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Tobacco as a public health hazard: Building infrastructure for lasting narrative power

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The tobacco control movement built narrative power to drastically shift social norms and dominant narratives around smoking. Even though there are still issues to be addressed, even if some policies are weakened, even if most people forget how hard-fought the wins were, we can be confident that our society will never go back to a state in which it is normal and encouraged to smoke in public places. This is narrative power for social change.

Over the course of decades, public health advocates and journalists were able to wrest control of rhetoric about smoking away from the tobacco industry. They transformed the dominant narrative from smoking as a personal choice to tobacco as a public health hazard. Building this kind of narrative power, alongside other forms of power, paved the road for systemic solutions like excise taxes, regulations to keep the product out of public spaces, or change the product itself (like eliminating menthol). This idea of tobacco as a public health hazard has been replicated, reproduced, and reified since the 1960s—it is now the dominant narrative on tobacco.

Building lasting narrative power requires that progressive visions and values be repeated across sectors and in a range of locations, from the living room to the board room, over the long term until those ideas and values become the default. Building that kind of narrative infrastructure means developing the tools and interconnected support systems at all levels to make progress. It includes operating support for the organizations doing the organizing, advocacy, and conducting research; technical assistance for those groups on policy development and policy advocacy, law, science, community organizing, and coalition building; and various supports for direct communication, including support for journalists to tell more complete stories and media advocacy training for journalists' sources.

A well-developed infrastructure fosters a network of organizers, advocates, researchers, and media makers by convening them to stimulate creative thinking, learn from one another, and cement relationships and commitments to creating our healthy future. It can also build capacity to understand how policy and systems change occur, understand what's been successful and what needs improvement, learn how to forefront racial and health equity in the process of making these changes, and see how to identify leverage points across issues.

However, to build lasting narrative power, we fundamentally need to know what we want to accomplish, what needs to change to achieve our goals, and how to make that change happen. Naming those changes — both big and visionary as well as narrow and precise — is essential.

The power to define what's true, to determine the story of the past and institutionalize ideas so they replicate, this is narrative power.

To gain clarity and precision in naming what we want, we can ask: Who decides? Who decides what research is needed? What the policy demand is? How resources are distributed? What organizing and advocacy to support? What network to create and nurture? What are the sites where we can enact change? Who decides what success looks like and what we've learned from our efforts? And how can the change we are seeking today set us up for the next issue we want to win and the narratives that will help us get there?

In the case of tobacco control, advocates built a strong infrastructure to build and wield narrative power, enabling people across the country to share knowledge and bring anti-tobacco efforts to scale. People in all sectors began to see that it was reasonable to hold the industry accountable and to call on government to take action. The result was a wholesale transformation of how, as a nation, we regard tobacco. Foundations and government provided strong support for advocates, researchers, and residents. That support allowed researchers to investigate policy, advocates to bring those policies to life at the local level, residents to engage in communities, and researchers to study how to counter the rhetoric that Big Tobacco was using to thwart policy change.

Transforming the narrative on tobacco took hard work, forward thinking, and support for advocacy and communication. Change came through repeated efforts and changing emphasis at different times or by different groups, depending on circumstances. Sometimes those were explicit strategy decisions, and sometimes parallel efforts from different groups converged, and, at times, not everyone agreed on the best next step. But fundamentally, advocates have and continue to remain aligned on maintaining a lasting dominant narrative that tobacco is a health hazard and solutions require systemic changes. Let's look more closely at the tobacco control movement and each of the components used to build a lasting infrastructure for narrative power.

Tobacco Control: An Example of Building Infrastructure for Narrative Power

Two notes on this table. First, overall strategy—knowing what you want and how to get it—is the driving force behind the components of narrative infrastructure. Second, the relationship among the components listed here is not linear. The components often operate at the same time, and any component may need repetition or emphasis at different times or by different groups depending on circumstances. Making those decisions is what strategy discussions are all about.

	Component	Building narrative power in tobacco control
	Research Who is asking the questions?	Government and foundations invested public and private dollars in research that evolved from establishing the harm of tobacco as long ago as the 1920s to later investigating how to effectively reduce tobacco use to more recent use of community-led research as the foundation for policies that center equity.
	Resources Who decides who will be supported to do the work?	Resources for research and advocacy came from varied sources over time as institutions saw the importance of reducing the harm of tobacco: federal dollars via the National Cancer Institute and the Office on Smoking OR Health; excise taxes to support state and local action; state attorneys general negotiating the Master Settlement Agreement; private funds from foundations like the Robert Wood Johnson Foundation and donors through the American Heart Association, American Lung Association, American Cancer Society, and others.

🏛	***Litigation, legislation, and policy*** How are those who have been most harmed centered in identifying the solutions?	Lawsuits and political pressure on legislatures and government agencies were used to pursue policies for clean indoor air, marketing restrictions, excise taxes, and limiting youth access. BIPOC communities were often at the forefront of calling for these policy changes that targeted their specific needs but also created better health for everyone.
✊	***Organizing and advocacy*** How can the work on this specific issue build longer term narrative power?	Organizers and advocates' actions elevated an evolving narrative on tobacco control, from ASSIST in the 1990s (a partnership of the National Cancer Institute, 17 state health departments and the American Cancer Society) that supported policy and media advocacy to the early 2000s with Policy Advocacy on Tobacco and Health (PATH, a partnership of The Praxis Project and RWJF) that supported local organizing focused on base-building BIPOC organizations and cultivated leadership to the African American Tobacco Control Leadership Council whose work today is finally bringing the FDA to take action to eliminate menthol.
🔗	***Networks*** How does our issue connect to others?	From early multiuser online bulletin boards like the Smoking Control Advocacy Resource Center Network (known as SCARCNet) to today's Campaign for Tobacco-Free Kids and the truth campaign focused on youth-led work, tobacco control networks provide community and a common language; regular meetings build trusting relationships and provide safe spaces to exchange ideas. Many networks, like the African American Tobacco Control Leadership Council and Americans for Nonsmokers Rights have focused on racial justice and on protecting workers.
👥	***Training and support*** Who is visible in high stakes situations?	Groups provided sustained policy and media advocacy training and support for public health advocates and researchers. The *Columbia Journalism Review* prepared guides for journalists on reporting on tobacco; trainings for advocates and organizers fostered shared framing around the harms from the industry and the role of government to rein it in. Advocates transferred their media advocacy skills to new policies as they won their battles. News coverage challenged industry.
🧘	***Reflection and evaluation*** Who determines what's working and what should change? What created transformative change?	Policy change was a clear measure of success. But there was more: Those working in tobacco control created formal and informal mechanisms for reflection and evaluation. The Praxis Project's Policy Advocacy on Tobacco and Health created Learning Circles that brought tobacco-control people together with others involved in health-justice work to learn from each other. Over time, thousands participated, building long-term narrative power.
📢	***Communication*** What new stories and frames are	Researchers and advocates shifted the terms of debate through in-depth analysis of the tobacco industry's narratives and then replaced those narratives about freedom of choice with strong,

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needed? How do we create noise and sustained echo chambers?

engaging narratives about health and freedom from harm. With media advocacy training, advocates created a common story for news and other media that shifted from a focus on individual behavior to fighting the corrupt tobacco industry. This was useful in engaging a broader base to take action and in engaging reporters who conducted investigative journalism on the tobacco industry. Artists defaced billboards and created counter-ads. Young people staged die-ins to garner media attention. Hollywood produced movies vilifying tobacco industry (and advocates are pressuring Hollywood to get smoking out of movies). African-American communities organized to address particularly harmful tobacco industry practices, which catalyzed a greater focus on racial justice among advocates and media and other across institutions and constituencies: medical and public health associations, unions, city councils and boards, schools, bars and restaurants, rodeos, health departments, base-building and community-based organizations, and congregations.