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## 8 Cigarette-Packaging Legislation in Canada and the Smoking Subject

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In 2000, Canada became the first country in the world to legislate graphic warning labels on cigarette packets. This represented a key turning point in cigarette packaging legislation because it explicitly recognized the potential of graphic warning labels to reduce cigarette consumption, as well as presenting factual information about the health effects of smoking (Health Canada 2000). In other words, warning labels were now conceptualized as an *intervention* into smoking – one seen to provide universal and repeated exposure to anti-smoking messages.

In 2012 the legislation was updated to significantly increase the size and intensity of the warnings, which now featured a series of highly confronting images: a needle skewering an eyeball; an open mouth revealing a tongue covered in revolting white growths; a man grimly displaying the stoma from his tracheotomy; a bald, emaciated woman on her death bed. In 2019 the legislation was updated again, with Canada following Australia's lead in implementing plain packaging legislation. As of November 2019, cigarette packets have been stripped of industry branding and are now a uniform brown colour, based on the assumption that this will reduce the

attractiveness and appeal of tobacco products by removing distinctive features and increasing the prominence of the warning labels (Health Canada 2019a).

Although a primary goal of plain packaging initiatives is preventing the uptake of smoking (see Chapman and Freeman 2014; Health Canada 2019), a secondary target is current smokers themselves. The assumption underpinning this legislation is that “unbranded cigarette packets reduce the appeal of smoking, increase the salience of health warnings and correct misperceptions about the harms of tobacco use, thereby decreasing the number of young people who start smoking and increasing the number of people who quit” (Bell et al. 2015, 137).

Reducing the prevalence of smoking is central to the logic of graphic warning labels, based on the assumption that the labels provide a forceful reminder of its dangers. According to Fong (2001, 2), “An individual who smokes one pack per day, for example, is potentially exposed to the health warning 7300 times in a single year.”

As such legislation suggests, the cigarette packet is considered to be a powerful vehicle through which the tobacco industry seduces the public into a dangerous addiction; thus, the legislation’s aim of plain packaging policies is to *disrupt* and *redirect* the power of the branded packet to serve public health rather than industry ends (Bell et al. 2015). Such views draw on a long-standing narrative about the power of marketing and advertising – a narrative that we take very much for granted today. However, Cronin (2004, 3) suggests that many of the claims made about advertising say as much about its importance as a trope for “rehearsing understandings of the social and social relations” as they do about the effects of advertising itself. Her key assertion is that such claims operate “as a form of currency that constitutes the social order in discursive, material and economic ways” (ibid).

These insights form my starting point for this chapter, which explores the ways in which cigarette packaging has been conceptualized in tobacco control – a public health field of research, policy, and practice that aims to reduce the morbidity and mortality associated with tobacco use and its attendant burden on the health care system. Although I don't dispute the potential agency of branded cigarette packets, the claims that circulate about packaging in tobacco control and industry accounts tell us as much about how the social is understood – and thereby constituted – as they do about packaging itself. This is my interest in what follows: to consider what research and policy directions in cigarette packaging reveal about how smokers are legislatively imagined in public health and their material effects on how smoking is conceptualized and intervened into.

The general disposition of the chapter is storytelling rather than theorizing, although my orientation is broadly poststructuralist and informed by a critically engaged interest in dominant public health discourses on cigarette packaging. However, instead of treating these discourses as the end of the story (as some styles of discourse analysis are wont to do), I treat them as the beginning – by empirically investigating the ways that smokers have responded to these representations. Drawing on in-situ interviews with sixty people smoking in public spaces in Vancouver between 2013 and 2015, I discuss smokers' engagements with packages on their own terms, decoupled from the promotionist and cessationist agendas that have hitherto dominated research into this topic (see Haines-Saah and Bell 2016 for further details). By juxtaposing conceptions of cigarette packaging in tobacco control accounts with smokers' own narratives, I aim to illustrate the limitations of the ways in which the “smoking subject” has been constituted in public health and the need for a more critically engaged social science perspective on this topic.

# The Logic of Cigarette Packaging Legislation

Several core assumptions underpin contemporary cigarette-packaging legislation as it has been promoted by the World Health Organization's (WHO) Framework Convention on Tobacco Control and enacted in Canada and elsewhere. First, the legislation assumes that smokers are not fully cognizant of the health effects of smoking and that informing them of these effects will encourage them to cease the habit. To quote the WHO report *Warning about the Dangers of Tobacco* (WHO 2011, 18), "Despite clear evidence about the dangers of tobacco use, many tobacco users worldwide underestimate the full extent of the risk to themselves and others." The underlying message is that education about the dangers of smoking will cause smokers to consciously *choose* not to partake.

Macnaughton, Carro-Ripalda, and Russell (2012, 458) have characterized this as the "rational agent" view, which assumes that smokers "need only be presented with the facts to respond appropriately." The figure of the rational, autonomous subject who reasons and makes choices is hardly unique to tobacco control. With us since the European Enlightenment, it today lies at the very heart of health care and public health (Mol 2008). Its influence is also evident in the concept of "health behaviour" and the various theories that have emerged to describe how behaviour change occurs (e.g., the "health belief" model, the "stages of change" model), which generally emphasize the cognitive and processing capacities of the individual (see Bell 2017).

Although the "rational human" model clearly underpins cigarette-packaging initiatives, Alemanno (2012) argues that such legislation relies to an even greater extent on "nudging" strategies, suggesting that this shift in emphasis has been a broader feature of recent directions in tobacco control policy. The concept of "nudging" was first systematically outlined by Thaler and

Sunstein (2008). With its roots in the disciplines of psychology, behavioural economics, and marketing, nudging is based on the premise that environment largely dictates our behaviour, so people will make better decisions if their environments are rearranged to facilitate positive behaviour change. In essence, nudging shifts the focus away from a purely rational actor and posits, instead, an individual who makes imperfect choices based on a tension between short-term pleasure and long-term goals (Burgess 2012).

Macnaughton, Carro-Ripalda, and Russell (2012) describe this as the “non-agent” view of smokers, which understands them as “Pavlovian automatons” who are manipulated by the tobacco industry into enslavement by an addictive drug. Although the “rational agent” and “Pavlovian automaton” frameworks seem somewhat at odds, equally part of the Enlightenment vision is the assumption that humans are intellectually imperfect and subject to “tidal currents of passion and interest” that flow against, and distort operation of, their rational faculties (Shapin 2010, 48–9). Cigarette packaging legislation therefore aims to target both the “free, responsible, autonomous subject, capable of making the right choice insofar as she received the correct information” (Alemanno 2012, 38) and her emotional and impulse-driven self, who is swayed by environmental and affective cues.

In this framework, where smoking is positioned as an individual-level “health behaviour” that results from lifestyle choices and environmental cues, the social context and meaning of smoking become largely irrelevant (Frohlich et al. 2012; Haines et al. 2010; Poland et al. 2006). Thus, a linear, causal narrative about problem/solution and pathology/treatment can be established: that people smoke because they are addicted and can’t stop; that they lack an awareness of the health consequences of smoking; and that they are deficient in the self-control or self-efficacy necessary to resist peer pressure and/or manipulation by the tobacco industry

(Mair and Kierans 2007). Decreasing their ignorance via information and increasing their self-control via environmental cues that discourage smoking and encourage cessation therefore becomes the answer to reducing the incidence and prevalence of smoking. Viewed in this light, cigarette-packaging legislation becomes a model intervention. To quote Hammond (2011, 335), “In many ways, health warnings on tobacco packages are an ideal population-level intervention: they have broad reach, they cost little to implement and are sustainable over time.”

## The Evidence Base

The earliest research on cigarette packaging was conducted by the tobacco industry itself. As industry documents attest, the packet formed an intensive – and highly fetishized – feature of research throughout the twentieth century. A central impetus for such studies was the concept of “sensation transference” developed by the marketing pioneer and clinical psychologist Louis Cheskin, who was responsible for the iconic Marlboro Man. According to Cheskin, this effect occurred when “the auratic effects of the branded package are translated into innate qualities of the product” (quoted in Pottage 2013, 544). Thus, an extraordinary amount of attention was placed on the visual features of the cigarette packet, from its font to its colour and design motifs.

The industry’s assumptions regarding the ways that pack design dictated smokers’ responses to its content largely set the terms for subsequent health research into cigarette packaging. Indeed, today most public health researchers operate according to the same premise as the tobacco industry: that packaging *does* have an impact on smoking – a view that reaches its epitome in plain packaging initiatives. Questions therefore relate primarily to what degree it produces these effects and how they might be strengthened in the desired direction. In some

respects, this very narrow gaze reflects the applied and instrumental turn in health research highlighted in this book's introductory chapter. However, it also relates to the specificities of tobacco research itself and concerns about the potential for industry appropriation, which increasingly dictate the ways that researchers engage with this topic.

Mair and Kierans (2007) have highlighted the growing alignment between tobacco research and tobacco control, noting that tobacco research is now expected to further the goals of tobacco control, with tobacco research "proper" defined by its commitment to ending the global tobacco "epidemic." As they point out, although this view of tobacco research stems from a desire to differentiate industry-funded and non-industry-funded research, defining legitimate tobacco research by its commitment to tobacco control renders it purely instrumental in function. In this respect, tobacco control research has, ironically, begun to mirror tobacco industry research.

The most influential tobacco control research is unquestionably the ongoing prospective cohort studies produced by the International Tobacco Control Policy Evaluation Project, which is headquartered in Canada. A product of the growing push for "evidence-based policy" (see Smith 2013), this project aims to evaluate the "psychosocial and behavioural impact of key national-level policies of the WHO Framework Convention on Tobacco Control" (<http://www.itcproject.org/about>) in order to facilitate its expanded implementation. It currently produces annual, nationally representative cohort surveys in more than twenty-five countries, although the evidence it has produced on the effectiveness of cigarette warning labels comes primarily from the International Tobacco Control Four Country Survey, which includes Canada, Australia, the United States, and the United Kingdom. Via comparisons between these countries,

the research team has concluded that warnings that are graphic, larger, and stronger in content are more effective than small text-based labels (e.g., Borland et al. 2009; Hammond et al. 2007).

In the studies, “effectiveness” is measured in three ways: warning salience, that is, reading and noticing warnings; cognitive responses, or thoughts of harm and quitting; and behavioural responses, such as forgoing cigarettes, avoiding the warnings, and the like. Although quitting is an outcome of interest, the other measures are treated as proxies for changes in “smoking behaviour.” In essence, the “elements” that constitute quitting are parsed into a series of discrete “variables” (noticing warning labels, thinking about quitting, responding strongly to labels, avoiding them, and so on) that are understood to be individually – and sequentially – linked to the desired outcome: quitting itself. These measures thus fundamentally rely on the rational agent and non-agent paradigms outlined above to make sense as meaningful “predictors” of behavioural change.

## **Challenging the Logic of Cigarette Packaging Legislation**

The core assumptions that currently drive research on cigarette packaging are difficult to reconcile with research findings that step outside of this methodological and epistemological frame. As I have outlined elsewhere, the majority of people I interviewed in Vancouver insisted that such messages had no impact on their smoking (Haines-Saah and Bell 2016). The almost universal refrain was that the warning labels were not “telling me anything I don’t already know.” Although my research was conducted prior to the implementation of plain packaging legislation in Canada, exactly the same sorts of claims were made by smokers participating in the

study at sites in Australia, the United States, and the United Kingdom, despite the marked differences in legislation between the four countries – from plain packaging in Australia to small textual labels in the United States<sup>1</sup> (Bell et al. 2015).

By highlighting this disjuncture, my aim isn't to adjudicate the truth of these claims but to illustrate the vast distance between the ways smokers often talk about cigarette packaging and its conceptualization in tobacco control research and policy. In essence, what we see are two radically different discourses on packaging that are largely incommensurable – something continuously borne out in the stories of smokers I encountered.

I met Jim in the fall of 2013 in Vancouver's central business district. A white fifty-six-year-old manager, Jim indicated that he smoked about three quarters of a pack a day and that he had been doing so for at least twenty years, "factoring in all the times I have quit and restarted." Like most people I interviewed, Jim couldn't identify the warning label on the packet of cigarettes he was currently smoking; he also struggled to recall any of the other labels, discussing one that is no longer in circulation (on impotence) and only two that are.

Specifically highlighting "the one with the woman skeleton", he volunteered that he knew people who transferred their cigarettes to another container when they got a packet bearing this label. When I queried him further, he clarified that *he* didn't do this but that "I know women who do because they find it terrifying." This led to a discussion of the potential impact of the labels, which Jim immediately disavowed: "no one ever expressed that they quit because of the labels." He continued: "they do make me think about considering quitting sometimes, but that's different from *actually* quitting." We both laughed at this observation, which he repeated for comedic effect: "yeah, they make me think about *considering* quitting."

Recall that in the International Tobacco Control Survey, thoughts of harm and quitting and avoiding the warning labels are both treated as measures of effectiveness.<sup>2</sup> But, for Jim, the notion that *thinking* about quitting actually *leads to* quitting was laughably simplistic – a view that makes sense in light of his lengthy history of relinquishing and restarting the habit. Quitting smoking, as Jim well knew, is not so easy. Likewise, he challenged the notion that avoiding the warnings was evidence of their effectiveness: if they bothered smokers that much, they merely transferred their cigarettes to another pack.

Bill, a sixty-year-old white smoker and out-of-work machinist, equally challenged the equation between avoidance and “impact.” I met Bill in the fall of 2013 outside a YMCA where he was taking a break from his “how to look for work” class. Chatty and somewhat flirtatious, Bill informed me that he started smoking at the age of fifteen and had a pack-a-day habit – for the past five years he had mostly rolled his own cigarettes to try and save money. These he kept in a fake-crocodile-skin black case, which he handed to me for my perusal.

Bill characterized the images on the warning labels as “ugly” and “gross.” “It’s like looking at the blood-and-guts thing on NC[IS]-CSI.” In his view, the labels showed “worst-case scenarios” and were an “exaggeration,” although he was up-front in stating that he tried to avoid looking at them when purchasing loose tobacco or premade cigarettes. “We choose not to think about that [the health consequences of smoking],” Bill admitted.

In response to Bill’s comments about avoiding the packs I asked him if he thought they therefore had an impact on his smoking. Evidently surprised by the suggestion, Bill immediately refuted it, leading to the following exchange:

*Bill:* Not at all. Not on *me*. But I already smoked.

*KB:* Right.

*Bill:* But I can see the point, when you show it to the kids that don’t smoke.

*KB:* Right.

*Bill:* That's where it would have an effect.

*KB:* So you're basically say—

*Bill:* That's where it's of value.

*KB:* Right. So you're saying that you don't think the packets are aimed at smokers  
— people who are currently smoking? It's specifically aimed  
at —

*Bill:* — people who are about to start, like teenagers.

Contra the assumptions underpinning the International Tobacco Control Survey about the meaning of avoiding the warnings, Bill didn't see this as evidence that they were having an "impact" on smokers — quite the opposite. For Bill, the only group for whom the legislation might have any sort of effect was not-yet-smokers; he treated this as a kind of self-evident fact.

## **Non-smokers and Cigarette-Packaging Legislation**

Many people I spoke with echoed Bill's assertion that the graphic warning labels weren't really aimed at them but at young people who hadn't started smoking yet. For example, in May of 2014 I interviewed Joe and Anna at a gazebo at a local college. One of only two designated smoking areas on campus, the gazebo had been created at the behest of the student union to protect smokers from inclement weather, and many friendships had been forged at the site, including Joe and Anna's. Joe was twenty-six, Korean born, and a psychology major; Anna was nineteen, majoring in criminology, and was born in the Philippines. Unlike Joe, who had been a pack-a-day smoker for seven or eight years, Anna informed me that over the past year she had transitioned from social to "regular" smoking. Although I was initially talking to Joe, it soon

became a three-way conversation, with Anna often speaking up to counter or add to Joe's statements.

Like Bill, Joe characterized the warning labels as "extreme" and "exaggerated." He indicated that he didn't like the "moral crap" they contained, pointing specifically to the warnings about not smoking around children. He continued that he didn't like the ways the warning labels ended up "lecturing adults" – for Joe the government was "trying to destroy choice." Joe observed that "I already deal with enough shit for my smoking!" However, Anna interjected at this point, insisting that "the packaging is not directed to us." For her, it was really about the "anti-smoking lobby" and "pro-health people" trying to advocate their stance. Their target was therefore "not people who smoke, but people who don't."

In response to these observations, Joe speculated that the labels might have more of an impact on teenagers: "I guess it depends on how long they've been smoking." "Teens might be affected by all that image crap," he observed, "but it wouldn't impact someone who had been smoking longer." Anna added that although cigarette packets were now extremely "ugly," they didn't affect her personally because she carried a cigarette case. At this point she showed me the elegant black case she kept her smokes in and she and Joe reminisced about how Marlboros used to look before they were "filled with warnings and labels."

Joe and Anna's dialogue echoes many of the points made by Jim and Bill insofar as they each illustrate the dangers in reductive readings that treat actions (like avoiding the labels) as isolable from the context in which they are embedded. However, Anna's insistence that the labels were about the "anti-smoking lobby" and "pro-health people" trying to advocate their stance to people who *don't* smoke, and the implicit links Joe drew between the "moral crap" in the messages and the "shit" he got for his smoking from non-smokers, also suggest that they saw

the legislation as reinforcing an environment of intolerance for smokers. This intolerance was something brought up by many informants, who frequently moved from a discussion of the labels to talking about the judgment they felt around their smoking, although few drew explicit links between the warning labels and this broader environment.

The primary exception was Luke, a down-on-his-luck sixty-three-year-old I met in the fall of 2013. I encountered Luke on a cold and foggy day when he was huddled with a bunch of other people smoking cigarettes near a side entrance of a local hospital that had officially implemented “smoke-free” grounds. Initially a little wary when I approached him for a chat, Luke queried: “You’re not working for the cigarette companies, are you?”

Originally from Quebec, Luke informed me that he was “part French, part Scottish, part Huron Indian.” When I asked about his occupation, he described himself as a “land developer”; however, as our conversation progressed it became clear that Luke was currently unemployed. Luke told me that he had lost everything in the market crash of 2008. Utterly broke, he had returned to Canada from the United States, where he had been living for the previous thirty years. Currently in poor health, Luke had spent time in and out of shelters – information he shared after a homeless guy approached us and asked him for a cigarette. Although Luke wasn’t clear on what his health issues were, and I didn’t want to push, my sense was that they were fairly serious. “It’s my last vice,” Luke joked of his smoking. “I don’t want to go to heaven. I haven’t got any friends up there.”

When I asked Luke what he thought of the warning labels he responded: “it irritates me.” He continued, “I know what the risks are. You know, it’s like rubbing my nose in something that I’m already aware of. *Especially* if it’s repetitive.” In essence, the very repetition that is so valued in official public health discourse was precisely what he objected to. Dismissing the

notion that the labels affected fellow smokers, Luke focused instead on their effect on *non-smokers*:

*Luke*: I think they [the graphic warning labels] exacerbate the problem. I don't think they do any help, I think they exacerbate it.

*KB*: Okay, so how do they exacerbate the problem?

*Luke*: By promoting negative behaviour on the part of non-smokers.

*KB*: Right.

*Luke*: And by irritating the smokers.

*KB*: Right.

*Luke*: And by propagating the bad behaviour.

Luke went on to observe that there were “more negative anti-smokers here in Canada than the US. I had one child who was maybe ten feet away from me go through this fake coughing routine. Okay, I can tell what's going on in *her* home.”

The connections Luke drew between the warning labels and the promotion of a broader anti-smoking environment are unquestionably part of their intended function. For example, the WHO (2011, 23) asserts: “Warnings are also seen by non-smokers, affecting their perceptions of smoking and decisions about initiation, and ultimately helping to change the image of tobacco and ‘denormalize’ its use.”

## **Tobacco Denormalization and Cigarette-Packaging Legislation**

Although noticeably absent from Canada's newest tobacco control strategy (Health Canada 2019b), until recently, denormalization ~~has been embraced at a policy level in Canada~~ and represented the fourth pillar of both the provincial and national tobacco control strategies (see BC Ministry of Health Services 2004; Steering Committee of the National Strategy to

Reduce Tobacco Use in Canada 1999). Pioneered in California, tobacco denormalization aims to utilize the power of social pressure to make smoking “less desirable, less acceptable and less accessible” (California Department of Health Services [CDHS] 1998, 3). In other words, it involves an ambitious attempt to transform social norms through “intentional human intervention” (3).

In many respects, the growing emphasis on tobacco denormalization strategies reflects Alemanno’s (2012) observations about the newer generation of tobacco control policies relying more on nudging and less on cognitively based strategies that aim to intervene directly with the individual smoker. Indeed, tobacco control policies have been lauded for this approach and are increasingly being touted as a model for other so-called unhealthy behaviours such as high-fat/sugar diets and alcohol overconsumption. For example, comparing approaches to smoking and obesity, Kinmonth (2016, 170) argues that tobacco control policy has shifted over time from a focus on “individual behaviour, choice, and responsibility” to “the dangerous and addictive substance of tobacco, [and] the industry that profits from it.” Accordingly, she argues that tobacco control measures since the 1970s have been more “social/systemic in nature” because of their focus on industry culpability.

Advocates of this perspective implicitly suggest that tobacco control policy runs counter to what has been termed the “neoliberalization” of health care and public health. Neoliberalism typically refers to the rise of deregulated and privatized solutions to health care based on the presumed efficiency and cost-effectiveness of market-driven models, and the emergence of forms of governmentality that promote new forms of subjectivity emphasizing individual responsibility for and ownership of health. Insofar as tobacco control aims to curb the

movements of the tobacco industry via formal regulation, it appears to contradict these trends; however, it's questionable whether it represents a substantive shift in direction.

Recall the statement by Hammond (2011, 355) that “health warnings on tobacco packages are an ideal population-level intervention: they have broad reach, they cost little to implement and are sustainable over time”. These sentiments are repeated in Borland et al.’s (2009, 358) observation that “such health warnings cost tax-payers nothing and potentially reach smokers every time they take a cigarette from a pack, buy a pack, or otherwise notice one”. This assumption of cost-effectiveness is built into the logic of denormalization strategies more broadly. For example, in its original outline of tobacco denormalization, the California Department of Health Services (1998, 9) noted: “This population-based approach to cessation is far more cost effective and much less labor intensive than providing cessation assistance services to individuals”.

Nudging strategies may shift the focus from individual cognition to environmental stimuli but, as I have already shown, they are based on an equally limited view of why people smoke that largely complements (rather than dislodging) the older emphasis on “individual responsibility.” As Burgess (2012, 6) notes, nudging – identified as a form of “libertarian paternalism” by its authors – is intended to represent “a ‘third way’ between the regulation associated with the left and the ‘leave it to the markets’ approach of the right.” For such reasons, Carter (2015) argues that libertarian paternalism is actually a *variant* of neoliberal governmentality insofar as it aims to affect how people perceive, problematize, and “govern” their own health.

As I have shown above, smokers I interviewed are well aware of this aspect of cigarette-packaging initiatives. Moreover, a consistently voiced view – especially amongst older smokers

– was the ways in which the government actively profited from tobacco sales. In the spring of 2015, I met Dean, a white sixty-five-year-old man, outside a pub in one of Vancouver’s most diverse eastside neighbourhoods. Now retired, Dean told me that he used to work in the logging industry and had been smoking since the age of twenty-seven. Currently a pack-a-day smoker, Dean had recently started using a “vape pipe” and was aiming to reduce his cigarette consumption to less than a pack a day. Gesturing to the pub we were standing in front of, he noted that there were nevertheless times when he preferred smoking to vaping – such as when he was having a beer.

When I asked to have a look at the label on his cigarette packet, he admitted that he’d purchased it on the black market, and it therefore didn’t bear a regular label. “Who’s gonna pay twelve dollars a pack when you can get cigarettes so much cheaper?” he asked, clearly feeling the need to justify himself. However, he indicated that even when he purchased “normal” packs, he didn’t pay attention to the labels. “I’ve had two heart attacks,” Dean said, “they’re not telling me anything I don’t know.” He continued that this was a typical government tactic: they still sell cigarettes but give you a warning label on them. Dean concluded that “it’s a two-sided deal” that benefited both groups.

These views were repeated almost verbatim by Gary, a white fifty-six-year-old Australian migrant I also met in the spring of 2015 in front of an expensive hotel in downtown Vancouver. Gary had been living in Toronto for the past thirteen years, but made frequent trips to both Vancouver and Australia – he was therefore familiar with the “plain” cigarette packs in Australia as well as the Canadian warning labels. Recently retired, Gary had previously been the CEO of a company and was probably the wealthiest person I interviewed, a substantial minority of whom were living on low incomes and/or struggling financially.

Like virtually everyone I talked with, Gary couldn't recall the warning label on the pack of cigarettes he was smoking. "They're a waste of money and time," he responded dismissively. Prefacing his following comments by saying "I don't like smoking" and "nicotine is more addictive than heroin," he observed that it was nevertheless "crazy for governments to make billions in taxes and then put up the warning labels."

During our conversation Gary observed that there have been a number of changes in the social acceptability of smoking over time. However, while smokers were now considered to be "socially inept," this shift had nothing to do with the warning labels themselves, which, he repeated, were "a waste of time." Encompassing both Canada and Australia's legislation, he expressed his struggle to understand the growing emphasis on the warning labels: "I can't get my head around selling the shit and making multi-billions on the one hand and then telling people not to do it on the other." He argued that if the government was really serious about smoking, they would ensure that cigarette taxes were put towards programs that provide smokers with medical and clinical assistance. The warning labels were thus a "facade": they didn't really *do* anything but merely provided the *appearance* of it. "You can't suck and blow at the same time," Gary concluded.

I don't think anyone who made such observations intended to suggest that the government should ban smoking; nor were they necessarily well informed about how much revenue the federal and provincial governments generate from tobacco sales – or the proportion of those monies diverted to smoking cessation services.<sup>3</sup> Instead, they were trying to express what they saw as the hypocrisy of cigarette warning labels as a facile intervention that pays lip service to discouraging smoking, but enables the government to benefit from tobacco sales and does nothing to actively support smokers to quit, while simultaneously placing the onus upon

them to do so. Viewed in this light, such legislation seems to exemplify rather than override the neoliberalization of public health, despite its declared intent to rein in the tobacco industry via formal regulation.

## Conclusion

In this chapter I have told a story about cigarette-packaging legislation that departs from how this subject matter is typically conceptualized in tobacco control and industry accounts. Rather than starting from the *prima facie* assumption that cigarette packaging (and advertising more generally) “works,” I have instead suggested that the question itself is misplaced. Importantly, this isn’t just a methodological issue – a matter of refining our approaches so that we can more efficiently isolate effects from outcomes – but an epistemological one.

Although the models of personhood underpinning tobacco control and public health clearly have a lengthy history, smoking is not a stable “behaviour” that can be isolated and intervened in but a complex bundle of practices that can’t be divorced from its social context without seriously misapprehending it (Blue et al. 2016). It follows that cigarette packets themselves can’t be intervened in to straightforwardly change smoking – something most people I interviewed were well aware of. In many respects this is an extremely obvious point, which is why it’s a little surprising that so much effort is currently being invested in cigarette-packaging initiatives within tobacco control. However, as I have illustrated, this is largely a product of the very limited ways in which the smoking subject is conceptualized in the field.

That said, I don’t intend to suggest that we merely take smokers’ accounts at face value and conclude that cigarette packets don’t matter. But *how* they matter is clearly not something

that can be isolated or, arguably, legislated. Moreover, smokers' stories about cigarette packaging (much like tobacco control and industry accounts themselves) tell us something about how smokers are being imagined – albeit in this case it is *smokers themselves* doing the imagining. The resultant picture speaks to a growing sense of alienation on the part of smokers from legislation that ostensibly aims to support them but which many feel accomplishes the opposite of what it intends. In essence, the distance between tobacco control and tobacco industry perspectives is not so readily grasped by smokers themselves, given the ways that the former replicates the logic of the latter, albeit to an opposite intended effect.

While some readers might be tempted to dispute the specifics of these accounts (indeed, the underlying premise of nudging strategies is that the conscious responses of smokers are an unreliable means of ascertaining their effectiveness), it would be dangerous to dismiss them entirely. If tobacco control researchers are to seriously grapple with the social context and meaning of smoking, this must entail an openness to being transformed by the experience of engaging with smokers themselves and their own ways of seeing (Poland et al. 2006). Otherwise, researchers run the risk of endlessly reproducing their own received knowledge.

As Rebecca Haines-Saah (2012, 130) points out, “Unlike other health fields (e.g. mental health, HIV/AIDS) where so-called consumer/survivors are visible and have an active presence in research and policy forums, current and former tobacco users are virtually absent from tobacco control.” Rather than positioning smokers as objects of intervention and control, what is needed are approaches that engage people who smoke as active subjects with critical insights to offer into the conditions of their own lives and the role of smoking within it (Haines-Saah 2012). Only by moving outside of established paradigms do we stand any chance of implementing strategies that smokers *themselves* see as improving public health.

## Notes

### [to be placed]

The study on which this chapter is based, titled “Confronting Cigarette Packaging,” was funded by an operating grant from the Canadian Institutes of Health Research and the Canadian Cancer Society Research Institute. Rebecca Haines-Saah conducted six of the interviews with me in Vancouver, and my work with her on cigarette packaging, and that done in collaboration with my three co-investigators on the study (Simone Dennis, Jude Robinson, and Roland Moore), has unquestionably informed my thinking about this topic. I gratefully acknowledge their contributions here.

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<sup>1</sup> The study was specifically designed to speak back to the International Tobacco Control Four Country Survey.

<sup>2</sup> In many respects, these assumptions echo the highly influential transtheoretical or “stages of change” model of smoking cessation, where smokers’ readiness to quit is demarcated into six distinct stages, beginning with “precontemplation” (see Prochaska and Velicer 1997). However, despite the embrace of this model, it has been criticized for its simplistic view of human functioning (see Bunton et al. 2000).

<sup>3</sup> According to statistics compiled by Physicians for a Smoke-Free Canada (2015), cigarette taxes amounted to over eight billion dollars in 2014–15, although a portion is actually earmarked for smoking cessation services or cancer research in some provinces.