal level, on the multiple influences (e.g., beliefs, fear, stress, mood) that can influence back pain,may help promote recovery from back pain episodes.

1. **We need to integrate new media**

The media has a central role in our lives. However, the changing media environment in recent decades may stimulate more ‘fake news’ and ‘clickbait’ than reliable scientific reporting. Any contemporary media strategy should include a social media presence and strategy - “get visible or vanish”.5 To enhance impact, we propose this strategy; (1) prioritise evidence-based communication on social media platforms; (2) develop apps based on theory and rigorous pre-testing, unlike several existing apps which merely distort evidence and spread myths about back pain; (3) target online messaging (e.g. Google Ads) such that when someone searches ‘back pain’ they would receive appropriate information instead of advertisements about non-evidence-based treatments - as tested with cancer risk and tanning bed use; and (4) promote citizen science endeavours which establish online communities in specific areas to engage the public in research. Such approaches will require knowledge translation funding, novel thinking to create multimedia assets that will capture attention (e.g., infographics, videos, podcast, etc.) and cater to different learning preferences.5

1. **We need to learn from other fields**

Public health campaigns have contributed to improved behaviours in other fields, for example reducing smoking, use of sunscreen, and road safety.6 Close examination of campaigns outside our field will help our back pain advice "stick," and not backfire. Targeting specific population segments, and using slogans are examples of ‘sticky’ messages. For example, the successful VERB campaign7 was a multiethnic media campaign to increase physical activity among US children which applied marketing techniques at multiple levels (e.g., teens, parents, teachers, etc.). The motto was VERB: “It’s what you do” to encourage lifestyle changes, such as playing more and "trying new verbs."

The concepts of ‘demarketing’ and ‘countermarketing’ – encouraging the avoidance of unhelpful behaviours and the promotion of desired behaviours are gaining popularity in other fields.8 For example, discouraging the consumption of sugary drinks and junk food and promoting healthy food.8 For back pain, this could involve discouraging inappropriate imaging and non-evidence based products and encouraging desired alternatives (e.g., watchful waiting, active living).

**Call to action**

New opportunities and challenges mean we need to update the successful Victorian “Back Pain: Don’t Take it Lying Down” mass media campaign. Long duration, high intensity, campaigns which use multiple media platforms are critical ingredients for a successful campaign.6Adequate funding, clarity of messaging, and the use of clever visual advertising may also contribute to campaign success. An updated, and contemporary campaign, could form one essential part of a multi-pronged approach to tackling the burden of back pain.

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