Public Health Advocacy and Tobacco Control: Making Smoking History

Simon Chapman
School of Public Health
University of Sydney
NSW, Australia
Public Health Advocacy and Tobacco Control: Making Smoking History
This book is dedicated to my mother Margaret, who died from cancer aged just 64.
Public Health Advocacy and Tobacco Control: Making Smoking History

Simon Chapman
School of Public Health
University of Sydney
NSW, Australia
© 2007 by Simon Chapman

Blackwell Publishing editorial offices:
Blackwell Publishing Ltd, 9600 Garsington Road, Oxford OX4 2DQ, UK
Tel: +44 (0)1865 776868
Blackwell Publishing Inc., 350 Main Street, Malden, MA 02148-5020, USA
Tel: +1 781 388 8250
Blackwell Publishing Asia Pty Ltd, 550 Swanston Street, Carlton, Victoria 3053, Australia
Tel: +61 (0)3 8359 1011

The right of the Author to be identified as the Author of this Work has been asserted in accordance with the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

First published 2007 by Blackwell Publishing Ltd


Library of Congress Cataloging-in-Publication Data
Chapman, Simon.
   Public health advocacy and tobacco control : making smoking history / Simon Chapman.
   p. ; cm.
   Includes bibliographical references and index.
   4. Tobacco industry.  1. Title.
   WM 290 C466p 2007]
   HV5732.C435 2007
   362.29′66—dc22
   2007010861

A catalogue record for this title is available from the British Library

Set in 11/13pt Bembo
by Graphicraft Limited, Hong Kong
Printed and bound in Singapore
by Fabulous Printers Pte Ltd

The publisher’s policy is to use permanent paper from mills that operate a sustainable forestry policy, and which has been manufactured from pulp processed using acid-free and elementary chlorine-free practices. Furthermore, the publisher ensures that the text paper and cover board used have met acceptable environmental accreditation standards.

For further information on Blackwell Publishing, visit our website:
www.blackwellpublishing.com
## Contents

*Preface*  ix  
*Acknowledgements*  xvi  

### Part I  Major Challenges for Tobacco Control This Century  1

1  **Death is Inevitable, So Why Bother With Tobacco Control?**  3

   The ethics of tobacco control  11  
   The ethics of smokers “knowingly” harming themselves  12  
   “Informed” smokers: policy implications  13  
   What is a “fully or adequately informed” smoker?  14  
   The tobacco industry’s current information inaction  17  
   Ethical implications of addiction in tobacco control  18  
   When smoking harms others  19  
   Ethical aspects of the social costs of smoking  20  
   Conclusions  22  

2  **The Place of Advocacy in Tobacco Control**  23  

   Policy wish lists  24  
   Advocacy: the neglected sibling of public health  27  
   Unravelling gossamer with boxing gloves  34  
   Banning smoking in workplaces  40  
   Political insights into advocacy for smokefree bars  49  

3  **The News on Smoking**  62  

   Impacts of the media  63  
   Framing  67  
   Criteria for newsworthiness  68  
   Making news on tobacco control  70  

4  **Dead Customers are Unprofitable Customers: Potential and Pitfalls in Harm Reduction and Product Regulation**  76  

   Overview  80  
   Ways to engineer tobacco products  82  
   PREPs: potential reduced exposure products  88  
   Who will use the new reduced-harm products?  101  
   Will smokeless tobacco transpose to cultures with no traditions of use?  104
Be there! The first rule of advocacy 221
Bluff 222
Boycotts 222
Bureaucratic constraints 223
Celebrities 225
Columnists 227
Creative epidemiology 227
Criticising government 230
Demonstrations 231
Divide and rule 233
Doctors 234
Editorials 235
Élitism 236
Engaging communities 236
Fact sheets 238
Gate-crashing 238
Infiltration 239
Inside and outside the tent 241
Internet 241
Interview strategies 242
Jargon and ghetto language 251
Know your opposition 251
Learning from other campaigners 252
Letters to politicians 252
Letters to the editor 255
Local newspapers 257
Mailing lists 257
Marginal seats 258
Media cannibalism (or how media feed off each other) 259
Media conferences 260
Media etiquette 261
Media logs 262
Media releases (press releases) 263
Meeting with the tobacco industry 263
Networks and coalitions 265
Online polls 266
Op-ed opinion page access 267
Open letters 268
Opinion polls 269
Opportunism 270
Parody 271
Petitions 272
Pictures and graphics 273
Piggy-backing 273
Precedents 274
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press agencies</td>
<td>274</td>
</tr>
<tr>
<td>Private sector alliances</td>
<td>275</td>
</tr>
<tr>
<td>Publicising others’ research</td>
<td>275</td>
</tr>
<tr>
<td>Radicalism</td>
<td>276</td>
</tr>
<tr>
<td>Reporters and journalists</td>
<td>277</td>
</tr>
<tr>
<td>Scream test</td>
<td>280</td>
</tr>
<tr>
<td>Shareholders</td>
<td>281</td>
</tr>
<tr>
<td>Slow news days</td>
<td>283</td>
</tr>
<tr>
<td>Strategic research</td>
<td>283</td>
</tr>
<tr>
<td>Talent (spokespeople)</td>
<td>284</td>
</tr>
<tr>
<td>Talkback (access) radio</td>
<td>285</td>
</tr>
<tr>
<td>Targeting or narrowcasting</td>
<td>287</td>
</tr>
<tr>
<td>Whistle-blowers</td>
<td>288</td>
</tr>
<tr>
<td>Wolves in sheep’s clothing</td>
<td>289</td>
</tr>
</tbody>
</table>

References 291

Index 325
Preface

This is a revised, updated and in its entire first part, a very different version of a book I wrote with Deborah Lupton in 1994: The Fight for Public Health: Principles and Practice of Media Advocacy. Those who know that book will recognise that Part II of this book – An A–Z of Tobacco Control Advocacy Strategy – contains much that is similar, although many new sections and more recent case studies have been added and some long-redundant ones cut.

Part I of the first book was an attempt to explore the concept of advocacy and its applications in the broad field of public health, particularly as these related to media advocacy. In this book, I have chosen to take a different approach and to focus on two related objectives. First, I want to explore what needs to be done in tobacco control in the first decades of the twenty-first century if we are to accelerate the decline in smoking that has long been experienced in those nations that have adopted comprehensive tobacco control policies. Next, I want to apply the principles of public health advocacy to tobacco control. As the subtitle of the book suggests, in some nations with advanced histories of tobacco control, we may well be nearing a point when we can be confident that within two decades – perhaps earlier – we will see tobacco use wane to such a point that it will be almost “history”: an uncommon, marginal behaviour, largely disappearing from public sight in much the same way that public spitting did in many nations early in the twentieth century.

But in most nations today, smoking remains depressingly and avoidably common, legislative controls rudimentary, and the public culture surrounding smoking one that sees it as very normal, accommodated and unexceptional. The future of the global tobacco epidemic, which will see 10 million deaths a year by the year 2030, will be increasingly played out in less developed nations. There are important reasons why some key forms of advocacy will not readily transfer (for example) from advanced, industrialised, fully democratic nations to less developed nations with centrally controlled news media. However, there are also many case studies of the successful transfer of strategy that show that tobacco control can become a vital and energetically adopted part of the government of low-income nations.

I have been fortunate to live in Australia for most of my life, and to have spent nearly 30 years working in tobacco control. During this time I have seen huge and extraordinary changes in the social and political climate surrounding tobacco use and efforts to control it. In 2001, I was leaked a staff training DVD from British American Tobacco (Australia). Five senior executives sat in front of the camera blubbing about the inexorable fall in smoking in Australia and how it would only get worse. They tried to inspire their staff by talking up hopes that as the remaining water drained from the pool, they might still snatch profit from brands they might inspire smokers to believe were at the “luxury” end of the market. Luxurious carcinogens. It was desperate stuff, but very heartening all the same. In
the early 1960s, nearly 60% of men and 30% of women smoked in Australia. Today, daily smoking by people aged 14 and over is now 17.4% and shows no signs of having bottomed out. Lung cancer in men has been falling since the early 1980s and female lung cancer appears to have stopped rising. Death rates from coronary heart disease fell by 59% in men and 55% in women between 1980 and 2000, in large part because of changes in risk factors like smoking. Such gains in reducing smoking rank with vaccine uptake, the fall in the road toll and the arresting of the AIDS epidemic as being among the major public health achievements of the last 50 years in Australia. Similar stories can be told about tobacco control for a growing number of nations.

Today smokers huddle in doorways, quietly excuse themselves from meetings and slip out of your house to smoke during visits. Increasingly, to smoke today in many nations is to wear a badge that says “I am either an immature youth, have little education or life aspiration, or am a resigned addict”. Thirty years ago it was very different. Through advertising, the tobacco industry had infected smokers with the idea that they had a monopoly on all that was interesting, convivial and sensual. The revelations of epidemiology about smoking and disease rather ruined all that, but it has been advocacy that has ensured the epidemiologists’ conclusions became translated into policy, mass outreach programmes and law reform rather than languishing in scholarly journals read by few.

In the late 1970s I was becoming bored in my first job as a community health educator. While I gave interminable talks to Rotarians and teachers’ staff development courses about the “drug problem”, tobacco advertising wallpapered every conceivable public space. As the then head of the Victorian Anti-Cancer Council, Nigel Gray, once wrote to a newspaper, drug pushers were very publicly jailed while tobacco company directors were quietly knighted. With a few colleagues in 1978, I formed MOP UP (Movement Opposed to the Promotion of Unhealthy Products). We put out a precocious press release and the next week were profiled by the *Sydney Morning Herald* as the latest pebble in the shoe of sin industries. We engineered the removal of the actor Paul Hogan from the hugely successful Winfield cigarette advertising campaign (“MOP UP’s slingshot cuts down the advertising ogre” read the headline) and re-energised the debate about tobacco advertising that Nigel Gray and Cotter Harvey, the founder of the Australian Council on Smoking and Health, had started in the 1960s.

At our first meeting – held in the lecture theatre of the Sydney morgue in Camperdown – someone stood and declared impatiently that our political letter writing plans were pathetic, and if we had courage, we would take more direct action. BUGA UP, the graffiti movement, was born and over the next eight years revolutionised ordinary Australians’ understanding of the politics of tobacco control. My modest involvement was to take on-going responsibility for the billboard on a shop directly opposite the entrance to News Ltd where several Murdoch newspapers were printed, but my admiration for the dozens of courageous people who risked much over a decade of civil disobedience is boundless. We held a 20-year reunion in October 2003.

When I first started in tobacco control, people at parties would occasionally give me wide berth as a probable teetotal morals crusader who would soon move
to turn the music down at your party and pluck sweets from children’s mouths. MOP UP and especially BUGA UP changed all that. Understanding that the tobacco industry is a pariah of the corporate world rapidly became a litmus test of a whole set of values. Today, one very rarely reads, hears or sees a tobacco industry executive in the media: they have vanished from public discourse, knowing that their credibility is rock bottom\(^{11}\) with every public appearance promising further humiliation. As my colleague Stan Glantz from the University of California, San Francisco, has said, “they are like cockroaches. They spread disease and don’t like to be seen in the light”. No respectable politician would today ever risk open public association with them and this has facilitated the incremental adoption of a legislative programme that puts Australia at the forefront of nations trying to reduce tobacco’s toll.

Those heady days and my first degree in media sociology gave me a taste for the nature and importance of understanding news values. They blooded me for a career in which I have tried to translate epidemiologists’ conclusions into public discourses that gel with community concerns and taught me how these must be truncated into soundbite-length summations if they have any hope of making the news. I have always had enormous respect for the power of the news media to influence the way that communities think about issues. My honours thesis on imagery in advertising for psychotropic drugs in medical journals was tabled into the Australian Senate Hansard in 1979\(^{12}\), teaching me that academic work could climb out of its mostly cosseted sanctuary and influence political debates.

Since 1976, I have published over 330 research papers, editorials, letters and commentaries in peer-reviewed journals and another 100 in throwaway journals. I have written twelve books and large reports. A few of these have been cited reasonably well. But if I was to nominate my most influential contributions, without hesitation, I would name some of my 130 newspaper opinion pieces, my letters to newspapers or some of my extended radio and TV interviews during critical periods of advocacy for change like the tumultuous period of advocacy that was required after the Port Arthur gun massacre in 1996 to secure tough gun laws\(^{13}\).

Years of watching my citation rate splutter upwards and 16 years of editing an international research journal (\textit{Tobacco Control}) have taught me that scholarship, for all its importance, exists in political backwaters and seldom influences practice, public or political opinion. Colleagues boast of a paper being cited a few hundred times or of speaking to 5000 like-minded people at an international conference. I am always aware that a gloves-off opinion piece in a morning newspaper followed by a round of interviews on breakfast radio on the morning of a vital political decision about public health will be read and often discussed by incomparably more people than those who would encounter the same arguments in a journal.

**The structure of the book**

The book has two parts. Part I addresses what needs to be done in the twenty-first century to arrest smoking and the diseases it causes, when the goal is to reduce those risks across whole populations of thousands, millions or hundreds of millions
of people. Part II is devoted to the *how* – it describes strategies and tactics of public health advocacy that can assist in ensuring that tobacco remains in the public and political eye as a priority issue in public health, deserving of appropriate laws and regulations, and of funding support.

According to data from the Tobacco Merchants Association, in 2005 an estimated 5.494 trillion cigarettes were consumed by the world’s 1.3 billion smokers\(^{14}\). Making significant inroads into a phenomenon of that scale is what effective tobacco control must do. Part I pulls few punches, because over 30 years I have seen a huge amount of effort described as tobacco control that collectively counts for little. It would not really matter if much of this either stopped or doubled tomorrow. There are some people working in tobacco control today who will be offended by parts of these chapters. As readers will come to see, I have little patience for tobacco control activities, interventions and programmes that fail to meet the most elementary criterion of potential population-wide public health impact: the ability to reach and influence the large number of people who are or will be affected by tobacco use. Inconsequential interventions keep busy many people working in tobacco control, but their achievements do not translate into anything capable of seriously reducing tobacco use throughout populations, nor the diseases it causes.

There is an eye-moistening parable that I have sometimes heard motivational speakers use in lectures. It describes a man and his son walking on a beach and seeing thousands of fish being washed up on the shoreline by a strong tide. The fish flap helplessly in the sand, with many already dead. The man begins to throw single fish back into the water, liberating them from their fate. The boy questions his father, asking what the point is of saving a few fish when inevitably, for every one saved, hundreds or thousands more will immediately take their place, being washed ashore with each wave. The father replies that while the boy’s observation is true, each fish that is saved by his actions will be in no doubt that being helped to live was a good thing.

This parable is usually told as a way of motivating people to understand that their personal acts of generosity and helpfulness can make important differences to others. This is undoubtedly true. Its counterpart in public health is the concept of the “rule of rescue”\(^{15}\), which sees political and resource allocation priority always given to efforts to save identifiable individuals, rather than unnamed “statistical” individuals whose lives might be saved or quality of life enhanced in years to come by actions taken today. Civilised societies always value individuals.

Rescuing individuals – or for our purposes here, assisting people to stop smoking or from never starting – is nearly always virtuous. People running small interventions in the community such as quit clinics undeniably help many attenders of their clinics to stop smoking. As I will explore in Chapter 5, such interventions can be among the most cost-effective of all procedures in modern medicine\(^{16,17}\). But the problem is that not many smokers attend them, and that while such small numbers of “fish” are being thrown back in the sea to be given a second chance, thousands more are being washed ashore by the force of tobacco industry marketing activity and obstruction of effective tobacco control.

The book commences with three preliminary chapters that address key issues that underscore much in the rest of the book. The first re-examines the ethical
basis for tobacco control. Many of the most heated debates in contemporary tobacco control practice today reflect ethical conflicts. These debates are between the public health interests and the tobacco industry; with governments about the reasons they offer for not acting; and, sometimes, between participants in tobacco control. Because I will be arguing for and against particular positions throughout the first part of the book, it is important that I should declare the values and ethical principles on which those positions rest. I discuss some of these in Chapter 1.

The second chapter addresses a question I am often asked: “does advocacy work?” Those who ask such a question typically come from fairly narrow scientific disciplines where they are used to exploring research questions in artificially controlled experimental situations. Their narrowness can be frustrating in the face of blindly obvious changes that have been engineered by advocacy efforts. But the persistence of the question, and the continuing neglect of advocacy as a serious, funded priority even among many public health institutions, requires that it be addressed. Chapter 2 pulls together some previous writing of mine on this topic, trying to explain the futility of trying to “remove the (policy and strategy) eggs from the omelette”: of trying to apply overly scientific demands to the project of explaining how policy and public opinion changes. It examines in detail the case of the decades-long advocacy effort to secure comprehensive legislation for smokefree indoor air. It also discusses at length the core advocacy skill of framing, again illustrating this with a case study on the struggle to see bars and pubs go smoke free.

The third chapter argues for the centrality of news-making in ensuring that tobacco control gains public and political support. It argues that the news media are neglected by the public health community in its preoccupation with planning, running and evaluating controlled experimental interventions whose effects can be nailed down by tightly controlled research designs. While the majority of the professional public health community are busy running and studying these typically small-budgeted interventions, the world is full of background “noise” in the form of oceans of news reportage and debate about tobacco control, most of which is highly supportive. This noise is largely neglected as both a vital “intervention” in its own right and as a subject to be analysed for its potential to allow greater and more effective participation by those wanting to progress tobacco control. Much of Part II is a detailed menu of ways to make that happen. Chapter 3 makes the case for its importance.

**Agent, host, environment and vector**

Part I then moves to explore, in a further four chapters, what I consider the most important topics in tobacco control today if we are to reduce the incidence of diseases caused by tobacco use. This part of the book is not an attempt to review exhaustively the latest and best evidence on each of these topics, but instead to put the case for action or changing emphasis on those issues I consider most critical. These topics can be considered under the time-honoured disease control matrix of agent, host, environment and vector. This matrix has mainly been applied to infectious and vector-borne disease control (e.g. with malaria control, the agent is the malarial parasite; hosts are those who can get malaria after being bitten by