

# **Selling Death**

**Marketing and Counter-Marketing in Global Tobacco Cessation**

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In 1964, the U.S. Surgeon General released a seminal report on the deleterious effects of smoking tobacco on human health. It was and continues to be a critical moment in public health and health policy. However, since this report, in the intervening 50 years, more than 20 million people in the United States alone have died of smoking-related causes (Choi and Forster). About 22% of people in the United States smoke, but about 32% of young adults smoke (Choi and Forster). However, this is only the tip of the iceberg. Low and middle income countries are home to 80% of all tobacco smokers worldwide (Abascal et. al). These countries are also the least prepared to deal with the burdensome medical costs that come from smoking. It is because of these persistent issues that the causes of tobacco consumption must be investigated, particularly the role of marketing in determining the prevalence of tobacco use and cigarette smoking. Unique, and often subtle, advertising tactics can have tremendous ripple effects on economic outcomes for tobacco corporations and health outcomes for consumers. On the other hand, government campaigns have also tried to use various methods of persuasion to discourage tobacco usage. The tactics of behavioral economics in marketing can have powerful effects in support of producers of tobacco, but also in support of their opponents. These two sides determine the success or failure of the global issue of tobacco cessation.

Defensive tobacco advertising began with the introduction of research that demonstrated at the least a correlation between smoking and poorer health outcomes, primarily mortality (CNN). Many tobacco advertisements from this era would even include pictures of children or cartoons (Stanford). Throughout the 1930s and 1940s, more and more reports indicated negative health outcomes from cigarettes. The 1950s saw correlational studies and growing concerns from places of authority, including the American Cancer Society. This era also saw one of the first major backlashes from the tobacco industry where they advertised “healthier” cigarettes with

improved filters or other benefits (CNN). Many responses from the tobacco industry and the advertising firms they hired included portrayals and recommendations from doctors, including otolaryngologists and dentists (Stanford).

However, since the Surgeon General's report against smoking in 1964 and other conclusive public health findings, advertising tactics have changed in the tobacco industry. One such tactic that the industry adopted was to begin using terms like "light" and "low-tar" to convey the message that certain types of cigarette were more healthy (Dubner "How to Make People Quit Smoking"). An analysis of internal tobacco industry documents shows that the use of these terms was designed to discourage older smokers from quitting (Cataldo and Malone). According to a cumulative analysis of seven million documents released in the Minnesota Tobacco Settlement and other cases, "low-tar" cigarettes were developed to address health concerns by more elderly consumers of cigarettes, despite conscious knowledge that these cigarettes were no healthier in any respect than ordinary cigarettes (Cataldo and Malone). Marketing campaigns for "light" or "low-tar" cigarettes were specifically designed to target at-risk groups for smoking cessation, primarily in older demographics (Cataldo and Malone). Print ads in media in the 1970s and 1980s for "low-tar" and "light" brands were able to consistently increase the amount of revenue for tobacco companies, especially when advertising for new "healthier" alternatives to existing brands (Reed, Anderson, Burns). These campaigns also included coupons and blaming schemes. The strategy of this blame was to express to smokers that they were in charge of their smoking addiction. This contributes to smokers' self-blame and decreases the chances of the smoker actually being able to quit the habit (Cataldo and Malone).

Another demonstration of subtle advertising techniques to effect behavior is the packaging of cigarette packs. From analyzing the importance of graphic design, several different

research methodologies have shown that plain packaging, or “removing the attractive, promotional aspects of tobacco product packages,” decrease the desirability of the product (Cunningham and Kyle). Especially with the elimination of other means of marketing, tobacco producers have spent more and more time and energy on their packaging as a means of advertising, totaling to millions of dollars (Cunningham and Kyle). One qualitative study using a focus group of 50 French individuals from the ages of 15-45 showed that generic packaging without distinctive logos, colors, or design reduces its desirability (Gallopel-Morvan et al.). The study also notes that the color of the packaging must be picked carefully, as lighter colors can connote better healthiness even if the packaging says nothing to the effect (Gallopel-Morvan et al.).

Without widespread television or radio ads, tobacco companies often rely upon new techniques like the packaging of their cartons and packs to promote cigarettes (Cunningham and Kyle). However, another idea for increasing revenue includes direct mailings to potential customers. These are sometimes useful in preventing a group of smokers from quitting (Cataldo and Malone). They are also useful in recruiting new consumers. In a study of 2,622 young adults, researchers found that 13% had reported receiving direct mail from tobacco companies in the last six months. Among those who received such materials, 77% got coupons for cigarettes. Non-smokers who received these materials were more likely to become smokers by the follow-up time period to a statistically significant degree. Current smokers were also less likely to have quit by a statistically significant degree (Choi and Forster). These tactics seem to be helping the tobacco companies overcome other limitations and successfully influence the purchase decisions of the public.

Huge monetary incentives encourage these businesses to continue to make their products look healthier or otherwise reinforce their brand in the minds of consumers. In advertising ethics, the chief sin is deceptive advertising, “claiming that a product can do something that it cannot,” (O’Barr). The question with regard to the ethics of tactics employed by these firms is whether or not there is active deception or merely a misinterpretation by consumers. Certainly adjusting the color of packages is not making any declarative statement of healthiness, regardless of how consumers interpret it. Phrases like “low-tar,” however, imply almost blatantly that these cigarettes will bring fewer harmful chemicals into the bronchi of the consumers, which is patently false (Cataldo and Malone). In addition, there is also the concern about how many of the negative health consequences producers are obligated to share (O’Barr). As long as the company is not making false claims, to what extent is the onus on them to share all potential side-effects? Does the burden rest more on consumers to check the contents and impacts of the products they have chosen to buy? The tobacco industry and their employed firms would argue that consumers are aware of the risks and smoking is the choice of rational consumers, a right that should not be infringed (Dubner “How to Make People Quit Smoking”). However, especially in the face of more and more limited options in advertising, these companies are likely to exploit psychological strategies of persuasion to sell cigarettes.

As the negative health outcomes of smoking become plainly obvious, governments face the growing necessity of encouraging smoking cessation. If they do not, criticism from health activists, parents, and concerned citizens would mount. There are two broad assumptions that can be made about the world’s democratic governments. Firstly, the government in democracies is chosen by its citizens and would like to make decisions that appeal to its citizens to remain in elected office. This might include prohibiting advertisements or proliferation of tobacco. It might

also include reducing taxes, decreasing spending, or other fiscally responsible measures that allow it to sponsor more programs that citizens want. Secondly, the government consists of individual politicians who are susceptible to corrupting influences, such as donations from the tobacco industry or gifts from its lobbyists. The primary goal of politicians, in ideal circumstances, would be to encourage the common good, but it consists of individuals who may have ulterior motives.

One tactic used by governments has been plain packaging. As mentioned previously, logos and packaging of cigarettes can have a tremendous impact in consumer perception (Cunningham and Kyle) (Gallopel-Morvan et al.). In countries like Australia, Canada, and the United Kingdom, plain packaging legislation has successfully resulted in decreased rates of smoking (Li et al.). Li, Borland, Yong, and their fellow researchers also found that the messages on cigarette packaging of the negative health effects had varying rates of success in decreasing consumption of cigarettes. Negative pictures and labels varied in message and in efficacy, but more important than the type of message was the amount of space the message occupied. Larger warning labels and discouraging pictograms were more successful than smaller labels (Li et al.). In Uruguay, the government has instated new rules requiring 80% of a cigarette pack to contain approved warning labels and images of “decaying teeth, premature babies and gruesome hospital scenes,” (NPR).

In many respects, Uruguay has been at the forefront of smoking cessation programs. In response to calls from the World Health Organization, the country’s president, a doctor by training, introduced many programs to reduce smoking rates in Uruguay (Dubner “How to Make People Quit Smoking”). These included standard methods like raising taxes on tobacco, which have proven to be effective in the United States. For every ten percent increase in price, total

cigarette consumption will decrease by three to four percent (Dubner “How to Make People Quit Smoking”). Uruguay also instituted new policies such as a “single presentation” law (Abascal et al.). This required that tobacco brands only sell one type of cigarette to avoid connotations that one version with a different color or title would be more healthy. Marlboro, for example, could not have a “light” or “gold” version to deceive consumers (NPR). 80% of the packaging would also have to include images and text warnings from the government (Dubner “How to Make People Quit Smoking”). However, the reduction in logos, possible epithets, and packaging options spurred Philip Morris International, owner of Marlboro to sue Uruguay; the case is ongoing (NPR).

Were these techniques successful in reducing rates of smoking? One study surveyed rates of smoking among pregnant women in Uruguay. In 2007, only 15% of women who were smoking when they became pregnant quit by their third trimester, the last three months of pregnancy. In 2012 after the introduction of these new measures, pregnant women quit at a rate of 42% by their third trimester. The increase of 27% is probably due to messages on the packaging showing fetuses exposed to smoke and text reading in Spanish something to the effect of “is this the life you chose to give him?” (Dubner “How to Make People Quit Smoking”). Another study of Uruguay’s smoking cessation rates found similar success. Researchers found that in a comparison between Uruguay and neighboring Argentina, a reasonable control group, Uruguay saw tremendous gains. Average per-person consumption of cigarettes went down by 4.3% per year; however, in Argentina, smoking rates actually increased by 0.6% per year per person on average (Abascal et al.). Among students, rates of tobacco use went down by about 8% a year between 2003 and 2009 in Uruguay; on the other hand between 2001 and 2009, rates of tobacco use among Argentinian students only went down by about 2.5% (Abascal et al.). It

would seem that the introduction of these anti-smoking campaigns and restrictions on forms of tobacco advertising had enormous effects on rates of smoking in Uruguay.

Regulating smoking and advertising of cigarettes may not be the only goal of governments, however. There is some evidence that smoking may benefit the government. When people die early in life due to smoking related illnesses like cancer, bronchitis, or emphysema, they do not incur “old age costs” that would otherwise put strain on the government to fulfill; these include healthcare entitlements, social security, and government pensions (Dubner “How to Make People Quit Smoking”). Estimates from the United States indicate that smoking-related illnesses cost 15 to 30 billion dollars each year in medical expenses. Smoking may also account for 49 to 70 billion dollars that is lost from the economy due to unproductive workers (Shoven, Sundberg, and Bunker). These costs are sizeable, but projections for increased life expectancy for the smoking population indicate that it would cost the Social Security agency alone hundreds of billions of dollars in increased payouts (Shoven, Sundberg, and Bunker). Researchers found that the increased likelihood of early mortality associated with each pack of cigarettes saved the U.S. government 32 cents per pack. Of course, it seems immoral to allow these people to die prematurely to save money, but from a certain perspective, smoking was the lifestyle choice of these individuals and the government may not be required to intervene, especially if it could save money for other programs voters want.

From an ethical evaluation, that approach seems far from advisable, but economically, it would make budgetary sense for governments with extensive elderly entitlement programs. On the other hand, government campaigns have successfully used behavioral economics to reduce smoking rates. By reducing the unique nuances of each pack’s presentation or even adding new, often terrifying, images to packaging, governments have been successful at increasing smoking

cessation (Dubner “How to Make People Quit Smoking”). Regulatory agencies of governments may be biased for tobacco industries in some respects, though. The Altria Group, which owns Philip Morris, spends over 9 million dollars in lobbying expenses and almost 2 million in direct contributions in the United States (OpenSecrets). These contributions to politicians would likely limit their enthusiasm to regulate options for their supporters.

Consumers, in many areas, have been made aware of the health hazards of smoking cigarettes. However, the addictive quality might make demand inflexible for consumers of cigarettes. Most people want to discourage the sale and use of cigarettes, but consumers of also do not want to have the price increase.

There is a strong association between poverty and smoking. Around the world, about 80% of smokers live in low to middle income countries. Not only that, but low income countries are expected to face the majority of future health consequences of smoking. “In 2001, 70% of the 4.8 million annual smoking deaths and 74% of the 73 million lost disability-adjusted life-years attributable to smoking were in low-income and middle-income countries,” (Abascal).

Socioeconomically, lower income countries are much more likely to have smokers and suffer the majority of smoking-related harm. Even within countries, income plays a role. At the time of the first Surgeon General’s report, rates of smoking were pretty comparable across socioeconomic lines in the United States (Dubner “How to Make People Quit Smoking”). “If you look at the population that is at the poverty line or above it, about 18% of them are smokers. If you look at the population below the poverty line, it’s about 29%,” (Dubner “How to Make People Quit Smoking”). Looking at educational status shows similar disparities within the United States. People with only a high school education or below are 36% likely to smoke, but people who have graduated college smoke at a rate of 7.5% (Dubner “How to Make People Quit Smoking”).

There are also strong psychological influences that play into smoking behaviors. In surveys of Nigerian smokers, peer pressure is a huge contributing factor to taking up smoking (Chopra et al.). Among healthcare professionals, stress is the second greatest factor that led them to adopting smoking (Chopra et al.). In addition, mental health problems have shown a quantitative correlation to smoking. “40 to 50 percent of all smokers have a concurrent mental health disability or morbidity and/or other substance-abuse problem. The cigarette industry has always liked to talk about smoking as being a rational choice of well-informed adults and yet we have this strong correlation between smoking and mental illness,” (Dubner “How to Make People Quit Smoking”). These suggest that people under stress from peers or career are more likely to adopt smoking. Mental health issues like substance dependency also seem to increase one’s likelihood of smoking.

Tobacco advertising has been subject to many forms of regulation from many differing governments. The tobacco industry and their advertisers want to limit regulation or otherwise find new ways of influencing the buying decisions of consumers. Research in psychology, graphic design, marketing, and behavioral economics has allowed tobacco companies to encourage cigarette purchases without decreasing price or using television commercials. Some of these strategies have seen great successes, but government regulators are also attempting to constrict the possibilities for encouraging smoking. Governments like the United States, Uruguay, Australia, Canada, and the United Kingdom have been able to significantly reduce rates of smoking in their respective countries. However, from a purely financial point of view, allowing or even encouraging smoking could lead to monetary gains for the government which would allow it to decrease payments on “old-age programs” like healthcare or pensions for the elderly. Cigarette smokers tend to be poorer and have less education than the average person.

Lower socioeconomic statistics are associated with higher rates of smoking. Consumers of cigarettes tend also to suffer from stress, peer pressure, or mental health problems. These may reduce the ability of consumers to quit smoking when nicotine is used as a form of self-medication for these problems. Some current marketing strategies use subtle, and often unnoticed, changes to influence buying decisions and have become the center of ethical debates. Often by changing packaging or perpetuating self-blame, tobacco corporations can see profits increase significantly and gain new consumers. Limiting the popularity and extent of these advertising schemes could lead to better health outcomes and longer average lives globally.

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