

Perspective

Resisting industry narratives: guidance to avoid tobacco and nicotine industry framing

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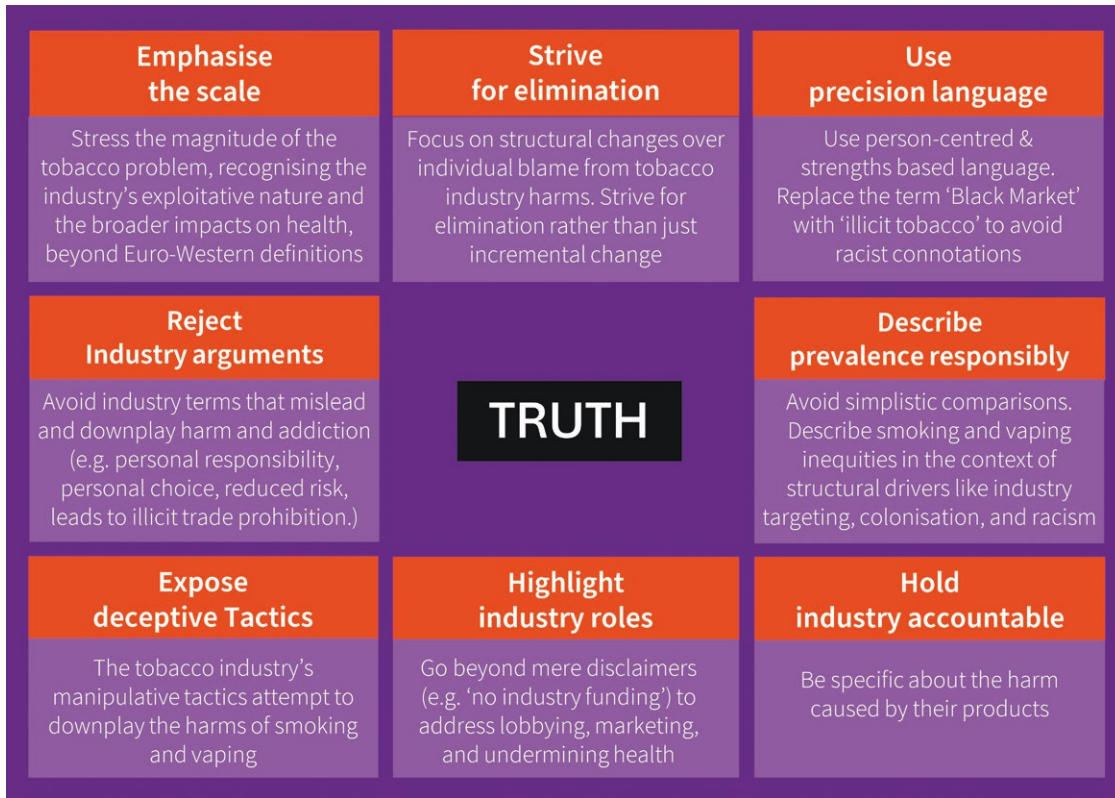
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Abstract

The tobacco and nicotine industry has a long history of endangering the health and wellbeing of individuals, populations and society, including Indigenous peoples, via dubious practices and tactics that continue today. These tactics include generating opposition, fracturing consensus, dehumanizing groups and minimizing the perception of harms from tobacco use. This article offers guidance for people working in health promotion and tobacco control to align with the World Health Organization's Framework Convention on Tobacco Control, which includes Articles on research, monitoring and information exchange regarding the tobacco and nicotine industry. Recommendations are given to resist the tobacco and nicotine industry's narrative in health promotion, research, evaluation and publications. Holding the industry to account provides a further step forward to eliminating tobacco disease and death.

Graphical Abstract



Keywords: public policy, tobacco industry, language, social stigma, tobacco control, human rights

Contribution to Health Promotion

- The article supports people working in health promotion, tobacco control and beyond to inform, assess and advance research and practice by disarming tobacco industry framing. We provide 10 recommendations that identify and resist the tobacco and nicotine industry narrative and hold the industry and their affiliates accountable for the harms they generate.
- The article provides guidance to undertake good research and publication practices that support the health promotion field to eliminate tobacco industry generated disease and death, consistent with the World Health Organization’s Framework Convention on Tobacco Control, by keeping the focus on the industry’s culpability and not inadvertently advancing industry arguments.

BACKGROUND

The tobacco industry has a long history of endangering the health and wellbeing of individuals, populations and society more broadly, including Indigenous peoples, via dubious practices that continue today (Bero, 2005; Proctor, 2012; Gilmore and Dance, 2022; RNZ, 2023; Expose Tobacco, 2024; Rose et al., 2024; Tobacco Tactics, 2024; van den Berg et al., 2024). Commercial or recreational tobacco use (i.e. not sacred or ceremonial) is responsible for more than eight million deaths each year, including an estimated 1.3 million people who do not smoke but are exposed to second-hand smoke (Institute of Health Metrics, 2019).

As commercial entities, often publicly listed, the tobacco industry and its affiliates are required to operate in the best interests of the company (Maddox et al., 2021). While they may claim to consider ‘the triple bottom line’ of profit, people and the planet, profit appears to be prioritized over the best interests of social goods (Sridhar and Jones, 2013; Epperson et al., 2018). This is reflected in selecting strategies that improve market share and continue the promotion, marketing and sale of combustible cigarettes worldwide. The interests of the

tobacco and nicotine industry are fundamentally at odds with the Human Right to Health, the Rights of Indigenous Peoples and the Rights of the Child, to enjoy the highest attainable standard of health (United Nations General Assembly, 1948, 1989, 2007; Maddox et al., 2021).

The commercial tobacco and nicotine industry has socialized and normalized the mass manufacture, promotion and sale of products that cause and maintain addiction, dependence, disease and death for profit. In other words, they are exploiting the addictive nature of their products to capture new users while generating harm. This inherently generates an unsafe environment (Proctor, 2012; Maddox et al., 2021; Gilmore and Dance, 2022; Expose Tobacco, 2024; Rose et al., 2024; Tobacco Tactics, 2024; Truth Tobacco Industry Documents, 2024). As a result, people working in health promotion, tobacco control, journalism and the media need to speak directly against such exploitative interests, including commercial interests and tactics, and not inadvertently advance industry arguments. The industry’s tactics have developed over decades, including the way tobacco companies, affiliates and beneficiaries fund and use research to generate opposition,

fracture consensus and deny harms (Proctor, 2012; Maddox *et al.*, 2021; Gilmore and Dance, 2022).

In this Perspectives article, we provide recommendations to inform, assess and advance tobacco control research and practice by disarming industry framing. In holding the industry to account, this guidance provides a step forward to eliminating tobacco-related disease and death.

COMMERCIAL TOBACCO AND NICOTINE INDUSTRY TACTICS: HOW CAN WE COUNTER THESE IN OUR DISCOURSE AND REPORTING?

Commercial tobacco industry tactics and arguments that weaken tobacco control are pervasive and can seep into our discourse unnoticed (Proctor, 2012; Gilmore and Dance, 2022). Such tactics have been normalized by front groups, including astroturfing, across society (Expose Tobacco, 2024). Perhaps the most pervasive and persuasive argument is that nicotine addiction and dependence is a ‘personal choice’. This framing is continuously used by the tobacco industry as they resist the introduction of critical structural or ‘upstream’ forces to protect the population from their harms (Proctor, 2012; Gilmore and Dance, 2022).

The industry wins when we only focus on ‘individual smoking behaviours’ without mentioning the industry’s role; perpetuating these narratives in ‘research’ allows them to operate ‘legitimately’ and hidden in plain sight (Hoek *et al.*, 2022; Waa, 2024). This means we need to go beyond just ticking a box declaring ‘no tobacco industry funding’ to critically and systematically examine how the industry invasively influences all aspects of our work, and finds means of countering our activities (Maddox *et al.*, 2021).

Our goal in public health and health promotion is to eliminate preventable tobacco-related disease and death, upholding social justice, equity and the Human Right to Health. In response, the tobacco industry or their associates *may* scream, and this can manifest in different ways, for example, the ‘screams’ against plain packaging or the discreet, silent scream of industry lobbying in Aotearoa New Zealand (Daube and Chapman, 2014; Hoek *et al.*, 2024). As Chapman (2022) outlined, the tobacco and nicotine industry’s reaction to policies that seriously threaten its bottom line has been shorthanded as the ‘scream test’. While the origins of the term are unclear, tobacco control advocates have long been familiar with the concept, recognizing that if the industry ‘screams’ in the media, tries to influence governments, or takes legal action to stop, weaken or reverse policies, it can indicate their understanding of the effectiveness of the respective tobacco control measure(s) (Chapman, 2022). Making the industry ‘scream’ may in the short-term make our work more challenging as they seek to push back. That, however, is itself an indication that our work is having an impact. Making the industry scream is not our long-term objective—but it is likely to be a preliminary marker of success.

DEVELOPMENT OF THE RECOMMENDATIONS

Here, we offer recommendations (Table 1) to help expose and avoid use of tobacco industry framing. To develop the guidance, core members of the authorship team independently and collectively workshopped the recommendations. The broader group then reviewed and revised these to come to consensus on the included items, wording and format. Fur-

ther evaluation of the recommended guidance will be conducted to inform its refinement.

Who is this guidance for? You may not feel like your work is about the tobacco and nicotine industry, for example, if it is focused on participation in community programs, the success of a campaign, individual quit stories or tobacco industry litter. But this guidance is for all working in health promotion, tobacco control, journalism, the media and beyond—whatever the area of work, it is important to always acknowledge the context in which this work is occurring.

We can each use this guidance to help evaluate our own work. It can be used to initiate discussions and to gain consensus on our research and practice approach and reporting. It can also be used when reading, reviewing and engaging with research abstracts, publications, funding proposals and presentations, as well as health promotion practice (e.g. Supplementary Material). We also recommend that supervisors use it to work with students, and vice versa. This can help us move beyond individual behaviours and challenge the vector of tobacco-related disease and death. This is consistent with the World Health Organization’s Framework Convention on Tobacco Control, which includes Articles on research, monitoring and information exchange regarding the tobacco and nicotine industry (World Health Organization, 2003). We should also monitor the industry’s activities closely, recognizing that as circumstances change, it may be appropriate to develop further guidelines, especially as the tobacco and nicotine industries have a long ongoing history of adapting to changing circumstances.

THE TAKE HOME MESSAGE: UNFILTER THE TRUTH

Guidance and recommendations are never the full answer to such a wicked problem. However, they can provide critical insights to help us be systematic in our approach and to prompt us to go beyond business-as-usual practice. This is not a silver bullet, but we encourage people to use these recommendations to talk about, guide, evaluate, inform and advance our work, and to assist in an honest review. Consistently applying this guidance offered in Table 1 will help to hold the tobacco and nicotine industry and their affiliates to account, providing a step forward to eliminating tobacco-related disease and death.

SUPPLEMENTARY MATERIAL

Supplementary material is available at *Health Promotion International* online.

ACKNOWLEDGEMENTS

We would like to acknowledge and pay our respects to the Traditional Owners of the lands on which this paper was conceptualized and drafted, the Turrbal/Jagera people and the Ngannawal and Ngambri people, and the Traditional Owners of the lands on which we work, live and play. We also acknowledge and honour the youth and young people, the future leaders of our communities, who also continue to inspire us with their resilience, wisdom, knowledges and insights for a commercial or recreational tobacco and nicotine-free future. We recognize their vital role in preserving and advancing our cultures, traditions and ways of knowing, being and doing.

Table 1: Recommendations to hold the tobacco and nicotine industries accountable

	Recommendations
Overall aim	1. Work towards elimination of tobacco related disease and death. This involves acknowledging the need for structural changes rather than focusing responsibility for change on individual people who use nicotine products. It is always important to recognize the best-case society-led scenario of protecting people from harm from the tobacco and nicotine industry and go beyond aiming for incremental reductions in rates.
Resisting the industry	2. Emphasize the role and influence of the tobacco and nicotine industry and their responsibility as the vector that manufactures disease and death. This goes beyond an upfront declaration of ‘no Industry funding’ and can include industry lobbying, targeted marketing and industry-funded campaigns to undermine public health and the Human Right to Health. 3. Expose deceitful tactics employed by the tobacco and nicotine industry. Unveiling the manipulative tactics used to downplay the dangers of smoking and vaping, thereby protecting society from misinformation, is important. This transparency fosters informed decision-making, supports regulatory efforts and ultimately reduces the prevalence of tobacco-related diseases and death. 4. Hold those leading and promoting the tobacco and nicotine industry responsible for the harms generated by their lethal products. Highlighting their personal accountability for the harms caused by their products underscores the moral imperative for corporate leaders to prioritize health. 5. Avoid using industry-created arguments, and call out co-opted and misleading terms and phrases designed to generate opposition, fracture consensus, deny and downplay harms including addiction (rather than industry co-opted discussion regarding ‘personal responsibility’, ‘personal choice’, ‘individual rights’, ‘smokers’ rights’, ‘consumer demand’, ‘freedom of choice’, ‘reduced risk’, ‘harm reduction’, ‘safer’, ‘safer alternatives’, ‘market freedom’, ‘leads to illicit trade’, ‘leads to crime’, ‘nanny state’, ‘overregulation’, ‘regulation overreach’, ‘untested measures’, ‘government control’, ‘prohibition’, etc.).
Precision language: exposing and countering industry activities	6. Describe inequities and inequalities in prevalence of smoking and/or vaping where relevant, <i>with</i> appropriate context of structural drivers of the inequities (e.g. industry targeting, colonization, racism and does not simply make group comparisons). 7. Use person-centred language that does not conflate the person and the behaviour (e.g. person who smokes vs ‘smoker’, ‘vaper’) or <i>blames</i> the individual or population for the behaviour (e.g. Indigenous peoples and smoking, youth and vaping). 8. Use strengths-based language to refer to individuals, communities and populations, recognizing their strengths, agency and rights in tobacco control, and avoid deficit centred discourse. An important aspect of strength-based language is attending to the context and the structural determinants of inequities, acknowledging and uplifting the strengths of cultures and community in finding and implementing solutions that work. 9. Use the term ‘illicit tobacco’ where relevant instead of ‘Black Market’ (a term with racist connotations).
Focus on key rationale for action	10. Continue emphasizing the magnitude of the commercial or recreational tobacco and nicotine problem. When used as directed, these products cause harm. When commercial or recreational tobacco is used as directed, it kills. There is always a need to find new ways of presenting the magnitude of the problem, and the extent of harms, disease and death. This includes broadening the Euro-Western-centric definitions of ‘health’ and ‘harm’, recognizing the exploitative nature of the industry. This is crucial to gaining a more comprehensive understanding of the widespread impacts on individuals and communities by the tobacco and nicotine industry.

FUNDING

This work is unfunded.

CONFLICT OF INTEREST STATEMENT

Consistent with the journal’s policies, the authors have no conflict of interest to declare.

ETHICS APPROVAL

Not applicable.

DATA AVAILABILITY

No new data were generated or analysed in support of this research.

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