

**TELLING THE TRUTH ABOUT THE TOBACCO INDUSTRY:  
A BACKGROUNDER ON  
TOBACCO INDUSTRY DENORMALIZATION**

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## Introduction

Canadian health interests including the federal government's Ministerial Advisory Council on Tobacco Control have recommended to the government that it implement tobacco industry denormalization strategies, especially in federal mass media campaigns. Health Canada and the federal government have resisted such an approach for almost a decade. Nevertheless, the health community intends to press for the denormalization strategy in any future mass media campaign or programme.

Although the following may go without saying, we must stress this point for clarity. Tobacco industry denormalization commercials would be only one component of a mass media campaign. Other components would include messaging about risks to health and cessation advice, risks to non-smokers about second-hand smoke, etc. While this paper addresses the industry denormalization component alone, this genre of ads might only constitute, for example, one third of the ads or materials produced. Of course, all other messages including risk or cessation messages could have an industry denormalization component.

## Background

Health Canada has struggled with the denormalization strategy for years. The NSRA first raised the issue early in the 1990s after the California Department of Health Services launched a campaign which had as its theme "The tobacco industry is not your friend."

Debate over denormalization intensified as a result of a workshop on the subject in February of 1999 which the Non-Smokers' Rights Association helped to organize and following two national consultations. The result of these initiatives was the inclusion in 1999 of denormalization as one of four goals in *New Directions for Tobacco Control in Canada: A National Strategy* prepared by the National Strategy to Reduce Tobacco Use in Canada in partnership with the Advisory Committee on Population Health.

Since the completion of *New Directions*, Health Canada wrote a new "federal strategy" redirecting the focus on tobacco industry behaviour to a focus on either the denormalization of individual behaviour (smoking) or on the denormalization of the product. There is nothing new in attempts to denormalize smoking behaviour or the product. It is telling the truth about the industry's behaviour which is new and which provides the real foundation for a denormalization strategy. Broadening the meaning of denormalization to include denormalization of the behaviour and the product expands the concept to the point of rendering it meaningless. This confuses the public and undermines the work of tobacco control agencies.

At the same time that discussions were underway over the definition of denormalization, there was continuing evidence of a reluctance to "operationalize" the concept - as one Health Canada official described the reticence. This was evident, for example, in Health Canada's reluctance to air the Massachusetts TV commercial "Conscience," both in 2000 and in March 2001, as promised.

Confirmation of the fact that the government had no plans to implement the denormalization component of the 1999 “National Strategy” document appeared with the release of “Health Canada’s Tobacco Control Strategy” on April 5, 2001. In this press handout, “harm reduction” had been substituted for “denormalization” following a very superficial consultation with the health community.

### **Tobacco Industry Denormalization**

This substitution is unacceptable not because harm reduction should not be a goal but because a conscious decision has been made to downplay the focus on tobacco industry behaviour. When an epidemic of malaria threatens, governments address the risk of mosquitoes. When cholera occurs, authorities focus on the role of infected water supplies. And just as society would not ignore the role of rats in an outbreak of the Bubonic Plague, it makes no sense to ignore the industrial disease vector in the tobacco epidemic.

California was the first jurisdiction to recognize what should be obvious but is not. Bruce Silverman played a key role from 1995 to 1998 in the new industry-focused strategy. In January 1999, Silverman was interviewed as part of the workshop on industry denormalization held by Health Canada. Silverman was the president and creative director of the advertising agency that was responsible for the brilliant creative work that drove the California campaign in the mid-1990s. In response to a question on tobacco industry denormalization, Silverman says:

“Debunking the industry is the bedrock on which the campaign rests. Any other information that is being conveyed, be it information about second-hand smoke, be it information about addiction, be it information about the health consequences, be it information about trying to help smokers to quit, all of those pillars rest on the concrete, on the granite, on the bedrock of an anti-industry strategy. If you don’t have that bedrock, your campaign will ultimately fail.”

It is not just the creative people behind the California campaign who understand the importance of tobacco industry de-normalization. Here is what the American Legacy Foundation says in its report released in June 2002. The ALF “Truth” campaign is the largest tobacco control mass media campaign in the world. It was funded by the US \$206 billion settlement between 46 U.S. states and the U.S. tobacco industry. The ALF report says:

“Research suggests that hard-hitting industry manipulation [tobacco industry denormalization] messages appeal to youths who are risk takers, and are therefore likely to become smokers. Similar messages have been successfully used to reduce youth smoking in Florida and California ...

Lori Dorfman and Larry Wallack, experts in social marketing, discussed counter-advertising in *Public Health Reports*. TID ads are a pure form of counter-advertising. Dorfman and Wallack claim that the most effective counter-ads are ads that

“challenge the legitimacy and credibility of the industry marketing the product. These are counter-ads because they represent a clear transfer from the personal [blame-the-victim approach] to the policy environment and focus on the corporate entity or public policy as a major player in that environment.”

from “Advertising Health: The Case for Counter-Ads,” *Public Health Reports*, 1993, 108(6).

For the purpose of this paper, we define the denormalization strategy as follows:

Tobacco industry denormalization (TID) is a strategy that involves telling the public the truth about the tobacco industry’s role as the disease vector in the development and perpetuation of the tobacco epidemic.

Tobacco industry denormalization (TID) is the reversal of the process of industry normalization promoted by the cigarette manufacturers. TID involves showing Canadians why the industry is not normal, or legitimate, and why both the product and the industry fall outside the norms of legitimate business. TID involves stripping the industry of its illegitimately obtained normalcy.

Tobacco products entered the market at a time when the risks of tobacco products were essentially unknown. By the time the needed science had developed and the risks had become apparent, a large segment of the population was addicted, making it impossible for governments to remove the product from the market. While this was going on, the industry regularly taunted governments to ban cigarettes if they really believed tobacco products caused tens of thousands of deaths annually. This tactic was designed to remind legislators, media and the public that while tobacco products were still on the market, legal, normal companies marketing these legal, normal products are entitled to all the rights and privileges available to all companies in the marketplace. Governments have not challenged this view even though the cigarette is unique in business in virtually all respects. It is certainly unique on any scale of destructiveness.

If the industry has based its predatory marketing on normalcy and rationalized a preventable epidemic on the misconception that the product and the industry are normal and legitimate, a rational health strategy must be to reverse this process. This involves showing decision takers and the public that the industry and its products are not legitimate, that they warrant marginalization. The wisdom of such a recommendation is confirmed by millions of pages of internal industry documents which show that tobacco manufacturers have operated outside the boundaries of civilized behaviour for decades.

Tobacco industry denormalization then involves the reversal of the various strategies that have led to the addiction of millions. It involves telling the public the truth not just about tobacco’s risks but about the industry’s behaviour. Denormalization offers the potential to transfer the

focus of normal teen rebellion away from parents and teachers and toward the industry that is targeting them. To date, this strategy may not yet be perfected but we are still early in the development of tobacco control mass media campaigns. By explaining to smokers that the industry was involved in their addiction as adolescents, denormalization helps to reduce their guilt and anger. It also helps to transfer that anger to the industry and attempts to use increased smoker self-esteem as a stepping-stone to cessation.

A California Department of Health Services report says that its denormalization strategy

“exposes the business side of the tobacco industry and repositions tobacco marketers as part of the problem...

Research showed that this strategy is powerful with non-smokers and smokers alike. For non-smokers, especially children, the strategy makes them stop and consider that smoking may not be an act of their own free will, and begin to understand that the tobacco companies are trying to make a profit by promoting the use of a product known to cause disease and early death. This new perspective puts the health messages they have been taught in a different light and encourages them to rebel against the tobacco companies instead of the health establishment. For smokers, the advertisements direct the frustration they feel about their addiction away from themselves and focus it toward the tobacco manufacturers.”

The American Legacy Foundation has completed extensive research into youth reaction to a focus on the industry. Its report, *Getting to the Truth*, says:

“The focus on tobacco industry behaviour and marketing practices has been a successful strategy in tobacco counter marketing (Goldman and Glantz, 1998; Sly, Heald, and Ray, 2001; Sly, Hopkins, and Ray, 2001; Bauer et al., 2000; Teenage Research Unlimited, 1999). The success of these counter-tobacco industry messages may be attributable to capitalizing on adolescents’ propensity to rebel and directing this rebellion toward the tobacco industry (Evans et al., 2001.)”

In short, denormalization has the potential to help keep teens out of the tobacco market, to encourage cessation and to support the development of public policy on tobacco.

The tobacco industry denormalization theme appears to be imperfectly understood within various arms of the federal government. Health Canada itself is less than unified in its support of the strategy. The problem is that if Health Canada cannot reach a clear, unambiguous consensus on this strategy, that ambivalence will be detected by the Privy Council Office or the Prime Minister’s Office, both of which have a very large say in what media goes to air. This has to change.

### **The case for marginalizing or denormalizing the tobacco industry**

If any societal problem qualifies for special treatment, surely the source of the tobacco epidemic does. The tobacco industry is unique. It is special based on its score on any scale of destructiveness. The tobacco industry:

- addicts children;
- causes at least 20 terminal diseases;
- kills and maims on an unparalleled scale, at the rate of 45,000 deaths a year in Canada alone;
- kills one out of two of its long term users;
- will, according to WHO and Health Canada, kill three million Canadians presently alive.

Internal documents show that the tobacco industry has a history of unconscionable behaviour. It has created an epidemic on a foundation of dishonesty involving virtually every aspect of its business. The industry has

- lied about the risks of its products;
- lied about addiction;
- lied about nicotine manipulation;
- lied about its predatory marketing directed at children;
- lied about its involvement with smuggling.

The aggregate of this behaviour justifies governments supporting the industry denormalization health objective. Yet there is another justification. Health policy must be to end the epidemic, not just to reduce its size. An epidemic accompanied by 15,000 deaths is no more acceptable than an epidemic that is responsible for 45,000. Implicit in bringing the tobacco epidemic to a satisfactory conclusion is ending the tobacco industry as we know it, not by a prohibition, but by starving the industry of customers.

This perspective is significant for those who come from a background involving the regulation of legitimate industries. A normal regulatory approach and mind-set makes sense if an industry manufactures a product that has a safe level of use. But when an industry's products kill when used exactly as the manufacturer intends, the goal for government should not be to keep the industry operating within standards of behaviour acceptable for legitimate business. The goal should be to undermine and block all aspects of its marketing to the extent permissible by law.

This is just common sense. And courts, even Supreme Courts, recognize common sense.

### **The Challenge for Health Canada**

If the denormalization strategy has merit, how much of the strategy will the government support? How far is the Health Canada prepared to go to tell Canadians the truth about this industry's behaviour? And, as the truth is being told, if the industry finds itself increasingly marginalized, what problems does the government see being created? And are these problems real or imaginary?

The health community holds that there are no real legal blocks to the TID strategy. After all, several jurisdictions with systems of law similar to ours are already heavily involved in the

industry denormalization strategy. The blocks are political. Governments can tell the truth to protect the health of Canadians.

The denormalization strategy can be incorporated into press releases, print, radio and TV advertising, statements by ministers, recommendations for curriculum development and media initiatives, all designed to counter industry attempts to undermine government health policy by making legislators and the public believe its products are normal.

### **Recommended Reading**

1. *Getting to the Truth: Assessing Youths' Reactions to the truth<sup>sm</sup> and "Think. Don't smoke" Tobacco counter marketing Campaigns*, First Look Report 9, June 2002.
2. Goldman, L.K. and S.A. Glantz. 1998. "Evaluation of Antismoking Advertising Campaigns." *Journal of the American Medical Association* 279 (10) (March): 772-777.
3. *Two Thumbs Down – Canada's Tobacco Control Mass Media Campaign: Observations on Year One*, Non-Smokers' Rights Association, July 2002