"SHOCK PACKS"

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AUDIENCE RESPONSES TO

HEALTH CANADA'S GRAPHIC-IMAGE HEALTH-WARNING

LABELS ON TOBACCO PRODUCT PACKAGING

By

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A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfilment of the Requirements

for the Degree

Master of Arts

McMaster University

MASTER OF ARTS (2003)   McMaster University
(Anthropology)   Hamilton, Ontario

TITLE: "Shock Packs": Audience Responses to Health Canada's Graphic-Image Health-Warning Labels on Tobacco Product Packaging

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NUMBER OF PAGES: vii, 105

ABSTRACT

Canada, the first country to implement graphic-image health-warning labels on tobacco-product packaging, has been hailed as a world leader in tobacco-reduction strategies. Health Canada's intention with the warning labels is to encourage smokers to reduce the amount of tobacco they use or altogether quit smoking, and to prevent non-smokers from starting to smoke. Using semiotics, a multi-sited ethnographic approach and media ethnography, I analysed the responses of members of the target audience to look at how their interpretations of the labels affect their everyday lives. I found that all the smokers I interviewed have been feeling stigmatised as a result of this warning label campaign and the anti-smoking environment in which they reside. Established smokers and those long-time smokers who have recently quit smoking feel this stigma to a much higher degree than do younger people who have smoked for less than a decade. Looking at the "preferred readings" of the labels in conjunction with the context in which individuals interpret and internalise the meaning they derive from the intended messages, I found that some older individuals have been able to reduce, downplay, or contest the stigma by relocating themselves into locales and identities where they can be accepted as smokers. Younger smokers have been able to apply the "preferred reading" of a few labels to the entire campaign, thus dismissing the warnings entirely and avoiding the full weight of the stigma. I conclude with a discussion of the ways Health Canada can look towards tobacco company marketing practices and the efforts of other health promoters to produce tobacco-reduction strategies, including labelling campaigns, that do not generate feelings of fear, guilt and stigmatisation in smokers, but instead offer positive encouragement and alternatives to tobacco-use.

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INTRODUCTION

North Americans are exposed to an estimated 2000 to 3000 advertisements each day in the form of "commercial and non-commercial messages" (Hackley and Kitchen 1999: 15). Such pervasive and ubiquitous advertising can have tremendous impact on our lives. Shock advertising, in particular, because of its bold, graphic, and often disturbing manners of presentation, can affect people emotionally and in other ways. Research on advertising carried out in the social sciences has tended to focus on locating cultural ideologies through semiotic decoding and content analysis (O'Barr 1994; Williamson 1978). Generally, researchers have not taken into account audience responses to advertising because it was assumed that audiences accepted media text messages unconditionally. Furthermore, published research on audience responses to mass media generally looks at television (Abu-Lughod 1997; Bird 1998; Mankekar 1999; Morely 1980). From an anthropological perspective, most of the existing literature on this topic consists of "thin" rather than "thick" description (Geertz 1973: 7) because it fails to consider overarching cultural factors such as gender, economic background, and political history – the broader cultural context within which audiences respond to media. Recently, researchers in anthropology, cultural studies, and media studies have been calling for more contextual and "thick" analysis of mass media, balancing the use of a "textual determinism" approach to media analysis and active audience response theories (Drotner 1996; Gibson 2000; Morley 1996). My project responds to this call for theoretical redirection by adopting a more holistic ethnographic approach to media research, one that emphasizes content and context. Specifically, I seek to investigate the ways in which audiences respond to the image-based warning labels that Health Canada has placed on the packaging of tobacco products – images so unsettling that they prompted one Australian government official to call them "shock packs" (Pritchard 2001: 43). Although the labels are public-health rather than product promotion, the techniques used to present the messages, and the ways in which people internalise and respond to them, are similar to commercial advertising.

Health Canada's image-based warning label campaign began January 2001 as a result of the *Tobacco Control Act*, Canadian Government legislation formed in the mid-1990s. Prior to this campaign, bold, black and white text-based warning

labels covered only one third of the tobacco product packaging. The new campaign requires tobacco companies to cover half of the tobacco product's packaging with full-colour, image-based warnings. The labels include graphic images depicting health risks linked to tobacco use, such as lung cancer, gum disease, and stroke. My interest in the campaign and reason for focussing on it is based on the following three considerations. First, unlike the audience of most other advertising campaigns, this target audience is in direct, continuously recurring contact with the health-warning advertisements. Second, the campaign is one of "shock advertising" in which graphic images are used to attract the attention of the target audience. Third, the campaign is one of social de-normalisation intended to counteract the normalising effects of tobacco marketing and make tobacco use socially unacceptable.

My primary research questions examine the relationship between smokers' identities and Health Canada's warning labels. Questions I explore include: What messages about health care and social issues are implicit in the warning labels? What emotions do these messages evoke among target audience members? Is the campaign effective or counterproductive? Do smokers become more defensive and adamant about their smoking habits as a result of their reaction to the campaign? Do smokers feel fear and stress from the graphic images, causing them to smoke more? Do these various emotional reactions affect smokers' identities? If so, how do these reactions influence their definitions of self?

Initially, I was concerned about whether and how smokers' definitions of self had changed as a result of their reactions to the new campaign. I anticipated that Health Canada's use of intentionally disturbing images would elicit powerful responses, affecting individuals emotionally. I suspected that these reactions might then have an impact on self image and identity construction. As I had anticipated, my findings showed that the target audiences of the campaign reacted in a variety of ways, ranging from acceptance, to acknowledgment but partial rejection, and to complete denial of the warning labels' statements. Such responses are in line with current audience response theories of interpretation whereby a person's reactions are subject to a complex negotiation process between the influence of the media's hegemonic force and the individual's personal contexts. As the study progressed, I realised that my most important finding was that smokers' identities had a greater impact on the interpretations they made than the interpretations had on identity

formation.[1] Thus, my research focus shifted to looking more closely at how interpretations grounded in this negotiation process are produced and how they affect participants' daily lives.

Theoretical Orientation

My theoretical orientation derives from interpretive perspectives in anthropology, recent developments in audience response theory, elements of textual analysis, and theories of identity relevant to my study. The concept of "audience response" developed within the field of literary criticism, emerging from that field's reader response criticism, as a reaction to textual determinism of media analysis popular at the time (Morley 1996: 12). Morley (1996: 14) argues that this latter analytical tendency assumed audience members to be "cultural dopes," blindly accepting the text producers' messages. On the other hand, following the understandings of reader response criticism, "audience response" assumes that audience members are creative and as equally implicated in the meaning-making process as those making the texts. Each individual's interpretations are based on a combination of specific contexts relating to gender, age, history, and ethnicity (Fish 1980). Thus, audience response theory proposes that multiple interpretations of any text are possible, and that each interpretation depends on the reader's context. Further, these interpretations are subject to change over time as contexts change. In this vein, contexts are elements such as environment, circumstances and biography that surround and influence a person's perception and understanding. Although originating in textual analysis, audience response theory has been adopted into visual analysis studies with the assumption that visual material can be "read" and interpreted by audiences in much the same way as literary texts can (Banks 1996; Morley 1996). I have incorporated this assumption into my study of audience responses to the visual component of Health Canada's graphic-image warning labels.

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[1] Perhaps in a larger study, over a longer period of time, I would find that individuals' interpretations do impact identity formation. Given the limitations of this study, however, the most important finding I was able to locate was the impact of individuals' identities on their interpretations of the labels.

While audience members are not passive receptors of media messages, it must also not be presumed that texts[2] are completely open (Morley 1996: 14). Rather, individuals' contexts and agency allow interpretations to develop "through a process of 'negotiation' whereby [the reader or viewer] may completely accept, partially accept or totally reject the reading" (Banks 1996: 119). Negotiation, here, refers to the usually unconscious process by which audience members move towards an understanding of the material they are attributing meaning to by negotiating their way through various elements of context that may have an influence on their interpretations. As contexts change, so does the negotiation process, and, hence, new interpretations for the same text develop. Elements of textual determinacy must be included in research on mass media, because text messages can be constraining factors in audiences' responses and are part of the negotiation process. Media producers encode "preferred readings" (Hall 1977) into texts to guide their audience in the direction of the message being promoted. The preferred readings are encoded in culturally relevant symbols meant to attract the attention of the target audience. These symbols reflect cultural ideals such as, in the case of the present research, those about "good" parenting and personal health care, and can be understood as representations of overarching cultural ideals. The "referent system" (Williamson 1978: 170) is the encoding process whereby the preferred interpretations are being associated with cultural symbols. This system is manipulative because it entices audience members to unconsciously link the favoured interpretations with larger cultural standards – elements generally otherwise unrelated. In this light, preferred readings can be understood as hegemonic in that the messages are ideologies sponsored by dominant cultural institutions or the state (Abu-Lughod 1997: 121).

The explicit message in Health Canada's preferred reading of the warning labels is to either quit or reduce smoking (Health Canada 1999b). To persuade smokers to accept this reading, the message is linked with obvious benefits such as better personal health. In addition, however, the labels carry implicit messages about how to be a "good" parent or citizen who does not harm the health of non-smokers. When asked what message Health Canada was trying to send with these labels, all the participants, regardless of gender or age, read the preferred message as being similar to this statement: "Quit smoking before suffering any of these graphically depicted consequences." In the following chapters I discuss in

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[2] Media researchers use the terms "text" and "read" to suggest an active engagement with media products. The term "text" refers to any media text be it verbal, aural, visual, or written that people interpret and analyse, or "read."

more detail the extent to which participants accepted, internalised, and responded to this reading. For now, suffice it to say that the impact of the hegemonic force of Health Canada's preferred readings is not universal. The ways in which people react to the interpretations are unique to them and unanticipated by me. More importantly, the responses are profoundly influenced by people's contexts and identities.

Identities are how we conceive of and label ourselves and how others label us, individually and collectively (Mathews 2000: 17). Identities are never fixed; rather, they are fluid and ever changing as a result of continued interaction with others (Giddens 1991: 53-54). Identities are constrained, as are audience responses, by cultural forces such as gender, political history, and personal interrelations. The idea that identities are always changing due to influences from external forces is inherent in my discussion of identity and self. Contexts, on the other hand, include cultural forces, but also include equally influential elements such as the weather, the time of day or year, and even the music on the radio. Contexts and identities are formed through social action and interaction, they are tightly linked, each constituting the other (Phillips 2002). Thus, when a person's context changes, his or her identity often does as well. For instance, when around their children, people will tend to respond to situations in their "parent or guardian" identities. Erving Goffman's (1961) identity performance theory states that as people move throughout their lives, and even their days, they perform different identities. With these roles come norms of behaviour that are learned and that change over time. People perform a certain role depending on the audience they face, or more specifically, they take on a role that depends on their interpretation of what the audience is likely to expect (Goffman 1959: 249-250). Individuals will always be performing a role even if they are adopting one identity to conceal another. My understanding of how contexts and identities influence one another and affect peoples' responses is largely based on Goffman's theories on the presentation of self.

The performance aspect of Goffmans' ideas, however, suggests a certain amount of consciousness and selection on the part of the actors that I did not witness. I did interview people who were often conscious that they smoked to take on certain identities: being "cool," risky, dangerous, sexy, intellectual, artistic, or independent. Yet they were not using these identities as a way to influence their interpretation of the labels, although, generally, their adoption of a different identity – a change in context – inadvertently would do so. Rather, decisions to use cigarettes were often based on the assumption that smoking would result in an improvement in status, but only in certain situations. With the recent rise in anti-

tobacco sentiments, tobacco use has become a socially de-normalised practice in nearly all social roles; it is no longer acceptable for people to smoke in most contexts and identities. Consequently, smokers have felt singled-out for their practice of smoking cigarettes, suffering a stigma as a result.

In his classic work on stigmatisation, Goffman (1963: 4) lists three types of stigmatisation: "abominations of the body," "tribal stigmas of race, nation, and religion," and "blemishes of individual character." The last of these three is the type of stigmatisation felt by the smokers I interviewed. They are set apart from "normal" people because their smoking habit, a defining characteristic, has recently become socially unacceptable. Goffman (1963) states that people feeling abnormal or stigmatised will naturally try to manage the stigma in an effort to feel as normal as possible. For many of the older smokers in my study, smoking had never been an issue – definitely not a negative characteristic for any of their identities. Now, however, they feel like "social pariahs," when previously they were like "everyone else." Some of the participants I spoke with have taken advantage of their ability to change contexts and identities throughout the day to avoid or downplay the stigmatisation. Others have had to suffer the feelings of a "spoiled identity" (Goffman 1963) because their social circumstances prevent them from being able to negotiate their way into locales where smoking is still accepted. These individuals are, in turn, suffering from their attempts to manage the stigma: some are isolating themselves, some feel as though they have failed in their social role (e.g., as parent), and others are becoming angry and straining their relationships with family and friends.

Young smokers, on the other hand, have been able to avoid the stigma by creatively interpreting Health Canada's preferred readings and deeming the campaign irrelevant to them. Gathering in "little smoking communities," they have been able to view the labels as intended primarily for older smokers. I use Victor Turner's (1974: 169) concept of communitas to suggest that these little communities are instances of "spontaneous communitas" within which, when smoking together, or better still, when sharing a cigarette, young smokers set aside social norms and structures to create a space of comfort and support where smoking is accepted. In these moments of communitas, young smokers discount Health Canada's tobacco-control efforts, the preferred readings, and the labels in general. Consequently, many youths have been able to rationalise their ability to continue using cigarettes for their apparent immediate benefits despite knowing the health risks that come with a smoking habit.

My research illustrates that the campaign, and others like it, has not led many people to quit smoking; rather, it has resulted in serious, potentially

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irreversible, physical and emotional repercussions for long-time and new smokers alike. Goffman's theories on identity performance form the foundation of my research, while his ideas on the management of stigma, and Turner's concept of communitas, facilitate the understanding of how established smokers and those beginning to smoke respond to the health-warning labels. Also, theories on audience response and preferred readings in media texts have been used to analyse and present the research findings that I collected with the following approaches.

Methodology

Research on mass media must balance textual analysis with interpretive, qualitative research in order not to fall into a "textual determinacy" tendency of media analysis (Drotner 1996: 32; Morley 1996: 15). Therefore, methodologically, I use elements of semiotic analysis combined with an ethnographic approach based on a holistic view of the layers of context surrounding smoking. With the former technique, I developed lines of questioning about audience responses pertaining directly to the warning labels' content. On the other hand, by allowing for open-ended discussions and a limited amount of participant observation, the ethnographic practice I employed provided me with the means of locating and observing several nuances of the impact of cultural forces on participants' responses and identities.

The strength of semiotic analysis lies in examining the "'movement' of meaning within the text and between the text and the outside world" (Leiss, Kline and Jhally 1988: 169). Semiotic analysis provides the tools and vocabulary needed to decode the cultural meaning in the signs and texts of the preferred readings. The placement and juxtaposition of these texts in the promotions are meant to be culturally relevant to target audiences, who are implicated in completing the meaning-making process, or "referent system" (Williamson 1978: 170-171). In the case of the health-warning labels, decoding the images enabled me to locate overarching cultural perspectives on family, good parenting, gender, and health. I then was in a suitable position to frame questions that centred on how the preferred readings of the messages, and the dominant cultural perspectives imbedded in them, have had an impact on smokers. Through this semiotic analysis, in conjunction with a historical overview of pro- and anti-tobacco sentiments, I have also traced changes in cultural ideals as they pertain to tobacco use. As the anti-tobacco climate has become more intense over the last decade, norms of behaviour, particularly concerning health and certain social roles, have changed, and are reflected in the warning labels.

Lila Abu-Lughod's "mobile ethnography" is a multi-sited method of research that points to a need to examine multiple layers of contexts influencing individuals' interpretations (Abu-Lughod 1997). These layers, including age, gender, economic background, and political history are located in the larger cultural belief systems and are encoded within the preferred readings of mass media texts. Some of the contextual layers, specifically the media texts, can become power-laden, "hegemonic or ideological" (Abu-Lughod 1997: 121) forces variously impacting audience members' readings of the texts, particularly when sponsored by a government department – such as is the case with Health Canada's warning labels. Following Abu-Lughod's "sites," I observed the intersection of multiple layers of context within participants' responses. The "mobile" approach also required that I seek differing perspectives on the issues of smoking and tobacco control. I used Health Canada's national Website, which included links to federal, provincial and international sites on tobacco control to obtain the Canadian government's and anti-tobacco lobbyists' views. In addition, I conducted extensive research using academic journals, popular publications, and anti-tobacco lobby group documentation to develop an understanding of various current perspectives on the issue of smoking. The information gathered was balanced against a historical overview of tobacco use and advertising in Europe and the Americas. Finally, I located tobacco company perspectives through an analysis of companies' internal documents recently made available on the Internet as a result of several law suits. By acquiring information and perspectives from these "sites," I was able to respond to the call for a "thick description" (Abu-Lughod 1997: 121; Geertz 1973: 7; Gibson 2000: 265) of media research.

Like Abu-Lughod, Kristen Drotner also uses a holistic and multi-sited ethnographic approach. Her methodology, which she terms "media ethnography," is similar to Abu-Lughod's in that analysis occurs "within the broader framework of the recipient's everyday lives" (Drotner 1996: 33). Drotner, who studies the influence of media on young filmmakers' products, points out that research should include analysis of the broader cultural factors, as well as details of individuals' lives. It is in these "details," such as an individual's handling of a cigarette package when talking with either me (an occasional smoker) or non-smokers, that I have been able to locate the nuances of how text and context affect audiences and their responses. Drotner's approach differs from Abu-Lughod's in that Drotner encourages the use of video to enhance the ability to analyse participant observation. Although my plans to include interview clips on a CD-ROM had to

be abandoned,[3] the video taping was beneficial for analysis because participants' posture and manner of holding cigarettes or packages added to my ability to interpret his or her responses. Drotner's media ethnography methodology combined with Abu-Lughod's multi-sited approach provided me with the observational and analytic material needed for my goal of a detailed description of the graphic-image health-warning labels' impact on smokers.

Research Plans and Participants

I began research in early summer 2002 and continued until mid-autumn of that year. I conducted formal interviews to locate specific information, and informal interviews to obtain rich ethnographic detail, and acquire an understanding of the participants' perspectives of the campaign. Since smokers come from a variety of backgrounds, I chose various sites for my research. To obtain responses from both urban and rural locations, I selected Hamilton (urban) and Simcoe (rural), Ontario to carry out my research. Purposive and snowball sampling techniques were used whereby I explicitly sought smokers who then introduced me to other smokers interested in taking part in my research. Of the twenty-four participants, eleven were male and thirteen were female. Initial analysis of the interviews based on gender proved less revealing than anticipated,[4] while participants' age and number of years as a smoker were more important variables. Fourteen of the participants were between the ages of 30 and 65, and ten were between the ages of 19 and 25. Seven of them have been regular

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[3]Although the majority of participants agreed to the video-taping during the interviews, most of them declined my request to include clips of these conversations on a CD-ROM.

[4]Although the female smokers of all ages and the older male smokers tended to talk more about the images with children, I only found two younger males who brought up the child-related labels. In the cases of young men and women who showed concern for children exposed to tobacco smoke, such comments tended to surface during conversations about hypothetical situations that may occur in the future or when talking about older smokers and people who smoke around children. Older smokers, regardless of their gender, showed concerned about children's health because of their experiences raising or caring for children.

smokers for 20 to 50 years, eight have smoked for less than 10 years,[5] three had recently quit smoking, and six were non-smokers who were related by kinship or friendship to one or more of the smokers or ex-smokers. The participants came from a broad range of social and cultural backgrounds: university and college students, unemployed people, tradespeople, academics, single people, married people, parents, grandparents, one First Nations woman, and several immigrants.[6] Informed-consent processes were adhered to according to the McMaster Research Ethics Board guidelines. Since I planned to videotape interviews for use on a CD-ROM, I included a clause on the informed-consent forms that dealt specifically with the issue of my limited ability to assure anonymity for those participants who consented to be videotaped.

I sought answers to my research questions by interviewing smokers about their tobacco-use history, their perspectives on smoking dating back to when they began the habit, and their views prior to the campaign compared with those since the introduction of the warning labels. I also interviewed non-smokers who associate regularly with smokers in order to explore how non-smokers' reactions to the campaign may be further impacting responses by smokers. These interviews provided insights and perspectives that smokers were not able to elucidate, such as why they were or were not using the labels to initiate discussions about the health hazards of smoking. The limited amounts of participant observation I was able to conduct prior to and following the interview sessions often resulted in rich discussions about elements such as views on government interference in ones life and experiences with personal poverty that further added to my ability to analyse participants' perspectives of the campaign.

Due to the small number of participants in my study, the limited amount of time in which the research was conducted, and my subsequent reliance on an interview-based research method, my findings cannot be considered a generalisation of audience responses to advertisements in general or to Health Canada's graphic-image health-warning label campaign in particular. My findings

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[5]Two of these smokers were social smokers who would smoke as little a single cigarette to as many as a pack's worth during a social event. Usually these people would not buy cigarettes but would acquire them from friends or other people smoking in (or near) their social group.

[6]Twelve participants referred to themselves as immigrants, all having come from various European countries. Although most have been in the country for 10 to 30 years, two participants moved to Canada in the past five years.

do, however, illustrate the richness of details available in peoples' responses that cannot be found in traditional research on advertisements. Studies done by market researchers tend to be more empirically based, seeking statistically significant conclusions to audiences' relationships with advertisements. Although this information is valuable and vital to the marketing industry, their questions can often conflate, overlook, or inadvertently downplay important factors in audience interpretations of a given marketing campaign. Despite the limits of my own research, my findings do suggest that a qualitative, ethnographic research method can add layers of meaning to the statistics and highlight new areas for further research. For instance, based on my study I cannot say that all the people who quit smoking since the graphic-image health-warning label campaign has been in place still fear they may take up smoking in certain circumstance, but the fact that some do suggests a topic for future research that may be of benefit to anti-smoking campaign producers.

Contribution to Existing Literature

My research adds to the growing body of research into advertising and other forms of mass media, it contributes to the anthropological research on tobacco use, and it provides advertisers and the general public with insight on how audiences' contexts affect their responses to promotional campaigns. Advertisers are well aware that their promotions can have powerful emotional effects on their target audiences (Leiss, Kline and Jhally 1988: 151), but research such as this one can provide further evidence of the complexity of the interrelationships between advertisers' messages, audience agency and response, and the impact these responses can have on individuals.

My project contributes to the existing body of literature in four ways. First, it adds to the increasing amount of ethnographically based audience response research being carried out by anthropologists such as Abu-Lughod (1997), Drotner (1996), and Banks (1996). Their work has focussed on mass media analysis and audience response to television and film. I expand on these previous works by examining advertisements – a mass media form that has been largely overlooked in anthropology. Second, within the area of mass media research in general, this project contributes specifically to cultural studies of advertising. In using a multi-sited, holistic, ethnographic approach, I have been able to show that research on advertising in any discipline should include an examination of the various levels of factors that can influence audience interpretation and response. Third, although health promoters and social psychologists have produced an abundance of

tobacco-control research from a North American perspective, anthropologists have tended to focus on ritual uses of tobacco (Black 1984), the symbolic aspects of smoking (King and Stromberg 2000), and the tobacco industry's expansion into developing nations (Marshall 1997), which provides little in the way of comments on smoking in North America. My project adds to research done by medical anthropologists such as Quintero and Davis (2002) on tobacco use in North America, with a focus on Canadian issues. Finally, this research may be of benefit to Health Canada and other groups generating anti-tobacco and tobacco-control programs. My aim is to draw attention to the need to incorporate ethnographic research in plans for health promotion and social marketing.

Summary of Chapters

Chapter One contains a brief history of tobacco in the Old World and the New. It begins with a look at Native Americans' use of tobacco as a spiritual vehicle, then moves onto Europeans' early encounters with the plant. I describe how tobacco initially was hailed as an herb able to cure numerous ills, including the Plague. It was not until the mid-twentieth century, with the increase in clinical medical evidence, that people began to understand the serious health risks associated with prolonged use of tobacco. In this chapter, I trace the history of anti-tobacco sentiments, which have prevailed for hundreds of years. That these sentiments have been largely ignored is because of the normalisation of tobacco use over the centuries. Tobacco companies, with their extravagant marketing campaigns, have been able to maintain this normalcy even after governments began tobacco-control efforts. The Canadian government's attempts at reducing tobacco consumption have been and continue to be balancing acts between benefiting financially from tobacco revenues,[7] caring for citizens' health, and maintaining personal and marketplace freedoms of a democratic nation. I conclude the first chapter with a look at several of Health Canada's tobacco-control initiatives, paying particular attention to the current trend of de-normalisation. Although there is a push from Canadian anti-tobacco lobbyists to adopt the industry de-normalisation tactics currently being used by several American state health departments, Health Canada has opted to continue with social de-normalisation. Industry de-normalisation differs from social de-normalisation in that with the

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[7]The Canadian government collects an estimated six-billion dollars annually through tobacco sale taxation (Brent 2001: C2), a significant amount of revenue that would be lost if tobacco products were banned.

former anti-tobacco activists seek to reduce the social acceptability of tobacco companies while with the latter they aim to make tobacco use socially unacceptable (Lavack 2001: 2). According to anti-tobacco groups, both approaches can lower the rates of smoking (Lavack 2001: 2). As I discuss further in Chapter One, social de-normalisation campaigns can lead to a stigma not generated by industry de-normalisation, yet the Canadian government is cautious about using the latter technique for fear of lawsuits from the tobacco industry.

Anti-tobacco activists base many of their arguments on the view that tobacco industry marketing is the main culprit of current smoking rates. To illustrate their line of argument, I include in Chapter Two a look at the history of tobacco marketing, the perpetuation of tobacco normalisation, and how, despite legislation banning advertising, tobacco companies continue to market their products as safe and enjoyable. Despite the normalising impact of tobacco advertising, the smokers I interviewed who had been exposed to such marketing state that their social environments influenced their decision to smoke more than did models, catchy slogans, or celebrity endorsements. Chapter Two focusses mainly on the impact of the social de-normalisation labels on people who began smoking while tobacco use was still widely promoted and accepted as normal. What I discovered is that the de-normalisation has not only made tobacco unacceptable, but also made smokers unacceptable. Thus, smokers feel stigmatised for a habit that was a natural and even expected activity when they first practised it. In this chapter, I discuss how some people have avoided or downplayed the stigmatisation while others are relegated to feeling stigmatised almost exclusively. Some observers may view stigmatisation as an initial negative factor that leads to a positive result in that the guilt feelings may cause smokers to quit. However, I discovered not a single person who said they quit smoking as a result of the campaign. Instead, the campaign, its accompanying stigmatisation, and the general anti-tobacco climate in which the labels were developed have led smokers to feel social isolation, guilt, and anger. In the case of people who indeed quit in response to stigmatisation, the guilt feelings of having once been a smoker persist, as do the feelings that they might smoke again under certain circumstances. Their quitting is simply adopting a cloak of normalcy: the individuals remain smokers, but they now feel restricted from being able to practise the habit.

The third chapter looks at the impact of the warning labels on youths who have only recently begun smoking and who have done so in a climate that has been negative about tobacco since their childhood. My primary concern is to explore how young smokers have responded to the labels Health Canada introduced to deter youths from becoming addicted smokers. I first analyse reasons Health

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Canada, other social scientists and health groups, and young people give for beginning to smoke. Many anti-tobacco groups, including Health Canada, are concerned that tobacco marketing affects young people's decisions to smoke. However, marketing is not a reason cited by the youths I interviewed. I include an overview of internal documents from the tobacco industry to show that it has targeted young people with its advertising, tactics that have proven profitable to tobacco companies. The overview offers examples of tobacco companies' market segmentation research that has enabled them to reach specific audiences. The bulk of this chapter, however, deals with how youths, despite accepting the preferred reading of the campaigns, have also been able to deem the campaign irrelevant.

In the concluding chapter, I present suggestions for future health advertising that I derived from my overall findings. I suggest that in order to truly quit smoking, smokers must learn to become ex-smokers. Health Canada and other anti-tobacco activists should focus on educating young and old smokers alike, as well as non-smokers who may be contemplating taking up smoking, about how to be themselves without using cigarettes. I suggest that these groups also use a market segmentation approach that resembles that of tobacco companies, commercial marketers, and certain American health promoters to develop more effective tobacco control advertising. Finally, I urge Health Canada and anti-tobacco activists to create campaigns that are positive and encouraging so as to lead smokers to become healthy in mind as well as in body.

CHAPTER ONE

A BRIEF HISTORY OF TOBACCO USE

In the early days of 1999, then Health Minister Allan Rock announced to Canadians that the government was unveiling a plan to use "all available tools as shrewdly as we can" to combat the "complex and powerful adversary" found in tobacco (Health Canada 1999b). The introduction of a new "effective and powerful" labelling campaign that would "bring home to Canadians . . . the consequences for their own health" was only one part of the innovative strategies Rock unveiled at that time (Health Canada 1999b). Along with new label requirements, Health Canada launched other campaigns aimed at "chang[ing] social attitudes" around smoking (Health Canada 2000). With the new labelling and other tobacco control initiatives, Canada became, according to international anti-tobacco groups, a world leader in anti-tobacco legislation (Pritchard 2001: 43).

Although the new measures launched in the last few years have been hailed as innovative and creative, they have not been born out of new sentiments. For over 500 years, arguments against the use of tobacco and warnings of its health hazards have been recorded (Hughes 2003: 65; Robicsek 1978: 3). It has been centuries – not decades – that there have been calls for tobacco control legislation. Many of the regulations currently in place were suggested as far back as the seventeenth century. However, without public support, they were ignored. In this chapter, I will illustrate how the development and implementation of tobacco legislation (or prevention and lack thereof) are integrally linked with the social and political climate of the time. I will begin by presenting a brief history of tobacco use in the Americas and Europe followed by an examination of the rise of the anti-tobacco lobby and its connection to other social movements. Finally, I will look at research and lobby group activities that, in the context of today's climate of health as a major topic of public discourse, have led to public disapproval of tobacco. In this new cultural environment, the federal government has gained the support needed to create legislation and public health campaigns without being accused of infringing on people's civil liberties, a balancing act the government has been aware of throughout the history of tobacco control legislation.

Tobacco in the Old and New Worlds

The Mayans are credited with being the first to use tobacco in the Americas. Archeological records date their use of tobacco as early as 2500 years ago (Cunningham 1996: 30). Tobacco use by the Mayans was originally reserved for religious rituals and healing ceremonies. Eventually the practice of smoking tobacco, in pipes or rolled into tubes,[8] spread to neighbouring cultures across the Americas and into the Caribbean. Tobacco was among several hallucinogenic[9] plants used by Native American shamans and healers to bridge the gap between the natural and supernatural worlds (Hughes 2003: 18). Smoke was believed to be the most effective way of "send[ing] prayers up" to the deities (Kluger 1996: 8). Although the use of tobacco remained mainly for religious rituals, by the time Christopher Columbus reached the Caribbean, its use was also for pleasure.

During his encounter in 1492 with Natives in San Salvador, Columbus was greeted with "fruit, wooden spears, and certain dried leaves [tobacco] which gave off a distinct fragrance" (cited in Robicsek 1978: 3). In 1535, Jacques Cartier wrote about the importance of the herb in Hochelaga. According to his diary:

> When the spirit moves them, they pulverize this herb and place it at one end [of a stone or wood pipe], lighting it with a fire brand, and draw on the other end so long that they fill their bodies with smoke until it comes out of their mouth and nostrils as from a chimney. They claim it keeps them warm and in good health. They never travel without this herb. (Imperial Tobacco 1988: 8-9)

He and some of his companions tried to imitate the natives, "but the smoke burnt our mouths as if it had been pepper" (cited in Cunningham 1996: 30). The term tobacco is attributed to the implement used by the Natives who nasally inhaled the smoke through this device (Imperial Tobacco 2003; Kluger 1996: 9).

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[8]As tobacco use spread from the Mayan to other empires, tobacco use was associated with hierarchical characteristics. The political and religious elites smoked fanciful pipes filled with tobacco and other herbs after their meals, while lesser natives smoked rolled up tobacco leaves in the streets and fields while they worked (Imperial Tobacco 2003).

[9]Early tobacco was much more potent than current tobacco.

The herb itself was called *petun*, *kohiba* or *tobago*, which are also names of the tribes using tobacco at that time (Fairholt 1876: 14-15).

In Europe, neither the plant nor smoking was readily accepted.[10] However, despite the curious and unusual nature of the herb and its uses, European merchants and explorers grew accustomed to the use of tobacco. It eventually became an essential activity for making and maintaining political and economic relationships (Robicsek 1978: 5). It was not until 1560 that seeds of the plants were brought to Spain and France with appreciation. Jean Nicot, the French embassador to Portugal, sent a gift of the seeds to the Queen Mother of France on the theory that it could cure many ills. The plant (*Nicotiana*) was later named in his honour (Imperial Tobacco 2003). Following the claims of Native leaders and shamans, tobacco smoke was soon hailed as a panacea[11] (Hughes 2003: 42). Kings and courts in Europe praised the plant for its ability to treat "cough, asthma, headaches, stomach cramps, gout, diseases of women, intestinal worms, open wounds, and malignant tumours" (Doll 1998: 88). In a text from 1615 on "how to sow, plant and perfect this drugge," the author further stated that tobacco smoke was healthy, as long as the tobacco was air-cured and not combined with alcohol (C.T. 1615: A3 and C3). Tobacco was considered to be such a beneficial medicine that during the plague epidemic of the 1660s "all the boys at school were obliged to smoak in school every morning" to ward off the disease (Hearne cited in Penn 1901: 80).

During the seventeenth and eighteenth centuries tobacco was a major global trading commodity. Initially, the Spanish and Portuguese, with their colonies in Central and South America, were the major producers and traders of tobacco (Gately 2001: 61-64). In the early-1600s, Britain, seeing the wealth these nations were reaping from tobacco, encouraged farmers to move to the New World to create large tobacco plantations of their own (Kluger 1996: 11). As

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[10] There is an account of one of Columbus' crew member, Rodrigo de Jerez, being imprisoned for smoking on the streets of Spain. The smoke coming out of his mouth and nose caused great concern; he was accused and subsequently jailed for being possessed by the devil (Cunningham 1996: 29).

[11] Galenic medical therapists prominent at the time claimed that tobacco was the panacea – or cure-all – they had been seeking. They were convinced that tobacco had the properties able to restore humoral balance (imbalances of which were believed to cause illnesses) depending on how it was administered (Hughes 2003: 42).

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there was a scarcity of British citizens to work the land in America, by 1620, colonists in Jamestown and Virginia were purchasing African slaves from the Dutch with tobacco (Gately 2001: 76; Kluger 1996: 11). Tobacco became a global currency with which nations in control of this commodity[12] purchased items such as silk, spices, wives, slaves and land (Gately 2001: 106). However, with the abundance of production on the American plantations and the devastation wrought by the Napoleonic Wars in Europe, the global value of tobacco began to drop in the early nineteenth century. In an attempt to create more markets, more demand and maintain the price of tobacco, governments around the world encouraged the frequent use of tobacco among its citizens. Tobacco, however, would never hold the same value it once had and many of the American plantation owners switched their crops from tobacco to cotton (Kluger 1996: 12). It took another set of wars and a new method of using tobacco before its popularity began to rise again.

Cigarettes became a popular way of transporting and consuming tobacco during the Crimean War (1854-56) and the American Civil War (1861-65) (Cunningham 1996: 31; Kluger 1996: 16-17). Before this time tobacco was primarily used in pipes, cigars, or snuff. Smoking tobacco in cigarettes was popular only in South America and infrequently seen in Spain (Doll 1998: 88). Soldiers were introduced to hand-rolled cigarettes by the Turks[13] and brought their newfound skills to Europe. After the wars and because of the continued push by governments to create demand for the plant, tobacco-use in all forms, though mostly as cigarettes, became a popular public activity.

The Industrial Revolution brought with it the mechanisation of cigarette manufacture. In 1881, an American by the name of James Bonsack, invented a cigarette rolling machine capable of producing "120 000 cigarettes a day, equivalent to the production of 48 workers" (Cunningham 1996: 31). The introduction of the safety match also enabled increased tobacco smoking activities. By the time the First World War began, the cigarette was the most prevalent form of tobacco use. They also became the most sought after items by soldiers, and patriotic campaigns "at home" urged citizens to donate cigarettes to ease the "soldiers' appeal for them" (cited in Cunningham 1996: 39).

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[12]Although it was the British, Spanish and Portugese that were the largest producers of tobacco, it was the Dutch West-Indies Company that had the largest control over its trade (Gately 2001: 88).

[13]The Turks likely took up the habit of rolling tobacco from the common practice in the Middle East and East Asia of rolling and smoking herbs and spices.

Throughout the Second World War, it is estimated that eighty percent of British men smoked (Doll 1998: 88). Although the popularity of smoking among women began earlier in the century, up until that point, women had not taken to the habit as much as men. When women began entering the work force during and following the war years, their use of tobacco increased. Cigarette smoking continued to rise among both men and women until the 1960's when strong scientific evidence linking tobacco use with numerous diseases became more prevalent. Women surpassed males in rates of taking up smoking in the late 1980's (Cunningham 1996: 17) and they, along with youth and First Nations people, are currently considered at "high risk" of addiction (Health Canada 1999a).

The Rise of the Anti-Tobacco Lobby

Initially, political and religious elites were the main opponents of tobacco use. From religious leaders such as Bartolome de Las Casas to political rulers such as Queen Victoria, there were many powerful and influential campaigners against the use and sale of the product. Some evidence suggests that early dislike for tobacco was a result of colonialist racism (Hughes 2003: 55; Kluger 1996: 9, 10). For instance, Oviedo, credited with being the first author to provide a "clear account of smoking among the Indians of Hispaniola," listed tobacco among "their 'evil customs'" (Fairholt 1876: 14). However, there were also attacks on tobacco that show more concern for the health of tobacco users. Much like today, political leaders advocating such a perspective were confronted with the difficult task of balancing public health with high revenue the government obtained from tobacco sales (Hughes 2003: 65). In 1604,[14] to avoid controversy, King James I of England had to publish *A Counterblaste to Tobacco* anonymously. In this text he concluded that tobacco use was:

> a custom lothsome to the eye, hateful to the Nose, harmefull to the braine, dangerous to the Lungs, and the blacke stinking fume thereof, neerest resembling the horrible Stigian smoke of the pit that is bottomelesse. (cited in Cunningham 1996: 30)

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[14] One source claims the *Counterblaste* was written in 1603 (Doll 1998), the other lists it as 1604 (Cunningham 1996). Since I took the quote from Cunningham, I use the latter date here.

By the end of the seventeenth century, more countries around the world attempted to put in place bans or restrictions on tobacco use, with varying degrees of success. Japan, Russia, Switzerland, and parts of Austria and Germany all imposed bans that were soon removed due to increased public and economic pressures (Doll 1998: 88). Taxation became the preferred method of attempting to restrict tobacco consumption, a practice still used today for the same purpose. Tobacco taxation "proved to be such an important source of revenue . . . [for some jurisdictions, that] Cardinal Antonelli, Secretary to the Papal States, issued an order, in 1851, that the dissemination of anti-tobacco literature would be punished by imprisonment" (Doll 1998: 88).

In late nineteenth-century Canada, there was a strong anti-tobacco lobby despite the fact that only "66 million cigarettes were sold [in 1895]," an average of thirteen per person per year (Cunningham 1996: 32). The anti-tobacco groups of the time were mainly linked with morality movements and religious leaders.[15] In the late 1890s, the Women's Christian Temperance Union (WCTU) was formed. This group of morality-motivated women strenuously urged the federal government to impose bans and restrictions on tobacco. After strong lobbying from the WCTU, four provinces and one territory passed laws preventing the sale of tobacco to minors. The law, however, was largely unenforced.

In the early years of the twentieth century, the Canadian Parliament was inundated with anti-tobacco legislation debates. Despite the lobbying strength of the WCTU, and the political will of many Members of Parliament, including Prime Minister Sir Wilfred Laurier, bills were withdrawn or failed to pass due to technicalities or because aspects of them were deemed too restrictive – a sign that the social climate was not yet prepared to accept arguments against tobacco (Cunningham 1996: 34-35). Then, in 1908, to the delight of the anti-tobacco lobby, Bill 173, *The Tobacco Restraint Act*, prohibiting the sale of tobacco to persons under the age of sixteen, became law. However encouraging the passing of the bill was, the fact that this law remained the only tobacco control legislation until its replacement, the *Tobacco Sales to Young Persons Act* of 1994, is another sign that the social climate was still not prepared to accept government controls on tobacco (Cunningham 1996: 32-35).

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[15]Reverend Albert Sims of Ontario published works such as *The Sins of Tobacco Smoking and Chewing Together With an Effective Cure for These Habits* and *The Common Use of Tobacco Condemned by Physicians, Experience, Common Sense and the Bible* (Cunningham 1996: 32).

Despite the passing of Bill 173, the anti-tobacco lobby suffered serious setbacks in the following few decades. During World War I, cigarettes became increasingly popular and were patriotic items to send overseas (Cunningham 1996: 39). Some doctors even recommended that cigarettes be used, particularly by soldiers, to help relieve stress (Welsham 1996: 1380; Hughes 2003: 139) Then, in the 1930s, alcohol prohibition saw a rise and sudden fall in popularity. The general population lost confidence in the anti-tobacco movement[16] as many tobacco prohibitionists were closely linked with, or were a part of, anti-alcohol groups (Doll 1998: 89). During the Second World War, tobacco remained a popular morale-lifting item for fighting soldiers. Groups such as the Red Cross, the Overseas Tobacco League, the Canadian Legion, the Young Men's Christian Association, and the Knights of Columbus worked at getting cigarettes donated and transported to the soldiers (Cunningham 1996: 41).

In Germany, Hitler's health ministers promoted an anti-tobacco campaign comparable in many respects with current global campaigns (Proctor 1996). Much of the health promotion focussed on medical evidence linking prolonged tobacco use with various illnesses, which, on the surface, would seem to have been an admirable campaign. Instead, the promotions were harshly criticised as they were intertwined with the Nazi's larger quest for racial purity (Proctor 1996: 1450). In Allied countries, however, cigarettes had become a symbol of freedom and democracy. While the Fuhrer talked about how his abstinence from alcohol and tobacco made him a great leader (Proctor 1996: 1450), the Americans and Canadians believed the massive quantities of cigarettes sent to Allied soldiers overseas would help them win the war (Cunningham 1996: 41).

By the time the Second World War ended, however, the Canadian public began to become more tolerant of tobacco control discussions, as the medical and scientific communities began to present findings in line with many anti-tobacco activists' arguments.

Mounting Medical Evidence and Government Response

It was not until the middle of the twentieth century that tobacco became a public health issue as opposed to a class, moral or religious one. During the early

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[16]Many reasons can be cited for leading to the eventual downfall of the alcohol prohibitionists, including smuggling and illegal gang activity. It was the fear of this same fate re-occurring if tobacco was banned that made public confidence in the anti-tobacco movement drop.

part of that century, epidemiological research providing concrete evidence of tobacco's links to health problems including lung cancer, strokes, and bronchial illnesses, to name a few, entered the public domain. Until that time, medical admonitions lacked clinical evidence, amounting to little more than opinion, and were easily dismissed as such.[17]

The turning point came in 1950 with the almost simultaneous publication of five case-controlled studies, four from the United States and one from Britain (Doll 1998: 96). These studies, though conducted separately, had essentially the same conclusion, that "excessive and prolonged use of tobacco, especially of cigarettes, seem to be an important factor in the induction of bronchogenic [lung] cancer" (cited in Doll 1998: 97). Although the studies were criticised for being too brief in duration and too localised in population sample, "[t]he idea that smoking might be an important cause of disease had . . . been raised as a serious possibility" (Doll 1998: 97) and many nations embarked on tobacco research of their own.[18]

Throughout the 1950s, the Canadian Cancer Society, the National Cancer Institute of Canada and Health and Welfare Canada jumped on the tobacco research wagon and commissioned numerous projects to look at tobacco use in the Canadian context. With the wealth of research that emerged, the Canadian Government was feeling sufficient public pressure to take a stand on the issue. In 1963, then Minister of National Health and Welfare, Judy LaMarsh, made the statement, in a smoke-filled conference room, that the federal government was implementing a $600 000 anti-smoking budget (Cunningham 1996: 49). The money would be spent primarily on research and health education. This action is

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[17]For instance, back in 1761, Dr. John Hill, credited as being the earliest medical doctor to argue that tobacco use could lead to cancer, published *Cautions Against the Immoderate Use of Snuff* (Cunningham 1996: 31). The work came out when tobacco use was generally understood (and politically backed) as having many health benefits. Regardless of how sound his conclusions may have been, the research was easily ignored because it was unprecedented in its questions and findings.

[18]In response to the criticisms levied against the five major studies, Doll et al. (1994) launched a forty-year long research project following the lives of 34 000 participants – all of whom were male British doctors – from 1951 to 1991. This research has since become instrumental in "positively associating nearly 40 diseases or causes of death" with prolonged cigarette use (Doll 1998: 104).

said to have been "the real beginning of Canada's smoking and health program" (Cunningham 1996: 49-50). Although LaMarsh's move was precedent-setting for the Canadian government, it was overshadowed by another major event; this time it was not a war, but a public health landmark event.

In January 1964, the US Surgeon General's Advisory Committee on Smoking and Health released its report. The Committee presented the strong conclusion that "cigarette smoking is a health hazard of sufficient importance in the United States to warrant remedial action" (cited in Cunningham 1996: 50). The report included research from the United States, Canada and other countries and was further made credible by the fact that the tobacco industry had been given veto powers during the committee-member selection process (Cunningham 1996: 50). The tobacco industry could hardly attack the findings, as had been their regular practice with previous research. With the release of this document came increased tobacco control in the United States, and it also initiated international action.

Legislation on advertising and labelling followed closely on the heels of the Committee's report (Cunningham 1996: 51). In Britain, a complete advertising ban was imposed, while in the United States warning labels were required on tobacco packages and advertisements. Canada, however, was slower to respond. In the 1960s, Canadians were ready to accept that tobacco use presented health hazards, but they were not yet going to support the same regulations that were developed in these other countries. Additionally, the government was torn between trying to protect the health of its citizens, maintaining citizens' democratic rights, and collecting revenue[19] from the sale of domestic and exported tobacco (Cunningham 1996: 51-59).

Meanwhile, in an effort to ward off severe restrictions, the Canadian tobacco industry developed a voluntary advertising and marketing code (Canadian Tobacco Manufacturers' Council 1995). Their code, *The Tobacco Industry Voluntary Packaging and Advertising Code*, outlined steps to follow in order to direct advertisements at adults. Models in the ads had to be at least twenty-five years old, and celebrity or athlete endorsements could not be made. The code also prohibited ads from appearing on posters or billboards "immediately adjacent" to schools (Cunningham: 1996: 51). Although the industry-monitored code was criticised by public health and anti-tobacco groups for not doing enough to curb tobacco use (Cunningham 1996: 52), the Department of National Health and

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[19]Today, the Canadian government receives an estimated six-billion dollars annually from the sale of tobacco products (Brent 2001: C2).

Welfare, in true Canadian form, accepted the code in order to maintain a cooperative rather than a confrontational relationship with the tobacco industry.

Throughout the 1970s, there were numerous attempts at creating federal tobacco control legislation. With each attempt, the tobacco industry responded by enhancing their existing voluntary code. The majority of the members of Parliament were appeased by the modifications. Many of the changes, however, were not drastic, and most of them had already effectively been in existence. For instance, major broadcasters had been refusing tobacco advertisements for a number of years, thereby making the industry's regulation banning such advertisements moot (Cunningham 1996: 61-62).

During the 1980s, public support for tobacco control increased. Physicians for a Smoke-Free Canada, a newly formed group, worked closely with amateur sporting organizations and the ministries of health and sports to deter tobacco company sponsorship (Cunningham 1996: 68). More businesses, including newspapers and public transit companies – businesses that relied on such advertising revenue – began banning tobacco advertisements (Cunningham 1996: 69, 73). Additionally, as lobby groups became experienced and politically savvy, more sophisticated bills were introduced in Parliament. During all this anti-tobacco activity, the industry tried to stay one step ahead of legislation by continuing to enhance their voluntary code. Support for the code was waning as, more and more, it became apparent that frequent violations against it were not being monitored or penalized effectively. In 1987, two bills, passed simultaneously, became the first pieces of tobacco control legislation in almost eighty years.

Bill C-204, the *Non-smokers' Health Act*, and Bill C-51, the *Tobacco Products Control Act* (TPCA), set in place smoking bans in planes, trains, boats, and all federal workplaces. Tobacco became defined as a "hazardous product," therefore no longer an item that could be as widely advertised. Additionally, the federal government prohibited certain tobacco company sponsorships, and a rotation of health warning messages on all tobacco products were now required by law (Cunningham 1996: 70-71). The tobacco industry hotly contested these unprecedented regulations. The battle that ensued became one over freedom (of personal choice and industry) versus public health, and although it seemed as though public health (the anti-tobacco lobbyists) had won, this was only the first round.

The battle shifted from the House of Commons to the courts, when a scant ten weeks after the bills were passed, two of Canada's three largest tobacco companies, RJR-Macdonald and Imperial Tobacco, sued the Federal Government

in Quebec Supreme Court. The tobacco companies argued that the new regulations were unconstitutional and that, since they disagreed with the warning messages, the health labels should be attributed to Health Canada (Cunningham 1996: 79). In July 1991, after a lengthy and costly fight, momentum had shifted in favour of the tobacco industry as Justice Chabot declared that the TPCA was unconstitutional (Cunningham 1996: 81). However, the federal government struck back by appealing the decision, and, in 1993, won by a vote of two to one in the Quebec Supreme Court of Appeal (Cunningham 1996: 82). The tobacco industry, with all its financial backing, did not give up so easily.

The Supreme Court of Canada was the next venue for what has since been called the "Canadian Tobacco War" (Cunningham 1996). Again, the balance of power shifted to the tobacco industry. The Supreme Court ruled that the federal government had not sufficiently proven that a complete advertising ban and unattributed warning messages would be more effective than partial bans and labels disclosing authorship. Sections of the TPCA dealing with advertising, labelling and trademarks were deemed unconstitutional. Despite this apparent tobacco industry victory, the Supreme Court was supportive of the government's position and goals. In striking down sections of the TPCA, the Court laid out what the government had jurisdiction over and what they should do in order to create legislation that would withstand scrutiny within the context of the constitution.

The *Tobacco Control Act* (TCA) was passed in 1997 and was in accordance with the Supreme Court's rulings. The act reinstated the ban on advertising, and required that the tobacco industry rotate eight different Health Canada-attributed, text-based warning labels on all their product packaging. These labels were originally designed in 1994, prior to the Supreme Courts' decision striking down sections of the TPCA, and were to cover thirty-five percent of the packaging. The messages included statements such as "Cigarettes cause fatal lung disease" and "Cigarettes are addictive," and were printed in bold, black and white text. Anti-tobacco groups such as the Non-Smokers' Rights Association (NSRA) felt that the labels were not strong enough a deterrent, and with the new TCA in place, they lobbied for more graphic warning labels (Non-Smokers' Rights Association n.d.).

After reviewing documentation by the NSRA on the creation of new warning labels, the government unveiled a campaign demonstrating a shrewd use of "tools" (Health Canada 1999b). In January of 2000, Health Minister Allan Rock announced a set of sixteen full-colour, graphic image-based warning labels to be carried, in rotation, on sixty percent of tobacco product packaging. In his

announcement speech he said that "the people of Canada"[20] would use the labels to "change social attitudes" and make smoking "even less acceptable than it is today" (Health Canada 2000). What the Minister was unveiling on that day was a toughened social de-normalization campaign.

Needless to say, the tobacco industry was against the new regulations. In an effort to stall the implementation, industry leaders said the plan would be too costly to set up. The Packaging Association of Canada complained that "Canadian rotogravure printers [were] not equipped to meet Health Canada's quality and design requirements for tobacco packaging," and warned of "economic fallout and loss of jobs" as a result of the "prohibitive" costs necessary to upgrade the equipment (Canadian Packaging 2000: 9). Despite all the grievances, as of January 2001, all tobacco packaging began carrying the warning labels, and shortly thereafter, the tobacco companies launched another court battle.

Hearings took place in Quebec Supreme Court from January 2002 until September of that year. JTI-Macdonald Corp., Rothmans, Benson & Hedges Inc., and Imperial Tobacco Canada Ltd., sued the Federal Government on constitutional grounds. Canada's three largest tobacco companies argued that the new labelling rules "[amounted] to a confiscation of [tobacco companies'] package and trademark" preventing them from effectively informing consumers about their product (Smith 2002: 3). In December 2002, Justice Denis' ruling presented a very different perspective than the Supreme Court had a few years earlier. He stated that "[the tobacco companies'] rights . . . cannot be given the same legitimacy as the government's to protect public health" (McKenzie 2002: A13) and declared public health as the winner of this round. The verdict was a clear sign that, in this historical moment, tobacco has become a socially unacceptable product. The fight, however, is still not over. The three tobacco companies have made plans to appeal the decision in 2003. In the meantime, the labels, and other social de-normalization campaigns, remain.

Research and Reaction On the Graphic Image Health Warning Labels

In recent decades, research has shifted from a focus on tobacco's link with diseases to looking at how best to effectively target anti-tobacco campaigns at "high risks" groups within the population. Groups such as Health Canada, the

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[20]Notice the subtle social de-normalization rhetoric attempting to further enhance changes in attitudes: smokers are not considered full citizens, they are not part of Rock's "people of Canada."

Canadian Cancer Society, and the National Non-Smokers' Rights Association, have conducted and commissioned numerous research projects to look into developing effective tobacco control campaigns including taxation and the creation of the current labelling campaign.

Taxation has been one of the earliest and most re-used methods of attempting to control the sale of tobacco. Anti-tobacco activists are quick to point out that high tobacco taxes lead to a healthier population. According to several studies in the United States and Canada with every ten percent increase in tobacco product prices there is, depending on the demographic in question, a four to seven percent drop in smokers (Canadian Paediatric Society 1998: 97-98; Grossman and Chaloupka 1997: 291). Young smokers are most affected by this rate increase as they have less of a disposable income to spend on such items (Chaloupka and Pacula 2001: 195). Taxation, however, is not the preferred way of controlling tobacco consumption because, historically, its social benefits have only been temporary, and it does not educate smokers or non-smokers who may be contemplating starting to smoke about the dangers of the habit. Furthermore, many smokers who reduce their tobacco consumption or stop smoking because of the higher prices of cigarettes will often take up the habit once they obtain the necessary funds, re-budget their finances in order to buy cigarettes, or resort to black-market activity.[21] Therefore, Health Canada has turned its attention to tobacco control initiatives that focus on education and social de-normalisation.

In 1999, Health Canada commissioned University of Guelph's John Liefeld, from the Department of Consumer Studies, to conduct research into more effective warning labels. The intention was to create labels that would act as a deterrent (or cessation aid) to young people exposed to cigarettes. Liefeld concluded that labels with "emotion arousing" pictures covering either 50 or 60 per cent of the packaging were "more encouraging to stop / not start smoking" than plain text labels (Liefeld 1999: ii). As a result of this and several other studies they commissioned into the feasibility of graphic-image labelling, Health Canada decided to pursue such an approach. Also, in an effort to ward off potential court rulings in the tobacco industry's favour, Health Canada decided on making the size

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[21]During the late 1980s and early 1990s the federal government imposed the highest tobacco tax increase in Canadian history. The price jump was so dramatic that it spurred several forms of black-market activity: "bootleg" sales of smuggled American cigarettes, illegal sales of "home-grown" tobacco in convenience stores (Government of Canada 2002), and the sale of individual cigarettes. In 1994, the federal government rolled back its tobacco taxes.

of the warning labels only fifty percent, instead of the originally intended sixty percent, of the product packaging so as not to be accused of infringing on trademarks.

In the fall of 2001, almost a year after the campaign had been in effect, the Canadian Cancer Society, with funding assistance from the Institute of Cancer Research of the Canadian Institute of Health Research, commissioned Environics Research Group Limited to evaluate how effective the labels have been at discouraging smoking (Canadian Cancer Society 2002). The study, *Evaluation of New Warnings on Cigarette Packages*, concluded that "90 % of smokers and 49% of non-smokers had noticed changes to the cigarette" packages (Canadian Cancer Society 2002). Of those, forty-four percent of the smokers said the new labels "increased their motivation to quit" (Canadian Cancer Society 2002). The Canadian Cancer Society claimed the results were "very encouraging" and that the labels were "changing the perceptions and habits of smokers" (Smith 2002: 3). The tobacco industry on the other hand pointed out that the study said smokers had increased *motivation* to quit, but had not necessarily stopped smoking as a result of their exposure to the labels (Smith 2002: 3). Another point the Cancer Society did not highlight was that only eleven percent of those responding to this increased motivation to quit, said they felt that "a lot" (Canadian Cancer Society 2002).

Despite the "encouraging" (Smith 2002:3) results, many anti-tobacco groups were still not satisfied. Recently, a coalition of fourteen national and provincial anti-tobacco groups, including Physicians for Smoke Free Canada and the Heart and Stroke Foundation, called on the federal government to take a different tack In an open letter to Health Minister Anne McLellan, they argued that taking an approach that encourages quitting as opposed to condemning smoking would lead to better self-esteem in smokers and more long-term cessation results (Action on Smoking and Health (Alberta) et al. 2002: A11). The current push from lobby groups is to encourage the government to commence industry de-normalization campaigns whereby specific tobacco companies' marketing tactics and "industry lies" are exposed (Action on Smoking and Health (Alberta) et al. 2002: A11). Additionally, the groups argued that "antismoking campaigns cannot be modelled on other public-health campaigns" such as HIV/AIDS and vaccinations (Action on Smoking and Health (Alberta) et al. 2002: A11), which traditionally use gruesome images of the consequences of risky health behaviour to send out their messages. Contrary to these other health issues, tobacco has had a long history of being heavily promoted and socially accepted. Therefore, using

shock tactics to raise awareness of health hazards could have serious consequences and might even backfire.

In effect, what these groups are concerned about reflects the conclusions of a study conducted in 1988/89 and endorsed by Health and Welfare Canada. In the study entitled *Fear Advertising – It Doesn't Work!*, participants (adults between the ages of twenty-five and forty-five) were exposed to three different style ads. There were "tombstone" ads that depicted death scenes, "addiction" ads with chains and trains made of cigarettes, and "positive reinforcement" ones "containing messages designed to encourage attempts to quit and provide tips on quitting" (Tripp and Davenport 1988/89). The study concluded that smokers would be "much more receptive to messages containing positive reinforcement and encouragement" and that "scare tactics in advertising do produce stress," which lead tobacco users to smoke more (Tripp and Davenport 1988/89). When creating the current labelling campaign, the results from this research did not come into play, likely because the research was older, directed at adult smokers, and was not concerned with warning labels specifically. However, as I argue throughout the following chapters, perhaps Health Canada should take a page from past research and consider taking an approach that is supportive, encouraging and positive.

CHAPTER TWO

DE-NORMALISATION, STIGMA AND THE CLOAK OF NORMALCY

Tobacco is the only toxin that, until relatively recently, many people ingested by choice on a daily basis and that advertisers presented as part of a healthy lifestyle. Alcohol might seem to be an analogous case, but people have realised the harmful effects of alcohol for longer than tobacco, which is why "alcohol abuse" (but not "tobacco abuse") is a common phrase in our language. In this chapter I discuss the idea that the tobacco industry profited from the common belief that tobacco was a relatively innocuous substance and promoted their products as natural and normal for over a century. Even when the health risks of tobacco became more a part of social discourses and health warnings began appearing on advertisements, the tobacco industry continued to present their products as harmless.

With an annual advertising budget of $2.8 billion[22], tobacco is the most advertised product in the United States (Signorielli 1993: 87, 90). The use of attractive models and catchy slogans also makes tobacco advertisements some of the most visible and memorable. Canadian tobacco companies have strict marketing restrictions due to the *Tobacco Act* (TA), and are limited in their ability to advertise. Consequently, their expenditures in 2000 were only $15 000,[23] literally billions of dollars less than US tobacco companies' advertising budgets (Physicians for a Smoke-Free Canada 2001b, 2001c). Sponsorship and direct

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[22]Figure from 1990 (Signorielli 1993: 90).

[23]Under the *Tobacco Act* tobacco companies are required to publicise their advertising expenditures; to date this has not occurred. However, ACNeilson, an organisation that tracks the advertising expenditures of a number of commercial industries, prepared a report on Canada's tobacco industry marketing expenditures. Through the cooperation of Health Canada and Physicians for a Smoke-Free Canada, the estimates have been made public (Physicians for a Smoke-Free Canada 2001c). This estimate is lower than the actual since it does not include sponsorship advertising funds.

mail,[24] methods not considered advertising under the rules of the TA, would add another $60 million per year (Barker 1996). Furthermore, Health Minister Alan Rock stated that in 1999 tobacco companies also spent $60 million per year on "point of sale" advertising, a tactic still used today (Health Canada 1999b). Such figures overshadow the $42 million Health Canada will spend each year for the next five years on tobacco-reduction media campaigns (Health Canada 2001a; Lavack 2001: 5). As a result of the long-standing, intense tobacco industry marketing and the popularity of cigarettes, tobacco has garnered deep social and cultural resonances, which led former Health Minister Allan Rock to call it a "complex and powerful adversary" (Health Canada 1999b).

To respond to the force of tobacco industry marketing (Health Canada 1999a; Health Canada 2003c), Health Canada's label campaign had to be bold and striking enough to attract the attention of current and potential cigarette consumers. Additionally, the campaign would have to warn of tobacco's health hazards at the same time as "change social attitudes" about smoking (Health Canada 2000). In order to effectively take action against the tobacco industry and public perceptions of cigarettes, Health Canada's current labels are part education and part warning, all aiming at social de-normalisation. Images such as a red, swollen heart, or a baby in a hospital incubator, send out strong messages that "Cigarettes are heartbreakers" and "Tobacco smoke hurts babies" (Health Canada 2003a) (figure 1). Though the statements are direct, the impacts of the labels on individuals' lives are much more subtle. All the smokers I spoke with claimed to be unaffected by the labels, yet they all exhibited signs of stigmatisation.

In this chapter I present a brief overview of tobacco industry marketing and its role in establishing tobacco-use as a socially accepted norm. Following this, I look at how current anti-tobacco campaigns are de-normalizing the social acceptance of smoking. The second half of the chapter will focus on how the current label campaign has made smokers (and ex-smokers) feel stigmatised. Then, I will explore how individuals' internalisation of Health Canada's preferred readings of the labels has led smokers to feelings of a "spoiled identity" (Goffman 1963). I will conclude by looking at how the people I spoke with used their ability to negotiate between various contexts and identities as a coping mechanism, only sometimes with success.

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[24]Tobacco companies have been building mailing lists from contest ballots that are used for sending advertisements through the postal system directly to smokers and potential smokers (Physicians for a Smoke-Free Canada 2001b).

Figure 1. All sixteen of Health Canada's graphic-image health-warning labels carried in rotation on the packaging of domestic and imported tobacco products. (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/legislation/ warnings/warnings.html)

Cigarette Advertising and the Normalisation of Tobacco

Prior to the mid-nineteenth century, advertisements contained very little in the way of images or slogans; they tended to focus on the quality of the product and the practicality of the items in question (Robbins 2001: 13-14). Marketing practices were also most often confined to shops and manufacturing

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establishments. At the time, tobacco advertisements simply stated where the product came from and where it could be purchased (figure 2). In 1865, the Pears Soap Company introduced saturation marketing[25] (Bubbles n.d.), the method of advertising that revolutionized product promotion, and that the tobacco industry has capitalised on for over a century.

At a time when most bars of soap were manufactured in the home, Pears began developing a translucent, machine-made soap. Thomas J. Barratt came up with an innovative way to promote the product. In an unprecedented move, Barratt used a popular painting by a well-known British artist of the era as the main image in the advertisement. He also distributed vast quantities of them all over the country, and included them as full page ads in magazines and newspapers. The campaign led the way for branding, the practice of associating a product with esteemed social values (Klein 2000: 5; Twitchell 2000: 40-42). Pears soap became a status item, not only because the soaps were machine-made (and therefore more expensive), but they were also associated with art, which was only accessible at that time to the upper class. Barratt's use of John Everett Mallait's painting of a young child playing with soap

Figure 2. Early European tobacco advertisement. (Imperial Tobacco, 2001)

Figure 3. Pears' Soap saturation marketing campaign image. (Twitchell, 2000)

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[25]"Saturation marketing" refers to the practice of advertising a product in as many places as possible (saturating the marketplace). In the late nineteenth century, this included painting the sides of buildings, whereas today it includes advertisements in washroom stalls and in-classroom televisions.
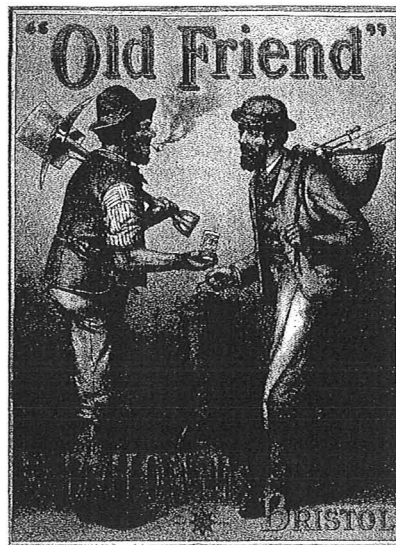
bubbles appealed to wealthier consumers (figure 3). However, because of its mass distribution, the advertisement became part commercial and part art accessible to almost everyone. This Pears campaign became so popular that people were removing the ads from magazines, framing them, and hanging them in their homes as art (Twitchell 2000: 43). By the turn of the twentieth century, as soap manufacturing became cheaper, all classes of people began purchasing Pears soaps. Eventually, machine-made soap replaced its home-made counterparts, and brand images became more inclusive and popular (Bushman and Bushman 1988). Tobacco manufacturers were quick to take advantage of the new advertising techniques.

Early cigarette packages included stiffening cards on which tobacco companies included advertisements or images of beautiful "actresses" or sports celebrities. Similar to the Pears ads being removed from magazines, smokers and non-smokers alike began collecting these cards as portable art (Pritcher 2000). However, unlike Pears soaps, tobacco advertisers directed their products to all members of society. Many companies did target certain classes with specific products (i.e., higher grades of tobacco for the upper classes) (Kluger 1996: 22), but there were also ads aimed specifically at the working class.

Figure 4. W. D. & H. O. Wills tobacconists advertisement. (Imperial Tobacco, 2001)

In the late 1800s, brands such as "Three Castles" marketed tobacco to the upper classes, while Will's tobacco promoted their product as an "Old Friend" to lower class labourers (Imperial Tobacco 2001: 6, 7) (figure 4). When machine-manufactured cigarettes came out, they quickly became an item targeted at the

Figure 5. Camels said to "steady nerves." (http://www.chickenhead.co m/truth/index.html)

"everyman" (Kluger 1996: 22; Pritcher 2000). Cigarettes, according to the ads, could be enjoyed at home, work, and at wealthy resorts. Even at the turn of the twentieth century, when it was generally understood that tobacco-use led to numerous illnesses, cigarettes still were being marketed as a beneficial item for consumers (Doll 1998: 89). Advertisers extolled the psychological virtues of cigarettes by claiming that they "steady nerves" and "[help] your disposition" (figures 5 and 6). Additionally, during the First and Second World Wars tobacco became an item marketed as patriotic to use personally and to send to soldiers overseas (figure 7).

Figure 6. Top of ad reads: "pleasure helps your disposition." (http://www.chickenhead.com/truth/index.html)

As medical evidence began to build against cigarette smoking, tobacco advertisers turned to "science," celebrity endorsements and sultry models to promote their products. In the early decades of the twentieth century, there were claims that the heat produced in cigarette smoking released more impurities than other manners of tobacco smoking such as pipe or cigar smoking (Kluger 1996: 39). From then on, many advertisements focussed on the "cooling"[26] quality of their cigarette brands, and the "verdict of science" to support their claims (figure 8). It also

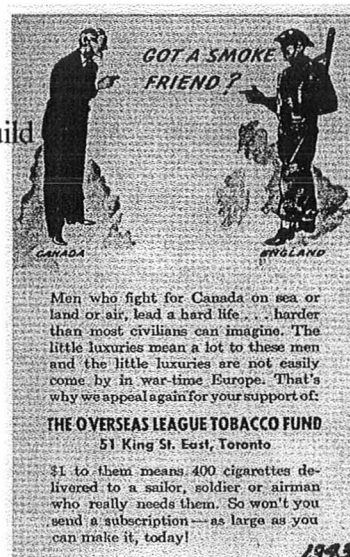Figure 7. Overseas League Tobacco Fund, WWII. (Cunningham, 1996)

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[26]The Kool brand of cigarettes was developed in this era, advertised as cigarettes less harsh on the throat (Glantz et al. 1996: 28). Since the 1960s, as lifestyle advertising began to replace "cooling quality" ads, Kool's brand name remained applicable: it became a brand aimed at younger smokers for whom the term "cool" is analogous with "good."

Figure 8. "The verdict of science." (New Yorker, July 23, 1932. Pp. 4)

Figure 9. Celebrity Barbara Stanwyck for Chesterfields. (Liggett and Myers Tobacco Co. 1949)

Figure 10. Lucky Strike ad. (New Yorker, July 23, 1932. Back cover)

became common to see actors such as Barbara Stanwyck and Rock Hudson lending their images to various cigarette brands, while other advertisements featured beautiful women languishing in bathing suits with cigarettes in their hands (figures 9 and 10). Celebrity endorsements included athletes whose presences further supported the claim that smoking could be part of a healthy lifestyle – a feature still common in tobacco advertising outside of Canada (figure 11). Also, at this time, tobacco manufacturers began developing and marketing products for women – a segment of the populations that until the Second World War had gone virtually unnoticed by cigarette companies. With the women's movement of the 1960s and 1970s came brands such as Eve and Virginia Slims and were promoted as items women deserved to have as much as emancipation (Hughes 2003: 117; Parker-Pope 2001: 99, 101). Not only were tobacco companies becoming adept at turning negative findings into marketing strategies, they also were showing their ability to associate cigarettes with glamour, sex and current events.

Figure 11. Winston cigarette ad from a Phillippines magazine. (http://www.essential action.org/tobacco/qu of/0203a.html)

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During the 1970s and 1980s, when health issues became of more public concern, the Canadian tobacco industry voluntarily printed warning-labels on cigarette advertisements. As I have discussed, this was in an effort to appease the Federal Government and ward-off the potential creation of strenuous marketing restrictions similar to those being enforced in the United States and Britain at the time (Cunningham 1996: 61). The labels were often hard to see and read because they were so small, made to blend in with the rest of the ad, or partially cut off, due to their placing close to the paper's edge (Cunningham 1996: 61 and 68). By today's standards, these warning labels were weak and "meaningless" (Cunningham 1996: 61); the most common warning suggested that people "avoid inhaling."

However, despite the increasing public, government and medical community scrutiny of tobacco products, cigarette manufacturers continued to creatively turn the negative discourses into profit. In an effort to maintain a healthy image, tobacco companies began promoting gimmicks such as elaborate
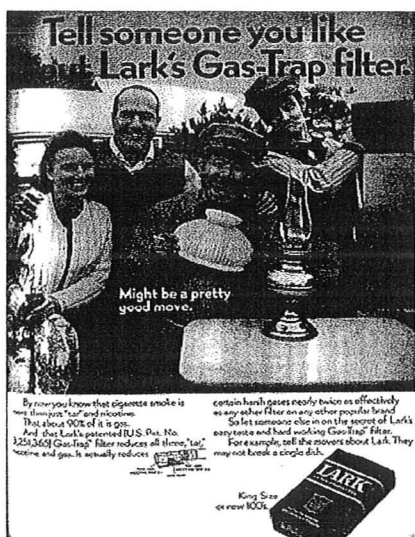
Figure 12. Lark "gas-trap" filter advertisement. (Harper's Magazine, March 1969. Pp.85)

Figure 13. Now's low tar cigarettes. (Harper's Magazine, June 1978)

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filters[27] and "gas traps," and introduced "low tar" brands of cigarettes (Savage 2001) (figures 12 and 13). Models were shown enjoying these new cigarettes in ads with captions extolling the virtues of the new, "light" cigarettes that were – the advertisers claimed – "for a pack a day smoker" analogous to dieting (figure 14). Lifestyle ads with models playing tennis, skiing, or relaxing on a beach, further attempted to associate smoking implicitly with physical and emotional health (figure 15).

After the Canadian government passed the *Tobacco Products Control Act* in 1987, which was effective in banning tobacco marketing in many marketplaces, the tobacco industry turned to sponsorship advertising as one of their last avenues. These promotions are still being produced. In the sponsorship ads, tobacco companies are limited in their ability to advertise tobacco products, and can only include their logos without mentioning that they are tobacco manufacturers. Health Canada has argued that these promotions still are advertisements that have the effect of

Figure 14. The Doral Diet. (Harper's Magazine, August 1975. Pp. 40)

Figure 15. Craven "A" on the beach. (Chatelaine Magazine, 1988.)

normalizing tobacco use (Health Canada 1997: 106; Health Canada 2001b). By including their names and logos on the promotional material of events such as jazz

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[27]At that time, many filters contained asbestos (Kluger 1996: 151), a substance now also known to be carcinogenic.

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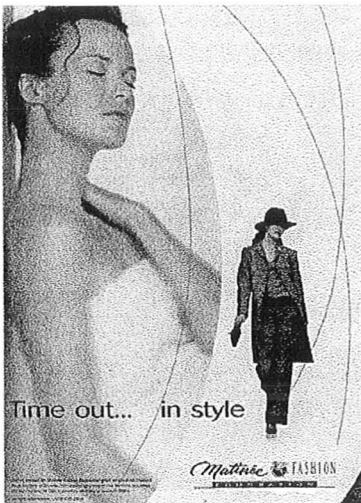
Figure 16. Matinee Fashion Foundation promotion. (Chatelaine Magazine, March 2002. Pp. 23)

festivals, and automobile races, for which they are often the main sponsors, tobacco companies have been able to obtain or maintain brand images that appeal to spectators of arts and sports events (figure 16). As a result of this perspective and increased pressure from anti-tobacco lobbyists, Health Canada announced that in October of 2003 such advertisements will be banned under the *Tobacco Act* (Health Canada 2001b).

Through their long, and relatively uncontested marketing history, the tobacco industry has been able to normalise tobacco use. The participants in my study who had been smoking for twenty to fifty years commented on how natural and accepted smoking was when they began. It was not so much that Rock Hudson, the attractive actor, enticed them to smoke, or that the introduction of filtered cigarettes made them want to start smoking. Rather, it was because the ads validated the idea that smoking was a common, socially supported practice. Through their advertisements, the tobacco industry maintained that cigarettes were harmless and natural products that could be enjoyed by everyone. They used "science," actors, athletes and images of nature to overtly and, after tobacco was shown to be a health hazard, covertly make these claims. As a result of this campaigning, any efforts by Health Canada to mount an effective campaign to contest the norms established by the tobacco industry decades ago, would require them to use all the health promotion and social marketing tools at their disposal.

Selling Healthy Behaviour

Social marketing refers to the "marketing principles and techniques to advance a social cause, idea or behavior" (Kotler 1984: 24). Social marketing is similar to traditional product advertising campaigns in that, like commercial marketing, it "utilizes concepts from marketing segmentation, consumer research, concept development, communication, facilitation, incentives, and exchange theory to maximize target group response" (Kotler 1984: 24-25). However, social marketing uses these techniques to promote social issues rather than commercial

products. Social marketing can, but does not necessarily have to, focus on health topics. It also can promote issues such as anti-racism, environmental concerns, or respect for alternative lifestyles. Health promotion, on the other hand, relates exclusively to issues of health, particularly in terms of encouraging and increasing health and healthy practices within a population. Although it may include social marketing among its methods, health promotion does not necessarily always take the form of social marketing. Health promotions also encompass initiatives such as hygiene education programs, and healthy eating guidelines. Health Canada's current anti-smoking campaign might be considered both social marketing and health promotion.

Figure 17. Benetton's advertisement with image of man with AIDS. (McQuiston, 1993)

The campaign was created using a marketing approach (Liefeld 1999) and has a marketing presentation, while its main message and purpose of being is to encourage healthy behaviour practices in a specified population (Health Canada 1999b). Therefore, in the context of this thesis, the terms "social marketing" and "health promotion" are used interchangeably to refer to this campaign.

Figure 18. Act Up's counter advertisement. (McQuiston, 1993)

In the current world saturated with consumer marketing, images that are graphic and shocking are more likely to be noticed amidst the sea of "visual noise" (McQuiston 1993: 10). Traditionally, social marketers and health promoters have used shock tactics as the way to reach their target audience. The messages are strong, simple, and conveyed through a minimum number of images and words, making them less likely to get lost in the clutter of other marketing material. There exists an unwritten rule that this approach is

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only to be used for the purposes of "selling" ideas and behaviours of social welfare, not commercial products. When promoters of consumer goods have used this technique, loud public criticism has often resulted, leading the offending campaign to be removed or discontinued (Marconi 1997). Public controversy still lingers over Benetton's (an Italian clothing company) United Colors of Benetton campaign, which blurred the boundary of social and consumer marketing (McQuiston 1993: 183). For example, ads promoting Benetton's clothing often included images of same sex couples or inter-racial families. The most contentious, however, was an advertisement that only presented the image of a man dying of AIDS with a Benetton logo at the bottom corner (figure 17). Many magazines stopped running the offending promotions, while some social marketers used the ensuing controversies to further discuss the issues (McQuiston 1993: 205) (figure 18).

Figure 19. Death chasing and attacking British citizens. (Henderson, 2000)

Social marketers' and health promoters' main intent is to change a target population's attitudes and behaviours. This also is true for marketers of consumer products, although their ultimate goal is to change attitudes and behaviours in order to sell more products. Producers of social, consumer, and health marketing attempt to change perspectives and actions by promoting their intended messages with the assistance of cultural symbols they expect will be relevant to their target audiences. They achieve this by associating their new products or views with elements already understood to have specific meaning in a culture, thereby creating a "referent system" (Williamson 1978: 170) through which meanings previously only attached to specific cultural symbols get associated to the advertisers' new items or ideas. The messages encoded into the advertisements – messages media producers anticipate viewers will locate and accept – are what Stuart Hall (1977) has termed "preferred readings."[28] Since Benetton is a clothing company, ultimately their intention is to sell their product. Through the referent system that associates AIDS with the Benetton logo, the preferred reading can be read along

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[28]See more on "preferred readings" in the Theoretical Orientation section of the Introduction.

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similar lines as "Benetton respects people with AIDS, buy Benetton clothing to demonstrate your respect for people with AIDS."

The process of encoding a preferred reading into a referent system in order to reach specific populations effectively is not new for health promoters and social marketers. Also, the use of frightening images with which to associate messages of healthier practices has occurred for centuries, all over the globe (Kotler 1984: 23). Furthermore, health promotions using a social marketing strategy, particularly that of posters and

Figure 20. AIDS awareness promotions. (McQuiston, 1993)

health advertisements, have been popular since the Plague in 17th century Britain. Mass-produced images of Death chasing British citizens warned people of the disease's dangers (Henderson 2000) (figure 19). The image of Death – a culturally relevant symbol – was used as part of the referent system promoting a preferred reading: "Beware, if you do not protect yourself (change behaviour) the Plague will strike you."

In order to enhance the effectiveness of reaching people with their messages, health promoters have continued to use graphic images to attract attention and emotionally arouse people into action (or inaction). More recently, HIV/AIDS awareness campaigns have used shock tactics to get people at risk of contracting the disease to take precautionary measures (figure 20). Likewise vaccination promotion programs and anti-drug campaigns have also included frightening images or made bold statements about the consequences of peoples' actions (or non-actions). For instance, a
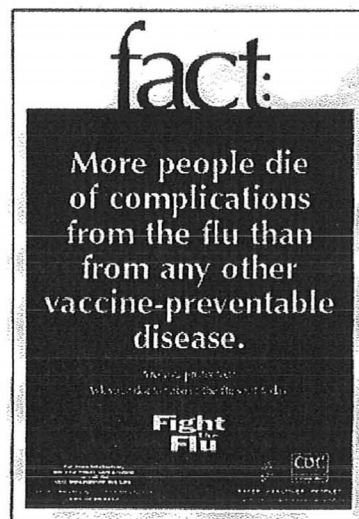
Figure 21. Centre for Disease Control flu poster. (http://www.cdc.gov/nip/fl u/gallery.htm#Posters)

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current vaccination campaign in the United States is warning people about their increased risks of death if they do not "fight the flu" (Centre for Disease Control 2002) (figure 21). Anti-smoking campaigns continue this tradition of shock and fear.

Since the 1980s, anti-tobacco groups have been creating social marketing promotions termed "tobacco industry de-normalization" in an effort to mount an effective campaign against the tobacco industry and contest the norms they established decades ago (Lavack 2001: 2). The campaigns use a number of social marketing techniques to raise awareness of specific tobacco industries' marketing strategies. Adbusters, a Canadian-based media awareness foundation, created a series of what they called "creative resistance" commercials (Adbusters 2000) in which they use humour to highlight social consequences of tobacco use, including premature death (figure 22). In many US states, public health organizations have begun to use tobacco industry de-normalization strategies almost exclusively (Lavack 2001).

**Figure 22. Marlboro horse in graveyard.
(http://www.adbusters.org/cr eativeresistance/spoofads/tob acco)**

Recently, a coalition of Canadian anti-tobacco groups, including the Heart and Stroke Foundation of Canada, the Canadian Cancer Society, and Physicians for a Smoke-Free Canada, wrote an open letter to Health Minister Anne McLellan, urging Health Canada to begin similar tobacco industry de-normalization campaigns (Action for Smoke Free Canada (Alberta) et al. 2002: A11). To date, Health Canada has not taken this approach because it focusses on specific tobacco company campaign tactics rather than tobacco use in general. Democratic rights (both individual and business), and the Federal Government's economic gains from tobacco sales must be maintained and balanced against public health and public opinion. Health Canada encountered this balancing act when they created the current warning labels, a balancing act that lead to numerous court battles. They fear that if they use an industry de-normalisation approach aimed at pointing out specific tobacco companies' misleading marketing tactics that another "Canadian Tobacco War" (Cunningham 1996) will ensue.

Consequently, Health Canada has continued with its current social de-normalization campaigns intended primarily to make the act of tobacco smoking (not tobacco companies) socially irresponsible. Yet, in its own subtle ways, Health

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Canada has contested the tobacco industry's established norms with the health warning labels. For instance, with the label warning that cigarettes are addictive and harder to quit than cocaine or heroin (figure 1), Health Canada is saying that smoking is not a pleasant activity, but rather a physical and psychological addiction. Another label warns that tobacco kills the equivalent of a small city each year (figure 1), countering the tobacco industry's previous presentation of cigarettes as healthy. Thus, each label counter-argues claims that at one time were promoted in tobacco ads and were largely undisputed. Additionally, Health Canada provides links on their website to the "Facts Behind the Labels" where information about tobacco's health risks is made available (Health Canada 2003a). These links are used to further counter the claims previously made in tobacco ads. The labels can be seen to contain subtle industry de-normalisation, but that is not Health Canada's main intent with this campaign. The fact that they are not targeting any specific tobacco company or marketing campaign with the labels means that the messages are more about social de-normalisation aimed at changing peoples' attitudes and behaviours about smoking than about making people critical of any tobacco company's specific marketing practices.

In effect, with these labels, other similar social de-normalization strategies, and tobacco control legislation, Health Canada has outlined new norms of social behaviour. In the process of de-normalizing previously promoted perceptions of tobacco use, the definitions of normal have changed. No longer is smoking socially accepted behaviour. Following health promotion and social marketing form, shock and fear have been used to establish new standards that exclude tobacco. According to the preferred readings encoded into the current labels, to be a "normal" parent, a "normal" sexually active male, or a "normal" member of society, one must be a non-smoker. Otherwise children will be "poisoned," men will become "impotent," or smokers will suffer serious "mouth diseases." As a result of de-normalisation and the promotion of new norms, it is not only the acts of smoking that have become socially discredited, but smokers, by association, have also become stigmatised.

Contradictions and Negotiations

When I began my research, I expected that smokers would be sufficiently desensitised to the messages since Canadians had been exposed to text-based warning labels, and other anti-smoking campaigns and tobacco control legislation for almost a decade. I anticipated that the "wearout" effect would have occurred to the point that respondents would claim to be unaffected by the new graphic-

image labels without condition. "Wearout" is a marketing industry term used to refer to the inevitable "decline in effectiveness over time" of campaigns on the intended audience (Pechmann and Ratneshwar 1993: 26). Wearout had taken place since the warning label campaign's launch: participants were no longer asking store clerks to sell them packages with certain images, and Bootiez[29] or other cigarette containers were no longer being used. Yet the campaign – and resultant social influences – had not lost their impact. It was this unexpected finding that eventually became the focus of my research.

In each interview, people began by telling me how ineffective the campaign had been. Bonnie, Molly and Peter provide examples of the types of responses I anticipated:

> I think the pictures are . . . For the most part, they are pretty gross. But 'out of sight, out of mind' I guess. You see them enough they don't bother . . . You know what I mean. You really don't look at them.
>
> – Bonnie, 41 years old, smoker for 24 years

> I don't know if it's affected anybody. The people that I know, it hasn't affected anybody.
>
> – Molly, 40 years old, smoker for 21 years

> So, I do think the campaign in itself is probably valuable . . . to prevent those who haven't started smoking yet [from getting] started. But, those of my age, it's like trying to close the gate after the sheep have left, you know. So as far as that goes, I don't think it's a waste, because . . . We have the education campaigns in school, stuff like that. For those growing up under this environment, you know, they will probably smoke less than we did 50 years ago.
>
> – Peter, 66 years old, smoker for 47 years

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[29]Bootiez (2002) is the company that produces slide replacement covers by the same name. The slide replacements allow smokers to discard the original tobacco package cover and use ones with "lifestyle" or "art" images instead (see Chapter Three, figure 25).

Statements like these were repeated by other participants almost as if they were scripted. The pictures were "gross" to some, and there were comments about the campaign's value in potentially curbing people from ever taking up the habit, but the responses always concluded in the same way: the labels did not "affect" or "bother" them.

Nevertheless, as the discussions progressed, I became increasingly aware that the warning labels did have an impact on people, although in less direct and unintended ways. Take Bonnie, for instance. Each time we talked she would say, without hesitation, that the labels did not affect her. They did not get her to change her smoking habits, and they certainly did not get her to quit. She said the labels did not "bother her" beyond some of them being "gross" images of internal organs. However, as I led her into a discussion of specific images, it became clear that at least one label did have an impact on her. When I asked Bonnie if there were any images that would come to mind when thinking of the campaign, she said that none of them did, except for the "brain one." It was not because the image of a bleeding brain was too graphic: she could ignore that. Nor was it because she knew someone who had a stroke – she did not. She also said she was not afraid that she might eventually have a stroke. Rather, it was because of what her five-year-old son would say when he saw her smoking.

Bonnie remarked that:

> he just mentions it quite a bit. I think it bothers him, "Yeah, mum if you smoke, you know, you hurt your brain." That's the one thing I think of. It's because of him. [If it was] not for him? [I] probably wouldn't think about it.

Notice the words "just" and "because of" are used to downplay the impact, but the force is still visible in her use of "quite a bit," and "the one thing I think of." Obviously, this label did "bother" Bonnie. What I was finding as conversations progressed, was that people were contradicting themselves within their own answers. The example of Bonnie's response was not the exception, but rather the rule.

Jane Collins and Catherine Lutz encountered similar contradictory shifts during their study of audience responses to National Geographic photographs. They explained that contradictions are illustrations of the "several voices" with which people express themselves (Lutz and Collins 1993: 226). When in the process of making sense of an image, people will "run through" a series of possible meanings they locate in the texts, often settling on the most pleasant interpretation.

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For example, one participant in their study interpreted an image of Haitians walking on a dirt road to mean "people being forced out of their village for some reason" or, on the other hand, "one shift of maybe migrant workers going off and one shift coming on" (Lutz and Collins 1993: 226-227). In the end, the respondent concluded that the image represented the happier outcome of migrant workers coming on or off a shift. I likewise interpreted the contradictions I was gathering as the "many voices" people spoke with. The concept helped me come closer to explaining why smokers claimed most strenuously not to be affected by the campaign, while they also made statements to the contrary. Yet I was not convinced that the contradictory responses were simply participants running through a selection of possible answers and choosing the most pleasant or easy-to-live-with interpretation. Although I learned that contradictions were common and important, I was still left wondering what the voices were, where they came from and how they related to peoples' lived experiences.

It was not until I spoke with Sadie, another research participant, that the seeds of understanding were planted. When I asked her if she could tell me how she felt about peoples' comments to her about her smoking, she said, "I don't really classify myself as a smoker, as one of the top things I say about myself, 'cause, like, I'm not proud of it, and I'm embarrassed, too." With this statement, Sadie pointed out that identities are complex and that many characteristics are used to define them. These characteristics also relate to the different roles and identities people take on during their lifetime, even in their day (Goffman 1961: 36). According to Erving Goffman (1959: 249-250), people perform certain identities depending on the situation they are in, and the audience they are facing. Likewise, their actions and behaviours reflect the identity being enacted because in order to be accepted by the audience, they must perform them in the expected ways (Goffman 1961: 90-91). After hearing Sadie's response, I found a relationship between the "many voices" and the different identities people enact: the different selves influence each separate response. As peoples' identities change, so too do their responses, sometimes resulting in contradictions. However, people are not merely performing identities, an act that – like Lutz and Collins' selection idea – suggests some level of conscious choice. The responses I witnessed and collected were generally not conscious decisions; they were fluid (people would move between differing responses with ease), often not well defined (sometimes several responses overlapped), and – like Goffman's identity performance theory – contingent upon the individuals' context and circumstances. Unlike Goffman's theory, though, the responses I collected were also influenced by factors other than participants' anticipations of audience expectations. Elements such as the weather,

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current events, cultural background, or health had an impact on peoples' interpretations of the labels, a finding closely related with the literary criticism concept of "audience response."

The concept of "audience response" suggests that audience members are creative in their interpretations, and that peoples' specific contexts influence the meaning they will derive from texts (Fish 1980). "Audience response" developed as a way of explaining why people do not always interpret material in the way producers intended, and how people will locate various meanings from the same material. Visual media researchers have adopted the concept first developed in the context of literary criticism into their work and assume that visual material can be "read" and interpreted along similar lines as literary texts (Banks 1996; Morley 1996). With respect to audience responses to the health warning labels, the concept also explains how and why the participants in my study presented seemingly contradictory responses. Bart, a friend of Sadie's, summed up this process succinctly in his statement, "Sometimes when I'm around certain people I don't want to smoke as much, and it's more about what I know about them than it is about smoking." Depending on his surroundings – his context – Bart's actions change. Likewise, peoples' responses also depend on the context in which interpretations take place.

Bonnie's contradictions were not the result of confusion or misinterpretations, but were the result of the context in which she interpreted the labels. When she told me the labels were ineffective, she was responding to her interpretation of the label from her position as an "adult." Based on her situation talking with me, another adult, she knew that her statement would be acceptable because she is expected to be mature and educated enough to form her own opinions. Based on the manner with which she moved between her "adult" and "parent" responses she may, at some almost *conscious* level, have used the "adult" response initially because it proved effective on a previous occasion where she successfully avoided conversations in which she might have had to admit to being affected by some of the labels. As "mother," on the other hand, an identity often characterised as being caring and nurturing, her interpretation of the labels changed based on her internalisation of these qualities. Bonnie is correct in saying that if it were not for her son, she "probably wouldn't think about it." It *is* because of her son that she responded the way she did. Through her relationship with him and her interactions with him as his mother, Bonnie developed a different interpretation and reaction to the labels. As a result, depending on Bonnie's context, her responses change to reflect her situation and identity. Finally, although a person's context influences the meaning he or she will derive from a text, preferred readings

can also have an impact on responses. The intended messages Health Canada has encoded into the warnings present new socially accepted norms of behaviour that exclude smoking. These statements have led to the creation of a stigma that, along with the context in which interpretations occur, affect individuals' responses.

Becoming Socially Unacceptable

According to Goffman (1963: 12), the relationships between virtual social identities and actual social identities are vital in the stigmatisation process. Virtual social identities are ones such as parent, doctor, or student, that have socially and culturally specified "role-appropriate" characteristics and behavioural expectations (Goffman 1961: 87; 1963: 12). Actual social identities, on the other hand, are more complex and difficult to define as they are made up of characteristics from the numerous virtual social identity roles individuals perform throughout their lifetime, and during particular times in their lives (Goffman 1963: 12). People can be simultaneously a parent, a doctor and a student, but will only exhibit various characteristics of each identity at certain times, for specific audiences. This combination of virtual social identities in conjunction with cultural and social contexts contribute to peoples' individuality. There are expectations of behaviour and action, or norms, related to virtual social identities, and though norms are not flexible, they do change over time. When actual social identities conflict with virtual ones (for example, when social norms for virtual social identities change), and it is impossible or difficult for a person to adapt to the norms, then he or she can become stigmatised.

Prior to the social de-normalisation campaigns, practically none of the virtual social identities excluded smoking as an acceptable action. However, since anti-smoking campaigns such as Health Canada's warning labels have gained public attention, smoking almost anywhere or anytime has become increasingly characterised as unacceptable. Until recently it was acceptable for people to smoke around children. Currently, the preferred readings encoded in the tobacco package health warning labels outline new norms of acceptable behaviour stating explicitly, among other messages, that a person who smokes in the company of children is a health hazard and a bad influence. Depending on the context and circumstances under which this reading takes place, people can feel stigmatised. For instance, certain individuals exposed to the warnings in the company of non-smokers may interpret the preferred reading to mean "you are not a good parent if you are a smoker." Consequently, these people may respond by removing themselves from that crowd even if it is comprised of family and friends in order to

avoid feeling stigmatised. Alternatively, they may quit smoking, but still feel guilty for ever having had a cigarette. As there are relatively few circumstance in which smoking is still acceptable, anyone who smokes and is unable or unwilling to adapt to the new standards will become stigmatised.

Pivotal in the establishment of a stigma is the realisation on the part of the stigmatised that they differ from the norm (Goffman 1963: 17). The smokers in my study know that their behaviour runs counter to the newly established norms. Consequently, smokers' actual social identities clash with the new virtual ones to the point that the smokers have begun feeling socially unacceptable, abnormal, and stigmatised simply for being tobacco users. All the smokers I spoke with have felt this stigma, at some time, in some way, to a certain degree. The smokers have obtained a "blemished individual character" (Goffman 1963: 14) because their smoking habit has become "an undesired differentness" (Goffman 1963: 15) that characterised them as social others. The fact that these individuals are or were smokers, regardless of their reasons for starting or continuing to smoke, is enough to mark them as having a blemished character. According to some of the participants, Health Canada's repetition of the same warning messages in the current social de-normalisation campaigns has increased these feelings of devalued difference.

Consistent with responses from other participants, Ina stated that "we all know it, smokers know [about the health hazards], they know that it's bad for them" and "shoving it down people's throats that it's bad" only makes the campaign come "across as, kind of like, this is what cigarettes do to you, aren't you a moron, aren't you stupid." Smokers expressed feeling belittled and personally attacked, for something that was a normal, accepted and expected activity in their social circle when they began. Other smokers feel the stigmatisation is amplified because they are being singled out.

According to Mason et al. (2001: 5-6), though writing about health care professionals in general and not health promotion campaigns specifically, the act of singling out an individual or group of people either for treatment or to raise awareness of an issue, can lead to stigmatisation. They argue that this process, though sometimes necessary in order to secure funding or to institute effective programming, excludes people from the rest of "normal" society, to the point that it could counteract the intended goals of helping people (Mason et al. 2001: 6). For the individuals in question, the stigmas can lead to feelings of guilt, depression, low self-esteem, and social isolation, feelings that can be detrimental to a program's effectiveness (Mason et al. 2001: 3). Many smokers in my study added that although they had tried quitting (or were contemplating quitting) the current

warning labels make them feel more fearful, guilty, and ashamed as opposed to providing them with the confidence required to quit.

All the smokers in my study feel they have obtained a blemished character as a result of the changing definitions of accepted behaviour, repetition of warning messages and the act of being singled-out. In response to the stigma, some participants have quit cigarettes in the two years since the campaign began, while others have only slightly altered their smoking behaviour. On the other hand, there are also a small number who took up the habit despite (or because of) the stigma. Each reaction reflects the unique way the participants have experienced the stigmatisation.

Attempts at Managing the "Social Pariah"

Goffman (1963) states that people who suffer from feelings of stigmatisation will try to manage their negative feelings. People experiencing a "spoiled identity" (Goffman 1963) will hide actions and characteristics, control information, and conceal emotions in order to "pass" as normal (Goffman 1963: 93). For the smokers in my study, one way to manage the stigma has been to downplay the impact of anti-smoking campaigns, including the graphic label one, by declaring them ineffective. In their daily lives, however, such statements often are not enough, particularly when in conditions where their smoking is viewed with disdain. Their ability to relocate themselves into different contexts and identities has become a coping mechanism allowing smokers a way of dealing with the stigma.

Some, like Bonnie, have been able to contest or avoid the stigmatisation by relocating themselves, sometimes consciously, sometimes not, into situations with people who accept their smoking. In the context of her identity as an adult, Bonnie has relocated herself into a relatively non-stigmatised position where she can re-normalise herself, removing herself from the "blemished" identity of "a mother who smokes." Likewise, when Bonnie steps out of her house onto the front porch to smoke a cigarette, her physical context changes, which in turn enables her to change her interpretation of self. For Bonnie the inside of the home represents a place of safety for her family, a place she does not want to pollute with cigarette smoke. Outside, on the other hand, where there are numerous air pollutants and where people may often identify her as an "adult" and not a "mother," Bonnie sees smoking as relatively harmless, physically and emotionally. By stepping outside, Bonnie's actions as a smoker become less of a stigmatising characteristic to her. Sadie is another person who has been able to negotiate

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between various identities and contexts with ease. In her daily life, she is a university student, a part-time employee, a daughter, a friend, and a mother to a five-year-old son. During most of her day, she is in positions where – as "student" or as "employee" – her smoking habit is regarded with indifference. While in these situations, she discounts Health Canada's efforts by talking with her friends about the campaign as "a waste of money." She also has downplayed the impact of the labels, claiming to be "totally desensitised:"

> we are easily desensitised, in this day and age, people of our age group [late 20s] have all grown up [with these types of images], nothing can shock us. You know what they should do is in every tenth pack have a fire cracker or something, and that would make you really cut down.

On the other hand, as "mother," a role she is in for only a few hours a day, Sadie's responses change. She talked about being ashamed of her habit, especially around her son. The fact that he has begun "pretending to smoke" using crayons to "upset her," has made Sadie state that she "eventually wants to be a better role model." In the meantime, Sadie has, for the most part, been able to avoid the stigma attached to her less-than-perfect performance of "mother." She has continued to smoke with little discomfort because of her ability to relocate herself into contexts where she (and her smoking habit) is still generally accepted as normal and where she can downplay or re-interpret readings of the labels to avoid excessive stigmatisation.

Others are not so lucky as Bonnie or Sadie who manage to manoeuvre between various (physical and emotional) locations throughout their day. Many people, because of their social circumstances, have been relegated to situations where they experience the feelings of a spoiled identity almost exclusively. This inability to temporarily be "normal" has led some to meet with negative emotions such as failure, fear, frustration and anger. Of the smokers I spoke with, the stigmatisation did lead one individual to quit in the last two years, but the stigma of having been a smoker still remains.

Annie, a stay at home mother for five adult children, recently quit after twenty-four years of smoking. Annie first took up smoking "as a group [activity], without thinking. We didn't know it was bad either at that time. In fact, everybody smoked." By the time of our interview, it was almost a year since she had her last cigarette. She had been trying to quit since her last attempt failed several years earlier. She also claimed that she did not quit because of the warning labels, although the images did "reinforce" her reasons once she made the first

steps. Her quitting is related to feelings of stigmatisation that campaigns such as this one continue to reinstate. According to Annie:

> I have kind of a guilt feeling about smoking. For a long time already, I found I was a very bad example for my children, and it was not good for myself either. I mean, there are many reasons why you want to quit and the last time I made a list of reasons why I want to quit – going from bad breath to saving money and health reasons and being a bad example and not wanting to be embarrassed if you are in a group setting and you need to go for a cigarette; you need to remove yourself, go outside or whatever. That was always very embarrassing for me.

Her feelings of guilt and shame are evident in this statement. Annie's smoking has made her feel guilty for not being a better role model to her family. In her comments, I suggest, she is comparing her actual social identity to certain supposed qualities of motherhood, which exclude the characteristic of "being a smoker," a characteristic she has regarded as normal for most of her life. Thus, as her actual social identity of "mother" began to clash more with the re-defined virtual one, Annie began feeling stigmatised. Eventually, Annie felt so much fear for her own life, guilt for the lives of her children – especially now that four of her five children are regular smokers – and embarrassment for being singled out, that she decided to re-attempt quitting.

She said that the reasons why her previous two attempts to stop smoking failed had to do with stressful situations she faced in her life, including moving, with a large, young family, to a new country where they had no family or friends. Annie maintains that smoking always has been a personal means of relieving stress. Although she has given up smoking for almost a year, she still expressed caution about her achievement, stating that "unless I would have to go through a very emotional and stressful time . . . I don't want to say for 100%, but I'm pretty sure that this will be it, it feels good." Additionally, she repeatedly talked about her feelings of guilt: "Some of them [her children] smoke now themselves, and I still think, yeah, I haven't been a very good example, but now I quit" and hopefully will become a better role model. Therefore, Annie may be on the road to good physical health, and the social de-normalisation campaigns may have been a contributing factor to this, but she still fears that she might start smoking again if a stressful situation were to arise; she feels she would not know any other way of coping in such a circumstance. In effect, Annie has not learned to become an ex-

smoker (Hughes 2003: 188). Instead her quitting is a cloak of normalcy with which she covers up her stigma and feelings that she has failed as a parent.

Peter, a retired technician who has been a smoker for nearly fifty years, has, like Annie, been forced to bear a spoiled identity almost exclusively. Most of his days since retirement have been spent at home with his spouse, who is a non-smoker. The majority of their friends and family also do not smoke. Recently, he has become a grandfather, a new identity in which his smoking is further disapproved. Although he claims that the labels and other tobacco control measures do not affect him, he did say that he has tried to quit smoking recently because it is "socially unacceptable" and he has been feeling like a "social pariah," but, according to him, it has "nothing to do" with the labels. What the current campaign and other similar initiatives have accomplished are strained relationships with friends and family members. His wife, Rosa, and children used to initiate conversations with Peter about health hazards and the benefits of quitting. According to Rosa:

> the kids, when they were in high school and they had education about those bad-smoking [messages and] smoking laws, they would come home and they would hide his cigarettes, and really, really try to make him quit smoking, but that didn't work either, unfortunately. They would show him pictures of the black lungs. I remember they brought that home from school, "Look how bad it is for you."

The family has since ceased such attempts because " if I [his wife] nag him about it, it aggravates him" to the point of him getting angry. Rosa mentioned that Peter has regularly "blown up" at friends who "nag him about it," including one friend who has recently used the current labels to lead into such discussions. The campaign has not led Peter to quit smoking, though it can be argued that broader social de-normalization has led him to contemplate quitting (perhaps a victory in itself). Peter has continuously felt offended by these campaigns and the way his friends and family members have used them, to the point that his personal relationships have been strained.

Molly provides another example of someone whose social circumstances restrict her ability to relocate herself into situations where she does not feel stigmatised. She is neither a stay-at-home mother, nor was she retired at the time of our interview. She lives with a non-smoker, and the couple associates regularly with non-smokers. Further, her job environment does not support her smoking habit. All of these factors contribute to her inability to negotiate between contexts

where she can reinterpret the labels or downplay the preferred readings to avoid the stigma. Molly's responses to the warning labels are that the images look terrible, but they have not made her quit smoking. Her feelings of guilt and embarrassment, however, have been intensified with repeated exposure to the labels.

In most public situations since the labels have been issued, Molly has tried to hide the packs in her pocket or purse, only pulling out individual cigarettes as needed. Molly has also started hiding her smoking:

> In bars . . . I quickly hide and have a cigarette. Like, you know, I used to be bad before. [A friend] used to laugh, the way I used to hold it [the cigarette], pretending I didn't smoke. But it's worse now. Because people look at you in disgust, because you're a smoker, it's really uncomfortable. And two weeks ago, when [a colleague] got her new car, she said "no, you're not smoking." And I respect her, I'm not going to smoke in her car. So we pull over every couple of hours, every four hours, depending on what we're doing. She used to pull over somewhere secluded, so no one would see. But now it's, "yeah, pull over on the side of the road, you can smoke if you want," and the cars are going past. I pretend I'm changing the tire or something, because I'm so embarrassed. I hide behind the car and have my cigarette. So I thought, "ok, I'm gonna . . . this is a good time to give them up." But then her car broke down and [now] we're driving with somebody else, and, so, I was back to normal smoking in the car. But it's embarrassing. It really is embarrassing, because in society, now, it's just not accepted.

It has reached the point that Molly's shame of smoking has forced her to try to hide her smoking behaviour while "sitting on my own property." Her recent move to a relatively upscale neighbourhood, with "nosy neighbours," has made her fear what they would think of her if she was caught smoking. She discounts these feelings of stigmatisation by saying, "I think I just think too much of what people think of me, it's maybe not just the cigarettes, maybe it's a deeper issue. I don't know, but cigarettes are just not acceptable for most people now, and they just don't want to be around it." Her greatest fear is that her smoking will reveal to the new neighbours that she comes from a working-class, not middle-class, background. This fear is not unfounded since Health Canada (2003d) has released statistics showing that cigarettes are consumed mainly by people of low socio-economic status. This is information that could lead some people to conclude that

smoking is a lower class activity. Now that she has moved to a new neighbourhood, Molly's context has changed to one where her interpretation of the labels is associated with social acceptance and class issues, which, in turn, has forced her into social isolation.

Like Peter, Molly told me that she would like to quit smoking, and often tried, but failed. The social de-normalisation campaigns have not been able to lead either of them to effectively curb their addiction. The label campaign has only been successful in making the stigmas stronger, resulting in strained personal relationships in Peter's life, and increasing Molly's feelings of shame, embarrassment and fear of being judged solely on her smoking habit. In the case of Annie, the campaign may have been of assistance once she had made the first steps to quitting, but they did so at the cost of making her feel like a poor mother.

The ability to manoeuver between various contexts and identities has proven to be a way for some smokers to manage their recently acquired stigma. By relocating themselves into situations where smoking is relatively accepted, individuals such as Bonnie and Sadie have been able to avoid, downplay or negate the stigmatisation. The social circumstances of other people have not provided them with this possibility. For Molly, Peter and Annie, the redefined virtual social identities as outlined in the preferred readings Health Canada has encoded in the images and text of the warning labels have led to stresses and increased feelings of stigmatisation. Among Health Canada's reasons for using such de-normalising tactics is to mount an effective campaign against decades of tobacco industry marketing that has promoted cigarettes as healthy and normal products, advertisements that, until recently, the established smokers in my study were exposed to on a daily basis. These participants did not say that tobacco industry marketing influenced their decisions to smoke. Likewise, they claim that it is not the graphic-image health-warning labels that have led them to quit or contemplate quitting smoking. Instead, they state that it is their social surroundings, particularly their family and friends, that influence their actions. Their social surroundings, however, are influenced by politics, by historical events, and by the current anti-tobacco trend. The label campaign, and other related initiatives, is part of a broader social context of de-normalisation that has led some smokers to quit or attempt to quit smoking. In general, the established smokers I interviewed believe the labels can prevent non-smokers from ever starting, but otherwise feel as Peter does that they are the equivalent to "trying to close to gate after the sheep have gone." For Peter, and several others in my study who have smoked for decades, the labels and other anti-tobacco campaigns are too accusatory and too late. As a result, for several of the individuals presented in this chapter, the

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campaigns have led to serious social and psychological stresses that could have been avoided and can be reversed if Health Canada would heed arguments such as Ina's: "Smoking is a reality of life. . . . It happens. Deal with it a little bit more compassionately. It is an addiction."

CHAPTER THREE

YOUTH, SMOKING, AND CREATIVE INTERPRETATIONS

In their efforts to reduce tobacco use, Health Canada and other anti-tobacco activists have given a segment of the population a "blemished individual character" (Goffman 1963: 4). Whether through being singled-out, belittled, or made to feel ashamed and embarrassed, the people I interviewed whose smoking habit began prior to the strenuous anti-tobacco legislation and campaigning of the last decade feel stigmatised. However, the young smokers, the social smokers, and the occasional smokers[30] I interviewed who began to light up in the last few years do not feel this stigmatisation nearly to the same degree as do other smokers. In this chapter, I examine some youths' reasons for beginning and continuing to smoke, and their responses to the graphic images on the health-warning labels.

I begin with a discussion of Health Canada's grounds for designating youths as a "high risk" population and why the current label campaign was tested with a young audience in mind. The discussion will include an exploration of the impact of the tobacco industry's history of youth-marketing on youth smoking rates, and how anti-tobacco groups contend that this relationship is fundamental to their designation of youth as "high risk." In order to develop a holistic understanding of why young people smoke and how they are able to rationalise their risky behaviour, dismiss the health-warning labels, and avoid the stigmatisation otherwise attributed to this social de-normalisation effort, I examine Health Canada's list of five reasons why youth begin and continue to smoke. To balance this discussion, I include an analysis of smoking as a rite of passage. Then,

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[30]In this research, I interviewed nine young smokers of whom four are regular smokers, two are social smokers, one is an occasional smoker and two recently quit smoking. I defined social smokers as those who smoke only with certain groups of people in social arenas; they may smoke as few as one cigarette to as many as over a pack's worth during one social event. They often ask for cigarettes from regular smokers and generally do not have cigarettes on hand at any other time. Occasional smokers are those who may purchase packages of cigarettes on occasion and may smoke on their own every now-and-then, but are not regular smokers in that they do not follow a routine or "habit."

I present young participants' responses to the campaign, paying attention to the way many youths have been able to deem the campaign irrelevant based on their interpretation of a few specific images. With this dismissal, young people have also been able to diminish any stigmatisation they feel. Finally, I contend that Health Canada should take into account the interpretive creativity and "communitas" (Turner 1974) of this group of young adults when developing national health warning campaigns for the under-twenty-five-year-old demographic.[31]

Tobacco Marketing and Youth at Risk

Prior to developing the current tobacco products labels, Health Canada commissioned roughly twenty research projects on the campaign. Topics included investigating the technical feasibility of creating the labels, measuring the increased noticeability of larger, more colourful warning labels with graphic pictures, and assessing the impact of the warnings in deterring people from starting to smoke (Health Canada 2002c). Although the labels are meant to appeal to all smokers within Canada, adolescents and young adults make up a large part of the primary target audience of the campaign. The majority of research either focussed exclusively on youth or included a large proportion of them in the sample. Twenty-seven percent of youth aged fifteen to twenty-four consider themselves to be regular smokers, a percentage that has been steadily declining since Health Canada began recording such statistics in the mid-1980s (Health Canada 2003d). Anti-tobacco activists have a vested interest in reducing further the number of young smokers so as to prevent them from becoming long-term adult smokers and thereby reduce potential health problems in the future (Thompson 2000; Quintero and Davis 2002: 441). Health Canada considers the youth population to be at "high risk" of becoming long-term tobacco users because "85% of adult smokers had their first cigarette before they were 19 years old"[32] (Health Canada 2002d).

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[31]Depending on the source, "youths" are defined as people between the ages of 9 and 25. Often the terms "adolescent" and "young adult" are also used for this group. The terms "child" and "teen/teenager" are used by anti-tobacco lobbyists for this group to intensify their rhetoric. I focus on the under-25 demographic because it is this group that tobacco companies are currently targeting.

[32]In 1999, the statistic read "85% of addicted smokers started...before the age of 16" (Health Canada 1999b). It is unclear if the change is due to increased research

The current warning labels were developed for the purposes of prevention, protection, and cessation: to prevent young people from starting to smoke; to protect non-smokers from second-hand smoke; and to help regular smokers quit their habit (Health Canada 1999a). Prevention is considered paramount since it can lead to the further reduction of protection and cessation programs and decrease the burden on the health care system. Youth are given higher priority than are women and aboriginal people – other high-risk groups – because they have the largest smoking rates among all risk groups (Health Canada 1999a). Also, tobacco companies have a long history of marketing to youthful audiences, a strategy that accounts for at least some young people taking up smoking (Cunningham 1996: 165; Health Canada 1999a; Thompson 2000). Later in this chapter, I examine some anti-tobacco groups' argument that there exists a relationship between tobacco marketing and youth smoking rates, and I look at how the tobacco industry has directly advertised to youth in the past and how it continues to do so today.

According to marketing experts, cigarette advertising is meant to serve three purposes (Signorielli 1993: 87). First, smokers must be persuaded to smoke the right brand. Second, established smokers must be reassured that tobacco-use is still socially acceptable and safe. Third, non-smokers who may be contemplating smoking must be convinced that tobacco-use is a normal and enjoyable activity. With reference to the first point, anti-smoking advocates argue that tobacco companies' main intent is to attract non-smokers, particularly young people, to cigarettes (Signorielli 1993: 87). Tobacco companies, on the other hand, contend that advertisements are not meant to promote their products to young people, but that the main reason for advertising is to "encourage those adults who have made the decision to smoke, to select [or switch to] [their company's] brands rather than those of [its] competitors" (Rothmans-Benson and Hedges 2002). Switchers, they claim, are an important segment of the smoking population because they represent potential new customers. However, market research statistics from the tobacco industry show that only ten percent to eleven percent of smokers ever switch[33]

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and more accurate statistical methods or some other reason. Regardless, I felt it was important to point out the difference particularly since then Health Minister Allan Rock made reference to this earlier statistic in a speech introducing the current warning labels.

[33]During the late 1980s, the rate of switchers rose to nineteen percent in response to the rise in taxes. Since the taxes were removed in the early 1990s, rates have

(Audet Lapointe 1991: 10). Furthermore, these switchers usually change brands within the first few years of their smoking "career" (Audet Lapointe 1991: 3-4); for most smokers this is in their teen years (Thompson 2000). Very few established smokers (generally adults) switch brands (Audet Lapointe 1991: 10). Therefore, it is more accurate to say that although one purpose of tobacco advertising is to attract smokers to specific brands, the ads are aimed at new smokers (generally youths) because they are the people most susceptible to brand switching. Essentially, then, tobacco companies are advertising to young people who are experimenting with cigarettes.

As for the second purpose, although tobacco companies use advertisements to reassure current smokers, anti-tobacco activists argue that the ads double as enticements to young non-smokers to take up the habit. They contend that the tobacco industry has a stronger interest in adolescents than any other potential or actual smokers because young smokers are needed to replace those adult smokers who quit or die each year (Health Canada 2002b; Physicians for a Smoke-Free Canada 2001; Signorielli 1993: 95). This advertising agenda has become especially important over the last decade as anti-tobacco legislation and health education have intensified, leading many smokers to quit or reduce the number of cigarettes they smoke. Therefore, tobacco companies' use of celebrity and peer endorsements, and associations of cigarettes with symbols of nature, even in sponsorship advertisements, suggest that smoking is a socially accepted and commonplace (even natural) activity primarily *reassures young people* that smoking is still an acceptable choice.[34]

Despite the argument that advertising is meant to attract new consumers, the tobacco industry claims that its marketing campaigns are strictly intended for attracting adult smokers to their brands, and that smoking is an adult decision (Barnett 2002; Rothmans-Benson and Hedges 2002). However, internal tobacco industry documents reveal that the industry has been aware for decades that the majority of smokers begin before they are eighteen, and "only 5% of smokers start

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dropped again to the pre-1985 level of ten percent to eleven percent (Audet Lapointe 1991: 10).

[34]I use the word "choice" here because tobacco companies market cigarette smoking as an "adult choice" (British-American Tobacco Company 1992). "Choice," however, implies a freedom that, in reality, may not exist, particularly if one is addicted, as most adult smokers are, or if one is subject to certain social pressures, such as youth are.

after age 24" (R. J. Reynolds 1984). The industry's most important market is, therefore, non-smokers under age twenty-four, with the under-18 population being the most lucrative. Currently, in Canada, it is illegal to advertise and sell cigarettes to individuals under the age of nineteen, and the industry maintains that it is complying with the law. Yet, as I discuss below, there are numerous examples of tobacco advertisers conducting market research on youths and creating direct youth-oriented campaigns.

During the 1995 trial judging the constitutionality of the *Tobacco Products Control Act*, many internal tobacco industry documents became a matter of public-record,[35] disclosing numerous controversial market research projects. The documents revealed that since the 1970s, several Canadian tobacco companies have studied youths' smoking behaviour and perceptions of tobacco use (Cunningham 1996: 165-173; Physicians for a Smoke-Free Canada 2001a; Thompson 2000). The standard response given by tobacco industry spokespeople on the necessity of youth-oriented market research is that the information collected is valuable for predicting future consumption patterns (Tucker 1974) since "today's teenager is tomorrow's potential regular customer" (Phillip Morris 1991). The rationale is that youths' consumption patterns will remain the same into adulthood, and thus, research now will help them plan for the future (Cunningham 1996: 166). However convincing the tobacco companies' reasoning sounds, it is highly uncharacteristic for companies to use market research for anything other than immediate use (O'Barr 1994: 200-201). Findings from these types of projects tend to have a very short shelf-life. The fact that companies generally do not archive their market research and that they constantly turn over their ads stands as testament to the limitations of such research in providing long-term usefulness (O'Barr 1994: 200). Most of this research reveals that it is difficult enough to predict existing consumption patterns, let alone develop plans for decades in the future.

Furthermore, evidence suggests that youth-oriented market research has been used to direct advertising campaigns at young people. For example, Imperial Tobacco commissioned three of the most publicised Canadian studies: *Project 16*, *Project Plus/Minus*, and *A Behavioural Model of Smoking*. The 1977 *Project 16* focussed exclusively on sixteen- and seventeen-year-old smokers with the intention of developing an understanding of youths' perceptions of smoking and their

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[35]Many of these documents are housed in the Guilford Depository in Guilford, England and are made available via several free-access Websites (see Health Canada 2002a).

reaction to certain tobacco-advertising campaigns (Cunningham 1996: 166). Although Imperial Tobacco had not revealed what use it made of the research, the fact that some questions centred on the interpretation of advertising images (i.e., adolescents' attraction to horses) suggests that the material was used to develop campaigns appealing to younger audiences (Cunningham 1997: 166). In 1982, Imperial Tobacco commissioned a study, entitled *Project Plus/Minus,* to expand upon *Project 16.* Participants in this study were between the ages of sixteen and twenty-four. The objectives of this research were to look at "youth perceptions of light brands, including as 'potential substitutes for quitting'" (Cunningham 1996: 167). Young smokers' perspectives on the issue of quitting also were collected. The researchers concluded that smokers often contemplated quitting as soon as they considered themselves "hooked," yet "the desire to quit, and actually carrying it out, are two quite different things, as the would-be quitter soon learns" (cited in Cunningham 1996: 167). Although it may have been unpleasant for tobacco companies to learn that "the desire to quit seems to come earlier now than before" (cited in Cunningham 1996: 167), the knowledge that young smokers get "hooked" despite acknowledging the health risks associated with smoking is itself valuable information; tobacco companies learned that investing in youth-marketing is worthwhile.

"*Starting*" was a section of *A Behavioural Model of Smoking* that extensively examined the processes of youths' experiences when they began to smoke. Over 1000 participants between the ages of sixteen and nineteen were divided into four categories: "non-experimenters," "experimenter/rejectors [*sic*]," "never starters," and "starters" (cited in Cunningham 1996: 168). Along with other findings, the researchers collected "16 personality traits, 15 lifestyle descriptors, various personal activities and interests, assorted attitudes to smoking and health issues, and the relationship of these characteristics to each group" (Cunningham 1996: 168). Industry documents reveal that tobacco companies used the information from these and similar research projects to create brand identities.[36] For instance, Player's Light cigarettes are meant to be "self reliant, confident" (Ryan 1989) and "masculine" (Roubicek 1987), while Matinee Light cigarettes are associated with "sophistication and feminity [*sic*]" (Ryan 1989). They have also used the information to assign age groups to cigarette brands, demarcating their target consumers. Player's Light brand is said to be aimed at "under 25 males"

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[36]American tobacco companies are known internationally by specific brands and their identities; two of the most popular brands are Marlboro (masculine) and Virginia Slims (feminine).

(Roubicek 1987), while the regular Player's are intended for those "over 35 years of age" (Roubicek 1987). Although it seems that tobacco companies have been vying for the youth market for some time, in Canada, their marketing campaigns have been subtle. In the United States, on the other hand, there is a recent example of R. J. Reynolds being accused of blatantly targeting children.

From 1988 to 1997, R. J. Reynolds[37] used a cartoon camel variously named "Old Joe," "Smooth Character" and "Joe Camel" as the spokesmodel for its Camel brand of cigarettes. Numerous anti-tobacco groups attacked R. J. Reynolds during that time, accusing the company of targeting children with the campaign (Plous 2001; Signorielli 1993: 96-97). The tobacco giant claimed that the advertisements were not aimed at young people. However, one report found that "Camel's share of the under-18 cigarette market jumped from 0.5% to 32.8%" in the first three years of the campaign (DiFranza et al. 1991: 3149). Another study concluded that over ninety percent of six-year-olds found Joe Camel to be as recognizable as Mickey Mouse (Fischer et al. 1991: 3145; Signorielli 1993: 96). Eventually, the Federal Trade Commission ruled that the campaign violated federal law, deeming the cartoon camel attractive to those too young to smoke legally (Federal Trade Commission 1997). Although there are no examples of Canadian tobacco companies generating similar child-oriented advertising campaigns, the companies are still being accused of marketing directly to youth.

For example, in 1999, when introducing the current label campaign, then Health Minister Allan Rock argued that tobacco companies had been spending "$60 million a year just on the method of presentation at the point of sale in retail outlets" (Health Canada 1999b). The method, which continues today, involves displaying cigarettes "at children's eye level" and placing the colourful packages "near hockey trading cards and chewing gum" (Health Canada 1999b). Moreover, retail outlets are not the only venues where the tobacco industry is accused of continuing to target youth; movies still provide a lucrative marketing arena for tobacco companies. Tobacco manufactures have been known to spend upwards of $500 000 US for strategic product placement, or as payment to film stars for smoking their brand of cigarettes in movies (Cunningham 1996: 166; Health Canada 2002b). According to Physicians for Smoke-Free Canada, and the watchdog group Smoke-Free Films, youth exposed to these images are presented

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[37]The Canadian affiliate of the American RJ Reynolds tobacco company is RJR -Macdonald Inc. The Camel campaign in question, though not legally promoted in Canada, was seen in Canada via American magazines sold in Canada, and other marketing material such as t-shirts bought in the United States.

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with the same messages as are found in traditional advertisements (Physicians for a Smoke-Free Canada 2001a).

With their well-defined brand identities, tobacco companies have been creating special events centred on the characteristics of each brand. Team Player's is one example of using the masculinity of Player's brand cigarettes to promote and sponsor a team of Formula One car racers (Imperial Tobacco 2001: 34; Physicians for a Smoke-Free Canada 2001a). Benson and Hedges sponsored international fireworks shows, and still promote DJ contests in nightclubs (Physicians for a Smoke-Free Canada 2001a). Since federal legislation prevents the tobacco industry from selling to those under age nineteen, the industry has turned its attention to the segment of the population they call Young Adult Smokers (YAS) (British-American Tobacco Company n.d.a; Thompson 2000). Realising that smokers begin to smoke before the age of majority, the tobacco industry also knows that youth between the ages of nineteen and twenty-four (those designated YAS) are becoming "brand loyal" during these years (Audet Lapointe 1991: 3-4; British-American Tobacco Company n.d.b). Thus, tobacco industry marketing is currently focussed on sweepstakes, and on sponsored events taking place in venues frequented by young adults of that age group. Although these events are not direct advertising campaigns, they are, arguably, cleverly disguised marketing strategies brought about by tobacco control legislation (Cunningham 1996: 95-99; Health Canada 1999a, 2002b, 2002d; Physicians for a Smoke-Free Canada 2001a; Thompson 2000).

Anti-tobacco activists and health organisations have, over the years, used these and other examples to lobby the Canadian government to make smoking a public health issue. Health Canada has responded with numerous pieces of tobacco control legislation since the mid-1980s (Cunningham 1996: 65-84; Health Canada 1999a), and a commitment to protect young people from the health hazards of smoking (Health Canada 1999a), including the use of the current graphic image health warning labels. Despite efforts by Health Canada and anti-tobacco lobbyists, and despite all the time and research put into generating the current graphic-image warning label campaign, there are still many youth who begin and continue to smoke. In the following section, I look at some youths' rationales for smoking despite the education campaigns they have been exposed to since childhood.

Nicotine and New Identities

When warning about the eventual decline in effectiveness of the health warning labels, Greg Skinner, director of Mina, a Toronto-based youth marketing firm, argued that "rather than bludgeoning them with grotesque pictures of the results of smoking," Health Canada should "go do a bit of homework about why kids pick up smoking in the first place" (Brent 2000: C4). In this section, I focus on some reasons Health Canada, other health organisations, and anti-tobacco groups give for why youth start to smoke. This information will be considered in the context of the responses I collected from youth participants and the reasons they give for starting and continuing to smoke. I use the concepts of "self-esteem," "rites of passage" and "communitas" to discuss young people's experiences with learning new identities.

In 1999, Health Canada released *Lessons Learned from the Tobacco Demand Reduction Strategy* (TDRS). This report, based on five years of research into youth smoking issues, provides information and guidelines for anti-tobacco programs. In the document, Health Canada identifies five reasons why young people start smoking. First, Health Canada states that smoking is the result of a combination of certain predispositions and social pressures (Health Canada 1999a: 8). Second, predisposing factors are listed as "linguistic and cultural background, family income and structure, and academic performance" (Health Canada 1999a: 8). Third, "youth experiment with smoking because their friends are doing it" (Health Canada 1999a: 8). Fourth, the normalising image of smokers in American advertising and other media outlets influences youths' decisions about smoking (Health Canada 1999a: 8). Finally, "the reasons youth give for both starting and continuing to smoke are closely related to their self-esteem" (Health Canada 1999a: 8). Thus, Health Canada states that youth smoking is the result of predispositions, peer and social pressures, and levels of self-esteem. Anti-tobacco and smoking cessation groups often cite low self-esteem and low self-confidence as the central motivations for youth smoking (Lantz et al. 2000; Ling and Glantz 2002b). In fact, several youth anti-smoking or smoking-cessation initiatives, as well as social and industry de-normalisation campaigns, focus specifically on building self-esteem and self-confidence (Hoek, Gendall and Thompson 2001; Swartz 1997).

Young people, on the other hand, do not necessarily state explicitly that their smoking is a response to predispositions, peer or media influences, or low self-esteem. Among my interviewees, Dan said smoking was something he started "when my parents were getting divorced," while Joanne said it was "because there

was a group of older boys who smoked" and she wanted to get their attention. Although these youths were talking about the circumstances under which they began smoking, they ultimately couched their early experiences with cigarettes in terms of rites of passage. Most of the youth I spoke with, including Dan and Joanne, pointed out that smoking was the action that changed them from "dull" to "risk-taker," from "average" to "intellectual," and from "plain" to "glamorous." The language they used corresponds, albeit in an informal way, to Arnold van Gennep's definition of rites of passage: "rites [formal practices or customs] which accompany every change of place, state, social position and age" (cited in Turner 1969: 94). Young people's use of cigarettes may still be a response to predispositions, social pressures, or other factors listed by Health Canada. Yet, in their eyes, tobacco use is related to changing identities rather than succumbing to external pressures. For a wider view of the youth smoking issue, I incorporate the perspectives of both the insider (youth) and outsider (Health Canada and tobacco reduction and cessation groups) in my analysis of the collected responses.

Numerous social scientists, health specialists and anti-tobacco activists concerned with the issue of young smokers agree that youths often rationalise their risky behaviour in terms best understood as an element in a rite of passage. The Commission on Substance Abuse at Colleges and Universities (CSAC) (1998) conducted research into the high rates of alcohol consumption, substance abuse, smoking, and sexual promiscuity among college-age youth in the United States. The Commission concludes that youths often[38] perceive these risky behaviours as rituals marking their transition from child to adult, boy to man, or, to a lesser degree, girl to woman (CSAC 1998: 15, 30). Although the youth acknowledge that their behaviour is dangerous, they often engage in these activities without

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[38]The Commission also found that many youth claim they engage in such risky-behaviour because they are "bored" or "stressed" (CSAC 1998: 32). In addition, the CSAC found that many smokers, particularly female smokers, use cigarettes as appetite suppressants and weight loss aids (CSAC 1998: 32). Although none of the female smokers in my study talked about this as a reason for their tobacco use, it has been well documented that many women perceive this as a benefit of smoking (Cunningham 1996: 175; Hughes 2003: 116; Parker-Pope 2001: 136). Health promoters and anti-tobacco activists contend that, with the use of words such as "slim" and "light" on cigarette packages and advertisements, tobacco companies perpetuate the belief that cigarettes can help people control their weight (Cunningham 1996: 177; Hughes 2003: 116).

question because they see that their actions result in a positive change in status (CSAC 1998: 14).

Medical sociologist J. Robb, writing in the mid-1980s when the issue of youth smoking was just beginning to be given intensive academic attention, suggests that these rituals of risky behaviour are not complete rites of passage; rather, they should be considered "anticipatory rites of passage" (Robb 1986: 622). In his view, youth very rarely attain a complete status change simply by performing these acts. Robb states that a more accurate description of these actions is to consider them as events leading to eventual transition – they anticipate an actual rite-of-passage that will change their status. For Robb, actual rites that mark adulthood are those that exhibit more responsibility and maturity, such as graduation, purchasing a home or starting a career (Robb 1986: 622). Although Robb's argument is compelling, it can be applied to only a limited number of cases. Robb bases his argument on the assumption that smoking as a rite of passage is to transition from childhood to adulthood. However, from the responses I collected, only one individual used cigarettes specifically in this way. The other participants were using cigarettes as a key element in a transition to a different identity within their young-adult selves.

Sociologist Jason Hughes (2003) found responses focussing on rites of passages similar to those I collected in his study of the history of smoking in the West, which included a look at current smokers. Hughes talked to various smokers, non-smokers and ex-smokers in an effort to see how their experiences fit in with the larger role, over time, of tobacco in Europe and the Americas. In the section "Beginning Smoking" (2003: 148-154) Hughes found many beginners (generally young individuals) who talked about their initial smoking attempts in terms that can be best understood in the context of discussions of rites of passage. For these individuals, their early use of cigarettes signified a transition, for example, to "independent" in one case and to "academic" in another (Hughes 2003: 151-152). In Hughes' accounts, participants also recalled having "nearly choked to death," or been "sick a few times" (Hughes 2003: 149) when first smoking.

My data support Hughes' findings concerning initial smoking attempts: those beginning to smoke (or recalling their first cigarettes) stated that their early smoking experiences, though generally unpleasant, resulted in an improvement in status. The reason most of these young people continued to smoke after having such negative effects is that they believed that the benefits of smoking (e.g., improving status) outweighed the temporary ill feelings. They anticipated that the experience of learning how to smoke without feeling sick would also help them

adopt new identities (Hughes 2003: 150-153). Thus, smoking, as discussed by the participants in my study and those in Hughes', is similar to many rites of passage where neophytes endure a painful (in this case nauseating) experience before being able to take on an improved status. In this transition stage, new smokers are taught by peers and others role models[39] the norms of behaviour (i.e., how to hold cigarettes correctly or how to inhale properly) for the new identities of "glamorous," "dangerous," or "intellectual" they are ultimately learning (Hughes 2003: 149-153). This ritual of learning to smoke as a means of learning new identities is apparent in the responses I collected.

Joanne, a social smoker for the last three years, smokes only in bars, and only with friends who smoke or who accept her infrequent use of cigarettes. She stated that cigarettes make her look "cool" and feel more attractive, an identity she attributes directly to her use of cigarettes. Joanne talked about her initial smoking experiences as having been "really disgusting," but she continued to learn how to smoke so that she could become "cool" and sexy. Rick began smoking three years ago when he was sixteen and said his first cigarettes "gave me a head rush and made me feel sick." Yet he too continued despite the ordeal. He candidly spoke about how he consciously began smoking in order to help himself perform certain identities. He said that, when meeting new people, he "would want to establish, you know, that I was a smoker, just to like, I don't know, I guess to make you feel that you were different 'cause you weren't one of the people that abstains from it." Rick said he "consciously made an effort to make sure that I had a cigarette when I was with someone that didn't know that I smoked" because he knew that the simple act of holding the cigarette could afford him an identity of "risk-taker" beneficial to building certain relationships. For Joanne and Rick, a cigarette, depending on the audience, was not a tool to change from "adolescent" to "adult," but became a "marker to" (Hughes 2003: 157) them of "sexy" and "dangerous," and a prop when learning how to enact these selves.

Although he too had to learn how to smoke to get over the initial unpleasantness of tobacco, Wim, a nineteen-year old smoker, uses cigarettes in a slightly different way than do Joanne and Rick. Wim began smoking three years ago because, in his social environment, it is used in a way that can be understood as a rite of passage from childhood to adulthood. Although smoking is becoming a matter of contention among some of his extended family and friends, it is still a normal activity within his family, and many of his friends are smokers. Unlike other events that can be considered rites of passage such a marriage, buying a

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[39]For example, celebrities, models, older adults, and family members.

home, or graduating from college or university, smoking is accepted in Wim's circle as an event marking the entrance into adulthood. The use of cigarettes is seen as a sign of maturity and a responsibility for one's own actions. This does not mean that everyone in the family must smoke to be considered "adult," but using cigarettes is one way of displaying adulthood. Wim's experience is not commonly found in the responses I collected. His is an exceptional account and his actions are influenced by his cultural and family environment. Along with the fact that Joanne, Rick and Wim all had bad initial experiences with tobacco, they also continued to smoke to learn new identities. Another vital component common among these individuals' rites of passage experiences is the establishment of a supporting and friendly community.

Sadie focussed on this social connection developed through smoking when she spoke about reasons why youths smoke. Although Sadie began smoking when she was nine years old and has been smoking for over twenty-two years, she did not talk about her personal experiences as a young smoker. However, she agreed with the comments she has heard from other young smokers, suggesting that her experiences were similar to theirs. "Teens," she said, "[have] issues in their lives that make them uncomfortable," and they smoke in order to cope with them. For youths, according to Sadie, smoking is a means of attaining self-confidence and self-esteem in the situations they face. They do not go through these experiences alone; rather, they find other like-minded young people in what Sadie calls a "little smoking community" where there is support and acceptance, a community analogous to Victor Turner's "communitas" (Turner 1974).

Turner (1974: 46, 201) distinguishes "communitas" from "community" in that the former is "social anti-structure... 'a bond uniting... people over and above any formal social bonds,'" while the latter "refers to a geographical physical area." Communitas is also the "spontaneously generated relationship between levelled and equal total and individuated human beings stripped of structural attributes" (Turner 1974: 202). Although Sadie uses the term "community, " she is describing "communitas" when she said "kids start in highschool... there's always a group to get along with, and you always have something to talk about and they're always supportive of at least your habit, like if you don't have cigarettes they can give them to you and then you're sharing." The young, hypothetical smokers Sadie refers to may not have this relationship at any other time, but when they are smoking together all other social structures that would otherwise separate them are no longer a factor. Again coinciding with Turner's (1974: 202) definition, the communitas that Sadie describes is not a reversal of statuses (i.e., "Jocks" do not become "Geeks" and *vice versa* when they smoke together); rather, these smokers

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when interacting and smoking together dissolve structural bonds in order to smoke in a safe, supportive space. This bond as expressed by Sadie is, more specifically, what Turner (1974: 169 emphasis in the original) would call "*spontaneous communitas*" because the relationships develop without order or anticipation and are temporary, often ending when they have finished smoking their cigarettes and return to their structured environments. Smokers' spontaneous communitas exists particularly among young smokers and those beginning to smoke because it is during the times when these individuals are learning how to overcome the physical strains of smoking and the negative attitudes towards tobacco use that they need support the most.[40]

Despite the temporary nature of spontaneous communitas, the companionship generated from this association has empowered the youths in my study to downplay the impact of Health Canada's graphic health-warning labels. In their "little smoking communities" they have been able to develop rationales for starting and continuing to smoke. In their moments of communitas, some of which I witnessed and others which participants spoke about, these individuals have been able to discuss their views about their smoking, the labels, and the general tobacco control atmosphere without having to concern themselves with counter-arguments from non-smokers and anti-smoking activists. Consequently, they have found a way to dismiss the entire campaign based on their interpretation that the labels are meant for older smokers and younger non-smokers, a topic I cover in more detail in the following section.

Youth Smokers' Responses to the Warning Labels

When the campaign was first introduced, youth-marketing experts debated its potential effectiveness. Many of these marketers warned of the inevitability of "wearout" and the creative decoding youth would apply to their interpretations of the labels. In January 2000, Greg Skinner, director of a Canadian marketing firm, stated that once the pictures had been gawked-at in the schoolyard, "the effectiveness will definitely subside" (Brent 2000: C4). Likewise, Doug Stewart, head of the marketing firm Youth Culture in Toronto, cautioned that the labels
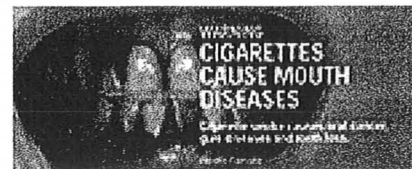
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[40]Smoking tends to be a solitary act for established or addicted smokers, thus diminishing the possibility for communitas to develop. However, as the numbers of smokers continues to decrease, many adult smokers do experience spontaneous communitas when, for instance, CEOs and clerks interact and smoke together outside of an office building or factory.

might become "a collector's thing, like a Pokemon card," but that interest would drop off after a while (Brent 2000: C4). On the other hand, Sean Saraq, co-director of Environics Research Group's youth research unit, countered these statements and argued that according to the studies Health Canada commissioned for the campaign, the images would be effective in deterring youth. The labels would inform younger smokers that they are "not immortal" and that they can be affected by many of the same negative health consequences as older smokers (Brent 2000: C4). The lack of a consensus on the part of these youth-marketers

does not reflect a simple difference in opinion; it illustrates the complexity of trying to predict the reception and impact of media texts, including graphic image warning labels. The responses I collected from youth participants reflect both perspectives.

Figure 23. Mouth disease warning label. (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/legislation/warnings/warnings.html)

During my interview with Wim, I heard stories about his high school friends who had been collecting the various warning labels since they first appeared; some of these friends even used the labels to decorate their lockers. The shocking, graphic warnings had become "unintentionally cool" (Brent 2000: C4), as had been predicted by sceptical youth-marketing experts. The labels also became tools for contesting Health Canada's warnings. Wim told me that he would hold a package with the mouth disease warning label up to his mouth, pretending that the

picture was of himself. Wim's antic generated much laughter among his friends, even among those who did not smoke. Instances such as these led Wim and his friends to continue in this vein, discounting other labels and their messages. The mouth disease label and the label warning that "Tobacco use can make you impotent" – or "impo'tant" as some respondents joked – were most often used by participants to initiate discussions about the campaign's irrelevance and absurdity (figures 23 and 24).

Figure 24. Cigarettes make you "impo'tant." (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/legislation/warnings/warnings.html)

On the other hand, in reaction to the ugliness of the images and people's embarrassment at being seen with such graphic

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images, some participants in my study bought replacement covers for their cigarette packs. Numerous companies across the country have been manufacturing and selling slide covers with images of horses, planets, or even original art prints (figure 25) (Petersen 2002; Bains 2002). Other people began using vintage silver-plated cigarette cases or similar containers to hold their cigarettes. However, as the initial shock of the labels began to wear off, smokers began to abandon their attempts to hide the packages. Eventually, the labels even lost potency as status items, and those who collected the images removed them from their lockers.

Figure 25. "Bootiez" replacement slide covers. (http://www.bootiez.com)

Despite the eventual waning of the campaign's shock value, supporters of the label campaign expected that the graphic images would still lead youth to contemplate the immediate health hazards of smoking (Canadian Press Newswire 2000; Fennel 2000: 66). Many anti-smoking advocates and health groups are concerned that smokers, youths in particular, "consistently underestimate the gravity of the risks" of smoking (Canadian Press Newswire 2000) and think they are immortal, "never think[ing] [they] will die" (Fennel 2000: 66). These groups, including Health Canada, anticipated that the labels would entice youths to think more seriously about their health and the social costs of smoking. However, Wim and his friends were not so enticed; the warning labels did not get them to think about their mortality. Even after the jokes and shock dissipated, their initial responses were replaced with a dismissal of the campaign rather than thoughts of personal risks. I encountered only one case of a young smoker who discussed mortality in relation to a specific warning label.

Figure 26. "Young man" on a respirator. (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/legislation/warnings/warnings.html)

Joanne, a 19-year-old social smoker, described the "Cigarettes cause lung cancer" label as the "one where there's the young guy hooked up to the respirator" (figure 26). For Joanne, the image is "not so much fun because

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you actually see that, yes, it's gonna happen ... because of this [cigarettes] you could be lying in a bed breathing though a tube. That's not great. That's definitely a good one." The image put into perspective young persons' risk of developing tobacco-related diseases. However, at this point, she said that the likelihood that the image would cause her to give up smoking was very slim. Joanne stated that if she was "like 30 or something, or 40 and still smoking cigarettes," she might then think more seriously about the health consequences. She balanced her thoughts of potential death and disease with the fact that she smoked only a small number of cigarettes.

Although Joanne was the only participant to talk about a label with respect to the issue of youth mortality, her responses otherwise matched those of the other young people I interviewed. Young smokers considered the images with internal organs to be "gross," but because they "don't know what they [brain and lungs] look like normally, [it] doesn't really freak me out very much," and because a "healthy lung might be just as gross" they were able to downplay the intended impact of the graphic images. The young smokers did agree that pregnant women should not smoke, and that no one should smoke around children. Rick said "when I see someone driving down the street in a car with the windows rolled up and kids in the car, smoking, I want to, like, pull them out and beat them up because I think that's just the most irresponsible thing to do." Despite their feelings about smoking around children, participants used the labels dealing with child-related issues to downplay the campaign's impact. Dan said that "it's been almost two years [since the campaign started] and I'm still smoking. I mean the cost of cigarettes is way more of a deterrent than seeing 'Daddy, don't poison us' or something like that. It's not applicable to me." Dan and other participants have also gone so far as to ask convenience store clerks for packages with "the kids" because "it's just not applicable to me at all; I mean, I don't have kids, I don't smoke around kids, and I don't even think about it." Since none of the young participants are parents or responsible for children, they easily dismiss the child-theme labels as irrelevant. Dan's purchase of packages with children on the slides may be a sign that some labels did have enough of an impact on him to request those with child-theme labels; this may have been the case initially. Yet such purchases – a practice done by several participants – helped formulate and support the rationale used to dismiss the entire campaign, a rationale based on the smokers' interpretation of the few labels containing models.

Of the sixteen labels, six have human models personifying the warning message. Four of the six deal with the issue of tobacco smoke harming children. Of the other two, one shows a man holding a respirator while coughing, the other

depicts a man hooked up to a ventilator. The other ten labels include eight images of internal organs ravaged by tobacco-related diseases, overflowing ashtrays, smouldering cigarettes, smoke, and a graph depicting the statistic that "Each year, the equivalent of a small city dies from tobacco use." The other two are the most popular[41] labels and show a full frame image of rotting teeth with the message "Cigarettes cause mouth diseases," and a curved cigarette warning "Tobacco use can make you impotent." The youths agree that some of the internal organ labels without models might deter young non-smokers from starting, but they generally see the campaign as meant for older adults because of the force of the six labels containing humans.

The young smokers said that all of the warnings should have had models because the inclusion of people enhances the effectiveness of conveying the messages. According to Joanne, "I think maybe if they put them [the labels] more ... in context [with] people and humans, ... [then, people can see] how ... directly related it is to them as opposed to just a [disconnected] photograph" of internal organs. The models enhance the realism and plausibility of the message, giving the warnings more force. As a result of the way these labels dealing with child-care and chronic illness issues are conveyed, the young smokers interpret Health Canada's main targets to be older adults with children or who have been smoking for a long period. Consequently, even the labels without models – which are the majority of the warnings – have been deemed irrelevant because they are seen as simply re-stating and supporting those labels "in context." The entire campaign has lost potency among these young smokers because the labels with models – the ones seen as the most powerfully conveyed – deal with child-care and chronic illness issues. Hughes found many of his younger participants used a similar line of reasoning in his analysis of youths' responses to British anti-tobacco campaigns (Hughes 2003: 134-135).

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[41]These two labels were the conversation-starters in all my interviews. However, they also were the least believed by young and older smokers alike. All the participants commented on the "teeth one" with statements such as "the person obviously had bad hygiene," they "did not brush," or they are "dead and decomposing." None of the participants believed that the image represented the result of smoking, some other factor had to be involved in causing the teeth to be so rotted. Yet, the image did lead some smokers to buy "smokers tooth polish" and other teeth-whitening products. The impotency warning simply made participants laugh. None claimed to take it seriously simply because the label is too comical.

By arguing that health warnings generally refer to diseases that "[happen] in the long-term, and [happen] to predominantly 'old' people" (Hughes 2003: 134), the youths, in both Hughes' and my study, have been able to dismiss the relevance of the messages while enjoying the immediate benefits they claim come from smoking. The warning labels and other education campaigns tend to focus on chronic and degenerative illnesses, which has led youth to "plan on quitting," but in the meantime they smoke without such worries. Some participants in my study, particularly occasional social and smokers, simply stated that they enjoy a cigarette once in a while or when out with friends. Others said the cigarettes help them relieve the stresses of school work and deadlines; they could not cope without smoking. None of the participants expressed concern about their immediate health, and they assured me that they would quit once they left the stress of school behind or before they put their health at increased risk. The mythical moment when stress would disappear, or that perfect time to quit and remain healthy, was never clearly articulated. As for the

How can I reduce my chance of getting lung cancer? Check out the back of this slide. Comment puis-je réduire le risque de cancer du poumon? Allez voir le verso.
Health Canada   Santé Canada   2

You CAN quit smoking! / **Vous POUVEZ arrêter de fumer!**

Tobacco products are highly addictive / *Le tabac crée une très forte dépendance*

- Set a definite quit date. You need to know what day will be your first as a non-smoker.
- Take it one day at a time. Wake up and say to yourself "I choose not to smoke today."
- Keep yourself active and busy.
- Try this coping strategy — remember the 4D's — Delay smoking for ten minutes, take a Deep breath or two, Drink water and Do something else – distract yourself.

For more information on tobacco, its health effects and ways to overcome a tobacco addiction, talk to a doctor, nurse or pharmacist or visit www.infotobacco.com

Health Canada   2

- Fixez-vous une date précise. Sachez à l'avance quelle sera votre première journée sans tabac.
- Allez-y au jour le jour. À chaque réveil, dites-vous : « Aujourd'hui je ne fume pas ».
- Occupez-vous, demeurez actif.
- Voici quatre moyens de combattre l'envie de fumer : attendez 10 minutes, respirez profondément, buvez de l'eau et changez-vous les idées.

Pour plus d'information sur le tabac et ses effets sur la santé ou sur les méthodes pour vaincre la dépendance au tabac, consultez un médecin, un(e) infirmier(ère), un(e) pharmacien(ne) ou le site www.infotabac.com

Santé Canada   2

Figure 27. Inside sleeve on cigarette packages. (http://www.hc-sc.gc.ca/hecs-sesc/tobacco/legislation/warnings/warnings.html)

addictive nature of cigarettes, Rick openly confessed to what others alluded; for him, cigarettes are "somewhat of a crutch sometimes," but that the immediate "benefits" of smoking outweigh the truth value of Health Canada's warnings.

Rick said he often uses cigarettes to fill moments when he feels awkward. Particularly in new and unfamiliar situations "when you didn't know what to do
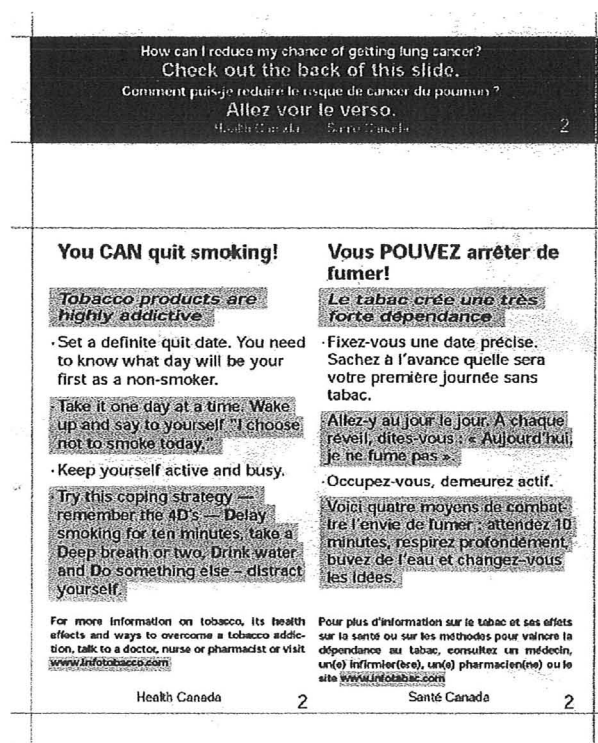
with your hands or something, having that cigarette, it just [gives] you that opportunity [where you] don't have to worry about where to put your hands." Rick has smoked for only a few years and has contemplated quitting ever since he began smoking. His reliance on cigarettes to help him cope in certain social situations may fade as he learns different ways of performing "adult" or other identities. As Rick develops confidence and a repertoire of ways to enact his new identities, cigarettes may no longer be needed. However, by the time Rick reaches this point he may have become addicted; it is from exposure to this danger that Health Canada is trying to protect young people. Still, even those participants in my study who claimed to be addicted to cigarettes downplayed the force of nicotine dependency, stating that procedures and support groups would always be available to ease the quitting process. The fact that the current cigarette packages include information on cessation programs further supports their logic (figure 27).

With this rationale in place to dismiss Health Canada's warning label campaign, enjoy the "benefits" of smoking, and downplay the addictive nature of nicotine, it should come as no surprise that these youths have also been able to avoid the stigma Health Canada has afforded older, established smokers with this social de-normalisation campaign. The youths agree that smokers are being singled-out and made to feel bad about their habit. Joanne and Dan said that sometimes they felt people misjudge them because of their smoking. Joanne said that it seems to her that people think she "must be susceptible to peer pressure, [and] must be weak," while Dan surmised that sometimes people seem "very disappointed" when they find out about his habit. Rick feels that "the Government beating you over the head with [the same messages] is not going to have an effect on whether people do it or not," and "thought the Government was just doing it [the campaign] to punish us." Despite these concerns, overall, the participants state that the stigma is directed at older adults because of their interpretation of the labels with models. It is easy for the youth to not feel stigmatised because none of the youth have been smoking for more than five years and because of their child-free lives.

Unlike the older smokers I spoke with, the younger participants easily removed themselves from serious stigmatisation based on their interpretation that those who have smoked for a prolonged period or who smoke around children are the ones both targeted by the campaign and subjected to subsequent stigmas. The youths' contend that the few labels with models contain Health Canada's most important messages. This view has enable the young smokers to apply those messages to the entire campaign and deem all of the warning messages irrelevant to their current lives. This and other responses to the campaign have developed

out of a loose, spontaneous communitas – or "little smoking communities" – in which youth find comfort and support for their smoking habit. The young smokers distinguish themselves from very young non-smokers who might possibly be deterred by the graphic images, while they also consider themselves as not old enough to be impacted by the labels showing children and chronic illnesses.

In their efforts to produce health warning labels that would affect equally non-smokers, youth smokers, and adult smokers, Health Canada failed to take into account the creative ways people – in this case youths – can interpret text and images. The point that many youths use smoking as an element in a rite-of-passage between identities is one that should be explored further by those committed to protecting young people. Health Canada needs to do more holistic "homework" (Brent 2000: C4) to understand how young smokers use cigarettes for identity formation and for other perceived benefits. Health Canada should also take its lead from tobacco industry market research in order to develop warning labels and other programs that reach youth without patronising them and avoid stigmatising older adults.

DISCUSSION AND CONCLUSION

At 11:30, while they were dancing in the living room with their shoes off, Morley leaned against Dave and said, "I feel like a teenager," which is exactly what Sam, 11 years old, said not five minutes later to Molly Miller, aged 12, [audience laughter] as he smoked his first cigarette with her in the Millers' garage. [Audience laughter and applause.] Smoked it? He would have eaten it if Molly Miller had asked him to. ... Sometime after midnight, Sam came to Morley [his mother] and said he didn't feel good. [audience laughter]
"I think I'll go home," he said.
"Too many cokes," said Morley.
"I smoked," said Sam.
"Oh," said Morley, "that always makes me feel sick too." [increased audience laughter]
"Me too," said Sam. "Do you think I'll get cancer?"
"Probably not," said Morley. "Do you think you can quit?"
"I think so," said Sam. "I'm gonna quit tomorrow." [audience laughter and applause]

<div align="right">

Stuart McLean (2002), "Morley's
Birthday Bash"

</div>

This excerpt from one of Stuart McLean's *Vinyl Café* short stories brings up a number of points I have made over the course of my thesis. I will highlight three points and use them to lead into a summary of the three previous chapters. In this chapter I will also offer suggestions for future anti-tobacco campaigns and discuss the implications of audience response analysis for further multi-disciplinary media-reception research. The first point I will discuss is that the ridiculing of smoking in public performances is not a new practice. People have been making fun of smokers for entertainment and education purposes since the early days of tobacco in Europe (Hughes 2003: 65, 133-135; Parker-Pope 2001: 164-65). Similarly, anti-tobacco sentiments and rhetoric, as in McLean's anecdote, have

been recorded for as long as tobacco has existed in Europe and the New World (Doll 1998: 88-89; Hughes 2003: 65). My aim in Chapter One was to make clear that recent tobacco control legislation enacted by the Canadian government is unprecedented, yet the ideas and convictions that instigated these measures have been around for centuries.[42] The difference now is the scale on which these arguments are being promoted and accepted. Previous anti-tobacco campaigning was done by individuals, or by groups motivated by morality and religion. Generally, anti-smokers' concerns centred on the idea that tobacco use was a devilish and uncivilised practice, or that the "drying" properties of tobacco smoke could prove harmful to young people (C. T.: C4). Their appeals were largely ignored, overridden by the more popular perception that tobacco was a panacea for anything from excess phlegm to cancers. Tobacco became normalised for medical use and for personal pleasure over the course of several centuries, and by the First and Second World Wars cigarettes were promoted as stress-relievers and symbols of patriotism. It was not until the middle of the twentieth century that governments and the general public began to strenuously vocalise their concerns against tobacco use. By mid century, clinical medical evidence was widely supported by the medical community, and replaced the easily disputed anecdotal evidence that preceded it. From then on, public, medical and government interests shifted to a focus on addiction, chronic and degenerative diseases, and the foolishness of thinking that smoking is attractive – issues highlighted in young Sam's experience above. Tobacco companies, on the other hand, have continued to present their products as safe, natural and normal. Health Canada's use of the current health-warning labels is an attempt to de-normalise tobacco use, a process that has led to the de-normalising and stigmatisation of tobacco users.

The second point in McLean's story that I will address is Morley's agreeing with Sam that smoking has also caused her to feel sick. This statement reveals that she, too, experimented with tobacco. Judging by the use of the word "always," Morley has smoked more than once. Although McLean does not divulge his character's thoughts, my interviews with parents who smoke or have recently quit smoking suggests the thoughts in Morley's mind when she responds

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[42]Insufficient oral and archaeological evidence exists to establish whether or not aboriginal people in the Americas had tobacco control concerns prior to contact with Europeans. When Europeans first encountered Native people, many Natives were using tobacco for personal pleasure when, traditionally, it was meant strictly for religious ceremony. It is likely that tobacco control sentiments are rooted deeper than post-contact times (Hughes 2003: 17-35).

with "oh" to her son's confession were likely rooted in guilt: "Did Sam witness me smoke?"; "Was I a bad influence on him?"; "Has Sam not been taught enough about the hazards of smoking?" These concerns are similar to those faced by the adult smokers I spoke with who were caring for children or grandchildren. Although Morley outwardly made light of her son's experience, it is hard to believe that any adult – particularly in situations dealing with children – can remain immune to the stigmatisation so acutely felt by those who began smoking when it was still a highly acceptable practice.

My research found that established smokers feel personally offended by the health-warning messages, by the way the labels have been used by family and friends to initiate discussions about quitting, and by the general anti-smoking rhetoric in public discourses. In fact, all the participants I spoke with claimed to feel stigmatised in one way or another for something – smoking – that has been socially accepted for decades. Some have been able to downplay their feelings of "spoiled identity" (Goffman 1963) by relocating themselves into contexts where their habit is tolerated or encouraged, or where they can reinterpret the labels in a way that results in less stigmatisation. Others, though, do not have this opportunity for escape, so they are almost exclusively relegated to feeling "blemished" (Goffman 1963: 14). They have variously responded to their plight by becoming angry at family and friends, becoming socially isolated, or feeling a failure as a role model.

My third point for discussion is the fact that despite being educated about the health risks of tobacco use, young people still start and continue to smoke. McLean's character, Sam, sees cigarettes as a symbol of attractiveness and uses smoking as a way to improve status. The same is true of many of the subjects of my study. Although in this account the young experimenters are eleven and twelve years old, the same attitudes and perceptions continue to influence young adult smokers' decisions to continue using cigarettes. In my study, youths' responses to Health Canada's warning labels are a negotiated interpretation of the anti-tobacco education to which they have been exposed since childhood, and a creative "reading" of the few images with models. These young smokers, in their "little smoking communities," have been able to find a supportive environment in which to smoke. Here also, they have been able to discuss and discount Health Canada's intentions with the warning labels, and deem the campaign irrelevant based on their view that the most effective warnings are those dealing with issues that relate predominantly to the future, such as parenting and chronic and degenerative illnesses. What these youths have illustrated is their ability to accept their own preferred readings of a few labels and then extend those interpretations to the

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entire campaign. With their rationalisations, youths have been able to avoid the stigmatisation felt by those who have smoked for a prolonged period, as they continue to use cigarettes for the perceived immediate benefits of relief from stress and boredom and the ability to improve status. Although the youths know the possible consequences of smoking and understand the risk of addiction, they see the immediate benefits as outweighing the potential future hazards, hazards that can be avoided with the cessation programs already in place.

According to the Canadian Tobacco Use Monitoring Survey (CTUMS), the rate of smoking among all age groups has been steadily dropping since the mid-1990s (Health Canada 2003d). It would be naive to assume that the reduction is simply a result of social de-normalisation campaigns, or to attribute the numbers of youth and adult smokers simply to tobacco industry marketing. Rather, the numbers rise and fall in accordance with such influences as public discourse, peer and social group pressure, historical circumstance, and public health and commercial messages. The steady drop in numbers signifies that fewer people will suffer the negative health consequences of smoking, but those who have quit after several decades of smoking may still be suffering because of their past smoking. Furthermore, although fewer youths are smoking, the fact that young people continue to light up despite unprecedented, intensive public health education suggests that identity formation and therapeutic benefits continue to be associated with smoking and are more important than smokers' perceptions of the negative health consequences. Health Canada may be more successful in reducing the numbers of smokers if it takes these issues into account.

Next, I will consider suggestions for future campaigns.

The Tobacco Industry May Hold The Key

During my interviews, participants not only discussed Health Canada's poor record with tobacco labels, but also offered recommendations and considerations for future labelling efforts. In this section I will present several of their insights, along with ideas gleaned from my own and other research that can be used to promote future tobacco control initiatives.

Ling and Glantz (2002) suggest that those who produce smoking intervention campaigns should follow the examples set by the tobacco industry. For decades, the tobacco industry has conducted market segmentation research to better promote certain brands. By moving beyond simple demographics, health promoters can generate messages that coincide with the specific interests, lifestyles, and attitudes of teens, youths and adults. Conversely, Health Canada's

research commissioned prior to the development of the campaign was too broad: its research covered too many images and messages simultaneously, and too many age groups and populations. Following the tobacco industry's lead (see, for example, *Project 16*), Health Canada should conduct research to determine what images and messages are most appealing and "emotionally arousing" (Liefeld 1999) to specific segments of the teen, young adult, and adult populations.

In the United States, many state health departments are using what anti-tobacco activists have termed "industry de-normalisation" campaigns tailored specifically to children, adolescents, and adults. The approach is meant to "point out negative traits of the tobacco industry, including manipulative and unethical activities in which the tobacco industry engages" (Lavack 2001: 6). The Florida "Truth" campaign, for instance, directly targets youths, particularly their tendency to rebel and their use of cigarettes for this purpose (Lavack 2001: 14). In some states, particularly California, Massachusetts, and Florida, the market segmentation approach to anti-tobacco messages has proven effective (Lavack 2001: 10-16). In Arizona and Oregon, on the other hand, youths responded poorly to industry de-normalisation advertisements (Lavack 2001: 9, 17). This failure was a result of inadequate planning and testing; some of the messages came across as moralistic and offensive (Lavack 2001: 9). An industry de-normalisation approach may not be necessary, but Health Canada should take advantage of the lead set by American health promoters by using a market segmentation approach in future anti-smoking campaigns. Specifically, since Canadian tobacco companies are currently promoting themselves via contests in night clubs and sponsorship of special events for young adults, Health Canada should refrain from preaching the dangers of smoking. Instead, it should convincingly demonstrate that a person can be attractive, dangerous, risky, and stylish without becoming addicted to cigarettes, known by smokers and non-smokers alike to contain carcinogens. This approach means that Health Canada would have to provide a variety of images other than the sixteen currently in use. In addition, by following the lead of tobacco marketers, Health Canada would be encouraged to change the graphic-image warning labels on a regular basis to prevent "wearout."[43]

Although no research has been conducted on the "wearout" of the current labels, many of the participants I spoke with claimed the shock of the images had dissipated. Although the use of graphic and shocking images on cigarette

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[43]"Wearout" is the marketing industry term that refers to the inevitable "decline in effectiveness over time" of campaigns on the intended audience (Pechmann and Ratneshwar 1993: 26). See, also, Chapter Two.

packages of internal organs or sick infants is novel, the majority of interview participants said that Health Canada's repetition of health-related messages made the warnings easy to overlook because the information is old. At the same time, the repetition caused smokers of all ages to feel patronized and belittled. Consequently, developers of health promotions should move away from "sensationalising" the long-term risks of smoking and avoid "preachy" messages (Hughes 2003: 186-187) because, instead of leading people to successfully stop their smoking habit, this campaign and similar ones have led to stigmatisation, as well as the perpetuation of smoking as an action of rebellious risk-taking and identity development.

Again, looking at the examples set by the tobacco industry and other commercial marketers, we find that promotions are changed frequently. This tactic is meant to keep the idea of the product or service fresh in the minds of the audience, and make the messages appear innovative and new. Although the old advertising adage is "repetition, repetition, repetition," advertisers are aware of the fact that too much repetition of the same message, for too long, causes it to eventually lose effectiveness; hence their need for regular turnover and the development of the term "wearout." To make a campaign even more effective, Strahan et al. (2002: 187) suggest that, along with frequent turnover, warning labels should be one component of a larger multi-media campaign. Images on cigarette packages should relate to television commercials, posters, billboards, and radio messages that promote the same theme. The resultant campaign should be a bold and striking initiative that saturates many media outlets for a limited time, and then be replaced by a similar campaign perhaps focussing on a different message or using a different presentation style. This approach would create an education and cessation narrative that could be followed by smokers and non-smokers.

It is well known among anti-tobacco activists that non-smokers are allies in tobacco-reduction efforts (Strahan et al. 2002: 186). Nearly all the non-smokers I interviewed stated that they used the labels on the cigarette packages to initiate discussions on smoking cessation. However, their views were often greeted with defensive counter-arguments by their smoking friends or family members. Although I agree that non-smokers are essential in helping smokers kick the smoking habit, but non-smokers should focus on messages of positive encouragement as opposed to those of fear and guilt. Non-smokers should, by example, encourage smokers to stop lighting up and treat them in ways that are not condescending or accusatory. Since the non-smokers in my study developed their anti-tobacco arguments partly on the basis of information taken from the current labels, a new campaign that can be used by non-smokers to encourage

smokers to quit their habit while not generating feelings of fear, guilt, or spite, should contain messages that offer alternatives to smoking and provide guidance on how to live without cigarettes.

Hughes, in his book *Learning to Smoke*, argues that the only way a smoker can become a successful non-smoker is for them to learn how to "become an ex-smoker" (Hughes 2003: 175, 188). Smokers learn to smoke while developing their youth and adult identities; therefore, if these individuals are to become physically and emotionally satisfied without cigarettes, they must *learn* how to be themselves without the "crutch" of cigarettes. Sadie provides a pertinent illustration, this time of the need to offer smokers alternatives to tobacco. Although Sadie "enjoys smoking," she has talked about quitting in order to be a better role model to her son. She says that one of the main reasons she has not sought help for her addiction is her fear of not knowing what to do as a non-smoker. Sadie does not "understand what people who don't smoke do." She is certain that:

> non-smokers are doing things like going to the library or they go for a walk. But we [smokers] would go for lunch and pick places to go. We were more social and being more active, interacting with each other. Smokers seem to be more interesting.

With this comment, Sadie illustrates two points. First, she believes, as many other smokers do, that smokers have more fun. Take Rick, for instance. He talked about wanting to inform even casual acquaintances that he is a smoker because he perceives smoking as an action associated with excitement, a sentiment also promoted in cigarette advertisements. Second, Sadie draws attention to the fact that smokers need to learn how to be themselves and conduct their regular activities without relying on cigarettes. To help smokers achieve this objective, public health promoters should provide evidence that boredom can be alleviated, identities can be formed, and stress can be relieved without the use of cigarettes. Instead, current anti-tobacco messages, including those on cigarette packages, rely on fear and guilt.

Strahan et al. (2002: 185-186), in their research on "enhancing the effectiveness of tobacco package warning labels" say that anti-tobacco warnings with images and messages that generate emotions such as fear and guilt are effective when accompanied with advice on how to quit. Health Canada's warning labels are accompanied on the inside sleeve of the cigarette packages with information on how to stop smoking. However, in my research, I found that these

negative feelings only lead to increased feelings of guilt, fear, and stigmatisation. Even if smokers have quit in an effort to alleviate these feelings, they still have not really become ex-smokers; rather, they remain smokers who now feel pressured into not smoking. Annie quit smoking, but she remains a smoker: She fears that she may light up again if a particularly stressful situation arises. Although she is not currently using cigarettes, she still feels the guilt of being a smoker and her quitting action is in reality a cloak of normalcy under which she hides her fears of someday smoking again. Similar guilt feelings hold true for smokers who may have quit because of the high cost of cigarettes.[44] In such cases, the smokers or ex-smokers do not learn how to cope without cigarettes; instead, they, too, remain smokers impeded from being able to smoke. Again, there is a need to provide examples of alternative ways of dealing with situations that would otherwise "call" for a cigarette, options available to smokers to help them become ex-smokers.

Finally, with the increased pressure on smokers to quit, many smokers are turning to nicotine replacement *therapies* for their addiction. The medicalization of tobacco began when the addictive nature of nicotine was identified, causing smokers to be seen as victims of the disease of nicotine addiction (Hughes 2003: 110, 114). With this perspective of "smoker" as a medical condition, nicotine has become a way to "*treat tobacco*" (Hughes 2003: 187 emphasis in the original). Consequently, alternative forms of administering nicotine have become socially accepted. Nicotine patches and chewing gum have become popular products since the medicalization of tobacco use; they are recommended by doctors and health professionals to help with the quitting process. Hughes (2003: 141-143) warns that as these substitutes become normal and more popular, they risk becoming simply alternative forms of tobacco use. Historically, methods of using tobacco have changed many times, from creating poultices and rubs using the leaves to developing different ways of smoking and inhaling tobacco. With the introduction of these different methods of acquiring nicotine, the line between "addiction therapy" and "safer" nicotine delivery products has become blurred (Hughes 2003: 141-143; Charlson 2001).

Health Canada acknowledges that it can never stop all Canadian smokers from lighting up. In fact, it claims that it supports tobacco industry efforts to produce less-harmful products (Health Canada 2001a). Tobacco companies have been attempting to do this since early medical evidence linked tobacco to

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[44]Several smokers in my study, particularly youths, said they were affected more by the increasing cost of tobacco than by the warning massages, though I met one who actually quit as a result of higher prices.

numerous illnesses. First, they introduced filters, and then, low-tar and low-nicotine brand cigarettes. Now they are developing "reduced risk" cigarettes, which, among other features, attempt to reduce nitrosamins, regulate the burning temperature to prevent harmful PAHs and reduce the amount of tar passing through the filters[45] (Charlson 2001). Hughes (2003: 188) points out that, historically, as cigarettes have become weaker and weaker, tobacco use has increased. Although the number of smokers is decreasing, new "safer cigarettes" and the normalisation of alternative nicotine delivery systems may lead to a levelling off – or even a rise – in nicotine use. Health Canada should invest more resources in learning why people continue to use tobacco products despite their acknowledging the risks, and should offer guidance on how to live without these products. It should also look to examples set by tobacco companies and commercial advertisers for more effective marketing practices.

Audience Response and Media Research

In my study, I have used semiotics and mobile and media ethnography to illustrate how various audiences of Health Canada's graphic health-warning label campaign have negotiated and internalised their interpretations of the images and messages based on their contexts and identities. I used semiotic analysis in combination with mobile ethnography (Abu-Lughod 1997) to locate Health Canada's preferred readings of each of the labels and the campaign in its entirety. The semiotic method provided me with the necessary tools to decode the intended meanings imbedded in the images and text. The use of mobile ethnography, which required research into the history of tobacco and the anti-tobacco movement, numerous sections of Health Canada's Website as well as those of other health groups and anti-tobacco lobbyists, and analysis of academic and popular commentary on the labels, assisted in locating the preferred readings and reasons

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[45]Nitrosamins are carcinogenic compounds believed to be created during the process of curing tobacco. Polycyclic aromatic hydrocarbons (PAHs) are carcinogenic particles produced produced by the intense heat of smoking. Smokers are exposed to PAHs when they take large puffs ("drags") from cigarettes resulting in a higher burning temperature of the tobacco. In order to reduce smokers' exposure to PAHs, cigarette manufacturers are designing cigarettes that regulate the burning temperature. Tar comprises small particles of unburned cigarettes that are not trapped by the filter. These particles build up in the lungs and appear, over time, as a tar-like substance.

for their creation and promotion. Using a mobile ethnography approach required that I assess the perspectives of smokers, non-smokers, and ex-smokers on the campaign and on tobacco use in general. Media ethnography and participant observation were central to my ability to obtain details of peoples' responses and reactions to the labels, along with their feelings about smoking and the current anti-tobacco environment. The media ethnography method enabled me to better analyse how a person's personal life, including the social, cultural and historical contexts, influences responses. As well, video taping interviews enriched my analysis of participants' responses because the video captured live the ways in which smokers handle cigarettes and tobacco product packaging.

My research illustrates the importance of multi-sited ethnographic research in the creation and analysis of public health advertising campaigns, particularly in areas concerning the creation of other tobacco control health-warning labels. My thesis adds to the cross-disciplinary literature on audience response research, the anthropology of media, and public health research. I have responded to the call from media researchers in the social sciences to strive for more holistic and "thick" (Geertz 1973: 7) ethnographic research into individuals' relationship with media (Abu-Lughod 1997; Drotner 1996; Gibson 2000; Morley 1996). My research brings into focus the need to study the nuances of peoples' responses in order to gain a more detailed picture of how peoples' various contexts and identities affect their responses and interpretation of preferred readings. The participants' comments showed that audiences neither blindly accept preferred readings all the time, nor always counter-read them. Often their responses were a negotiated combination of both. For instance, many participants accepted Health Canada's messages. Yet they were creative to a certain extent in the ways in which they interpret the labels and in how they choose to respond to those interpretations.

Future research on issues studied in this thesis could include a comparative analysis of what impact graphic-image health-warning labels on tobacco-product packaging have on smokers of different cultures. In February 2002, Brazil became the only other country to use graphic-image health-warning labels on their packages of tobacco products. Globally, other countries continue to use text-based warning labels. A cross-cultural comparison of Canada and Brazil's graphic-image health-warning campaigns could strengthen my conclusions that the labels lead to stigmatisation, and that interpretations are influenced by individuals' contexts. Research on smoking in Brazil also would seek to analyse responses to graphic-image anti-tobacco warnings in a country where cigarette advertisements are still prevalent. Like many other less-developed nations, Brazil has become a major market for cigarettes from large American tobacco manufacturers such as

Phillip Morris and R. J. Reynolds. As there are fewer restrictions on tobacco advertising in Brazil, health promoters have to compete more strenuously to get their messages heard. A comparison between the Canadian and Brazilian examples may prove beneficial to health promoters in both countries. Also, since the United Nations has declared tobacco a global public health issue (World Health Organization 2003), health promoters around the world would benefit from knowing what types of tobacco-reduction campaigns are most effective in specific contexts for different populations.

In conclusion, Stuart McLean's short story excerpt used to head this concluding chapter offers some comic relief on the issue of smoking – youth smoking in particular – whereas most other anti-smoking discourses focus on fear and guilt. In my study, I have provided evidence of some of the ways in which the latter approach leads to stigmatisation resulting in serious repercussions in the lives of smokers. Consequently, I suggest that Health Canada and other anti-smoking activists should take an approach that is less accusatory and more positive and encouraging, offering smokers the chances to be themselves (or learn new identities) without a reliance on cigarettes. In addition, the ability of people to be creative in their interpretations despite acknowledging and even accepting some of Health Canada's intended messages illustrates the importance of creating labelling campaigns that speak more directly to specific segments of the target population. Health Canada should look to previous tobacco marketing strategies for guidance on how to create campaigns that are more relevant to specific segments of its target population. Finally, since smoking and tobacco have a much longer history than Health Canada's anti-tobacco campaigns, and since tobacco use is likely to exist in one form or another for a quite a while yet, I urge Health Canada and other anti-tobacco activists to encourage tobacco companies to develop products that are less harmful and less addictive so that we can get closer to health promoters' goal of being healthier in body, while also being healthy in spirit.

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