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Comparisons and Contrasts Between Marketing Techniques Used by the Tobacco Industry and Public Health Figures

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Main Claim

Neither the tobacco industry nor public health professionals can deny scientific findings or empirical evidence regarding tobacco smoke and its harmful qualities but that does not deter them from manipulating evidence or even producing their own contradictory studies. The tobacco industry's public relation efforts to promote its product have long been a part of the industry's history. It has also been shown that accredited health professionals (such as the Surgeon General) use manipulative methods to promote their bias on the issue of tobacco and smoking. Accredited health professionals display conflicts of interest when definitively shutting down any opposing opinions regarding the health risks involved with tobacco smoke. Because of the utmost importance of maintaining credibility in the public eye, both institutions must remain careful and tactful in their marketing techniques. The public, however, does not internalize the PR from the tobacco industry in the same way that it does the governmental institutions. While the governmental is rightfully protecting the public against the damages and harms of tobacco smoke, it suppressing some of the potential research that can and should be conducted in order to further the public's knowledge on the issue of tobacco smoke and its byproducts.

Introduction

The tobacco industry is known for its long-fought battle to promote its product and byproducts. Their marketing techniques are dissected by public health institutions including Above the Influence and Y Do You Think. The Surgeon General has fiercely stated that there is nothing good that could ever come out of smoking tobacco or even being around it. These attacks on the industry are well-known and have been around for as long as some can remember—and yet no one has ever truly taken apart the propaganda and marketing techniques that public health institutions and professionals use. The public does not roll their eyes at an ad from Y Do You Think or scoff at what the Surgeon General has to say. Both organizations have been recorded to have altered empirical evidence suggesting an opinion unlike their own and both have produced studies with clear inherent biases within them to sway the public toward their side.

The tobacco industry and public health institutions share a few key qualities: they are both businesses; they both run on the public's support of their cause; they both have something they are promoting and supporting. It just so happens that, in this case, they oppose each other without their causes, they could very well be the same institution's bare bones. Those shared aspects render the two institutions more similar than different in marketing and advertising terms.

Basis

- The tobacco industry and public health institutions share a few key qualities: they are both businesses; they both run on the public's support of their cause; they both have something they are promoting and supporting. It just so happens that, in this case, they oppose each other—without their causes, they could very well be the same institution's bare bones. Those shared aspects render the two institutions more similar than different in marketing and advertising terms.
- Regina Benjamin, the Surgeon General, states "scientific evidence" but gives no specifics nor does she detail where that evidence originates. According to OSHA, the U.S. Occupational Safety & Health Administration, nicotine is given a "permissible exposure limit" over an eight-hour day (Perelman).
- Due to her position as Surgeon General, who, by definition, is the head of the Public Health Service Commissioned Corps (PHSCC) and the leading spokesperson on public health issues in the federal government, there is no true need for her to produce what "scientific evidence" led her to her conclusions about tobacco smoke. Her previously established credibility allows her more leeway with her assumptions and claims.
- The tobacco industry's credibility has been shot at so often over the past years that the industry as a whole is commonly regarded as untenable liars. The articles detailing "how the industry lies" amount far more than any works questioning the where exactly Surgeon General gets the evidence that she cites as definitive enough to base her claims on (Sullum).



- The Surgeon General (along with other public health institutions) display a conflict of interest when she manipulates empirical data to further support her claim of tobacco smoke being the absolute worst substance in the world ever.
- The Surgeon General, in this case, allows her prejudices surrounding the issue of tobacco smoke to conclude her official report. There is no way to guarantee complete honesty on her part other than the fact that in 2009 Benjamin was chosen by President Barack Obama to be the 18th Surgeon General of the United States of America.

Findings

- The tobacco industry's public relations' department's efforts to promote its product have long been a part of the industry's history. Their efforts of denying scientific evidence or even altering findings to better serve themselves have spent a significant amount of time in the spotlight.
- Accredited health professionals (such as the Surgeon General) use manipulative methods to promote their bias on the issue of tobacco and smoking. The government has also led an immensely successful campaign on the issue.
- If public health institutions suppress some positive qualities of tobacco smoking then it may also suppress research venues for using tobacco for extreme conditions such as schizophrenia, colon cancer, etc. The government-led campaign against tobacco and nicotine makes it immensely hard for researchers to get funding.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Emphysema, and May Complicate Pregnancy.

http://scribemeetsworld.com/

- Any public administration or institution must retain a high level of credibility in the public eye in order still market its product to gain profit. Tobacco industries are a consumer-based administration, meaning that their credibility and appeal is their most important aspect to survive. This explains why the tobacco industry went to such lengths to combat the new scientific findings detailing a linkage between tobacco smoke and lung
- Despite the restrictions placed on public administrations regarding conflicts of interest and integrity of published work, many professionals within the field still choose to manipulate empirical evidence in order to better support their view on the same issue: tobacco control and regulation.
- The tobacco industry relies heavily on its public relations department to market its product and often stretches the truth when referencing studies.



http://www.businessinsider.com/facts-about-tobacco-industry-2011-4?op=1

Conclusion

The utilization of marketing techniques is commonplace within any institution attempting to promote their product over the competition. In this case, the competing institutions are the tobacco industry and public health officials. Both use similar techniques in that they produce their own studies conducted by their experts and manipulate epidemiological evidence to better suit their stance. However, the public does not accept nor internalize the efforts made by the tobacco industry as they do with the public health institutions due to the ethos associated with governmental programs. But this definitive shutting down of any possible options associated with nicotine and tobacco heavily impedes potential research done in the field to attempt to utilize a very common product for medicinal purposes. In order to broaden medical horizons in terms of possible and different treatments, the preconceived notion that all tobacco products are harmful must change to allow for funding for research to be done—the staunchly antitobacco filter advocated by public health institutions must be lifted

References

Brandt, Allan M. "Inventing Conflicts of Interest: A History of Tobacco Industry Tactics." American Journal of Public Health 102.1 (2012): 63-71. EBSCOHost. Academic Search Complete. Web. 12 Oct. 2012.

Britt, Tom. "Medical Uses for Nicotine." *Duke Today*. 2012. Web. 2 Dec. 2012. http://today.duke.edu/ Charlton, Anne. "Medicinal Uses of Tobacco in History." Journal of the Royal Society of Medicine.

Royal Society of Medicine, 2004. Web. 1 Dec. 2012. http://jrsm.rsmjournals.com/content/ Francis, John A., Amy K. Shea, and Jonathan M. Samet. "Challenging the Epidemiologic Evidence on

Passive Smoking: Tactics of Tobacco Industry Expert Witnesses." Tobacco Control 15.(2006): iv68iv76. EBSCOHost. Academic Search Complete. Web. 14 Oct. 2012. Friedman, Lissy C. "Tobacco Industry Use of Corporate Social Responsibility Tactics as a Sword and

a Shield on Secondhand Smoke Issues." Journal Of Law, Medicine & Ethics 37.4 (2009): 819-827. EBSCOHost. *Academic Search Complete.* Web. 14 Oct. 2012. "The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon

General, U.S. Department of Health and Human Services." Surgeon General. U.S. Department of Health & Human Services, 4 Jan. 2007. Web. 2 Dec. 2012. http://www.surgeongeneral.gov/library/ reports/secondhandsmoke/factsheet7.html>.

Henahan, Sean. "Medical Uses for Tobacco." Access Excellence. Access Excellence @ The National Health Museum, 2012. Web. 1 Dec. 2012. http://www.accessexcellence.org/. Konstadinos Mattas, et al. "Public Support Toward Tobacco Control: Consumer Responsiveness and Policy Planning." American Journal Of Health Behavior 36.5 (2012): 666-680. EBSCOHost.

Perelman, Rich. "'No Safe Level of Secondhand Smoke'? That's Not What OSHA Says!" CigarCyclopedia. Corona Cigar, 26 Oct. 2010. Web. 2 Dec. 2012. http://www.cigarcyclopedia.com/ news-views/cigar-news/1937-qno-safe-level-of-secondhand-smokeq-thats-not-what-osha-says>. Rochel de Camargo, Kenneth. "How to Identify Science Being Bent: the Tobacco Industry's Fight to Deny Second-Hand Smoking Health Hazards as an Example." Social Science & Medicine 75.7 (2012): 1230-1235. EBSCOHost. Academic Search Complete. Web. 14 Oct. 2012.

Sharek, Zachariah, Robert E. Schoen, and George Loewenstein. "Bias in the Evaluation of Conflict of Interest Policies." Journal Of Law, Medicine & Ethics 40.2 (2012): 368-382. EBSCOHost. Academic Search Complete. Web. 14 Oct. 2012. Stanton A. Glantz, et al. "The P53 Tumour Suppressor Gene and the Tobacco Industry: Research,

Debate, and Conflict of Interest." Lancet 365.9458 (2005): 531-540. EBSCOHost. Academic Search Complete. Web. 12 Oct. 2012. Stuckler, David, Sanjay Basu, and Martin McKee. "Global Health Philanthropy and Institutional

Relationships: How Should Conflicts of Interest Be Addressed?." *Plos Medicine* 8.4 (2011): 1-10. EBSCOHost. Academic Search Complete. Web. 14 Oct. 2012.

Sullum, Jacob. "'No Safe Level of Secondhand Smoke'?" Reason.com. Reason Foundation, 28 June 2006. Web. 1 Dec. 2012. http://reason.com/blog/2006/06/28/no-safe-level-of-secondhand-sm

Acknowledgments

Academic Search Complete. Web. 14 Oct. 2012.

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