

49. **Netemeyer RG**, Andrews JC, Burton S. Effects of antismoking advertising-based beliefs on adult smokers' consideration of quitting. *Am J Public Health* 2005;**95**:1062–66.
50. **Davis KC**, Nonnemaker JM, Farrelly MC. Association between national smoking prevention campaigns and perceived smoking prevalence among youth in the United States. *J Adolesc Health* 2007;**41**:430–6.
51. **Shadel WG**, Fryer CS, Sharp-Taylor S. Uncovering the most effective active ingredients of antismoking public service announcements: the role of actor and message characteristics. *Nicotine Tob Res* 2009;**11**:547–52.
52. **Shadel WG**, Fryer CS, Sharp-Taylor S. Tobacco industry manipulation messages in anti-smoking public service announcements: the effect of explicitly versus implicitly delivering messages. *Addict Behav* 2010;**35**:526–9.
53. **Dunn CL**, Pirie PL. Empowering youth for tobacco control. *Am J Health Promot* 2005;**20**:7–10.
54. **Ashley MJ**, Cohen JE. What the public thinks about the tobacco industry and its products. *Tob Control* 2003;**12**:396–400.
55. **Durkin SJ**, Germain D, Wakefield M. Adult's perceptions about whether tobacco companies tell the truth in relation to issues about smoking. *Tob Control* 2005;**14**:429–30.
56. **Wakefield M**, Miller C, Woodward S. Community perceptions about the tobacco industry and tobacco control funding. *Aust N Z J Public Health* 1999;**23**:240–4.
57. **Walker BJ**, Cohen JE, Ashley MJ. Youth attitudes towards tobacco control: a preliminary assessment. *Chronic Dis Can* 2004;**25**:97–100.
58. **Danishovski K**, Gilmore A, McKee M. Public attitudes towards smoking and tobacco control policy in Russia. *Tob Control* 2008;**17**:276–83.
59. **Sly DF**, Heald G, Hopkins RS, et al. The industry manipulation attitudes of smokers and nonsmokers. *J Public Health Manag Pract* 2000;**6**:49–56.
60. **Johnson DM**, Wine LA, Zack S, et al. Designing a tobacco counter-marketing campaign for African American youth. *Tob Induc Dis* 2008;**4**:7.
61. **King G**, Gebreselassie T, Mallett RK, et al. Opinions of African Americans about tobacco industry philanthropy. *Prev Med* 2007;**45**:464–70.
62. **Carver V**, Reinert B, Range LM, et al. Media campaign influences parents' opinions about their children and tobacco. *J Public Health Manage Pract* 2003;**9**:72–8.
63. **Kim SS**, Nam KA. Korean male smokers' perceptions of tobacco control policies in the United States. *Public Health Nurs* 2005;**22**:221–9.
64. **Reinert B**, Carver V, Range LM. School nurses' opinions about the prevention of tobacco use. *J Community Health Nurs* 2005;**22**:205–11.
65. **Hudson S**, Thomson G, Wilson N. A pilot qualitative study of New Zealand policymakers' knowledge of, and attitudes to, the tobacco industry. *Aust New Zealand Health Policy* 2007;**4**:17.
66. **Henriksen L**, Fortmann SP. Young adults' opinions of Philip Morris and its television advertising. *Tob Control* 2002;**11**:236–40.
67. **Hersey JC**, Niederdeppe J, Evans WD, et al. The theory of "truth": how counterindustry media campaigns affect smoking behavior among teens. *Health Psychol* 2005;**24**:22–31.
68. **Hersey JC**, Niederdeppe J, Evans WD, et al. The effects of state counterindustry media campaigns on beliefs, attitudes, and smoking status among teens and young adults. *Prev Med* 2003;**37**:544–52.
69. **Thrasher JF**, Jackson C. Mistrusting companies, mistrusting the tobacco industry: clarifying the context of tobacco prevention efforts that focus on the tobacco industry. *J Health Soc Behav* 2006;**47**:406–22.
70. **Evans WD**, Wasserman J, Bertolotti E, et al. Branding behavior: the strategy behind the truth campaign. *Soc Mark Q* 2002;**8**:17–29.
71. **Evans WD**, Price S, Blahut S. Evaluating the truth brand. *J Health Commun* 2005;**10**:181–92.
72. **Evans WD**, Price S, Blahut S, et al. Social imagery, tobacco independence, and the truthsm campaign. *J Health Commun* 2004;**9**:425–41.
73. **Cowling DW**, Modayil MV, Stevens C. Assessing the relationship between ad volume and awareness of a tobacco education media campaign. *Tob Control* 2010;**19**(Suppl 1):i37–42.
74. **Zhang X**, Cowling DW, Tang H. The impact of social norm change strategies on smokers' quitting behaviours. *Tob Control* 2010;**19**(Suppl 1):i51–5.
75. **Park HY**, Dent C, Abramsohn E, et al. Evaluation of California's in-school tobacco use prevention education (TUPE) activities using a nested school-longitudinal design, 2003-2004 and 2005-2006. *Tob Control* 2010;**19**(Suppl 1):i43–50.
76. **Modayil MV**, Cowling DW, Tang H, et al. An evaluation of the California community intervention. *Tob Control* 2010;**19**(Suppl 1):i30–6.
77. **Holtgrave DR**, Wunderink KA, Vallone DM, et al. Cost-utility analysis of the National truth campaign to prevent youth smoking. *Am J Prev Med* 2009;**36**:385–8.
78. **Christofides N**, Chapman S, Dominello A. The new pariahs: discourse on the tobacco industry in the Sydney press, 1993-97. *Aust N Z J Public Health* 1999;**23**:233–9.
79. **Chapman S**. The news on tobacco control: time to bring the background into the foreground. *Tob Control* 1999;**8**:237–9.
80. **McLeod K**, Wakefield M, Chapman S, et al. Changes in the news representation of smokers and tobacco-related media advocacy from 1995 to 2005 in Australia. *J Epidemiol Community Health* 2009;**63**:215–20.
81. **Miller CL**, Hill DJ, Quester PG, et al. Response of mass media, tobacco industry and smokers to the introduction of graphic cigarette pack warnings in Australia. *Eur J Public Health* 2009;**19**:644–9.
82. **Agostinelli G**, Grube JW. Tobacco counter-advertising: a review of the literature and a conceptual model for understanding effects. *J Health Commun* 2003;**8**:107–27.
83. **Chapman S**, Freeman B. Markers of the denormalisation of smoking and the tobacco industry. *Tob Control* 2008;**17**:25–31.
84. **Balbach ED**, Glantz SA. Tobacco control advocates must demand high-quality media campaigns: the California experience. *Tob Control* 1998;**7**:397–408.
85. **Ibrahim JK**, Glantz SA. Tobacco industry litigation strategies to oppose tobacco control media campaigns. *Tob Control* 2006;**15**:50–8.
86. **Ibrahim JK**, Glantz SA. The rise and fall of tobacco control media campaigns, 1967-2006. *Am J Public Health* 2007;**97**:1383–96.
87. **McDaniel PA**, Malone RE. The role of corporate credibility in legitimizing disease promotion. *Am J Public Health* 2009;**99**:452–61.
88. **Mandel LL**, Bialous SA, Glantz SA. Avoiding "truth": tobacco industry promotion of life skills training. *J Adolesc Health* 2006;**39**:868–79.
89. **Thomson G**, Wilson N. Directly eroding tobacco industry power as a tobacco control strategy: lessons for New Zealand? *N Z Med J* 2005;**118**:U1683.
90. **Smith EA**, Malone RE. Altria means tobacco: Philip Morris's identity crisis. *Am J Public Health* 2003;**93**:553–6.
91. **Borland R**. A strategy for controlling the marketing of tobacco products: a regulated market model. *Tob Control* 2003;**12**:374–82.
92. **Gilmore AB**, Branstor JR, Sweanor D. The case for OFSMOKE: how tobacco price regulation is needed to promote the health of markets, government revenue and the public. *Tob Control* 2010;**19**:423–30.
93. **Smith EA**, Malone RE. Thinking the "unthinkable": why Philip Morris's considered quitting. *Tob Control* 2003;**12**:208–13.

The tobacco industry is not a 'normal' business, so let us stop treating it that way: invited commentary

The global tobacco industry kills six million people every year. It does this in a deliberate, systematic manner, complete with business plans, lobbying, political contributions and favours, and cash bonuses to its executives who kill the most people by successfully selling them their deadly cigarettes and other tobacco products.

Six million people. Every year. When one repeats those phrases, slowly and aloud—six million people, every year—it seems astounding that Malone *et al*,¹ in this issue of *Tobacco Control*, need, at this late date, to present compelling data calling

for the denormalisation of the tobacco industry. Yet the industry still walks among us and kills its users with relative impunity throughout the world. Why is this? Why has there not been greater public outrage and the political will necessary to end the scourge of the tobacco industry?

There are likely many answers, but consider these few:

- ▶ Tobacco use is considered by many smokers to have been a personal choice and a personal failing, making it embarrassing for them or their families to stand up to the tobacco industry.
- ▶ Most victims of tobacco-caused disease die and disappear quickly, limiting their opportunity to confront the tobacco industry.
- ▶ The tobacco pandemic has developed slowly and insidiously, over more than a century, making the tobacco industry appear just a normal business.

- ▶ Tobacco is old news—much of the public and the media accept tobacco, and the tobacco industry, as mainstream behaviour and business.
- ▶ Insufficient numbers of strong tobacco control advocacy groups have arisen (although exceptions abound) to challenge public and political attitudes towards the tobacco industry.
- ▶ The specific effects of tobacco use—health and economic—are not as broadly known as might be expected and this lack of knowledge has inhibited the development of actions to denormalise the industry.
- ▶ Until recently, the multinational tobacco companies have controlled the playing field, lying to the public and the media about the devastating health and economic effects of their products.

More recently, advocates the world over have begun to turn the issues above *against* the tobacco industry and tobacco use is on the decline in most of the high-income, and many middle-income, countries. But the tobacco industry has now set its

sights on the vast and vulnerable low-income populations of the world. Denormalisation of this rogue industry, as Malone *et al* show, can be one of the most effective tools in turning the tobacco tide and making it a tsunami against the shameful industry that caused it.

Thomas J Glynn

Correspondence to Dr Thomas J Glynn, American Cancer Society 555 11th Street, NW, Suite 300 Washington, DC 20004, USA; tom.glynn@cancer.org

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

Tobacco Control 2012;**21**:170–171. doi:10.1136/tobaccocontrol-2011-050368

REFERENCE

1. **Malone RE**, Grundy Q, Bero LA. Tobacco industry denormalisation as a tobacco control intervention: a review. *Tob Control* 2012;**21**:162–70.