Political ideology and tobacco control

Joanna E Cohen, Nancy Milio, R Gary Rozier, Roberta Ferrence, Mary Jane Ashley, Adam O Goldstein

"More powerful than vested interests, more subtle than science, political ideology has, in the end, the greatest influence on disease prevention policy."1

Sylvia Noble Tesh

It is widely acknowledged that strong tobacco control policies are a crucial part of a comprehensive approach to reduce the health and economic impacts of tobacco use.2 Legislators, commissioners, and city councillors ultimately determine what policies are enacted and maintained. Yet, we know relatively little about the factors that influence elected officials to support or oppose these policies.

Political scientists who traditionally study legislator voting behaviour often include measures of ideology in their analyses. However, health researchers have generally neglected political ideology in their studies of legislative outcomes related to tobacco control.

Political ideology includes assumptions about whether the ultimate responsibility for health lies with the individual or with society, and whether the government has a right, or even a responsibility, to regulate individual behaviour and commercial activity to protect and promote the public good. The ideological arguments that most often come into play in discussions of public health policies tend to pit the duty of government to intervene to protect the health of its citizens against the right of individuals to make their own choices.3

Ideological arguments abound in debates about health issues, many of which are not new. Twenty years ago, Beauchamp wrote about the "growing tensions between the goals of protecting the public health and individual liberty".4 About the same time, Baker described how ideological arguments regarding personal liberty were put forth to oppose mandating the use of motorcycle helmets and had been used for decades to delay milk pasteurisation.5 Arguments against fluoridation of public water supplies span five decades, with a prominent objection being the violation of individual rights.6–8

Of course, arguments in favour of public health interventions are ideological as well, since they are based on assumptions about what is good, how society’s resources should be distributed, where power appropriately resides, and who should benefit.9–11 For example, it is important ("good") from a public health perspective not to underestimate the potential impact of a hazard, to intervene at a societal level to eliminate a health hazard, and to ensure that the population as a whole benefits from interventions.12 13 Sometimes, the result is what some might call regulatory “excess”, engendering arguments of interference with freedom, fairness, and free enterprise.

Ifa and Marceau argue that, to be successful in the 21st century, public health must comprehend and address the sociopolitical forces and strategies that oppose it.13 In this paper, we highlight what is known about political ideology and tobacco control, suggest implications for tobacco control practice, and propose areas for research.

Ideological arguments have figured prominently in tobacco control debates

Much of what we know about ideology and tobacco control is based on reports describing the types of arguments used over time to support or oppose tobacco control interventions. Jacobson and colleagues reported that, since the mid to late 1980s, legislative debates on tobacco control have focused on issues of personal freedom.14 The tobacco industry uses these arguments significantly more than tobacco control proponents, focusing on smokers’ rights and on the inappropriateness of government intervention in the economy. These findings were corroborated by Menashe and Siegel, who examined newspaper coverage of tobacco issues in the USA from 1985 to 1996 to determine the predominant framing tactics used by the tobacco industry and by tobacco control advocates.15 They found that the tobacco industry uses the “core values” of freedom, fairness, free enterprise, and autonomy to create consistent and sustained central messages and themes. Tobacco control proponents generally do not present arguments that appeal to these key core values, focusing instead on the value of health.16

The tobacco industry and its allies successfully utilised “core value” arguments during the 1998 debate in the USA about proposed national tobacco legislation. The legislation was described, for example, as a “trampling[ing of] . . . the liberal ideals on which this country was founded—freedom of choice, personal accountability, limited government”17 and a “huge defeat for individual freedom”.18 In one full page newspaper advertisement with the headline “Big Taxes, Big Government. There They Go Again . . .” the tobacco indus-
try accused Congress of initiating “a huge new tax increase, new expansion of government, and unprecedented infringement on personal liberty” (fig 1).

Public health advocates lacked a codified national strategy to counter this ideological attack as well as the resources to counter the millions of dollars spent by the tobacco industry to promote their views. The media reported on revenue from the settlement and the theme of youth smoking rather than the public health aspects of the settlement.

Tobacco industry allies raised comparable arguments about the same time in Canada in relation to a challenge of a municipal bylaw restricting smoking in restaurants. One hotel owner was quoted as saying: “This fight is about the freedoms and liberties of adults to make fundamental personal decisions about their lifestyle . . . There just has to be some sort of limit on the government’s right to regulate the lifestyle and personal choices of its citizens.”

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Some opponents of tobacco control policies believe that tobacco regulations per se are not the issue, but the means to a larger end—that is, greater government control over the lives of its citizens. Wallop wrote “this issue has nothing to do with tobacco. Tobacco happens to be the vehicle for more government intrusion into our lives” (p 182). Sullum, author of For your own good: the anti-smoking crusade and the tyranny of public health, maintains that “the public health establishment has become the most influential lobby for ever increasing government control over Americans’ personal choices” (p 169).

A fundamental aspect of ideologies is positive self presentation and negative other presentation, and this characteristic emerges in the debate about tobacco control. The tobacco industry presents itself as the defender of personal freedom and characterises tobacco control advocates as nannies, big government, and health fascists. The tobacco control community portrays the tobacco industry as immoral, dishonest, unethical, and greedy, while presenting itself as the protector of the nation’s health.

**I ideological arguments may influence policy outcomes**

It is clear that arguments based on political ideology are used in debates about tobacco control, most often by opponents of these policies. Yet, few researchers have examined the effectiveness of ideological arguments in influencing public policy.

However, some studies indicate that these arguments are important. In a review of the legislative and regulatory history of tobacco control in the USA, Jacobson and colleagues suggested that trends in legislative developments resulted from the shifting balance between arguments based on scientific evidence and those based on individual rights.

Recently, we began to address the issue of political ideology and tobacco control among Canadian legislators. Data from our study suggested that non-supporters were opposed not just to tobacco control but also, more generally, to a role for the state in health promotion. Moreover, we found that Canadian legislators’ political ideology was associated with support for tobacco control policies, even after controlling for political party. Support for tobacco control increased with the belief that government has a duty to promote healthy lifestyles and decreased with more “rightist” or conservative political views among those legislators who were not knowledgeable about the health impact of tobacco.
Table 1  Examples of ideology based arguments against and for tobacco control

<table>
<thead>
<tr>
<th>Political ideology and tobacco control</th>
<th>Example of anti-tobacco control arguments</th>
<th>Example of potential pro-tobacco control arguments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom</td>
<td>People should be free to make personal decisions about their lifestyle</td>
<td>People should be free from the influences of an industry that preys on the young and peddles an addictive and deadly product</td>
</tr>
<tr>
<td>Fairness</td>
<td>Smokers are engaging in a legal activity and should not be discriminated against</td>
<td>Restaurant and bar employees deserve the same level of health protection as other workers</td>
</tr>
<tr>
<td>Free enterprise</td>
<td>Government should “butt out” and let the market give consumers what they want</td>
<td>Tobacco use compromises the health of the market because it causes a loss of jobs, productivity, and ultimately sales</td>
</tr>
</tbody>
</table>

We have also recently examined the heterogeneity among smokers and non-smokers in the general population with respect to their knowledge about tobacco and support for tobacco control policies. Not unexpectedly, we identified a sizeable subgroup of smokers (42%) that was adamantly opposed to tobacco control. However, one in five non-smokers also opposed tobacco control and were categorised, based on 11 items, as “laissez-faire” non-smokers. As with legislators, it seems that these non-smokers oppose tobacco control as part of a more general opposition to government intervention.

Utilising ideological arguments to benefit tobacco control

Although it is common for tobacco control advocates to focus on the tobacco industry as the cause of the ongoing tobacco epidemic, the role of political ideology as a facilitator of or barrier to effective tobacco control demands greater attention in research and practice. There is an implicit assumption that if the tobacco industry ceased to exist as we know it, few problems would exist in passing significantly strengthened tobacco control measures. However, influential arguments against other public health interventions have persisted without the backing of a powerful industry. For example, no transnational companies had much to gain from keeping fluoridation out of public water supplies. Yet the “antifluoridationists”, who argued that fluoridation of public water supplies was a violation of individual rights, were a force to be reckoned with.

Tobacco control advocates must take notice of the “New Right” perspective, with its strong laissez-faire approach, its retreat from state intervention in economic and social affairs, and its belief in allowing market forces to prevail. This perspective will influence the definition of problems and the acceptable range of solutions to these problems. It is important to use scientific knowledge to counter false or misleading claims, point out the fallacies in arguments put forth by the tobacco industry and its allies, and simultaneously show how the values the public supports are realised through public health interventions.

Public health practitioners have begun to discuss how best to counter the arguments of tobacco control opponents and how their arguments can be reframed to support tobacco control interventions. Siegel and Doner explain that public health efforts often seem to conflict with the value of freedom from interference (that is, “negative liberty”), but that public health interventions often confer freedom to control one’s life (that is, “positive liberty”). The “3 F” trio of values—freedom, fairness, and free enterprise—are most often used to oppose public health initiatives. Proponents of tobacco control need to frame their messages so that the benefits of the proposed interventions are communicated in a way that reinforces these “core values”. Successful framing may define the issue, diffuse the opposition, suggest solutions, influence public opinion, and affect individual behaviour.

Tobacco control interventions could be framed as one way to preserve individual and economic freedom (table 1). For example, freedom arguments could stress the importance of being free from the influence of the tobacco industry and that failure to control tobacco use would limit the freedom of consumers, their families, and others regarding what they may do in their lives in the short or long term. Fairness arguments could highlight that restaurant and bar workers deserve the same health protection as most other employees. Free enterprise arguments could point out that the tobacco industry deprives government intervention that aims to reduce use of its products, but desires intervention that supports its own interests (for example, tax breaks for the “costs of production”, trade advantages, and protection of its “proprietary information”). Further, the health of free enterprise is compromised by tobacco related illnesses and deaths that cause a loss of jobs, productivity, and sales.

Appropriate framing of arguments should be used to transform the “3 F” values to support tobacco control interventions and influence the public, the media, policy makers, and their constituencies. Practitioners must also adopt more sophisticated media advocacy strategies that allow for multiple framing messages, plan for contingencies, and are creative and sustainable. In many cases, tobacco control practitioners may not have sufficient expertise to develop and implement such campaigns, and partnering with marketing or public
relations firms should become an important consideration.

Success in reframing values in support of tobacco control will not necessarily translate directly into policy decisions. Responses to frames depend on experiences related to the issue, prior attitudes toward the issue, the relative salience of desirable and undesirable outcomes, and short term consequences such as immediate political and power interests of decision makers. Yet, by employing such frames, the chances for tobacco control successes are likely to increase.

**Research opportunities**

Ideology itself influences the types of research questions that are asked by scientists. For example, when individualism is dominant, research tends to focus on individual behaviour, rather than on the structure of society that affects those behaviours. And the kinds of questions that are asked dictate the types of data that are collected and the types of solutions that are considered. Knowing whether policy makers who oppose tobacco control initiatives are opposed to tobacco control specifically, or opposed to a role for the state in health promotion more generally, has implications for how opponents and proponents present their arguments and focus their messages to policy makers.

Some descriptive research has been conducted on how opponents and proponents of tobacco control frame their arguments. Analytical analysis from our cross-sectional Canadian legislator study suggests that political ideology does impact on support for tobacco control policy, but further research using stronger study designs is required to confirm these findings. Future studies examining determinants of the adoption of tobacco control policies should include measures of political ideology, such as left–right or liberal–conservative bipolar scales and our health promotion ideology scale that measures legislators’ beliefs about the role of government in health promotion.

Market research is needed to elucidate the needs, desires, and core values of the target audiences for tobacco control arguments. Intervention studies could be conducted to determine how preferences for tobacco control policies are affected by the manner in which arguments are framed. For example, how is policy makers’ support for tobacco control interventions affected by rephrasing arguments regarding freedom, fairness, and free enterprise? Which arguments are most effective? Studies should also attempt to determine more precisely the circumstances in which policy makers believe that the responsibility of the state to protect the public’s health is outweighed by individual rights.

Qualitative research may also contribute to an increased understanding of factors that facilitate policy adoption. For example, interviews could be conducted with policy makers to explore in depth the issue of political ideology and how it relates to support for tobacco control. An expanded analysis of actual and potential arguments would help elucidate how beliefs are formulated and expressed, expose the assumptions underlying the arguments put forward, and provide insight into subtler forms of persuasion in communication and activities related to tobacco control. A better understanding of how ideological arguments affect policy making in this area will allow for the development of more effective tactics to influence this process.

As research on political ideology and tobacco control is still developing, it would be useful to have a unifying theory or model to guide studies of ideology and its role in public policy. In the discipline of political science, there are many theories on how legislators make decisions. Generally, legislators are thought to make policy decisions based on their own ideology, the interests of their constituency, the power of interest groups, and the views of their colleagues. One possible model to study legislator decision making could include the following concepts: political factors, such as ideology, political party, and jurisdiction; interest group saliency, including campaign contributions, contacts with lobbyists, and constituency interests related to tobacco; and personal attributes and interests encompassing demographic characteristics, experiences with tobacco, knowledge about tobacco’s harmful effects, and general interests.

Ronald Davis, past editor of Tobacco Control, has called for a broadening of the tobacco policy research agenda to include the identification of the antecedents of policy adoption. If Tesh’s model is correct that political ideology has the greatest influence on public health policy, future research should address political ideology and the political context in which we act, so we can better understand the tobacco control policy making process.

We greatly appreciate the assistance of Dr Norbert Hirschhorn in obtaining an electronic copy of fig 1.

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