

A Qualitative Content Analysis of Cigarette Health Warning Labels in Australia, Canada, the United Kingdom, and the United States

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The legislation of health warning labels on cigarette packaging is a major focus for tobacco control internationally and is a key component of the World Health Organization's Framework Convention on Tobacco Control. This population-level intervention is broadly supported as a vital measure for warning people about the health consequences of smoking. However, some components of this approach warrant close critical inspection. Through a qualitative content analysis of the imagery used on health warning labels from 4 countries, we consider how this imagery depicts people that smoke. By critically analyzing this aspect of the visual culture of tobacco control, we argue that this imagery has the potential for unintended consequences, and obscures the social and embodied contexts in which smoking is experienced. (*Am J Public Health*. 2015;105:e61–e69. doi:10.2105/AJPH.2014.302362)

Visual imagery of the health effects of smoking has a long history in the context of antitobacco campaigns. Such images featured prominently in Victorian era antismoking literature,^{1,2} and visual representations of the deleterious effects of smoking on the body have been a continuous thread in modern-day tobacco control and public health iconography. The first warning labels mandated on cigarette packaging were text-based only, enacted in the United States a year after the 1964 Surgeon General's Report decisively linked smoking to cancer and other adverse health outcomes.³ In 1965, the US Federal Cigarette Labeling Act required cigarette cartons and packs to carry the warning, "Caution: cigarette smoking may be hazardous to your health."^{4(p13)} The addition of pictures to warning labels on tobacco packaging is a relatively recent phenomenon, legislated first in Canada in 2000.⁵ Following Canada's lead, many other countries have since followed suit, with text and picture-based warnings required in 63 countries worldwide as of 2012.⁶ The use of visual imagery (referred to specifically as "health warning labels") on tobacco packaging has been driven by the World Health Organization's Framework Convention on Tobacco Control and is based on the premise that "a picture says a thousand words."^{6(p1)} Article 11 sets out clear standards for health warning labels, which are expected to cover

"as much of the principal display areas as possible."^{7(p34)}

For tobacco control advocates, the impetus for visually based warning labels was clearly protection and empowerment against the tobacco industry's tactics—for children and youths, who were seen as particularly susceptible to "prosmoking" media imagery, and for consumers, who had been subject to industry "fraud" and misinformation about the health risks and consequences of smoking.^{5(p356)} However, although the ostensible purpose of the visual imagery used on health warning labels is to educate smokers about the effects of smoking, it draws some of its impetus from the assumption that the subjective emotional response the images may provoke will force smokers into "realizing the harm done to their bodies."^{8(p358)} In other words, the transition from text-based to visual warning labels reflects a growing awareness that the labels could be used not just to transmit information but to affect behavioral change. Indeed, health warning labels on cigarette packages are seen to be even more effective than traditional print and television campaigns because they "potentially reach smokers every time they purchase or consume tobacco products."^{7(p23)} The underlying assumption is that, in contrast to similar messages presented in other mediums, the warnings are unavoidable. From a public

health standpoint, a third goal of such labels is to facilitate tobacco denormalization by challenging the social and cultural acceptability of smoking, especially the glamorization of tobacco in media and popular visual culture.⁹ In this respect, the visual culture of tobacco control has been heavily influenced by the tobacco industry, and aims to use its strategies and practices against it.¹⁰

Numerous studies support the view that hard-hitting graphic labels are more effective than text-based warning labels in stimulating awareness of tobacco-related health risks and increasing motivation and intentions to quit smoking.^{8,11,12} Plain cigarette packaging is seen to be particularly effective in reducing the appeal of smoking and focusing attention on the image and text of the health warning labels.¹³ Australia's introduction of plain cigarette packaging requirements in December 2012 has generated considerable interest in such legislation. However, one limitation of the available research is that responses to cigarette packages are studied in a context in which the ordinary coordinates of smoking are absent, making effectiveness very difficult to judge.¹⁴

Critical approaches to health promotion challenge the assumption of a simplistic or unidirectional relationship between public health campaigns and their intended targets, in which audiences are passive recipients of health information. Contrary to a didactic model of health education and its emphasis on individual behavioral change, critical approaches recognize the structural context of smoking and the social, historical, and political circumstances in which antismoking messages are deployed. Thus, multiple readings and responses on the part of message recipients are inevitable. In the arena of smoking cessation, this includes the potential for negative responses, ranging from context dissonance¹⁵ to defiance or resistance.^{16–18} This recognition

challenges mainstream and top-down approaches in health promotion, which may assume that health-related behavior change is merely a matter of better education for at-risk individuals and groups (i.e., that programmers and policymakers just need to get the message right). These approaches also highlight the need for public health policies to move beyond an exclusive emphasis on questions of efficacy to consider the ethics of the strategies employed (i.e., even if they do work, at what cost?). Without careful consideration of the ethical implications and unintended consequences of such messaging, the “war against smoking” may instead become a counterproductive “war against smokers.”

Our analysis of health warning labels on cigarette packaging has been informed by previous research on the visual culture of public health, which suggests that health promotion and education campaigns are constitutive of deeply embedded cultural understandings of health, illness, and social relations of power.^{19–21} From this standpoint, it is useful to consider how health-related imagery presented as scientific and objective privileges particular ways of seeing and defining both the bodies and identities of those who are “healthy” and pathological bodies at risk for illness.^{22–24} As critical public health scholars suggest, health promotion campaigns not only reinforce a normative imagery of health but can also contribute to social exclusion, stigmatization, and dehumanization when graphic and confronting images designed to provoke disgust are used.^{16,25} These tendencies have been explored in the context of issues such as injury prevention and disability,^{26,27} HIV/AIDS,^{22,28,29} obesity,²⁵ and substance use, including alcohol³⁰ and smoking.^{31,32} For example, analyses of antitobacco messages for pregnant women³³ and campaigns directed toward adolescent girls³⁴ suggest that the former promote the notion of the “bad mother” and neglect smoking by fathers and other men, whereas the latter reinforce the idea that what is most valuable about women is their external, physical appearance.³⁵

We analyzed the visual culture of tobacco control as represented by cigarette health warning labels in the context of 4 countries, and interpreted what this reveals about smoking as a social identity and practice. Such labels provide openings through which to see the

“densely elaborated iconography”^{36(p107)} of tobacco control and how it conceptualizes smoking and people labeled as smokers. We contend that the currently used and proposed sets of health warning labels ground understandings of smoking and its effects in ways that obscure certain dimensions of the practice while foregrounding and prefiguring others. In particular, they frame smoking as an individual risk behavior, one entirely isolable from its social context. Our approach is critical of such framing, and cuts against both its emphasis on a biomedical imagery of the “diseased and dying” body and its diminishment of agency.⁹

METHODS

Although numerous countries have implemented health warning labels that include images, for the purpose of our analysis we chose to focus on Australia, Canada, the United Kingdom, and the United States. (An online inventory of health warning labels, including the specific images we reference, can be found at <http://www.tobaccolabels.ca>, a site operated by tobacco packaging expert David Hammond, University of Waterloo, Canada.)

Because of a legal challenge by the tobacco industry, the set of American labels we analyzed has not yet gone into effect, but we have chosen to include them in our analysis because they present the intended direction for cigarette packaging in the United States. As the Four-Country International Tobacco Control Survey evidences,¹¹ these countries are commonly used as a basis for comparing tobacco control legislation, in part because as industrialized democracies they are broadly politically similar but have different histories and intensities of legislation, as well as different stakeholders influencing antitobacco advocacy.³⁷ Focus on cigarette packaging labels (i.e., excluding the health warning labels for little cigars and other tobacco products) across the 4 countries produced 74 images for content analysis. Table 1 provides a summary and comparison of the status of legislation regarding the health warning labels within each country.

Content analysis is an umbrella term for a variety of approaches that share an interest in analyzing “mute evidence” (i.e., written texts,

images, and artifacts).³⁸ Although quantitative content analysis focuses on enumerating and determining the “objective” content of texts, qualitative content analysis consists of “a reflexive movement between concept development, sampling, data collection, data coding, data analysis, and interpretation.”^{39(p68)} The aim is to be systematic and analytic but not overly rigid; thus, although thematic categories may initially guide the study, others are expected to emerge through the analytic process, guided by constant discovery and comparison of relevant situations.

We conducted our qualitative content analysis in several steps. First, we uploaded the health warning labels from each country to a private online gallery, grouped according to their country of origin. All 3 authors separately viewed and analyzed each of the 74 warning labels, focusing on interpreting the manifest (the obvious or explicit meaning) and latent (the subtext or implicit meaning) content of the imagery and accompanying text. Each author completed an analysis table covering all of the labels, ensuring that we considered their style and format, their context within the set of labels, and how they compared with other national series. From our initial, independent written analyses and joint subsequent discussions emerged a set of 8 broad descriptive codes to cover the central themes we identified (Table 2).

RESULTS

There are commonalities between the labels in all 4 countries. All emphasize the debilitating impacts of smoking on the physical body (codes 1–4) and consistently use confronting, visceral imagery to make their case—although the text of the labels often plays an important role in grounding the meaning of the images themselves, as some are quite ambiguous without the accompanying text to help the viewer “read” them. Equally apparent is the negative focus of virtually all the labels—very few are positively framed or focus on the benefits of quitting. This is particularly evident in the Canadian warnings, which do not feature a single message of “hope” or “help” (code 8) as we defined it. Also missing to varying degrees in all of the sets of warning labels are explanations as to why people smoke beyond addiction (code 6), which is mentioned in 3 of the 4 sets of labels.

TABLE 1—Comparison of Picture-Based Health Warning Label (HWL) Legislation, by Country

Country	Legislation and Agency Authority	Year Picture-Based HWLs First Mandated	Year Picture-Based HWLs Significantly Changed or Updated	No. of Picture-Based HWLs Used on Cigarette Packaging
Australia	Competition and Consumer (Tobacco) Information Standard (F2012C00827); Department of Health and Ageing (2012)	2004—Consumer Product Information Standards (Tobacco) Regulations; came into force in 2006.	2011—increased size of HWLS; 2012—plain packaging introduced.	14 HWLs for cigarettes and smoked tobacco products.
Canada	Tobacco Products Labelling Regulations (Cigarettes and Little Cigars; SOR/2011-177); Health Canada (2011)	2000—HWLs first required by the Tobacco Act, Tobacco Products Information Regulations; implemented June 2001.	2011—updated set of images and increased-sized HWLs for tobacco and little cigars.	16 HWLs for cigarettes.
United Kingdom	The Tobacco Products Directive, European Commission of Member States (2003/641/EC); Department of Health (UK) (2003)	2007—Came into force in 2008.	2012—addition of 14 new HWLs; 2013—increased size of HWLs.	42 HWLs developed by the EC; 35 are used in the UK.
United States	Family Smoking Prevention and Tobacco Control Act, (Pub L 111-31, HR 1256); US Food and Drug Administration (FDA) (2009)	2009—However, the new set of 9 text and picture-based GWLs were finalized by the FDA in 2011.	Not applicable	Implementation of 9 picture warnings was mandated for September 2012; tobacco industry won a legal challenge that blocked this in August 2012; current status unknown.

Note. EC = European Commission; GWL = graphic warning label.

Despite these broad similarities, there were some notable differences. First, only the Australian and Canadian warnings feature depictions of named, identified smokers (code 4). Second, the proportion of the Australian labels focusing on “protection” (14%; code 5) is smaller than that of any of the other 3 countries; in contrast, one third of the proposed US set emphasize the harms of smoking to others. A third difference is evident in the varying strength of the claims that warning labels make across the countries. Australia employs unequivocal wording that denotes a causal relationship between smoking and ill health. Its labels speak in absolutes: “Smoking kills,” “Smoking causes blindness,” “Smoking causes throat cancer.” The Canadian labels are more ambiguous. They include statements such as “Smoking leads to premature death,” “Smoking may increase your risk of blindness,” “Second-hand smoke . . . can harm an unborn baby.” Fourth, although images of White, middle-aged smokers dominate all of the labels, the US and Canadian warnings are more ethnically diverse than the Australian or British ones. This is

particularly noticeable in the US images, at least a third of which feature people of color. Further, although for the most part men’s and women’s bodies are treated interchangeably to convey the generic effects of smoking on the human body, the explicitly sexed and gendered health effects of smoking (code 7) on the body feature more prominently in the UK labels.

In light of these differences and similarities across the 4 national contexts, there are 4 key themes arising from the descriptive coding that we considered in depth: (1) how the cigarette warning labels represent the idea of the body (i.e., as a social entity, or object of medical and public scrutiny), (2) what they may communicate about the identities of people who smoke and their reasons for doing so, (3) how their depiction of the need to protect others from the effects of tobacco may be read as gendered, and (4) how they position the issue of addiction as a health and social problem.

The Body

The effects of smoking on the physical body are the overwhelming focus of the warning

labels, constituting more than half (52%) of all 74 labels. Moreover, all sets of labels include confronting images that are clearly intended to elicit strong feelings of disgust and revulsion. The Australian and UK labels, in particular, use a technique of drawing attention to the interiority of the body, such as the macula of the eye, the intricate networks inside the lungs (Figure A, available as a supplement to the online version of this article at <http://www.ajph.org>), and the womb, to communicate and disclose the unseen impacts of smoking. For example, an Australian label features an image of a blue eye held open by specula as it is prepared for surgery (code 1; see Figure B, available as a supplement to the online version of this article at <http://www.ajph.org>). Such labels invite the tobacco user to reflect upon unseen aspects of the body as it experiences smoking, in this case the danger of impending blindness. Bringing damaged, unseen regions of the body into focus via visceral and full-color images aims to force the tobacco user to attend not only to damage that might already be sustained through smoking, but to foreground

TABLE 2—Codes of Cigarette Warning Labels, by Country

Descriptive Codes	Australia, No.	Canada, No.	United Kingdom, No.	United States, No.	Row Totals, No. (%)
Code 1: attached or disembodied (the disembodied body part affected by disease but connected to a body; includes interiors of living bodies—e.g., X-ray)	5	2	6	1	14 (19)
Code 2: detached or disembodied (the disembodied or diseased body part removed postmortem; includes bodily output—e.g., blood, urine)	3	2	1	1	7 (9)
Code 3: depersonalized or embodied (the unnamed but embodied smokers whose bodily deterioration and death is shown; includes partial face views)	0	2	7	2	11 (15)
Code 4: personalized or embodied (the personalized and identified or “named” smoker whose story we learn)	3	4	0	0	7 (9)
Code 5: protection (the effects of smoking on innocents, especially babies, children, and fetus; includes ultrasound imagery)	2	4	6	3	15 (20)
Code 6: addiction (an emphasis on addiction itself as a disease and a problem)	0	1	3	1	5 (7)
Code 7: sex and gender (the sexed or gendered effects of smoking; reproductive health; feminine appearance)	0	1	9	0	10 (14)
Code 8: hope and help (cessation help from medical professionals; attempts at empowerment regarding quitting)	1	0	3	1	5 (7)
Column totals	14	16	35	9	74 (100)

the ways in which the physical body continues to suffer as a result of the habit.

Another technique, used particularly in the Australian and Canadian health warning labels, adds temporality and a particular notion of the body's future to this conception of the body. For example, in one Canadian label, a damaged heart is depicted, after extraction, from the body of a person who has died from smoking (code 2). The label insists that people who smoke consider not only what is currently happening inside their bodies but also their inevitable future: disfigurement, serious ill health, and untimely death. In doing so, it attempts to foreground a view of the body strongly at odds with how it is habitually experienced in everyday life—by asking a person who smokes to contemplate the body as it ticks down to death.

Also included in code 2 are depictions of bodily outputs that make visible the impacts of smoking. An image used in both Australia and Canada shows blood pooling in a toilet bowl after it has been expelled in urine from the body of a person who smokes, which, as the text on this warning label spells out, is intended to represent evidence of bladder cancer (Figure 1). Whereas expert medical imagery reveals unseen illness (such as lung cancer and fetal damage) resulting from smoking, the person who smokes can access this kind of evidence when it is expelled from the body. However, there remains the split between the body that smokes as part of the routine of ordinary everyday life and the physical body that bears the evidence of practice in its bloody expulsions.

A final technique is deployed to demonstrate what will happen if the tobacco user does not

reconcile the everyday body that enjoys smoking with the physical body damaged by the practice (code 3). In these warnings, particularly well used by the proposed US labels, the (anonymous) person who smokes is shown in the final throes of smoking-related illness. Here, the physical and medicalized body emerges in the foreground. Smokers on the brink of death are shown to be slaves to their physical bodies, as the futures predicted for this body come, hideously and painfully, to pass.

Although labels make use of these conceptions of the body to differing degrees, the overriding message remains constant: the “everyday” social body that enjoys smoking is shadowed by the “real” physical body that bears the cost of such activity and suffers its inevitable consequences. People who smoke are invited to attend to its importance, and are shown the severe consequences of declining the invitation. As a feature of tobacco control imagery that both predates and extends beyond the cigarette warning labels, a primary function of the graphic, medical imagery is to “open up” the bodies of smokers and render them transparent, making the previously invisible visible and raising the smoker's self-awareness of the damage they are doing to their bodies.³² As Van Dijk^{40(p. x)} argues, “Medical images of the interior body have come to dominate our understanding and experience of health and illness at the same time and by the same means as they promote their own primacy.” The apparently objective and nonrhetorical nature of images is key to their effectiveness. According to Dumit,^{41(p. 173)} technologies of visualization are seen to “cut through” rhetoric to tell the “truth of a subject,” with the image ostensibly speaking for itself—although experts are invariably required to help us interpret what we are seeing.

Identities

Although most labels feature fragmented or anonymous bodies, several foreground identity through images and text that serve to “bring to life” and personalize smoking and its health effects. Put another way, these warnings reference the subjectivities of tobacco users as whole persons rather than an objectified body, although these people are imbued with very little agency or identity beyond their tobacco

use or status as a smoker. To this end, the Canadian labels use first-person quotes from a person who smokes, and the Australian labels tell similar stories in the third person. Representing the reality and real-life stories of people who are suffering and dying as a result of their smoking is intended to connect emotionally with viewers and motivate them to quit (i.e., “It happened to me, it can happen to you”).

The labels grouped under the code for “identity” (code 4) show men (Bryan, John, and Leroy) and women (Barb, Cinthia, and Lena) who have experienced tobacco-related illness and death. All of these people appear to be ethnically White, and the captions explain that the age at which they experienced morbidity and mortality from smoking was relatively young. The images and text depict their reduced quality of life and lives cut short from cancer, stroke, and emphysema (Figure 2). For example, 2 almost identical images show a bald, emaciated person dying or almost dead to show “what dying of lung cancer looks like” (Barb, Canada) and “what happens to you when you smoke” (Bryan, Australia). Another common image is that of a person with an opening in the neck for a tracheostomy tube (Leroy, Canada; John, Australia), illustrating for viewers how their basic everyday functioning will be seriously diminished should they continue to smoke (see Figure C, available as a supplement to the online version of this article at <http://www.ajph.org>). Not unlike the diseased organ detached from the body, these images suggest a view of smoking that is delinked from the everyday context in which it takes place, as well as other important aspects of tobacco users' lives (especially poverty and disadvantage) that may be critical to understanding why they smoke are not seen.^{9,42}



Source. Health Canada, Government of Canada

FIGURE 1—“Cigarettes cause bladder cancer”: cigarette warning label, Canada, 2011.



Source. Health Canada, Government of Canada.

FIGURE 2—“Just breathing is torture”: cigarette warning label, Canada, 2011.

Although identity as a smoker was the primary attribute emphasized in the labels, a thread running to varying degrees throughout 3 of the 4 countries was the importance of sexual function and gender identity. The code for sex and gender (code 7) was applied almost exclusively in the context of the warnings from the United Kingdom, although 1 Canadian label is also included in this category. Several UK labels are explicitly directed to men who smoke, and focus primarily on the effects of smoking on sperm and erectile function. For example, in 1 UK label, a drooping cigarette signifies an impotent penis, a well-known visual trope in tobacco control campaigns.⁴³

By contrast, images oriented to women use imperatives regarding appearance as a smoking deterrent; by using images of women and girls, they present concerns about appearance damage (i.e., facial wrinkles) resulting from smoking as a feminine characteristic. Although not all of the 4 images addressing wrinkled facial skin show actual women (one shows a wrinkled apple and another depicts ambiguously gendered hands), images and messages that smoking “makes you ugly” or “spoils your looks” have historically been purposefully directed toward women and girls.^{34,35} This speaks to the ethical challenges that targeted public health messages raise. As Kass observes, although targeted messaging may often be justified on public health grounds, “social harms result if social stereotypes are created or perpetuated.”^{44(p1780)}

Protection

The labels grouped under the code for protection (code 5), which are dispersed across all 4 contexts, comprise 20% (15 labels) of the sample. Most warnings in this category focus on the harms of smoking to fetuses, infants, and children. Images range from a baby in utero (United Kingdom)—referencing harms to an unborn child—to infants who appear to be in neonatal intensive care, presumably premature or otherwise ill through exposure to smoking in the womb (Australia, United Kingdom, United States; see Figure D, available as a supplement to the online version of this article at <http://www.ajph.org>). The key exception is an image from the proposed US labels, which shows an adult woman crying, as she has presumably experienced the health effects of

secondhand smoke or the loss of a loved one to tobacco-related disease.

The labels from Canada employ a slightly different motif. The first shows a masculine hand, holding a lit cigarette, trying to embrace an exposed pregnant stomach, while the woman pushes the hand away (Figure E, available as a supplement to the online version of this article at <http://www.ajph.org>). Another label shows an empty crib to symbolize the infant deceased from sudden infant death syndrome (SIDS). Other labels show older children being exposed to secondhand tobacco smoke in homes or in cars, and children wearing a nebulizer face mask—used to treat pediatric respiratory conditions such as asthma (Figure F, available as a supplement to the online version of this article at <http://www.ajph.org>).

The subtext of the labels grouped under code 5 suggests that protecting a fetus in utero or a baby or child from exposure to tobacco smoke is a woman’s or mother’s responsibility. Indeed, although it is not explicitly stated, because responsibility for infant and child health is still often assumed to be “women’s work,” the subtext of these warnings is that the messages are targeted toward women and mothers. Extending beyond tobacco control, this “think of the children” appeal is a key motif in public health,⁴⁵ and health promotion campaigns have long appealed to maternal guilt and the gendered archetype of the “good mother.”^{33,46,47}

Addiction

Another theme within the labels is tobacco addiction (code 6). The 5 labels that address addiction are from Canada ($n = 1$), the United States ($n = 1$), and the United Kingdom ($n = 3$). The UK labels, in particular, use explicit imagery and text presenting people who smoke as hopelessly victimized by tobacco dependence. This is shown by a hospital patient unable to quit (a wheelchair-bound man who smokes, intravenous tube in arm), a person imprisoned in a jail where the bars are shown as cigarettes, and a cigarette within a syringe, with the subtext that tobacco is as addictive as heroin.

Representations of addiction in the labels are inextricably linked to how the bodies and identities of people who smoke are portrayed. All the viewer knows is that these are people

severely affected by their cigarette addiction. In this sense, “addict” is their “master status” and an all-encompassing, stigmatized identity.⁴⁸ As we have suggested, mostly the identities of those who are addicted to cigarettes are not as important as the presence of addiction itself, and viewers are offered little information about the social context in which smoking takes place. This is particularly evident in a Canadian label that shows a mother and daughter who smoke. Although they are presumably experiencing poverty (as denoted by the “scratch it” lottery tickets and their appearance and clothing), their socioeconomic status is rendered irrelevant. Thus, the caption tells us that “Cigarette addiction affects generations,” as opposed to the more accurate message that tobacco addiction is linked to gender and poverty. When smoking is depicted as a generational (and perhaps even genetic) predisposition to nicotine addiction, this precludes an understanding of why smoking becomes entrenched in the lives of socioeconomically disadvantaged families. As Frohlich et al.⁴⁹ have argued, the effect of this discourse of generational smoking for marginalized groups is to attribute blame to a “flawed biology” that makes people susceptible to smoking, reinforcing a rationale for individual and behavioral interventions, as opposed to a structural approach that considers the complex relationship between smoking, social class, and health inequity.

In contrast to confrontational or negative depictions of addiction and its consequences are the labels intended to inspire hope for quitting (code 8). This is seen in 3 labels from the United Kingdom, 1 from Australia, and 1 of the US proposed images (Figures G and H, available as a supplement to the online version of this article at <http://www.ajph.org>). Although generally positive, the messages used to promote hope or help to quit smoking are somewhat vague and do not provide specific information as to how people can be successful at quitting. As Room⁵⁰ notes, this view of addiction evokes the classic symbolism of the “monkey on the back,” where the need for the drug arising out of the fear of going into withdrawal is presented as all that needs to be known to understand addiction and how to treat it. On the Canadian packages, under the main text of the health message are the

statements “Need help to quit?” and “You can quit. We can help,” accompanied by the toll-free number for referral to a local telephone quitline and a link to the federal government’s cessation Web site. Likewise, on the Australian packaging are positive motivational captions such as “You CAN quit smoking” and “Thinking of quitting?” or statements that help or advice on quitting should be sought from a doctor or pharmacist. As in Canada, a link to the national quitline and cessation Web site is provided. (The UK labels have no referral information listed. While the US labels have yet to be implemented, the last version had the toll-free quitline number prominently displayed. Although the Canadian labels do not contain any messages of hope, all packets contain inserts that provide information on quitting smoking.)

DISCUSSION

Through our analysis of health warning labels across the context of 4 countries, we provide a starting point for thinking about the ways tobacco control currently conceptualizes smoking and people who smoke and the potential implications of these messages. We posit that the labels are not mute objects but can be understood more in the vein of non-human actors⁵¹ insofar as they articulate and actively cultivate certain kinds of sentiments toward smoking and smokers. In other words, the labels are active sociopolitical objects that enmesh viewers in their force and pull. Yet we emphasize the potential implications of this imagery, to the extent that our critical social science approach represents a very specific analytical frame, and that multiple interpretations on the part of viewers and audiences are possible.

Our aim is not to undermine empirical work exploring the efficacy of health warning labels and efforts to ensure that such labels clearly communicate the harms of smoking. There is obviously a place for graphic warning labels in helping to transmit public health messages; we are not advocating “an effete sensibility in which even the least whiff of social disapproval of a behavior is seen as coercive or stigmatizing.”^{52(p475)} But although a picture may be worth a thousand words, it is important that they are not the wrong ones. By raising

concerns about the types of images and text that dominate cigarette warning labels, a critical social science approach assists in analyzing how tobacco control efforts may require modification or tailoring, if they aim to reduce the incidence and prevalence of smoking without playing on and reinforcing simplistic and stereotypical views of smoking and people who smoke. As Castel has noted, “The iatrogenic aspects of prevention are always operative even when it is consumption of such ‘suspect’ products as alcohol or tobacco which is under attack.”^{53(p298)}

Moving beyond the notion of “critique for critique’s sake,” a tendency to which critical social scientists within health promotion may be particularly vulnerable, our analysis suggests some important considerations for tobacco control interventions. First, it is readily apparent that the labels depict a narrow view of both smokers and smoking. They reproduce a visual narrative in which smoking is reduced to the damage cigarettes cause to the bodies of the people who smoke (and the bodies of those around them). This emphasis on death and debility implies that people who smoke are largely unaware of the health impacts of smoking, or ignore them out of a misplaced sense of invulnerability. However, social science research suggests that people who smoke resist this attempt to assert an undeniable future of death and debility and the ways it privileges health over other dimensions of the habit.^{16,32,54,55} Understanding the health effects of smoking is not usually sufficient reason to cause anyone to quit or resist starting in the first place.⁵⁴ Thus, although the assumption that “fear works” and “more fear works better” is the backbone of many health promotion campaigns, such tactics can be counterproductive.⁵⁶

Lupton²⁵ has argued that the confronting, graphic imagery and visual “shock tactics” seen within contemporary public health campaigns for smoking and obesity prevention employ a “pedagogy of disgust” that is morally, ethically, and politically problematic. Campaigns that sanction negativity and prejudice toward those who engage in practices often viewed as disgusting and unhealthy may serve to objectify and dehumanize, and to increase the stigma experienced by individuals and groups (i.e., people who smoke or who are obese) who are already the targets of ridicule or exclusion.

In this light, the simplistic argument offered in defense of disgust- and shock-based public health campaigns that the “ends always justify the means” is ethically insufficient as it elides issues of victim blame and social justice.^{25(p6-7)}

Second, none of the labels address the reasons why people might smoke other than addiction. Although people who smoke emphasize what they perceive as the immediate benefits of smoking in their day-to-day lives in terms of pleasure, stress reduction, social connection, and relationships, and they may feel there are important aspects of their identities that are constituted in part by their smoking, these dimensions of the practice are invisible in tobacco control imagery.⁵⁷ Instead, smoking is reduced only to an irrational and compulsive act. However, because the difficulty of quitting is intimately entwined with precisely these “positive” aspects of smoking, the resulting narrative of addiction, compulsion, and irrationality is likely to ring false to people who smoke.^{32,58}

Third, the labels play on gendered stereotypes to encourage people to quit smoking. The underlying message, especially in the British labels, seems to be that what is important about cessation for women is preserving their external appearance rather than health and well-being, and that what is important for men is preserving masculine “potency.”^{34,35} Moreover, the almost universal message that women are the primary guardians of child health, in or ex utero, reinforces stereotypes about the intrinsically gendered nature of parental responsibility. It also contradicts recent gender research in tobacco control that suggests that a fetal-centric approach is an ineffective strategy for reaching pregnant women⁵⁹ and contributes to a broader gender bias in health promotion by entrenching women’s roles as reproductive “vessels” and mothers.⁴⁵

Our analysis of the main depictions of the smoker and smoking within the context of cigarette warning labels concurs with previous work from critical social science and health researchers, who have argued that tobacco control needs to be reoriented toward a consideration of how social and cultural contexts influence smoking behaviors beyond an addiction framework (i.e., to understand smoking as a social identity and an everyday bodily practice). This movement toward

understanding smoking as something more than an individual-level health behavior has been in part motivated by the evidence of its deepening socioeconomic gradient in industrialized democracies such as Australia, Canada, the United Kingdom, and the United States, where those who are disadvantaged are more likely to smoke and to face greater obstacles to cessation.

For these reasons, critical health promotion researchers—and, indeed, voices from within mainstream tobacco control—are increasingly adamant about the need to consider the differential effects of tobacco control interventions on people who smoke (who may also be marginalized or structurally excluded) and to reframe tobacco prevention as a social justice issue.^{60–63} As Nathanson suggests, structural hierarchies of gender, race, and class are critical to “whose voices are heard” in public health policymaking, and also to how groups are represented in the campaigns that result from such policies.^{37(p223)} Therefore, for the so-called harder-to-reach, vulnerable groups, the blanket approach of stronger, increasingly graphic labels neglects how smoking is tied to the social determinants of health and has become a highly visible marker of social inequalities. Messages that position smoking as an individual-level addiction, habit, or choice can have the unintended consequence of contributing to the social marginalization of people who smoke, further entrenching tobacco use in the lives of persons who find themselves without the resources to pursue cessation and healthy lifestyles.^{42,49} Although we have no clear answers regarding what the labels should look like, Burris’s advice seems a good place to start. In his words, ethical practitioners should watch “for any sign that people who smoke are becoming a pariah group, are being stereotyped, are suffering status loss, or are beginning to shamefully punish themselves. The practitioner is particularly careful of the risk that public health efforts will add fuel to existing stigmas of, for example, minority group or class.”^{52(p475)} Once these issues are foregrounded, improved health warning labels will surely follow. ■

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Contributors

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