Filter, Flavor ... Flim-Flam, Too!: Cigarette Advertising Content and Its Regulation

Richard W. Pollay, University of British Columbia
Filters, Flavors . . . Flim-Flam, Too!  
On “Health Information” and Policy Implications in Cigarette Advertising

Richard W. Pollay

Cigarette advertising has often used health appeals, but has rarely been informative about health effects. Many historical examples and Canadian data suggest that the Ringold and Calfee [1989] data on “health information” must be very cautiously interpreted. To be carefully considered are their conservative definition of “health,” liberal definition of “information,” exclusive focus on words, disregard of claim emphasis or repetition in an ad, and coding procedures. The deregulation their conclusion suggests holds little promise for producing cigarette advertising with greater informativeness and consumers with better information.

“Claims or assurances related to health are prominent in (cigarette) advertising. These claims and assurances vary in their explicitness, but they are sufficiently patent to compel the conclusion that much filter and menthol-filter advertising seeks to persuade smokers and potential smokers that smoking cigarettes is safe or not unhealthful [FTC 1964, p. 72].” There has been historical variance over time in the explicitness of health claims, the reliance on consumer inference, and use of visual “pictures of health,” as well as variance in consumer health awareness and/or concern, regulatory guidelines and advertising sophistication.

Ringold and Calfee [1989] provide an informed historical review of the regulation of cigarette advertising, and a wealth of interesting associated data from a content analysis of the assertions in cigarette advertising for several brands over several decades. The component parts of this research reflect deep knowledge of the regulatory history and literature and attention to many of the methodological pitfalls of content analysis. Nonetheless, substantial problems remain and great care must be taken in drawing inferences and policy conclusions from their data and discussion.

Hesitancy in specifying policy is appropriate for many reasons, several of which Ringold and Calfee recognize in passing. Some of the methodological concerns are: (1) the difficulty of generalizing from the research sample to the universe of all cigarette ads; (2) their very conservative definition of “health” content; (3) their coding procedure which ignores the denotive richness and/or ambiguity of much advertising language in coding each claim into a single unique category; (4) their treatment of claims in fine print, and/or mentioned only once, as equally important to claims in headlines and/or repeated; and (5) their disregard of the dominant visual component. The interpretive concerns include (6) the very liberal use of the term “information” to describe cigarette advertising slogans and claims, and (7) the ambiguity of the operational meaning and measurement of the key concept of “negative” health claims.

Their method is superior in some respects to previously published content analyses of cigarette advertising, but it is still imperfect. Existing content analytic approaches of advertising are diverse, but Ringold and Calfee still had the considerable challenge of designing and developing something relevant to their specific interests. All content analysis must make commitments to definitions, samples and procedures in the pursuit of objective and reliable data relevant to a chosen
focus of interest. Unfortunately, objectivity and reliability are sometimes obtained at the expense of the meaningfulness of results and applicability to policy.

Their interpretation of cigarette health claims as “negative” and/or “information” is tenuous and potentially misleading. Many of the so-called “information” assertions were puffery, or “weasels,” or irrelevancies, or jingles, slogans and claims made without offered substantiation. The description of many ads as presenting “negative” information is essentially an allegation of effect, although the content analysis does not and cannot measure effect. The terminology tempts the interpretation that these so-called negative health claims, by allegedly raising public consciousness and knowledge of the health risks of smoking, serve the public interest. It follows, in this view, that deregulation would permit competitive forces to engage in “negative health information” advertising and the public would be well served.

Such a conclusion is dangerous if misguided, as it risks increasing the flow of false and misleading health communication in the misplaced hope that this would ultimately backfire by increasing consumer health consciousness and cynicism toward cigarette advertising. Their conclusion does not seem well substantiated by either their research data or historical experience. Before discarding it, however, or drawing any other policy conclusions, let us consider the enumerated concerns with specific historical examples of cigarette campaigns.

Methodological Concerns

1) The Sample

The sample of ads used is relatively large and diverse. The longitudinal sample is constant in the brands included, and is supplemented by cross-sectional samples at several periodic slices in time. Unfortunately, the larger of these subsamples focuses on brands whose circumstances and fortunes shifted dramatically over the years. Some, like Chesterfield, Old Gold and Lucky Strike, have moved from positions of dominance, when the entire market was shared by just a few brands, to extinction or near extinction. The consequence is that the observed behavior in this data subset may be in part due to regulatory influences, and in part due to changing competitive problems and fortunes. “Top dogs” and “underdogs” have very different advertising problems, including the recognized different incentive to use health appeals that risk damaging industry demand.

Over time, this sample represents a smaller and less representative “share of voice” of the total cigarette advertising. The cross-sectional data addresses this issue partially, but is drawn entirely from one magazine, and the role of magazines in the media mix of cigarette advertisers has changed greatly over the years. Neither sample is proportionally representative of the mix of cigarette ads that consumers would have been exposed to, nor a census of the advertising in circulation at any given time. The sample may be adequate for some purposes, but it is not ideal.

2) Defining “Health Information”

Their measures are very conservative in their definitions of what constitutes a health communication. This they recognize and choose, but readers may not appreciate the magnitude of this conservative bias.

Many cigarettes have been described over the years as being “mild, light, fresh, smooth, clean, pure, soft, natural, etc.” In a contextual association with other “health information,” and to an audience with known health concerns, these have health relevant denotations, but are not so coded. The authors do not present data on the frequencies of this “light” language, but these adjectives seem, now and in the past, to be commonplace in cigarette advertising.
Cigarette construction claims were also commonplace. Between 1955 and 1969, when many filter products were launched, they were roughly a third of all assertions measured by Calfee and Ringold (Table 5). These were almost invariably dramatic announcements featuring “news” about scientific discoveries, modern pure materials, research and development breakthroughs, certification by the United States Testing Company, “miracle tip filters,” descriptions of “20,000 filter traps” or filters made of activated charcoal, “selectrate,” “millecel,” “cellulose acetate” or “micronite” that were variously described as “effective,” “complete,” “superior,” etc. The product benefit of this filtration was obviously the perceived reduction, if not elimination, of the cancer and other health risks being then dramatically publicized from time to time. Ignoring the health meaning of these types of cigarette construction claims, leads to further underestimation of the “health information” in cigarette advertising.

From the 1930s through the 1960s, many cigarette brands featured endorsements from professional athletes. Testimonials featured the likes of Mickey Mantle and Ted Williams of baseball, Poncho Gonzales of tennis, or Paul Hornung of football. The healthfulness portrayed in athletic endorsements was also ignored in the Ringold and Calfee data.

Slogans like L&M’s “Just What the Dr. Ordered,” or Embassy’s “Inhale to your Heart’s Content,” or Life’s “The Secret to Life is in the Filter,” or Parliament’s “extra margin” (of safety protection, implied by analogy to helmets, seat belts and other safety gear), or the current Newport “Alive with Pleasure,” were not coded as health claims. Other slogans were more implicit, but still begged for health inferences by consumers: “Delivers more of what you smoke a filter for.”

Adding “light” language, filter construction claims, athletic endorsements, and the various “healthy” slogans, cigarette advertising’s verbiage would be judged to contain many more health claims than their data makes it appear. They assert that data without their conservative coding rules would have buttressed rather than undermined some of their conclusions. This may or may not be the case, depending on the historical pattern in the use of light language, athletic endorsements, etc. It is not at all obvious that their central conclusion would be reinforced.

It is clear, however, that without the conservative bias their data would make even more obvious the extent to which cigarette advertising has frequently used language to convey health reassurances to smokers and would-be smokers. Their Table 5 data suggest that only roughly 20 percent of cigarette claims in the 1930s and 1940s were voluntary health claims. Even recognizing that their data report percentages of claims, not of ads, the data lack face validity. The FTC found reason to move against all of the major brands for false, deceptive or misleading health based campaigns in this era [Wegman 1966]. Cigarette claims were so commonly “medical” that Old Gold felt unique and proud for its abandoning health claims, not citing medical authorities and building an entire campaign around the more modest promise of “a treat, not a treatment” from “tobacco men, not medicine men.”

3) The Coding Process

The reported data comes from a coding process which classified each verbal assertion or claim into one of fifty-one alternative categories. This is a very different judgment task from one which asks whether or not information for a particular category is present or absent. The coding task is more difficult and error prone with fifty-one definitions, rather than one, to keep in mind. Despite this unnecessary task complexity, they achieve a respectable reliability.

More significantly, their procedure is inferior in its ability to capture the denotative richness of advertising language. For example, is “The Secret to LIFE is in the Filter” a slogan or a filter description? Is it a health claim? Or is it all three? It might even be a satisfaction or taste claim, depending on the other verbal and
visual elements in the ad. Is the classification into any single category, whatever the reliability, fully capturing the content of the phrase? This problem becomes increasingly serious the greater the number of categories, and the greater the ambiguity or richness of the language being coded. The classification of rich or ambiguous language into a single small cell produces data which ignores much of the meaning of the message. Unfortunately, advertising is one of our culture's more poetic forms of communication and hence difficult to capture in content coding.

4) Don't Read the Fine Print!

Headlines and fine print are not equally important. Nor are claims made in passing, or as a copy afterthought, equally important to those emphasized and repeated in headlines, subheads and body copy. It biases the results to count all of the fine print contents unless this data is isolated, and kept in perspective. We know from countless readership studies how little attention is paid by consumers to the fine print of an ad, with industry rules of thumb suggesting that only 10 to 15 percent of those seeing an ad will note the fine print [Ogilvy 1983]. While Ringold and Callie measured the content separately for headlines, body copy, etc., their tables collapse these together.

It would be far more telling a description of the ads to simply know the percentages of ads whose headlines were based on various appeals. In general it would be easier to interpret all of the data if it were presented as percentages of ads, rather than as percentages of claims, as the latter measure masks the former. Percentages of claims is particularly hard to interpret when they have ignored all claim repetitions.

The biases can be seen in the data for the last two decades. Tables 5, 7 and 11 show that about half of the apparent information in the ads in these years is only that which is mandatory, yet the layout of many cigarette ads make the mandatory information virtually invisible to most ad readers. The FTC learned that only 2.4 percent of adults note the warning [Surgeon General 1989, p. 478]. It seems apparent that most cigarette ads minimize the space and consumers' attention to these mandatory elements, and use art direction and production values to effect other kinds of communication.

5) A Picture is Worth a Thousand Words

You can't ignore the images. The majority of cigarette ad layouts are given over to visual imagery, with some campaigns presenting almost no copy at all save for brand names, as in Marlboro, or suggestive slogans, as in Newport's "Alive with Pleasure." We know the visual has grown increasingly important in print advertising in general [Pollay 1985], and in cigarette advertising in specific [Albright et al. 1988; England et al. 1987; Weinberger et al. 1981], and that 'pictures of health' finesse regulations designed by lawyers with a focus on verbal content [Richards and Zakia 1981; Zerner 1986].

Motivation researchers [e.g., Dichter 1964; Martineau 1957; Smith 1954] counseled the industry that the emphasis on verbally explicit health appeals kept the health problem alive in people's minds. Direct claims "may offer some reassurance to the inveterate smokers, but they do utterly nothing to widen the market . . . to make smoking seem reasonable, justifiable, and highly desirable" [Martineau 1957, p. 65]. The recommended course of action was to communicate health more obliquely, de-emphasizing direct verbal assertions and emphasizing visual images.

Visuals are an important and powerful communication. Seeing is believing. Viewing visuals is experiential, not cognitive. Visuals are perceived and assimilated rapidly, with little apparent counter-arguing in contrast to how verbal and cognitive inputs are processed. Repeated exposures to visual imagery rehearses certain perceptions and biases collective experience to influence the imagery associated with smoking, including perceived health risks.
Visually are difficult to code and content analyze, but ignoring the visual component produces data only very partially descriptive of cigarette advertising. It is another conservative bias, leading to further under-estimation of the extent to which cigarette ads have been health relevant communications. The research for the Cipollone product liability case studied Life and Look ads from 1938 to 1983. It found that considering the visuals (such as bold/lively behaviors in pure/pristine environments) multiple judges agreed that healthiness was displayed or denoted in 60 percent of all the studied cigarette ads, with a steady growth evident since the 1960s [Pollay 1987].

"Information," Inferences and Implications

6) How Informative was Cigarette "Information?"

While Ringold and Calfee's definition for "health" is very conservative, their definition of "information" is extremely liberal. Their method, like other methods of measuring advertising information, accepts all assertions as valid and presenting meaningful content. Their data, therefore, overstate the extent to which cigarette ads were truly informative.

Every statement is classed as an information bit, whether a vacuous but health suggestive slogan like Newport's "Alive with Pleasure," and illogical irrelevancy like Facts' "I'm Realistic. I Smoke Facts;" outrageous puffery like Old Gold's "Not a Cough in a Carload;" or Philip Morris' "Ounce of Prevention" in bold, colored headlines with small print disclaimers that "no curative power is claimed;" or weasels like Viceroy's "The Nicotine and Tar Trapped by the Viceroy Filter cannot Reach Mouth, Throat or Lungs" [Brower 1974, p. 124].

Even that which appears more product descriptive, like filter talk, is all too often unexplained technical jargon with important core information missing. For example, we learned in Fortune [1963], but not from the ad, that for a while the famous Kent "micronite filter" was made with asbestos. We learned from the Consumer's Union, but not from the ads, that Kent's filtration was loosened to allow 4 times the tar and 6 times the nicotine [Brecher 1963]. We found out from a congressman, but not from the ads, that Hit Parade contained more tar and nicotine than the same firm's Lucky Strike [Blatnik 1958]. We learned from the Reader's Digest, but not from the ads, that the filtered Pall Mall, Chesterfield and Lucky Strike each for a while produced more tar and nicotine than their unfiltered counterparts [Miller and Monahan 1966]. Ad campaigns, like Viceroy's "Thinking Man's Filter," alluded to better informed consumers, but cigarette advertisers all too rarely presented information of substance and often suppressed it.

There is a lot of information absent from cigarette ads. Cigarette ads rarely say anything about the many additives now commonly used in cigarette production. The 394 Canadian cigarette ads published by manufacturers in magazines in 1987 look much like their American counterparts despite several different brand names. These have been studied for both their information and imagery [Pollay 1989] using previously developed content analytic procedures [Pollay 1984; 1987]. Despite the fact that there were no legislated requirements or restraints in Canada in 1987, these 394 ads contained no information about competitive advantages of one brand versus another, nor anything about guarantees or warranties. There was no information in these ads about: the price or special deals; research or surveys on cigarette qualities and performance; the tobacco ingredients; filter attributes or performance; and the additives (or lack thereof). Except for the minimal warnings, there was no information about the health consequences of smoking.

The only "information" in cigarette ads appearing with any frequency were
assertions regarding performance (almost always vague references to taste or quality), simple product variations ("regular and king size"), and contents absent ("ultra light, extra mild, etc."). Each of these appeared in about half of the ads, although often the information about product variations, or absent contents, appeared only in fine print or on the displayed packages. The bulk of space and attention was given over to visuals displaying the chosen imagery. One campaign, which looks like a clone of the U.S. Vantage campaign, contained some assertions along the common dimensions, yet the ads are dominated by illustrations that show a woman as a cross country skier, a cyclist or a windsurfer. The text emphasis is on the brand name and a large, underlined "Extra Mild."

The U.S. ads of the last two decades appear in Ringold and Calfee's tables to be highly informative, containing more "claims per ad" than ever before. Yet fully half of this was the mandatory disclosure that art direction de-emphasized. Without the required disclosures, the ads of this era contained the least amount of "information" of any era, not the most.

Are there counter examples to the above American historical examples in which information of substance was conveyed? If these counter examples do not predominate, is it appropriate or misleading to describe the assertions of cigarette advertising collectively as "information"? Should cigarette advertising be dignified with this term that implies that cigarette advertising has facilitated better informed consumers and a more beneficial functioning of the marketplace?

7) Are We Positive That Ads Were "Negative"?

The conceptual cornerstone to the Ringold and Calfee paper is the concept of "negative" health claims. This is the basis for their central finding that "contrary to popular belief, health claims emphasized the negative health aspects of smoking, except when prevented by regulation." They "attach special importance to the presence of health claims that relate to the feared aspects of smoking," and these they label as "negative." The essential argument is that "negative" claims are "health information" and reinforce consumer fears. While they may benefit the firm, they harm competitors and the market generally, because the "less harmful than . . ." type of claim implied that all other cigarettes were (more) harmful.

There are several difficulties with characterizing the data as descriptive of the extent of "negative" advertising. First, "negativity" is essentially a hypothesis about the effects of the ads, not the content. Despite a disclaimer that they were not concerned with effects, and solely with the description of the stimulus field of cigarette advertising, this concept was based on the notion that for some ads "the effect is not to reassure smokers," but instead "reinforcing consumer fears."

Second, they assert that this behavioral effect, fear reinforcement dominating the promotional reassurance, is most likely to occur with ads of the "less harmful than . . ." variety. This seems an essential part of the argument, for if all brands were simply asserting "safe," or "not harmful," consumers could reasonably conclude from such false and misleading advertising that all brands were indeed "safe" and "not harmful."

This definition, then, requires an operational measurement of this specific advertising structure. "Negative" is not measured directly, nor defined in their technical appendix. Its definition in the text was based on "the dominant smoking and health fears of the time," a changing and unmeasured standard. The "less harmful than . . ." assertions or ad structure were apparently not measured, but claims are made that "most" or the "vast majority" of the ads were of this type. This is incredible, since Table 4 shows only 7.4 percent of claims to be about "competitive advantage," and this includes both claims about relative popularity, and nonspecific generic claims to superiority: "best, mildest, smoothest, cleanest, etc."

Third, it is not at all clear if these or any ads had the net effect of reinforcing
fears more than being reassuring, leading to consumer conclusions that “other brands are hazardous, but not this one.” It is theoretically sound to expect that health messages in advertising would increase the salience of health, and its importance in the cognitive evaluation of the competitive offerings, especially if occurring in coincidence with publicity about health risks. But some ads did acknowledge specific health concerns. The standard operating procedures of modern advertising created advertising professionally designed and pretested to communicate that health risks were minimal or totally absent.

The most infamous competitive advantage campaign was probably Camel's “More Doctors Smoke Camels Than Any Other Cigarette.” Yet even this campaign, despite its comparative nature and health appeal, does not seem to manifest “negativity.” It appears to be a health reassurance about Camels, but no specific competitors are named, nor are other cigarettes disparaged except as unpopular.

It seems a stretch to conclude that this sort of campaign raised sufficient fears about smoking in general, and all other brands in specific, to justifying being labelled “negative.”

Hopefully, clarification and data will become available on these central questions of the definitions and frequencies of “negative” ads and “less harmful than...” ads. In addition to data, several concrete real examples should be provided to illustrate the concepts. How “negative” and potentially erosive of aggregate industry demand were Lucky Strike’s “It’s Toasted—No Throat Irritation” or its “20,679 Physicians” endorsement; Camel’s “Don’t Get Your Wind”; Philip Morris’ “Ounce of Prevention...”; Chesterfield’s “Will Not Harm Nose, Throat or Accessory Organs” and “Play Safe”; Embassy’s “Inhale to your Heart's Content”; Kent’s implied American Medical Association endorsement; L&M’s “Just What the Dr. Ordered” campaign for their “miracle tip” filter; Parliament’s “extra margin” campaign; and so on and on over the years. These seem to be emphatic affirmations of the positive, and not deserving of the label “negative” and the associated implications.

Policy Implications

Without confidence in the conceptualizing and measurement of “information” and “negativity,” no policy conclusions should be drawn. Ringold and Calfee’s statement that “contrary to popular belief, health claims emphasized the negative health aspects of smoking, except when prevented by regulation” begs the conclusion that regulation was counterproductive to the public interest, and further that the public might be better served by deregulation [Ringold and Calfee 1989, abstract, emphasis added]. This would be consistent with ideas expressed elsewhere that regulation slows the competition promotion and penetration of filtered and lowered yield products, a presumed social benefit [Calfee 1986; 1987].

In the realm of philosophical, ideological or constitutional discussion, advertising regulation seems inimical to the free flow of ideas in an economic democracy and resulting public benefit. As a society we regulate reluctantly, if over the resistance of the regulated, after experiencing specific failures of a laissez faire policy. The current ideological vogue is deregulation, undoing the protections of the past, in hope that the liberated sectors will provide greater social benefit.

Does this apply to the specific case of cigarettes? Has the public benefitted in the past from a free flow of ideas in unregulated cigarette advertising? What benefits and costs would deregulation have in the case of cigarettes? Would it permit greater volume of so-called “negative” advertising? Would this induce quitting and market shrinkage? Would it impede recruitment of young starters? Would it speed the adoption and diffusion of filtered or low yield products? Is this the appropriate policy objective and priority? Many of these important questions and more are excellently addressed elsewhere [Surgeon General 1989, Ch. 7; Walsh
and Gordon 1986; Warner et al. 1986]. The focus here is just on the likely informativeness of deregulated cigarette advertising and its consequences.

There seems little reason to believe that deregulation would lead to more "negative information," more information of any sort, and a more informed public. The only cigarette ads convicted of being false, misleading and deceptive were those running for many years before regulation caught up to them in the 1950s [Wegman 1966]. Advertising in Canada in 1987, when no law applied, contained little information. Cigarette firms have likely learned from the tar derby, motivation research consultants, and subsequent successes to avoid advertising that alarms existing and would be smokers and "poisons the well." While some brands would promote their low yields, this already occurs and change in the informativeness of this segment's advertising under deregulation is uncertain.

Even if we were confident that "negative" health advertising would emerge, there is little reason to believe it would affect the rates of starting, quitting, or switching to lower yield products. An international comparison of published data for thirty countries showed that "between 1971 and 1986 filter-tip cigarettes increased their share of the manufactured cigarette market more rapidly in total ban countries than in countries where cigarettes were advertised." The study concluded that "the proposition that advertising bans slow the shift to filter-tips or to low tar cigarettes can be confidently rejected" [Toxic Substances Board 1989, p. 72–73].

Even if deregulation led to a more health-informing advertising, and even if that, in turn, led to more down-switching to lower yield products, this result obviously benefits the firms but does not apparently benefit the smoker much, if at all. The recent finding that women who smoke low tar products didn't lower their heart attack risk was reported as being "the latest in a string of research suggesting there is little or no benefit to smoking cigarettes with reduced tar, nicotine or carbon monoxide" [Waldholz 1989].

The obvious vested interests in advertising communications make them inevitably biased conduits for information, presenting information only if it promises to be an effective persuasion strategy, and even then presenting only self-serving information. Public policy aimed at information dissemination need not rely on advertising regulation or deregulation, for legislation could mandate package inserts, point of sale displays, and their content and design to disseminate information. Public health efforts could disseminate information, using revenues drawn from a taxation on the voluminous spending for cigarette promotion. If the policy goal were switching more smokers to filter or lower tar products, this could be effected by taxation incentives or by direct legislation banning high tar cigarettes, just as simply as we set taxes and standards for alcohol levels in beer. If the country embraced the Surgeon General's larger goal of a smoke free society, a full de-marketing program could be implemented. This would ban, restrict or control advertising and promotion, distribution, product design, packaging, pricing policies (i.e., all elements in the marketing mix) and be complemented by public education measures and programs to assist the addicted.

Conclusion  The health appeals and claims in cigarette advertising were frequent and often extraordinary, because of the health concerns of smokers and the evolution of regulation. The Ringold and Calfee data descriptive of "health information" should be cautiously interpreted because of its peculiarities and biases in defining "health" and "information," exclusive focus on words, disregard of claim emphasis and repetition in an ad, and narrow coding procedures. The data generated likely overstate the informativeness and understates the frequency of health reassurance content in both ad copy and art. The operational ambiguity of the core
concept of “negative information” makes data interpretation additionally difficult. Most historical advertising campaigns seem affirmative, not negative. The conclusion that regulation inhibited the flow of “negative information” is not well enough established to justify policy implications.

The deregulation that Ringold and Calfee’s conclusion suggests holds little promise for producing cigarette advertising of greater informativeness. It does not seem to contribute in any constructive way to society’s pressing need to come to grips with the enormous persistent public health problem of cigarette smoking. Quite the opposite, the deregulation suggested is dangerous in its potential encouragement of advertising with false and misleading health reassurances. These would provide greater benefit to corporate interests, but at even greater cost to the public interest.

References


Filters, Flavors . . . Flim-Flam, Too!


