

# **Tobacco Industry Denormalization**

Telling the truth about  
the tobacco industry's role  
in the tobacco epidemic



# The ugly behaviour behind the need for tobacco industry denormalization

G. Robert Blakey, professor of law at Notre Dame Law School in Indiana and a former United States federal prosecutor, was the author of the U.S. *Racketeer Influenced and Corrupt Organizations Act* (RICO). The RICO statute was passed to facilitate prosecution of members of organized crime. Professor Blakey has compared the structure of the tobacco industry with the Mafia and recommended criminal prosecution of tobacco companies and their executives. He also drafted the Canadian government's civil complaint under RICO filed in New York State against a dozen tobacco companies. The following is from a transcript of an interview with Professor Blakey on the TV programme *Frontline*. The interviewer begins:

“But the Mafia, that’s racketeering, prostitution, murder ... this [tobacco] is a legitimate industry.”

Professor Blakey (using charts and diagrams):

“In fact, it’s not a legitimate industry. This is an outline of the RICO statute. You have to have a corporation up here, that’s the first thing. The second thing you have to have is an enterprise. And what you saw previously, was the organization of organized crime. This is the organization of the tobacco industry. Now, what do they do over here? A pattern of racketeering activity. Let me show you that pattern. This is the industry’s scheme to defraud. Here’s the statute again. Person, enterprise, pattern of racketeering activity.

And here it is, the intentional sale of a defective product that’s both addictive and lethal. The failure to market a safer product. And you can go down this list at each stage, taken collectively, these are the

trees of the forest to show that this product was no longer legitimate and legitimately marketed. It's illegitimate and illegitimately marketed. And in particular, targeted to the children. Despite the fact that in fifty states the sale of cigarettes to children is illegal.

This is not a legal product when it's sold to children. It's the same thing functionally as cocaine or heroin. This is a drug industry. Not a tobacco industry. RICO was designed to deal with the [illegal] drug industry. And that's exactly what it does in this situation. It's just that the drug, instead of heroin and cocaine, is nicotine.

The form of it [the industry] is not wholly illicit. The form of it is a front. A legitimate industry behind which it is in fact selling drugs to our children. And it is the beauty of their success for so long that they've convinced us that they are the legitimate industry that they were before 1953. After 1953, they morphed into this ... what amounts to a RICO enterprise. A scheme to defraud, to addict our children and to kill our children by selling a product unlawfully."

## *Are Canadian tobacco companies the same?*

The following quote is from Canadian lawyer Eric LeGresley. He is an expert in tobacco industry document retrieval. He has served as a lawyer with the World Health Organization's Tobacco Free Initiative and, when quoted here, was consulting with the Mayo Clinic and the London School of Hygiene and Tropical Medicine.

"In the course of my research into the Canadian tobacco industry and specifically into tobacco industry documents, the parallels between the behaviour of the American companies and their Canadian subsidiaries or sister corporations were striking. The industry documents indicate that tobacco companies on both sides of the border were involved in identical consumer fraud and engaged in the same dishonest, predatory marketing and denial of risks. Executives of these companies even attended the same meetings."

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*Garfield Mahood*  
*Executive Director*  
*Non-Smokers' Rights Association*

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**THE NON-SMOKERS' RIGHTS ASSOCIATION**

In 2000, the Non-Smokers' Rights Association was the recipient of the Luther L. Terry Award. An international panel of judges cited the NSRA as the "outstanding organization" in the world in the field of tobacco control. The award was presented at the 11<sup>th</sup> World Conference on Tobacco OR Health in Chicago.

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# I Telling the truth about the industrial source of the tobacco epidemic

The tobacco industry's message is unmistakable. There is no need to worry because the more than 20 terminal tobacco diseases that constitute the tobacco epidemic are brought to you by a 'legal', normal industry selling a 'legal', normal product. This, tobacco manufacturers argue, makes it all okay. No need to treat the tobacco industry differently from other businesses, we are told.

Really? According to Health Canada, tobacco industry products will kill 3 million Canadians presently alive. Three million! Undeniably, this constitutes "a public health crisis."\* Tobacco industry products will kill one out of two of their long-term users. That's a death rate of 50 percent! Other drugs would be pulled off the market if the risk of death from use was even a small fraction of the risk from using tobacco. More than 47,000 tobacco deaths annually and rising.

Unlike today's headline epidemics, like AIDS, SARS and influenza, this epidemic is courtesy of an industry. Not just any industry, we are lectured. But a 'legal' industry selling a normal, 'legal' product. A 'legal' industry doing just what 'legal', normal industries do. Just what the law allows. Not what is ethical. Or moral. But what the law, historically, has allowed manufacturers to get away with. Without getting management thrown in the slammer.

But look again. The tobacco industry is saying it has done nothing more than what legal, normal industries do. The question is 'Will the rest of the business community let the tobacco predators get away with this implicit slander of legitimate business?' How does Big Tobacco wrap itself up in the 'We're-just-one-of-the-boys-doing-our-big-business-thing' and get away with this without decent people, who conduct their businesses honestly, howling in protest about the offensive behaviour in their midst?

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\* In 1998, a panel of 26 health experts acting on behalf of 130 health agencies and professions, including the renowned Dr. Fraser Mustard, published a strong warning to the federal government. The expert panel said, in part, "By any measure, by any standard, tobacco use in Canada constitutes a public health crisis." National 'Tobacco OR Kids' Campaign, 1998.

## ***Big lies from Big Tobacco***

This is, after all, an industry that has lied about the risks of its products, lied about addiction, lied about its manipulation of nicotine, and lied that its marketing has not targeted kids.\* To complete the record, don't forget its lies about the risks of second-hand smoke. Since the 1950s when the international tobacco industry escalated its campaign of deception, its products have caused over one million deaths in Canada alone. Doesn't every 'legal' industry selling a 'legal' normal product have a track record like this one?

There is evidence that the Canadian industry has also lied about its involvement in tobacco smuggling. Indeed, several tobacco companies and their executives now face criminal charges related to contraband. They also face a \$1.5 billion civil suit by the Attorney General of Canada over a scheme to defraud the federal government out of tobacco taxation. Here is what the Attorney General alleges in the suit against the manufacturers of several Canadian brands and related companies. We remind the reader that the criminal charges and the civil complaint have yet to be proven in court:

“The defendants are law-breakers. They deliberately and with impunity conspired to break Canada's law and they acted unlawfully for illicit gain. The [tobacco] Group made fantastic profits from its actions. They conspired to conceal their conduct. They set about to defeat government policy designed to discourage the spread of smoking, which they knew to be harmful, including to Canada's youth. They succeeded in their efforts, and deprived Canada of more than a billion dollars in taxes and duties.”

from the conclusion of the Attorney General's  
Statement of Claim in the smuggling fraud lawsuit  
filed against 13 tobacco companies in August 2003

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\* Phil Hilts, former health policy specialist for *The New York Times*, in *Smokescreen: The Truth Behind the Tobacco Industry Cover-up*, said "... on the subject of children we also have a sheaf of papers giving concrete detail from the industry's direct work with children, and what has come of it. The most complete set of papers has come from the Canadian sister companies of the U.S. giants Reynolds, Philip Morris, and Brown and Williamson ... Here there can be no doubt: it is not just that children will take up smoking, and the companies supply them with raw material inadvertently ... in the hundreds of pages of advertising documents from two companies, [Canada's] Imperial and RJR-Macdonald, the targeting has not been hidden. They specifically target children above all other groups.”

Implementing carefully planned disinformation strategies, tobacco manufacturers produced an epidemic. How did they pull this off? One would hope that governments might want to find out. We've had public inquiries into tainted water and tainted blood. For very good reasons. We've had Royal Commissions into the steel industry, the shipping industry and the potato growing industry. Yet, inexplicably, we have never had a public inquiry into the most dangerous, most predatory industry in the history of Canadian business or public health. Why?

### ***The absence of salience***

Why has the tobacco industry escaped serious scrutiny? Because the tobacco epidemic and the public health issues that are at its core have not generated sufficient salience. Salience in this context is that mix of ingredients, topicality and urgency, that forces tobacco issues to the top of political agendas and holds them there.

The lack of salience explains why, historically, threats of tobacco industry job losses, cigarette plant closures and pressures from the tobacco growing community, more often than not, have trumped the need for strong tobacco-focused public health measures. These needed reforms have often been ignored even though there is ample evidence that job losses in tobacco, produced by shutting down the demand for cigarettes, create a substantial net gain in jobs in the rest of the economy.

While the industry's bullying and intimidation have not been as successful of late, tobacco control issues still lack salience. Unfortunately, public health will not realize some of its more important objectives until the tobacco epidemic has greater salience.

## II Tobacco industry denormalization: exposing the industry's behaviour, to build support for needed public health reform

Tobacco products entered the market at a time when the risks of use were unknown. By the time these risks became understood, much of the population was addicted. It is the addiction factor that has now made it extremely difficult for governments to remove the product from the market.

While populations were being addicted, the cigarette manufacturers were also engaging in an ongoing campaign to convince legislators and the public that, as legal enterprises marketing legal, normal products, they are entitled to be treated in the same manner as other companies. The normalization strategy has been implemented via almost everything tobacco companies do: financing political parties, sponsoring respected arts and sports events, placing tobacco executives on hospital boards and – can you believe it? – funding university courses in business ethics and corporate social responsibility. And don't forget the shameless funding of hospital palliative care units where half the beds are filled with the victims of tobacco industry products.

In brief, the industry has hidden its predatory marketing behind a veil of normalcy and rationalized its epidemic on 'free choice' rhetoric and fraud.

There is a public health strategy to help reverse this tobacco normalization process. It is called tobacco industry denormalization or TID. This strategy plays 'hard ball' with the people who are after our kids. The cigarette manufacturers loathe this strategy, because it strikes at the core of their business, dishonestly obtained normalcy.

TID is a health strategy that places the responsibility for the tobacco epidemic where it belongs, on corporate misbehaviour rather than on individual misjudgment. TID puts a spotlight on corporate fraud, negligence and failure to warn rather than on teenage miscalculation of the risks of addiction or on the failure of youth to recognize that they are the targets of predatory marketing by adults.

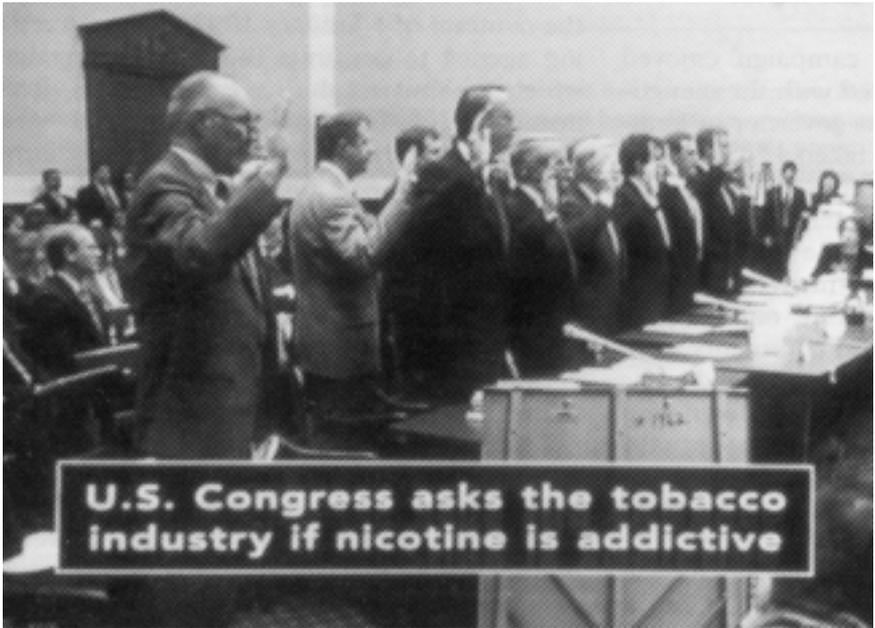
The TID strategy shows the public that the industry and its products are not legitimate, or normal, and that they warrant marginalization. The justification for such a strategy is confirmed in millions of pages of internal industry documents obtained through leaks or in litigation. These documents reveal that tobacco manufacturers have operated outside the boundaries of civilized corporate behaviour for over half a century.

### ***How do we define tobacco industry denormalization?***

*Tobacco industry denormalization or TID is a tobacco control strategy. TID tells the public the truth about the tobacco industry's role as the disease vector in the development and perpetuation of the tobacco epidemic. Tobacco industry denormalization is the reversal of the process of industry normalization promoted by cigarette manufacturers for decades. TID shows the public why the tobacco industry is not normal, or legitimate, and falls outside the norms of behaviour of legitimate business.*

Simply stated, TID is a disease prevention strategy that strips the tobacco industry of the illegitimately obtained normalcy that often blocks government implementation of effective tobacco control policies. TID is a strategy that should be incorporated into many aspects of tobacco control, especially into mass media campaigns.

Tobacco companies fear TID. They realize that it invites the reversal of the various corporate strategies that has led to the addiction of millions. The manufacturers know that if legislators and the public begin to understand the industry's uniquely predatory track record, the 'pushers' will stand out from the legitimate business community and attract special legislative attention.



In one of the most audacious examples of wilful blindness in the history of business, seven tobacco executives swear before a U.S. congressional committee that they do not believe nicotine is addictive.

Dr. Gro Harlem Brundtland, while Director-General of the World Health Organization, was not afraid to focus on the cause of the tobacco epidemic:

“Dr. Brundtland likens the role of the tobacco industry in creating health problems to that of the mosquito in causing malaria. Both are blood-sucking, disease-spreading parasites.”

*The Economist*, October 2, 2000

Dr. Rob Cushman, Ottawa’s Medical Officer of Health, is equally blunt:

“Neglecting to discuss the industry’s role as the disease vector in the tobacco epidemic is like refusing to discuss the role of mosquitoes in a malaria epidemic or rats in an outbreak of bubonic plague. From a public health perspective, it is imperative to go to the source of the problem.”

***Avoiding the trivialization of the TID strategy:  
what tobacco industry denormalization is not***

In contrast to some American state governments where TID has been the hallmark of award-winning tobacco control campaigns, governments in Canada have been reluctant to implement the TID strategy. Having themselves bought into the ‘legal product/legal industry’ dodge, these governments have been reluctant to support a strategy that marginalizes an industry, however beneficial or logical that health strategy might be. No matter how many preventable deaths could be averted.

To deflect the building pressures from the health sector to embrace TID, attempts have been made by some in these governments to focus the strategy on the “denormalization of tobacco use.” But TID is not about preaching to individuals to change their behaviour. It’s about making them aware of the business decisions behind the tobacco epidemic. Children do not create epidemics or the environments in which epidemics spread. The vector for tobacco diseases, the industry, not vulnerable youth or addicted adult smokers, should be a major focus of any campaign.

Nor is there anything new about the “denormalization of tobacco use.” This is the old ‘change-the-social-acceptability-of-smoking / focus-on-individual-behaviour’ approach that has been around for decades.

Another tactic used to avoid focusing on industry behaviour is changing the word “denormalization” to “deglamourization.” Deglamourization is not a TID strategy and changing the language of the strategy will not wash for three reasons. First, TID is now well entrenched in the language of tobacco control and health interests are beginning to understand the concept. Now is not the time to tamper with the language.

Second, the word “denormalization” is itself a useful tool to explain the health strategy. When one explains to journalists and legislators the need to reverse the process of normalization promoted by a rogue industry, everyone understands the strategy quickly. The word itself suggests the meaning of TID and invites understanding.

Finally, changing the language instead of removing the blocks to the denormalization strategy within governments will, in the end, accomplish nothing. In the final analysis, it is the legitimacy of the tobacco industry that is accepted by most governments in Canada which is the block to TID, not the language. Change the language and the block to operationalizing the strategy will still remain.

### ***Big Tobacco muddies the waters***

At the same time that health interests have been intensifying their interest in TID, tobacco manufacturers have been trying to muddy the waters and take the spotlight off of their corporate misbehaviour. Not surprisingly, the industry, like the blocks within governments, has also focused its definition of the strategy on the “denormalization of use,” i.e. on smoking behaviour. By doing so, the companies are then able to cry foul, to claim that health strategies aimed at denormalizing “smoking or tobacco use” are engaged in the extreme activity of attacking the tobacco industry’s customers.

Indeed, the industry will take advantage of the health community’s failure to define the TID strategy carefully. To prevent confusion between tobacco **industry** denormalization and the denormalization of tobacco **use**, we recommend:

1. that the term “denormalization” be restricted to a focus on the tobacco industry’s behaviour and on its products;
2. that pre-existing language such as “changing the social acceptability of smoking” and the like be used for health interventions that focus on smoking behaviour;
3. that the TID terminology not be trivialized, diluted or confused by a focus on individual behaviour. TID is about the industry’s behaviour.

### III How important is TID?

Now that we know what TID is, how valuable is this strategy? The public understands that the behaviour of the manufacturers has been ugly but few appreciate the magnitude of the destructiveness. Many think the tobacco industry just does what other big business does. When attention is focused on the cigarette people via TID strategies, the public begins to appreciate the role of the industry in the tobacco epidemic and why this industry is very, very different. In turn, this opens the door for the aggressive legislative and regulatory reforms that would normally accompany the development of epidemics caused by other disease vectors.

Bruce Silverman was the ad agency head responsible for the brilliant creative work that drove the California campaign in the mid-1990s:

“Debunking the industry is the bedrock on which the campaign rests. Any other information that is being conveyed, be it information about second-hand smoke, be it information about addiction, be it information about the health consequences, be it information about trying to help smokers to quit, all of those pillars rest on the concrete, on the granite, on the bedrock of an anti-industry strategy. If you don’t have that bedrock, your campaign will ultimately fail.”

John Garcia, a Canadian who has expertise in comprehensive tobacco control programmes, reaches a similar conclusion:

“Tobacco industry denormalization is a core component of effective, high impact, tobacco control communications. If governments don’t get it, they are not implementing world-class campaigns.”

Dr. Dileep Bal, the Harvard-educated bureaucrat who has guided the landmark California campaign since its inception, says:

“This is a war. You cannot win this war without taking the industry on, head-on.”

Dr. Greg Connolly, consultant to the World Health Organization and the driving force behind the award-winning Massachusetts mass media campaign, made this his number one recommendation:

“Reframe the debate and focus on the industry.”

It would be a mistake to assume that all of the advice to implement tobacco industry denormalization is from American experts. In 1999, TID was one of four major goals identified by the National Strategy to Reduce Tobacco Use in Canada in a national consultation involving Health Canada, provincial governments and health agencies.

Using the *Access to Information Act*, we learned that two private sector consultants to Health Canada also strongly recommended TID. Susan King and Associates described “De-normalization” as an important “catalyst” of any campaign:

“The appeal lies in the fact that the whole community becomes aware of the issues surrounding the industry and this, in turn, builds public support for the actions taken by governments to reduce the industry’s influence.”

The most comprehensive review of TID to date was completed by University of Saskatchewan business professor Anne Lavack for Health Canada’s communications department. Her 78-page analysis clearly differentiates between tobacco industry denormalization and the denormalization of tobacco use. The report identifies the California campaign as “a model for a successful tobacco industry [denormalization] campaign” and recommends that any Canadian campaign focus its efforts on “lies of the tobacco industry,” clearly a TID strategy, and second-hand smoke.

Lavack also looked at polling on the issue. In 1996, Environics recommended TID for mass media campaigns, in particular “messages related to the marketing strategies of tobacco companies” and that campaigns “consider posing some tough questions about the ethics of the tobacco industry.”

In 2002, the Canadian Coalition for Action on Tobacco (CCAT) made up of national health agencies and professions published an open letter to the health minister reiterating its support for TID. The letter followed a Health Canada national consultation which strongly recommended the use of the TID strategy. CCAT warned:

“When dealing with an epidemic that prematurely kills 45,000 Canadians every year, any delay in implementing an effective tobacco control measure will literally cost lives.”

One of the best recommendations for TID comes from the Canadian tobacco industry. In company annual reports, in speeches to chambers of commerce and submissions to government, TID is causing the industry to scream:

“industry members enjoy a constitutional right not to be subjected to ‘denormalization’ policies or tactics ....”\*

and

“such ‘denormalization’ is the antithesis of the freedom embodied in the Charter and is entirely incompatible with individual liberties.”\*\*

Presumably this is the freedom of individuals to be deceived, addicted and killed.

## IV What justifies marginalizing an industry?

According to Professor Lavack, the answer is corporate behaviour that is “manipulative, mendacious and unethical.” As mentioned above, the industry has lied about virtually every aspect of its business. When the industry knew otherwise, it argued that the risks were unproven, that its products were not addictive. And, for years, Canadian manufacturers allowed their customers to

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\* Rothmans Inc. *Annual Report 2002*

\*\* in Imperial Tobacco’s response to the *Tobacco Products Information Regulations* concerning Canada’s new tobacco warnings.



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believe there were health benefits from using ‘light’ and ‘mild’ cigarettes when compared to smoking so-called full-strength brands. Given what the industry knew, this was and continues to be a consumer fraud.

The manufacturers have also argued that they are not interested in kids. As noted earlier, Phil Hilts, formerly of the *New York Times* and author of *Smokescreen: The Truth Behind the Tobacco Industry Cover-up*, used Canadian court documents for the core of his chapter on child “starters.” His book makes it clear that Canadian manufacturers have unclean hands, that they “specifically target children above all other groups.”

The industry’s behaviour has attracted massive litigation. U.S. Judge H. Lee Sarokin had one of the early looks at tobacco industry documents. He found an:

“industry wide conspiracy to accomplish all of the foregoing [efforts to deceive the public] in callous, wanton, wilful and reckless disregard for the health of consumers in an effort to maintain sales and profits ... [a conspiracy] vast in its scope, devious in its purpose and devastating in its results.”

Has the behaviour of Canadian tobacco companies differed from their American and British parents and sister corporations? As Hilts and other experts have made clear, not at all. Identical disinformation strategies were planned and implemented in Canada, the U.S.A. and Europe. As discussed in our opening comments, Eric LeGresley, a former consultant to the WHO and expert in tobacco industry document retrieval, pointed out:

“the parallels between the behaviour of the American companies and their Canadian subsidiaries or sister corporations were striking. Tobacco documents indicate that tobacco companies on both sides of the border were involved in identical consumer fraud and engaged in the same dishonest, predatory marketing and denial of risks. Executives of these companies even attended the same meetings.”

For emphasis, in excess of a million Canadian deaths have been caused by tobacco industry products since the relationship between cigarettes and lung cancer was demonstrated in the 1950s. In the industry’s own research labs, scientists discovered the correlation between cigarettes and disease long before the public heard about it. But the manufacturers kept this information from regulators and the public leading to disease, death and massive lawsuits decades later. No other industry has a track record of greater destructiveness. TID has the potential to help rein in this repugnant behaviour. Canadian tobacco companies richly deserve to be isolated from legitimate business, marginalized and shunned.

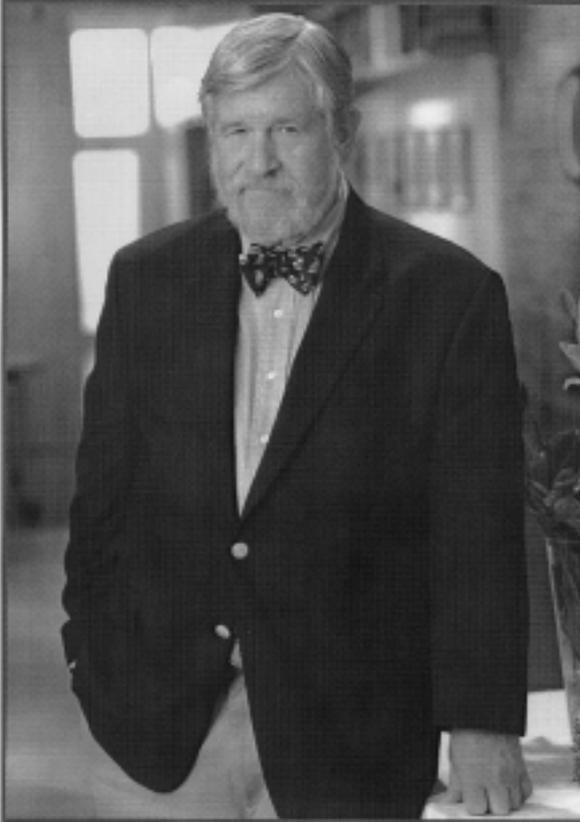
### *The benefits of TID*

Several public health benefits would flow from comprehensive tobacco control programmes with a strong TID component:

- 1 **The most important benefit would be increased salience for the tobacco issue.** Public education efforts, by themselves, are effective at changing attitudes but not as effective at changing smoking behaviour. Public policy initiatives that affect large populations, like tobacco taxation and smoking in the workplace bans, are very effective in changing behaviour. Increased salience for the issue can change social attitudes towards and increase public support for tobacco-related legislative reform. It is policy and law reform which can cause major behavioural change including an impact on youth smoking.

**“Big Tobacco has been conning the restaurant business for years. Don’t be a sucker. Go smokefree.”**

MICHAEL O’NEAL | O’Neal’s Lincoln Center,  
New York City



**LIE** Since the 1980s, the tobacco industry has been lying to the hospitality industry. Why?

To protect its multi-billion dollar annual profits, smokefree restaurants cost Big Tobacco big money, but it can’t fight local clean indoor air laws openly. So it has lied and recruited the hospitality industry to do the job.

**LIE** Big Tobacco says smoke-free measures will cost you.

**TRUTH** All reputable economic studies show smokefree measures do not reduce and may increase restaurant sales.

**LIE** Big Tobacco says second-hand smoke poses no real risk.

**TRUTH** Every major health authority in the world agrees secondhand smoke is dangerous.

**LIE** Big Tobacco says you can “accommodate” smokers with remodels or costly ventilation systems.

**TRUTH** No feasible ventilation system protects you from legal liability for secondhand smoke.

Get wise to Big Tobacco. For facts and “insider” documents, go online to [TobaccoScam.ucsf.edu](http://TobaccoScam.ucsf.edu)



**TOBACCO** Big  
**Scam** Tobacco  
is lying.  
Again.

TobaccoScam is a project of Stanton Glantz, PhD, of the School of Medicine, University of California, San Francisco. San Francisco, CA 94143-0738.

[www.PublicMediaCenter.org](http://www.PublicMediaCenter.org)

This is an example of a tobacco industry denormalization ad. This ad was produced by the Public Media Center for Tobacco Scam, a project of Stanton Glantz, PhD, School of Medicine, University of California, San Francisco. Reprinted with permission.

- 2 **The disinformation of tobacco industry fronts, proxies and pseudo-scientists could be countered.** Disinformation continues to be the hallmark of the international tobacco industry. TID activities including TID in mass media campaigns will go a long way toward blocking the industry's ability to sow doubt and confusion – and to tell outright lies.
- 3 **The transference of normal teen rebellion from parents and teachers to the industrial vector of tobacco diseases could be promoted.** Kids do not like to be 'ripped off'. TID has the potential to harness teen rebellion. Even if a TID strategy does not 'inoculate' many teens, it is possible to change the cultural significance of smoking, even among vulnerable groups of teens, from 'dangerous but exciting and adult' to 'really stupid'.
- 4 **Motivation for adults to quit would be increased,** through the alleviation of guilt ("they took advantage of me when I was young; it's not my fault; their intent was to addict me") and through anger felt toward the industry ("I won't let them rip me off any longer"). Any type of media coverage of TID issues would likely encourage cessation. Adults also resent having been exploited. Common sense suggests that anger directed at the industry would also be a strong motivator for some smokers to quit.

## V Opportunities to apply TID strategies

The TID strategy can be introduced into virtually all tobacco control initiatives, by health units, by municipal, provincial, territorial and federal governments and by non-profit health agencies. Remember, TID evolved to reframe the debate over tobacco control.

For starters, TID can be inserted in tobacco control language and incorporated into print materials. It can be a major theme all by itself in mass media campaigns or it can be one element of mass media commercials involving other themes such as second-hand smoke or tobacco risks. The TID strategy will often trigger public interest and unpaid media coverage. Here are a few examples:

- In communications, instead of saying or writing “Smoking kills 47,000 Canadians a year,” reframe it to “tobacco industry products kill 47,000....” The shift in the message is dramatic.
- In the successful Health Canada “Heather Crowe” TV commercial about second-hand smoke (SHS) in the workplace, the script or tag line at the end of the ad reads, “Some tobacco companies say second-hand smoke bothers people. Health Canada says it kills.” This commercial is a SHS message but a significant TID element has been added.
- The Non-Smokers’ Rights Association (NSRA) combined with other health interests to protest Imperial Tobacco’s funding of a course on corporate social responsibility at the University of St. Michael’s College in the University of Toronto.
- The Canadian Cancer Society combined with the NSRA to protest a powerful tobacco lobbyist’s inclusion on the board of Women’s College Hospital in Toronto that specializes in health care for women.
- Health interests protested Purdy Crawford’s receipt of the Ivey School of Business “Executive of the Year” Award. At the time Crawford was Canada’s most powerful tobacco executive.
- The University of Saskatchewan Students’ Union rejected a \$250,000 grant from Imperial Tobacco to fund concerts. A Union spokesperson said, “We are not in the business of killing people.”

Of course, all of the standard advocacy tools can be used to produce TID initiatives: letters to editors; submissions to boards of education, hospital boards, and senates of universities; protests at awards ceremonies; any initiative to raise public awareness of the impropriety of tobacco industry involvement in the activity or institution in question.

The TID strategy can be used virtually every time the industry engages with the community. TID principles can be applied wherever tobacco executives sit on the boards of hospitals (the industry fills their beds) and universities (the industry is anti-truth and anti-science). For example, any non-profit agency

concerned about the welfare of women or children, or about poverty should shun donations or volunteer support from tobacco executives, for sound ethical reasons.

One prominent scientist recommended to the federal Minister of Health that a screen should be applied to every tobacco control initiative before it is used, to see if TID elements could be added.

## VI Best Practices

In summary, there is now sufficient evidence to conclude that tobacco industry denormalization is a ‘best practice’ tobacco control tool. TID is a strategy recommended by national health agencies and health professions, by the federal Ministerial Advisory Council on Tobacco Control, by private sector consultants and by pollsters. There is evidence of its efficacy in the scientific literature. And, as if to confirm the correctness of this advice, the tobacco industry hates TID.

To not use a public health tool like TID will lead to more tobacco-caused deaths than would otherwise occur. Under these circumstances, it would seem grossly negligent for governments and health agencies not to implement such a strategy.



## A “highly effective tobacco control” strategy

A 1999 Health Canada news release on tobacco industry denormalization affirms the value of TID as an effective tobacco control strategy:

“Traditionally, anti-smoking social marketing activities have been directed at informing Canadians of health effects and making smoking a less socially accepted behaviour. However, there is **strong evidence** from the United States that ‘industry denormalization’ campaigns which draw attention to the marketing strategies of the tobacco industry, are also **highly effective tobacco control tools** [emphasis added].”

Health Minister Allan Rock’s  
endorsement of TID, June 1999

“If the destructiveness of the cigarette industry’s role in addicting our kids and keeping adults smoking was better known, it would be easier to obtain support for tobacco-related law reform. For this reason, tobacco industry denormalization should be a key component of any comprehensive tobacco control plan.”

Senator Colin Kenny,  
the sponsor of Senate Bills S-13, S-15 and S-20  
that led to national debates and the commitment of  
\$480 million in federal support for tobacco control

“The reprehensible behaviour of tobacco manufacturers has caused a devastating loss of life. The industry should be held accountable. I believe that the tobacco industry denormalization health strategy will accelerate this process. If this strategy had been discussed when I was health minister, and had been understood, my job of getting legislation through Parliament would have been easier.”

Jake Epp  
Minister of health responsible for passage  
of Canada’s landmark *Tobacco Products Control Act*

## *Judge would shun tobacco executives*

“Mr. Seaton, who has been a judge of the B.C. Court of Appeal for 18 years, said yesterday in an interview he would rather go to dinner with a man convicted of manslaughter than with a person who sells cigarettes to children. Selling cigarettes is ‘a continually evil thing,’ while most people who come before the courts are not that bad, the judge said.”

*The Globe and Mail* reporting on the remarks  
of Mr. Justice Peter D. Seaton, Chairman of the British Columbia  
Royal Commission on Health Care and Costs

## *Differing perspectives*

“industry members enjoy a constitutional right not to be subjected to ‘denormalization’ policies or tactics ....”

Rothmans Inc.  
*Annual Report, 2002*

## *A deadly delay*

“When dealing with an epidemic that prematurely kills 45,000 Canadians every year, any delay in implementing an effective tobacco control measure will, literally, cost lives.”

Open letter to Health Minister Anne McLellan  
from the Canadian Coalition for Action on Tobacco\*

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\* Canadian Cancer Society, Canadian Council for Tobacco Control, Canadian Lung Association, Heart and Stroke Foundation of Canada, Non-Smokers’ Rights Association and Physicians for a Smoke-Free Canada

## ***A health strategy to address predatory behaviour in the Third World***

**“Tobacco Industry Denormalization is a breath of fresh air, blowing away the foul smoke of manufacturers propaganda. If anything, the tobacco industry’s smoke screen of normalcy is worse in the developing countries where they operate out of the public eye. They claim not only legitimacy, but the status of economic saviors. But claims to be bringing good jobs and ‘good quality’ cigarettes are all lies.**

**The truth is that they replace existing jobs with robots; market cigarettes engineered to penetrate even more deeply into vulnerable lung tissue, and corrupt emerging democracies. What is sound health strategy for Canada, is sound strategy for every awakening tobacco control movement in the world. Thanks again , Canada!”**

**Michael Pertschuk  
Former Chair  
United States Federal Trade Commission**

***For more information on TID, including examples of successful TID initiatives in other jurisdictions, contact this Association or visit us at [www.nsra-adnf.ca](http://www.nsra-adnf.ca).***

“Neglecting to discuss the industry’s role as the disease vector in the tobacco epidemic is like refusing to discuss the role of mosquitoes in a malaria epidemic or rats in an outbreak of bubonic plague. From a public health perspective, it is imperative to go to the source of the problem.”

Dr. Rob Cushman, MD, FRCPC  
Medical Officer of Health, Ottawa

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