

# The Power of a Frame : An Analysis of Newspaper Coverage of Tobacco Issues—United States, 1985–1996

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*For more than three decades, public policy makers and public health officials have had conclusive evidence of the hazards of tobacco use, yet tobacco products remain legal, accessible, and acceptable in our society. Public health advocates have been unable to develop a consistent, coordinated message powerful enough to combat the influence of the tobacco industry. Studying the way in which the tobacco issue has been framed in the mass media over the past decade may provide important clues as to why public health efforts to overcome the tobacco industry's influence on public policy and on tobacco use have not been entirely successful. This paper describes and analyzes the predominant framing tactics used by the tobacco industry and by tobacco control advocates for the last 11 years by reviewing 179 front-page articles from the New York Times and the Washington Post during this period. We conclude that while the tobacco industry has created a central message and theme which has been used constructively and consistently over time, the tobacco control movement has not developed a consistent, powerful, and compelling message. Developing such a message may be important if the nation is to restore progress in reducing tobacco use.*

For more than three decades, public policy makers and public health officials have had conclusive evidence of the hazards of tobacco use, and public health agencies have implemented a number of educational and policy interventions to reduce tobacco use in the population (U.S. Department of Health, Education, and Welfare [USDHEW], 1964; U.S. Department of Health and Human Services [USDHHS], 1989). Despite the more than 30 years of empirical evidence linking tobacco smoke to lung cancer and heart disease, tobacco products remain legal, accessible, and acceptable in our society. Although tobacco control interventions are now being conducted by both government and private, nonprofit agencies throughout the country, progress in reducing smoking among both adults and adolescents has halted. After declining from 42% in 1965 to 25% in 1990, smoking prevalence among adults remained stable at about 25% through 1995 (Centers for Disease Control and Prevention [CDC], 1997; National Center for Health Statistics, 1997). After declining steadily during the 1970s and early 1980s (USDHHS, 1994), the

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prevalence of past-month smoking among high school students (based on in-school surveys) increased from 28% in 1991 to 36% in 1997 (Centers for Disease Control and Prevention [CDC], 1998).

More Americans die as a result of tobacco use than from AIDS, vehicular crashes, homicides, illicit drugs, fires, and suicides, combined (Galen, Reed, & Scheider, 1995). Annually, over 400,000 Americans die from tobacco-related diseases (CDC, 1993) and an additional 53,000 nonsmokers die from diseases caused by secondhand smoke (Glantz & Parmley, 1991), costing nearly \$100 billion in direct medical costs and indirect costs associated with lost productivity (CDC, 1994; Herdman, Hewitt, & Laschober, 1993). Despite these startling statistics, the tobacco industry remains one of the wealthiest and most powerful industries in the nation, tobacco production and marketing remain essentially unregulated, and the tobacco industry has so far remained relatively well protected from damaging liability claims.

Society's failure to effectively relegate tobacco use to the margins of American culture may be largely explained by the tobacco industry's persistent, powerful, political influence on Congress and state governments (Califano, 1994; Glantz & Begay, 1994; Jacobson, Wasserman, & Raube, 1993; Monardi & Glantz, 1996; Monardi, O'Neill, & Glantz, 1996; Moore, Wolfe, Lindes, & Douglas, 1994; Siegel et al., 1997; Wright, 1990). Nevertheless, the public health community shares responsibility because it has been ineffective in overcoming the tobacco industry's influence.

Studying the way in which the tobacco issue has been framed in the mass media over the past decade may provide important clues as to why public health efforts to overcome the tobacco industry's influence on public policy and on tobacco use have not been entirely successful. This paper describes and analyzes the predominant framing tactics used by the tobacco industry and by tobacco control advocates for the last 11 years by reviewing front-page articles from two major newspapers: the *New York Times* and the *Washington Post*. This analysis enables us to examine why tobacco control efforts have not been consistently successful, and why, despite the clear and convincing evidence that tobacco kills, tobacco use has remained the nation's chief public health problem and the tobacco industry has retained influence over public health policy.

### **The Tobacco Control Movement: A Brief Historical Perspective**

The debate over tobacco control has been a central focus for public health advocates since the first Surgeon General's report on smoking and health was released in 1964 (USDHEW, 1964). That report provided the public with the first definitive conclusions about the links between smoking and lung cancer and other diseases. Largely as a result of that report, educational and legislative efforts to reduce smoking were initiated. In 1965, Congress required that health risk warning labels appear on all cigarette packs and tobacco advertisements, and in 1970, Congress prohibited tobacco advertising on television and radio (Arno, Brandt, Gostin, & Morgan, 1996; USDHHS, 1989).

In response to these regulations and other budding policy initiatives, the tobacco industry began to counterattack the awakening tobacco control movement (Arno et al., 1996). Since then, the tobacco industry has initiated powerful lobbying campaigns that have thwarted most governmental efforts to further regulate tobacco. The tobacco industry has also aligned powerful groups, such as the advertising industry, representatives from broadcast and print media, restaurant associ-

ations, and civil libertarians, to help support the battle against tobacco regulations (Arno et al.).

In 1984, 20 years after the first report on smoking and health was issued, Surgeon General C. Everett Koop reignited the tobacco control movement by stating his message clearly and concisely: tobacco kills. It was Koop's aim to make society smoke-free by the year 2000 (USDHHS, 1989). As a result of Koop's message, key policy initiatives were once again brought forth by health and medical organizations, despite opposition by the tobacco industry. Public antismoking ordinances, restrictions on the advertising and promotion of tobacco products, and state tobacco control programs supported by cigarette tax revenues are all examples of these initiatives.

In 1985, the American Cancer Society (ACS), American Heart Association (AHA), American Lung Association (ALA), and American Medical Association joined in a campaign to urge Congress to eliminate all tobacco advertising (USDHHS, 1989). In 1986, San Francisco became the first large American city to enact an ordinance restricting smoking in the workplace. In 1987, the ACS, AHA, and ALA initiated the Tobacco-Free America project (USDHHS, 1989). And in 1988, California voters approved Proposition 99, a ballot initiative that increased the state cigarette excise tax by 25 cents and earmarked a portion of the revenues for a comprehensive, statewide tobacco control intervention (Bal, Kizer, Felten, Mozar, & Niemeyer, 1990; Novotny & Siegel, 1996; Siegel & Biener, 1997; Traynor & Glantz, 1996).

### **The Tobacco Control Movement's Focus on Youth Smoking**

For a brief period during Koop's era, the message that tobacco kills, which placed complete responsibility for the tobacco epidemic on the tobacco industry, unified the tobacco control movement. However, in recent years, the tobacco control movement has shifted its focus from confronting tobacco as a deadly product to combating youth smoking and the marketing of tobacco products to youth (Glantz, 1996). The message that once characterized the tobacco industry as the merchants of death has been overshadowed by the message that tobacco use is a problem only insofar as it involves the recruitment and addiction of youth smokers by the tobacco industry.

This shift in focus is exemplified by the Food and Drug Administration's (FDA) 1996 tobacco regulations. In asserting jurisdiction over tobacco products, the FDA found that nicotine is addictive, that cigarettes are a drug-delivery device, and that tobacco products kill more than 400,000 Americans each year (FDA, 1996). In spite of these findings, the FDA regulations did very little to change social policy regarding tobacco sale, marketing, and use in the nation. The FDA regulations confront only the sale and marketing of tobacco to minors, leaving the production, sale, and marketing of tobacco essentially intact. They merely require enforcement of preexisting laws that restrict the sale of tobacco to minors and place modest restrictions on forms of tobacco advertising and promotion that appeal to youth.

The most astounding part of the regulation is FDA's blatant dismissal of the overall smoking problem: "This Agency recognizes the need for cigarettes and smokeless tobacco products to remain available to adults, because millions of American adults use and are addicted to these products" (FDA, 1995, p. 41786).

The shift in focus from creating a smoke-free society to reducing youth access to tobacco products and restricting tobacco industry marketing to children is also seen

at the level of community interventions. During the late 1980s and early 1990s, communities focused on developing clean indoor air policies: laws that restricted smoking in public places and workplaces to protect nonsmokers from secondhand smoke. These policies helped to change social norms regarding smoking and have been shown to reduce cigarette consumption and smoking prevalence (Siegel et al., 1997). During the mid-1990s, the community focus shifted from clean indoor air policies to youth access laws that aim to make it more difficult for youth to purchase cigarettes (Glantz, 1997). However, these policies tend to reinforce existing norms that view smoking as an adult activity and have had little success in reducing youth smoking rates (Glantz).

### **The Importance of Issue Framing in Public Health Policy Formation**

A frame is a way of packaging and positioning an issue so that it conveys a certain meaning (Chapman & Lupton, 1994; Entman, 1993; Iyengar, 1991; Ryan, 1991; Schon & Rein, 1994; Wallack & Dorfman, 1996; Wallack, Dorfman, Jernigan, & Themba, 1993). Framing has been defined as the emphasis placed around particular issues “that seeks to define ‘what this issue is really about’ ” (Chapman & Lupton, p. 12) and as “the process by which someone packages a group of facts to create a story” (Wallack et al., p. 68). Schon and Rein (1994) defined frames as “the broadly shared beliefs, values, and perspectives familiar to the members of a societal culture and likely to endure in that culture over long periods of time, on which individuals and institutions draw in order to give meaning, sense, and normative direction to their thinking and action in policy matters” (p. xiii).

The concept of framing was introduced as early as 1954 (Tannen, 1993). Gregory Bateson theorized that “no communicative move, verbal or nonverbal, could be understood without reference to a metacommunicative message, or meta-message, about what is going on—that is, what frame of interpretation applies to the move” (Tannen, p. 3). Tversky and Kahneman showed that minor changes in the way decision problems are framed may influence people’s decisions (1982): “Systematic reversals of preference are observed when a decision problem is framed in different ways” (p. 3). The concept of framing has important implications for individuals’ opinions and attitudes. On the most basic level, the framing of questions influences responses to attitude surveys and public opinion polls (Krosnick & Alwin, 1988).

On a broader level, the framing of an issue forms “the basis by which public policy decisions are made” (Wallack et al., 1993, p. 68; Nelkin, 1987). Framing not only defines the issue, but it also suggests the solution: “If we alter the definition of problems, then the response also changes” (Wallack et al., 1993, p. 82; Ryan, 1991; Watzlawick, Weakland, & Fisch, 1974). As Wagenaar and Streff point out, “how questions are worded is related to how policy advocates and opponents shape and present policy options to legislators and other opinion leaders, as well as to the general public” (Wagenaar & Streff, 1990, p. 203).

The effect of framing has been demonstrated in studies of public opinion on alcohol policies (Wagenaar & Streff, 1990), mandatory seat belt laws (Slovic, Fischhoff, & Lichtenstein, 1982), affirmative action (Fine, 1992), environmental policy (Vaughan & Seifert, 1992), and welfare policy (Smith, 1987). Message framing has been shown to influence not only public opinion, but individual behavior as well (Meyerowitz & Chaiken, 1987; Rothman, Salovey, Antone, Keough, & Martin, 1993; Vookles & Carr, 1993; Wilson, Purdon, & Wallston, 1988; Wilson, Wallston, & King, 1990).

Issue framing is thought to play a central role in the process of public health policy formation. Wallack has argued that in a sense, debates over public health policy issues represent a battle for framing the issue in the eyes of the public and policy makers (Wallack et al., 1993). It is not necessarily the relative merits of various arguments for and against a proposal that most influences its legislative fate. Rather, it is the relative success of proponents and opponents in framing the overall terms of the debate. For example, in tobacco control, “the battle for framing is evident in how the tobacco industry uses symbols and images to promote itself as a good corporate citizen, defender of the First Amendment, protector of free choice, and friend of the family farmer. The industry paints antitobacco people, on the other hand, as zealots, health fascists, paternalists, and government interventionists” (Wallack et al., p. 71). As Jacobson et al. (1993) argue, “how the issue of smoking restrictions is framed is an important component of the legislative debate and outcome” (p. 806).

In their discussion of “the framing of debate,” Chapman and Lupton (1994) emphasize the need to understand “how issues need to be reframed in order to steer public and political support in the desired directions” (p. 18). As the authors further point out, “Political battles are seldom won only on the elegance of logic or by those who can best assemble rational arguments. These are mere strategies within a wider battlefield. The real issue is which are the overall framings of debates that best succeed in capturing public opinion and political will” (p. 125).

### **The Importance of Issue Framing in Tobacco Control**

In their case studies of antismoking legislation in six states, Jacobson et al. (1993) found that the tobacco industry “attempted to shift the nature of the debate from the credibility of the scientific evidence to personal freedoms” (p. 800). Moreover, they observed that “antismoking forces fare better when public health issues dominate and that the tobacco industry benefits when personal freedoms arguments are predominant . . . legislative outcomes favored antismoking advocates during the time that public health dominated the debate. Once the debate shifted to personal freedoms, statewide antismoking legislation stalled” (p. 801).

As Jacobson et al. describe it, the tobacco industry “shifted its opposition to smoking restrictions to a broadly conceived argument equating smoking behavior with other personal liberties, such as freedom of speech and protection against racial discrimination. This argument involves three interconnected concepts: first, governmental interference—that smoking restrictions should be determined by private economic arrangements, not by governmental fiat; second, smokers’ rights—that smokers have certain rights and autonomy in pursuing personal social behavior; and third—nondiscrimination—that smokers cannot be discriminated against for their smoking behavior, particularly in employment, for smoking during non-working hours” (p. 802).

The tobacco industry’s strategy has been quite successful because of the extent to which the core values of its messages are an inherent part of American thinking: “the concept and symbolic importance of individual freedoms are deeply ingrained in American myth, culture, and law. Antismoking advocates may have underestimated how powerfully the idea of personal autonomy for life-style choices resonates among legislators, especially when used creatively to obscure the tobacco industry’s goals. As the tobacco industry has correctly calculated, the individual liberties arguments are seductive when framed as unfair restrictions on private social behavior,

even in the presence of compelling scientific evidence on the adverse health effects from smoking” (Jacobson et al., 1993, p. 807).

Jacobson et al.’s findings suggest that although health is an important core value for the public and policy makers, personal freedoms, civil liberties, and individual rights may be even more compelling values. When the debate is framed in a way such that antismoking legislation is seen as conflicting with these values, antismoking advocates are unlikely to be successful. Moreover, antismoking advocates must directly confront the opposition frames in order to be successful. They must develop their own frames that appeal to the same compelling core values being tapped into by the opposition.

### **Research Objective**

Given the importance of issue framing in the formation of tobacco control policy, it is important to identify the major frames that have been used by the tobacco control movement and by the tobacco industry in the debate over tobacco policy issues. An identification of these frames could help elucidate the reasons why public health advocates have not been more effective in overcoming tobacco industry opposition to tobacco control policies and why progress in reducing smoking among both adults and youth has ground to a halt. Identification of framing strategies could also help public health advocates to develop more effective frames, to more effectively counteract opposition frames, and to develop messages that resonate more clearly with the underlying values and expectations of their target audiences. To our knowledge, no published study has systematically analyzed news coverage of tobacco issues to identify and describe framing strategies used by public health advocates and by the tobacco industry.

### **Method**

#### **Sample Selection, Inclusion and Exclusion Criteria**

We analyzed the content of all front-page news articles related to tobacco issues that appeared in the *New York Times* or the *Washington Post* during the period 1985–1996. These newspapers were chosen because the *New York Times* is recognized as the preeminent newspaper in the nation which sets the media agenda, and the *Washington Post* routinely covers federal policy initiatives and is widely read by policy makers. Using the Lexus-Nexus database, we searched for tobacco-related newspaper articles from these papers. The search was limited to first page, front section news stories that appeared after December 31, 1984, and before January 1, 1997, with any of the following words in the headline: “smoking,” “smoker,” “tobacco,” or “cigarette.” The search rendered 294 articles that fit these inclusion criteria.

We excluded from the analysis articles that met any of eight exclusion criteria: (1) personal human interest stories without discussion of societal or policy implications; (2) stories about international tobacco issues, including importing or exporting tobacco; (3) stories about a cigarette-related fire; (4) stories about the Bureau of Alcohol, Tobacco, and Firearms; (5) stories about smokeless tobacco products; (6) repeat stories within the same newspaper (i.e., the same story in a different edition); (7) stories about smoking drugs (e.g., marijuana); and (8) stories about individual litigation against the tobacco industry, without discussion of societal or policy

implications. Because they do not appear on the first page, editorials, op-ed columns, and letters to the editor were not included in our sample.

After evaluating each identified story for these exclusion criteria, 115 articles were eliminated and 179 remained. These articles represented the final sample for our study.

### **Content Analysis**

Of these 179 articles, 80 were randomly chosen for initial review. These 80 articles were reviewed independently by both authors in two sets of 40. Set 1 was reviewed in order to summarize the main arguments within each article used by public health or tobacco control advocates and by the tobacco industry or other tobacco interest groups. Set 2 was reviewed in order to identify the frames that illustrated the main arguments used by the tobacco control advocates and tobacco interest groups. We then applied the frames developed in our review of set 2 to the arguments identified in set 1 to see how well our frames matched the arguments in these articles.

There are two main differences between a frame and an individual argument. First, a frame is considered to be a perspective of looking at an issue that may include several arguments. For example, the argument that tobacco use is a problem because youth are innocent and too young to make an informed decision to smoke and the argument that tobacco use is a problem because tobacco companies are manipulating youth to smoke through deceptive advertising are both examples of arguments that fall into the broad frame that we called “kids.”

Second, a frame includes not just a series of arguments that share a common perspective of the problem, but also a set of symbols, metaphors, catch phrases, and visual images that can be readily identified as being a part of that frame. For example, the symbol of the innocence of youth, the metaphor of illicit drug use and alcohol use among youth, the catch phrases “underage smoking” and “minors,” and the image of a merchant selling cigarettes to a young child are all part of the “kids” frame as we have defined it in this paper.

For the purpose of this paper, tobacco control frames were defined as those that support the regulation of tobacco (i.e., public health advocates, medical professionals, etc.). Tobacco interest frames were defined as those that oppose the regulation of tobacco (i.e., the tobacco industry, restaurant associations, the advertising industry, smokers’ rights groups, and civil libertarians).

In developing tobacco control and tobacco interest frames that characterized the arguments presented in each news article, we used the framing matrix presented by Charlotte Ryan in her book *Prime Time Activism* (1991) and outlined by Winett (1995). In the framing matrix, each frame was characterized by seven aspects: (1) a title; (2) a core position or concise statement of the frame’s primary argument; (3) a metaphor or analogy to some other familiar policy area suggested by the frame; (4) catch phrases used repeatedly in the frame; (5) visual images evoked by the frame; (6) the source of the problem as suggested by the frame; (7) the implied solution to the problem; and (8) the appeal to the principle of the frame or the core human values to which the frame holds wide appeal.

For each of the 40 articles in set 2, we identified all frames and classified each frame according to the above categories. These frames were then applied to all the summarized main arguments identified in the 40 articles in set 1. This was done to ensure that the framing matrix that was developed represented all the summarized arguments from set 1.

In some cases, we needed to create new frames to characterize arguments made in the articles in set 1 that did not fit into any of our frames from set 2. In other cases, we needed to combine frames that appeared to be describing the same arguments. In either case, the ultimate criterion for deciding on a frame was being able to succinctly state the core position and the appeal to principle: if these two categories didn't correspond, then the frame was split and a new one developed accordingly.

Through this review process, 11 frames were identified for tobacco interest arguments, and 10 for tobacco control arguments. Once all the frames were identified, we independently reviewed all the main arguments summarized in set 1 and made sure that the identified frames on the framing matrix actually represented all the arguments summarized in set 1. We then compared the findings between both coauthors and checked for similar, consistent answers. Discrepancies were resolved easily in most cases, and in the few difficult cases, we again focused on the consistency between a proposed frame's core position and appeal to principle.

Once a complete list of frames was identified, each of the two authors conducted an in-depth analysis of all 179 articles in our sample. For each article, a frame was identified for every tobacco control and tobacco interest argument written about in the article. In addition, each reviewer identified the dominant tobacco control and dominant tobacco interest frame in each article.

In conducting the content analysis, we followed the procedure outlined by Winett (1995). We read each article three times. First, we got a feel for how the issue was being represented by both sides. Second, we made note of the arguments being used, the images invoked, the catch phrases included, what or who was being offered as the cause of the problem, and what or who was being charged with its solution. Third, we reviewed each article in light of all other articles we had already examined to search for common features in the representations we identified for each article.

After each reviewer analyzed the articles, we compared results and resolved any discrepancies by mutual agreement. Discrepancies occurred in only about 5% of the articles, and all were easily resolved.

For each article, we created a record that contained all of the tobacco control and tobacco interest frames that appeared in the article and the dominant frame of each type. We were then able to analyze the extent of appearance of each frame, the pattern of frame appearance by year, and the appearance of tobacco control and tobacco interest frames together in articles.

## Results

The frames initially identified from the random sample of 80 articles were representative of all the frames used in tobacco control and tobacco interest arguments in the 179 articles (Tables 1 and 2). A total of 11 tobacco interest frames and 10 tobacco control frames appears to characterize the arguments found in the *New York Times* and *Washington Post* articles quite well.

### *Dominant Frames*

Despite the presence of 11 tobacco interest and 10 tobacco control frames, a limited number of frames were the dominant frames used in the newspaper articles over the



**TABLE 1** Tobacco Interest Frames, 1985–1996

Frame	Core Position	Metaphor	Images	Catch Phrases	Implied Solution	Principle
Positive economic force	Americans benefit from tobacco money and jobs	Corporate philanthropy	Farmers working hard to make a living and support their families	Good for the economy; employs many people; jobs; small farmers	Protect the industry that is protecting our farmers	Economic livelihood; capitalism; corporate philanthropy
Concerned	Tobacco companies do not want youth to smoke	Corporate concern	Industry-led youth education programs	We don't want kids to smoke	Kids just need to be educated	Educating and protecting youth
Just doing business	Tobacco companies are just looking out for their businesses	Free market	Hard-working business owners	We're just doing business	Leave companies free to operate	Free enterprise
A pleasurable experience	Health risks or not, smoking is a pleasurable activity that is relaxing and relieves stress	Coffee drinking; wine consumption with dinner; sex	Drinking coffee in the morning with a newspaper; cigarettes in one hand, coffee in the other	Take a drag; rush/hit; stimulant; alert; calm; concentration sharpened; relaxed; taste; pleasing; have a smoke; we all have to die of something	Let people enjoy one of the last remaining pleasures	Freedom; autonomy; tradition; individual rights
Health vs. wealth	Business world would suffer	Environmental regulation; excessive governmental regulation	Hard-working small business owners	Economic impact; adverse impact; jobs; out of business; tourism; difficult times; recession; making a living	Leave small businesses free to operate	Capitalism; free enterprise; protection for small businesses; economic livelihood
Big government /civil liberties	Big government is again interfering with personal lifestyle decisions; where will it stop? Government is taking away the rights of smokers	Big Brother; alcohol prohibition; civil rights	Big Brother; government on the backs of the people	Big Brother; big government; government off our backs; what will be next; goes too far; smokers' rights; de-facto prohibition; outlaw	Keep government off the backs of business	Freedom; autonomy; individual rights
Moralizing/ hostility/ prohibition	Antismoking zealots are moralizing to us, discriminating against us; rules are too drastic, health advocates are promoting their own agendas, want to eventually prohibit smoking	Puritanism; the Holocaust	The Puritan era; the Holocaust; the Gestapo; war	Second-class citizens; cultural war; hostility; antismoking zealots; health Nazis; Gestapo; attacking smokers; ax to grind; militant nonsmokers; fed up; fuming; punitive; hypocritical	Promote tolerance and acceptance of smokers	Tolerance; respect; acceptance; freedom; autonomy
Manipulation of science	Government and antismoking advocates are manipulating scientific data to come to predetermined conclusions to support their personal desire to eventually ban cigarettes	Other examples of government lies, deception, and manipulation; censorship	Antismoking advocates playing around with statistics and data	Junk science; manipulating science; lying about statistics; predetermined conclusions; both sides of story; censorship; bias; garbage studies	We must not let junk science influence our policy making	Fairness; equality; truth; freedom; democratic principle; corrupting influence of power
Accommodation	We can and should accommodate smokers and nonsmokers	Accommodation of customers; negotiation etiquette	A negotiation session; a hospitality setting where customers are welcomed	Accommodate; fair; balanced; reasonable; compromise; hospitality; customers; clientele	Accommodate smokers and nonsmokers	Fairness; equality; tolerance; acceptance; compromise
Choice	Smoking is a matter of choice like any other choice in life	Other life choices, like drinking alcohol or having sex	Mature adults choosing to drink alcohol or have sex	Choice; mature adults; judgment; customers; autonomy; clientele; know risks	Allow people the choice whether to smoke or not and whether to eat at a smoke-free restaurant or not	Personal freedom; autonomy; individual rights
Free speech/legal product	First Amendment protects advertising and promotion of legal products	Free speech	People exercising their First Amendment rights of free speech and assembly	First Amendment; free speech; rights of commercial speech; ACLU; constitutional; if it's legal to sell it, it's legal to advertise it; legal product	Do not abridge First Amendment right of companies to advertise tobacco products	Free speech; freedom; rights; democratic principle

**TABLE 2** Tobacco Control Frames, 1985–1996

Frame	Core Position	Metaphor	Images	Catch Phrases	Implied Solution	Principle
Drug delivery device	Nicotine is addictive and companies manipulate levels; FDA must therefore regulate the product for consumer safety	Regulation of deceptive packaging; labeling of foods; medical drug-delivery devices (e.g., asthma inhalers); other addictive drugs	A drug delivery device, such as an inhaler or a needle	Drug delivery device; addictive; nicotine; intoxicating; dose; nicotine yield; consumer safety	FDA must regulate nicotine as a drug	Health; consumer protection
Killer	Smoking kills; therefore, tobacco should be regulated and tobacco marketing eliminated and we must work for a smoke-free society	Other products that kill	People dying; people lying sick in hospital beds; funerals	Death; tobacco kills; 400,000 deaths per year; cancer stick; carcinogens; smoke-free society; tobacco-free America	Regulate tobacco and eliminate tobacco marketing	Health; corporate responsibility
Corporate liability	Manufacturers are liable for damage caused by their products	Other examples of defective products, where manufacturers are liable for damages	Defective manufactured products	Product liability; damages; tort; consumer protection	Regulate tobacco industry and pursue lawsuits against companies	Health; consumer protection; justice
Costs of smoking	Smoking causes economic losses to our business, health care, and productivity	Other causes of decreased business productivity or increased costs	Huge medical bills	Costs; productivity; absenteeism; health insurance	Tobacco companies should compensate society for costs of tobacco	Economic livelihood; business productivity
David vs. Goliath	Antismoking advocates and health advocates, with little money and power, are fighting against a huge corporate monster with vast resources	David vs. Goliath; favorite vs. underdog in a sports event	Image of David vs. Goliath	Conglomerate; hired big guns; well-financed; most profitable business; tobacco food giants; win battles; war; domination; outspending	The corporate monster must be regulated	Fairness; equality; appeal of the underdog

Outside intruder	Tobacco industry is interfering with public health policy, writing policy, promoting its own special interests, even paying off politicians	Special interest politics; campaign financing; conflict of interest	Behind-the-scenes lobbying in smoke-filled rooms	Front groups; using influence; lobbying; close ties; special interest; influence peddling	Keep tobacco industry out of policy making	Democracy; local control; autonomy
Smokers at risk	Individual smokers are putting themselves at great risk by smoking; we must work on getting smokers to quit	Other addictions: alcohol, heroin, cocaine, chocolate, sex	Images of people addicted to alcohol, heroin, chocolate	Unhealthy habit; know the risks; making love with death; dangerous, dumb, and dirty habit; wrong to smoke	Individual smokers must be discouraged from smoking	Health
Deceit/manipulation	The tobacco industry manipulates people to smoke through its advertising; tobacco companies are deceiving people by not admitting that tobacco kills	Truthfulness of advertising: corporate lies; targeting of specific groups by corporations	Tobacco executives lying before Congress	Truthfulness of advertising; lies; deceit; manipulation; fraud; targeting; conceal; hide; secret documents	Tobacco companies must stop the lies, deceit, and manipulation	Fairness; truth
Kids	The tobacco industry is targeting kids as potential smokers, merchants are selling tobacco to minors, and that is wrong because kids shouldn't smoke	Youth and alcohol, illicit drugs, sex	Merchant selling cigarettes to a young child	Underage smoking; youth smoking; minors; tobacco-free kids; targeting kids; pure; innocent; teens	Kids shouldn't smoke, companies shouldn't advertise to kids, and merchants shouldn't sell cigarettes to kids	Health; innocence of kids
Nonsmokers' rights	Secondhand smoke is a significant health hazard and nonsmokers have a right to be protected in the workplace and other public places	Environmental toxins; workplace hazards; occupational and environmental health and safety	The image of smoke or a smoky room	Nonsmokers' rights; secondhand smoke; involuntary smoking; passive smoking; health hazard; protection of nonsmokers; smoke-free	Smoking should be eliminated in public places and workplaces	Health; freedom; individual rights

last 11 years. The dominant frames most frequently used by the tobacco industry and its allies included the following:

- (1) *Positive economic force* (31 articles). The message is that Americans benefit from tobacco money, which boosts the economy and provides thousands of jobs to the public.
- (2) *Morality/hostility/prohibition* (21 articles). The message is that antismoking advocates are zealots who are moralizing and hostile toward smokers and whose real motive is to prohibit tobacco entirely.
- (3) *Free speech/legal product* (19 articles). The message is that tobacco is still a legal product, so the companies are free to advertise the product.
- (4) *Just doing business* (18 articles). The message is that the tobacco companies are simply doing business, doing what they are legally entitled to do as companies under the American free enterprise system.
- (5) *Big government/civil liberties* (17 articles). The message is that big government is interfering with personal lifestyle decisions and civil liberties.
- (6) *Accommodation* (17 articles). The message is that we must accommodate all persons, smokers and nonsmokers alike.

The dominant frames used most frequently by tobacco control advocates include the following:

- (1) *Deceit/manipulation* (44 articles). The message is that the tobacco industry is deceptive in its advertising and public relations, manipulating people to smoke and convincing people that tobacco is not as harmful as health advocates suggest.
- (2) *Nonsmokers' rights* (43 articles). The message is that environmental tobacco smoke is a significant health hazard to nonsmokers, and the public, especially children, has the right to be protected from environmental tobacco smoke at work and in public places.
- (3) *Kids* (24 articles). The message is that the tobacco industry is targeting kids as potential smokers and that our society must help keep kids from smoking.
- (4) *Killer* (21 articles). The message is that tobacco kills and that we must therefore work toward a smoke-free society.

### **Core Principles of Dominant Frames**

The 11 tobacco interest frames tend to appeal to powerful core principles which are deeply ingrained in the American consciousness: freedom (seven frames), autonomy (five frames), individual rights (four frames), economic opportunity or livelihood (three frames), capitalism and free enterprise (three frames), the democratic principle (three frames), fairness (three frames), and equality (three frames). Only one frame (*concerned about youth*) fails to appeal to one of these above principles. In contrast, five of the 10 tobacco control frames do not appeal to any of these important core principles.

In general, the tobacco control frames rely heavily on an appeal to the core value of health. However, most of the health-related frames define tobacco use as a problem only because of certain aspects of the problem (e.g., because the tobacco companies are manipulating nicotine levels [*drug delivery device*] or because the

**TABLE 3** Trends in Dominant Tobacco Interest and Tobacco Control Frames, 1985–1996

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	Total
<i>Tobacco Interest Frames</i>													
Positive economic force	2	0	1	2	1	3	2	0	4	6	6	4	31
Moralizing/hostility/prohibition	0	0	1	2	1	2	1	0	1	6	6	1	21
Free speech/legal product	1	4	4	0	0	1	0	2	0	4	1	2	19
Just doing business	1	0	1	0	2	3	0	1	1	6	0	3	18
Big government/civil liberties	0	2	1	3	0	2	1	0	0	2	1	5	17
Accommodation	1	3	4	1	2	0	0	0	1	4	0	1	17
Choice	1	0	0	3	0	3	1	2	0	0	2	0	12
Manipulation of science	0	0	0	2	1	1	0	1	3	1	1	2	12
Health vs. wealth	2	0	0	0	0	1	0	0	0	4	2	1	10
A pleasurable experience	0	0	0	0	0	0	0	0	0	5	1	3	9
Concerned about youth	1	0	0	0	0	0	0	0	0	1	0	4	6
<b>Total Articles</b>	<b>9</b>	<b>9</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>16</b>	<b>5</b>	<b>6</b>	<b>10</b>	<b>39</b>	<b>20</b>	<b>26</b>	<b>172</b>
<i>Tobacco Control Frames</i>													
Deceit/manipulation	0	2	1	4	1	7	0	3	0	14	4	8	44
Nonsmokers' rights	2	4	8	3	3	4	0	0	4	10	4	1	43
Kids	0	0	1	0	0	2	0	0	1	2	9	9	24
Killer	4	2	1	2	1	2	3	2	1	1	1	1	21
Outside intruder	0	0	1	1	2	1	1	0	2	0	0	5	13
Drug delivery device	0	0	0	2	0	0	0	1	0	8	1	1	13
Corporate liability	0	0	0	0	0	1	1	0	0	1	1	1	5
Smokers at risk	0	1	0	0	0	0	1	1	2	0	0	0	5
Costs of smoking	1	0	0	0	0	0	1	0	0	2	0	1	5
David vs. Goliath	1	0	0	1	0	0	0	1	0	1	0	0	4
<b>Total Articles</b>	<b>8</b>	<b>9</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>17</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>39</b>	<b>20</b>	<b>27</b>	<b>177</b>

tobacco industry is targeting kids [*kids*]). Only three frames (*killer*, *corporate liability*, and *nonsmokers' rights*) frame tobacco as a problem simply because it kills people, because society should try to eliminate these preventable deaths, and because companies should be held responsible for the damages caused by their products. Of these four frames, only the *nonsmokers' rights* frame has appeared in news articles to any significant extent during the past three years.

### **Pattern-Over-Time Findings**

Since the analysis included the last five years of the 1980s and the first six years of the 1990s, we were able to examine how frames evolved or changed over a significant period of time (Table 3).

Over the last 11 years, tobacco control frames have evolved from those that closely reflected Surgeon General Koop's message that tobacco kills and that we must work to achieve a smoke-free society to frames that focus primarily on combating youth smoking and regulating the tobacco industry from targeting youth as potential smokers.

The *killer* frame, popular in the mid-1980s during the Koop era, quickly faded as a dominant frame and almost disappeared by the mid-1990s. While the *killer* frame was the dominant frame in 17 (21%) of the 81 articles during the period 1985–1992, it was the dominant frame for only four (4%) of the 96 articles during the period 1993–1996 (Table 3).

During the Koop era, when the hazards of secondhand smoke began to be widely publicized, the *nonsmokers' rights* frame was dominant. This frame also appeared frequently during the period 1993–1995, following the release of the Environmental Protection Agency report on passive smoking. However, the *nonsmokers' rights* frame appeared as the dominant frame in only one article in 1996.

Starting in 1994, the *drug delivery device*, *deceit/manipulation*, and *kids* frames came to dominate media coverage of tobacco issues, and the latter two frames remained dominant through the end of 1996. During 1996, these two frames alone accounted for more than half (17 of 27 articles) of the dominant frames. The *kids* frame was the leading tobacco control frame in 1995 and 1996.

Our pattern-over-time analysis of tobacco interest frames indicates that tobacco interest groups have been more consistent over time with their dominant frames than the tobacco control community has been. From the mid-1980s through 1996, tobacco interest groups have consistently emphasized the intrusion of tobacco control advocates into individual liberties and freedom of choice as their overall framing tactic. Although new frames have been introduced over time, the development of new frames has primarily been in response to the new frames introduced by tobacco control advocates. In most cases, the new frames developed by tobacco interests have been variations on already existing, powerful frames.

For example, in the late 1980s when the *nonsmokers' rights* frame was introduced by tobacco control advocates, the tobacco industry counterattacked with the message that policies restricting smoking in public places were discriminatory and stripped smokers of their rights. They went further and argued that antismoking advocates were zealots, health Nazis, or health fascists who were trying to prohibit tobacco use, control people's lives, and advance their own personal agendas. This *morality/hostility/prohibition* frame is really a variation on the consistent *big*

*government/civil liberties* and *choice* frames. Another example of a new frame developed by the tobacco industry in the 1990s is its *concerned about youth* frame. This frame, although different from the dominant *choice* frame, was introduced in reaction to the tobacco control movement's youth smoking frames.

## Discussion

We have presented what we believe is the first published, systematic analysis of frames used by tobacco control advocates and by the tobacco industry in arguing tobacco-related public policy issues over the past decade. One of the most important findings from this analysis is our observation of a shift in the tobacco control movement's framing strategy during this period. During the mid- to late-1980s, the dominant tobacco control frames were those based on the argument that tobacco kills both smokers and nonsmokers, that society has a responsibility to eliminate these preventable deaths, and that tobacco companies must be held accountable for the damages caused by their deadly products. In recent years, tobacco use has been framed as a public health problem not because it kills people but because the tobacco companies manipulate nicotine levels, deceive the public, and market their products to youth.

One of the most important consequences of the way a public health issue is framed is the solution to the problem that the frame implies (Iyengar, 1991 ; Wallack et al., 1993). If the problem is that tobacco kills, then the solution is to eliminate tobacco-related deaths and work to create a smoke-free society. However, if the problem is that the tobacco companies are manipulating nicotine levels, deceiving the public, and addicting kids, then the solution is simply to stop the companies from doing this. Rather than addressing the tobacco epidemic as the public health problem, these frames focus solely on the tobacco industry's deceptive or illegal behavior. According to these frames, if the tobacco companies simply produced their products and marketed them to adults, there would be no problem.

While these frames are useful in helping the media and the public focus on the tobacco industry as the source of the problem, it is vital to continually remind the public that the tobacco industry produces a product that is deadly for everyone: smokers, passive smokers, adults, and youth. The fact that tobacco is a deadly product has been all but lost in the current tobacco control frames. The tobacco control movement has diluted its public health message by focusing on many issues that have little direct relation to the primary thesis that tobacco is a public health problem because it is killing 400,000 Americans each year. Youth are unlikely to take the antismoking message seriously if they perceive society as accepting smoking among adults as the norm and see society reacting to the problem only when kids, manipulation, or deception are involved.

A second major finding of this analysis is that the frames used by the tobacco control movement changed often over time. None of the frames that we identified were used consistently throughout the 11-year period. This is problematic, since changing the social norms that affect smoking behavior requires the sustained delivery of consistent messages over a long period of time.

In contrast, the tobacco industry has been steadfast in consistently targeting core human values as its dominant framing tactic. The three dominant tobacco interest frames (*positive economic force*, *moralizing/hostility/prohibition*, and *free speech/legal product*) conjure up images of an America whose citizens are free to pursue happiness and the American dream by making their own choices in an environment of economic prosperity. With the power of these images, it is no

wonder that the tobacco industry has been able to remain so effective in the public policy arena.

The tobacco control movement has not only vacillated with its frames more than tobacco interests, but it has introduced more new frames over time, thus diluting the force of its most powerful frames. The tobacco industry has been more consistent with its frames, using the most powerful ones over and over in a given policy debate, as well as over time.

A third major finding of our analysis is the tobacco industry's consistent use of certain frames to specifically counteract tobacco control frames. In other words, the tobacco industry has not been content to let public health advocates dictate the terms of debate. The industry has attempted to reframe tobacco policy issues so that they are perceived by the public and policy makers as violating important core values, such as freedom, independence, autonomy, fairness, economic opportunity, and free enterprise.

This finding may have implications for developing more effective arguments for tobacco policies. Tobacco control advocates must not accept the frames used by the tobacco industry to set the terms of debate. Instead, they must reframe these policy issues so that supporting, rather than opposing, the tobacco policy in question is perceived as reinforcing the core values of freedom, autonomy, fairness, and free enterprise. For example, when the tobacco industry talks about civil liberties, public health advocates might talk about the most basic civil liberties of all: the right to breathe clean air and the right to raise one's children without the interference of an industry that is trying only to enhance its own profits. Similarly, when the tobacco industry talks about economic hardship caused by the regulation of smoking in public places, public health advocates might talk about the economic hardship that restaurant workers suffer when they become sick, hospitalized, or disabled from the devastating illnesses caused by secondhand smoke.

The major limitation of this study is that the identification and classification of frames is a subjective process. Other analysts could conceivably come up with a very different set of frames from those presented here. However, the general findings of our analysis, especially those related to changes in frames used over time, are not sensitive to minor differences in the definition of frames. This paper represents only a first attempt to identify frames for tobacco policy issues. This process must start somewhere. The similarities between our findings and those of Jacobson et al. (1993) support the reliability of this process.

Despite these limitations, our findings do provide some important lessons for public health practitioners. Careful, well-thought-out framing strategies are vital in developing a successful, long-term tobacco control policy campaign. The public health community should move toward a more coordinated, consistent framing of tobacco control issues that is firmly rooted in the principles of public health. The recent emphasis on combating teenage smoking and on defining the tobacco problem as one of youth tobacco use and the marketing of tobacco to youth has overshadowed the more powerful messages of the Koop era—that tobacco kills, and that society must work to eliminate the chief preventable cause of death. The tobacco control movement must reframe the tobacco policy debate to convince the public and policy makers that the real and most pressing threat to the freedom, independence, autonomy, and economic prosperity of American citizens and American society is the production, sale, and marketing of the nation's most deadly product.



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