

CANADIAN COALITION FOR ACTION ON TOBACCO

*** Open letter ***

October 16th, 2002

The Honorable Anne McLellan, P.C., M.P.
Minister of Health
Health Canada
Brooke Claxton Building, P.L. 0916A
16th Floor
Tunney's Pasture
Ottawa, Ontario K1A 0K9

Dear Minister:

Re: Effective Tobacco Mass Media Campaigns

The significant support for tobacco industry denormalization at the recent Roundtable on Mass Media Campaigns (July 8th and 9th) compels us to write and recommend that your department move quickly to incorporate this strategy into Canada's mass media campaign. When dealing with an epidemic that prematurely kills 45,000 Canadians every year, any delay in implementing an effective tobacco control measure is literally costing lives.

As you know, over a year ago, the federal government established a fund of \$480 million to be spent over five years to reduce tobacco morbidity and mortality, earmarking 40% for mass media initiatives. The first year of this five-year program has already expired, deepening our concern for the implementation of an effective strategy to deliver this mass media campaign.

After four decades of public education campaigns, there is solid evidence¹ about which public education measures are effective — or ineffective — at reducing smoking. Effective mass media campaigns use blunt messaging, often use real people, explain the consequence of tobacco use in graphic ways, reframe the debate to expose the industry's role in the epidemic, and build public support for more effective tobacco control measures through tobacco control policy and legislation. They do not preach to young people.

The campaigns with the greatest success to date at reducing smoking rates in kids as well as adults have been those in California, Florida and Massachusetts. All employed "tobacco industry denormalization" strategies. Experts in tobacco control mass media campaigns now recognize that society cannot ignore the behaviour of the tobacco industry in the tobacco epidemic any more than it can ignore the role of the mosquito in an epidemic of malaria. Tobacco industry denormalization, in plain language - and we stress this for emphasis - is simply telling the truth about tobacco industry behaviour.

Minister, you now enjoy support for tobacco industry denormalization (TID) from a number of notable sources. Your own Ministerial Advisory Council has recommended that you proceed with the TID strategy.

¹ Lavack, A.M. *Tobacco Industry Denormalization Campaigns: A Review and Evaluation*. University of Winnipeg. (18 June 2002).

Significant voices in the national and regional health communities, some of which we represent, have called for a campaign which utilizes TID. And, in a 78 page report released only weeks ago, Health Canada's own mass-media consultant, Anne Lavack, endorsed TID initiatives. We believe therefore that it is time for the government to show leadership.

Industry denormalization works because it is powerful with non-smokers and smokers alike. It helps direct the frustration smokers feel about their addiction away from themselves and towards the tobacco manufacturers. It helps non-smokers understand why they should care about this public health problem.

Indeed, the tobacco industry is an industry like no other. When industry researchers first confirmed, long before the medical community, that smoking causes cancer, company executives did not seek to minimize the damages. Instead, as numerous governments have alleged in court over the last decade², the tobacco industry deliberately misled the public about the risks, about addiction, about nicotine manipulation and about its marketing directed at children³. This is why anti-smoking campaigns cannot be modeled on other public-health campaigns - such as those which promote vaccinations, AIDS precautions, or exercise. In those cases, there are no multi-billion-dollar budgets by industries being spent to achieve the opposite results.

Industry denormalization also helps young people understand that smoking is not an expression of their emerging free will, but rather a form of submission to an unscrupulous industry. 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.

One must remember that it's young rebellious teenagers who are particularly vulnerable to smoking.⁴ This fact isn't lost on the tobacco industry. Imperial Tobacco once reflected that: "The adolescent seeks to display his new urge for independence with a symbol, and cigarettes are such a symbol since they are associated with adulthood and at the same time adults seek to deny them to the young."⁵ That's why campaigns that reinforce the industry's carefully chosen mantra that "kids should not smoke" are generally doomed to be ineffective.

² Statement of claim. *Her Majesty the Queen in Right of British Columbia v. Imperial Tobacco Canada Limited, Rothmans, Benson & Hedges Inc., Rothmans Inc., JTI-Macdonald Corp., Canadian Tobacco Manufacturers' Council, B.A.T Industries p.l.c., British American Tobacco (Investments) Limited, Carreras Rothmans Limited, Philip Morris Incorporated, Philip Morris International, INC., R.J. Reynolds Tobacco Company, R.J. Reynolds Tobacco International, Inc., Rothmans International Research Division and Ryesekks p.l.c.* (24 January 2001).
(<http://www.hlth.gov.bc.ca/tobacco/litigation/pdf/agbc22.pdf>)

Statement of claim. *The State of Minnesota, by Hubert H. Humphrey, III, its Attorney General, and Blue Cross and Blue Shield of Minnesota v. Philip Morris Incorporated, R.J. Reynolds Tobacco Company, Brown and Williamson Tobacco Corporation, B.A.T. Industries p.l.c., British-American Tobacco Company Limited, BAT (UK & Export) Limited, Lorillard Tobacco Company, the American Tobacco Company, Liggett Group, Inc., The Council for Tobacco Research – U.S.A., Inc., and the Tobacco Institute.* (6 January 1998)
(<http://www.library.ucsf.edu/tobacco/litigation/mn/tob140198.pdf>).

³ *Looking through a Keyhole at the Tobacco Industry: The Brown and Williamson Documents.* (19 July 1995). [Special edition of the Journal of the American Medical Association].

Cunningham, Rob. *Smoke and Mirrors: The Canadian Tobacco Wars.* International Development Research Center, 1996.

Glantz, Stanton A. et al. *The Cigarette Papers.* University of California Press, 1996.

⁴ Gladwell, Malcolm. *The Tipping Point.* (2000): 231. Quoted in *Danger! PR in the Playground.* Action on Smoking and Health, 2000.

⁵ Kwechansky Marketing Research Inc. *Project 16.* Kwechansky Marketing Research Inc., 18 October 1997. [Marketing report for Imperial Tobacco Ltd.].

However, based on the same understanding of the needs of rebellious youth, anti-tobacco campaigns can draw on young people's urge to rebel to discourage them from smoking. Denormalization ads "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."⁶

Tobacco industry denormalization campaigns stand in sharp contrast to the ineffective campaigns that are traditionally targeted at youth.⁷ When kids are the obvious target of a media campaign, young people feel that 'someone' - usually some adult - is preaching to them.⁸ Of course, if adults tell kids - directly or indirectly - not to do something, the rebellious nature of teenagers acts up and that forbidden fruit suddenly looks very tasty.⁹ The fact that this youth-focused 'anti-smoking' approach is favoured by the tobacco industry (especially those that emphasize 'choice') should speak volumes about the efficacy of this approach. Massachusetts found: "[that] the most effective media campaigns were those that attacked the social norms that support smoking in the adult world. 'Youth only' campaigns did exactly the opposite."¹⁰

A recent report commissioned by Health Canada from Anne Lavack, one of the country's leading experts on marketing, concluded that: "When teens are targeted for anti-smoking campaigns but adults are not, it sends the message that smoking is okay for adults, and smoking is then positioned as a rite of adulthood. Therefore, it is important to target the entire population with anti-tobacco messages, and not limit the focus to youth as a target group. This ensures that smoking becomes socially unacceptable for everyone, not just for youth."

The report goes on to recommend that a Canadian tobacco reduction campaign "should focus its efforts on three primary concepts: lies of the tobacco industry, nicotine is addictive and second-hand smoke is harmful."¹¹ It concludes with a quote from one of the leading tobacco control experts in the world, Dr. Stanton Glantz: "To compete with tobacco industry advertising, anti-tobacco advertisements need to be ambitious, hard-hitting, explicit, and in your face."¹²

It took several decades for public health organizations to understand that previous attempts to discourage youth from smoking were largely ineffective. Given that we now have solid and convincing evidence regarding the effectiveness of industry denormalization — as well as the weakness of youth oriented campaigns — we strongly urge you to apply this evidence to Health Canada's national mass media strategy.

⁶ Dorfman, Lori and Wallack, Larry. "Advertising Health: The Case for Counter-Ads." *Public Health Reports*. 108, 6 (1993).

⁷ One exception may be Florida, which has been cited as a youth-oriented campaign. However, we believe that the success of the overall Florida strategy is based on the fact that tobacco industry denormalization is its primary message.

⁸ Silverman, B. [Advertising executive and principal in the development of the California mass media campaign] Interview prepared for a Health Canada conference on denormalization. 19 January 1999.

⁹ Silverman, B. Ibid.

¹⁰ Connolly, Greg. [Director, Massachusetts Tobacco Control Program] Letter to the Non-smokers Rights Association. 17 June 2002.

¹¹ Lavack, A.M. *Tobacco Industry Denormalization Campaigns: A Review and Evaluation*. University of Winnipeg. (18 June 2002).

¹² Goldman, L.K. and S.A. Glantz. "Evaluation of Antismoking Advertising Campaigns." *Journal of the American Medical Association*. 279, 10 (March 1998): 772-777.

Yours sincerely,



Lorraine Fry, Chair, **Canadian Coalition for Action on Tobacco**

On behalf of:

1. Action coeur vie Charlevoix
2. Action on Smoking and Health
3. Alliance for the Control of Tobacco (ACT)
4. Alliance pour la lutte au tabagisme Québec/Chaudières-Appalaches
5. Association Cardiomi de Jonquière inc.
6. Association des chirurgiens dentistes du Québec
7. Association des médecins de langue française du Canada
8. Association des spécialistes en chirurgie buccale et maxillo-faciale du Qué
9. Association d'oto-rhino-laryngologie et de chirurgie cervico-faciale du Qué
10. Association Générale des Étudiants collège Edouard-Montpetit (AGECEM)
11. Association pour la santé publique du Québec (ASPQ)
12. Association régionale du sport étudiant - région de Québec
13. Association régionale du sport étudiant des Cantons de l'Est
14. Asthmédia inc.
15. Bureau de santé d'Algoma
16. Bureau de santé de l'est de l'Ontario - Eastern Ontario Health Unit
17. Canadian Cancer Society
18. Canadian Council for Tobacco Control
19. Canadian Dental Association
20. Canadian Lung Association
21. Canadian Medical Association
22. Canadian Public Health Association
23. Central Tobacco Awareness Coalition
24. Centre d'information et de recherche en consommation de Charlevoix-est
25. Centre for Addiction and Mental Health
26. Centre Richard Boivin pour Alcooliques et toxicom.
27. Centre Vivre mieux sans-fumer
28. Centres jeunesse Chaudière-Appalaches (Les)
29. Clean Air Coalition of B.C.
30. CLSC - CHSLD des Patriotes
31. CLSC - CHSLD Haute-Ville-des-Rivières
32. CLSC - CHSLD les Eskers
33. CLSC - CHSLD MRC de l'Islet
34. CLSC - Hôpital d'Argenteuil
35. CLSC d'Autray
36. CLSC de Hull
37. Club Bon coeur des cardiaques de Charlevoix inc
38. Club Cardio-santé de Charlevoix Est Inc.
39. Coalition québécoise pour le contrôle du tabac
40. Collège québécois des médecins de famille
41. Comité Vert de l'Association Générale des Étudiants collège Edouard-Montpetit
42. Conseil des médecins, dentistes et pharmaciens du Carrefour de santé de Jonquière
43. Conseil québécois sur le tabac et la santé
44. Council For A Smoke Free P.E.I.
45. Council for a Smoke-Free PEI
46. Council for a Tobacco-Free Toronto (CTFT)
47. Direction de la santé publique, Régie R.S.S.S. Bas St - Laurent
48. Direction de la santé publique, Régie R.S.S.S. Bas St - Laurent , USP du Grand-Portage
49. Direction de la santé publique, Régie R.S.S.S. Chaudière-Appalaches
50. Direction de la santé publique, Régie R.S.S.S. Laurentides, Équipe de lutte au Tabac
51. Direction de la santé publique, Régie R.S.S.S. Mauricie et du Centre-du-Québec
52. Direction de la santé publique, Régie R.S.S.S. Nunavik
53. Direction de l'amélioration de l'exercice du Collège des médecins du Québec
54. École Marcelle-Mallet
55. Faculté de médecine – Chirurgie, Université de Laval
56. Fondation des maladies du coeur du Québec - Montréal
57. Fondation des toxicomanes du Québec inc.
58. Fondation Québécoise du cancer
59. Grey Bruce Council on Smoking and Health
60. Hastings & Prince Edward Counties Health Unit
61. Hauteurs (Municipalité des)
62. Heart and Stroke Foundation of Canada
63. Hôpital Jeffery Hale
64. Hôpital Laval
65. Informed Mothers for the Protection of our Air and Children from Tobacco
66. Manitoba Medical Association
67. Manitoba Tobacco Reduction Alliance (MANTRA)
68. Multicultural Inter-Agency Group of Peel (MIAG)
69. Niagara Council on Smoking and Health
70. Niagara Heart Health
71. Non-Smokers' Rights Association
72. Ontario Campaign for Action on Tobacco
73. Ordre régional des infirmières et infirmiers de l'Abitibi-Témiscamingue
74. Oxford Interagency Council on Smoking and Health
75. Physicians for a Smoke-Free Canada
76. Psychiatry Department of Montreal's Children's Hospital
77. Saint-André (Municipalité de)
78. Sainte-Florence (Municipalité de)
79. Santé et services communautaires N.B.
80. Saskatchewan Lung Association
81. Saskatchewan Public Health Association
82. Smoke Free Nova-Scotia
83. Société canadienne du cancer, Division du Québec
84. Trécesson (Municipalité de)
85. Tri-Health Team of Leeds, Grenville and Lanark
86. Unité de Médecine familiale, Centre hospitalier de l'Université de Laval