

**CHARLES UNIVERSITY**

**FACULTY OF SOCIAL SCIENCES**

Institute of Communication Studies and Journalism

Department of Marketing Communication and Public Relations

**Bachelor's Thesis**

**2025**

**Radim Karel Žihla**

**CHARLES UNIVERSITY**

**FACULTY OF SOCIAL SCIENCES**

Institute of Communication Studies and Journalism

Department of Marketing Communication and Public Relations

**Strategic PR campaigns promoting snus as a tool for  
smoking cessation in the Czech Republic**

Bachelor's Thesis

Author of the Thesis: Radim Karel Žihla

Study programme: Marketing Communication and Public Relations

Supervisor: doc. PhDr. Denisa Hejlová, Ph.D.

Year of the defence: 2025

## **Declaration**

1. I hereby declare that I have compiled this thesis using the listed literature and resources only.
2. I hereby declare that my thesis has not been used to gain any other academic title.
3. I fully agree to my work being used for study and scientific purposes.
4. During the preparation of this thesis, the author used DeepL Translator in order to translate passages of the text from the Czech language. The author also used Gemini solely for the purpose of academic literature research. After using these tools, the author reviewed and edited the content as necessary and takes full responsibility for the content of the publication.

In Prague on July 29, 2025

Radim Karel Žihla

## **Bibliographic record**

Žihla, Radim Karel. *Strategic PR campaigns promoting snus as a tool for smoking cessation in the Czech Republic*. Praha, 2025. 76 s. Bachelor's thesis (Bc). Charles University, Faculty of Social Sciences, Institute of Communication Studies and Journalism, Department of Marketing Communication and Public Relations. Supervisor doc. PhDr. Denisa Hejlová, Ph.D.

**Length of the Thesis: 83 223 characters with spaces**

## **Abstract**

This thesis analyses strategic communication tools used by the tobacco industry to promote the “The Swedish Experience” narrative within the Czech media environment. Grounded in the context of a modern, highly regulated market, the research examines how this narrative is systematically constructed and disseminated. The theoretical section defines oral smokeless products, introduces the concept of Tobacco Harm Reduction (THR), and deconstructs the “The Swedish Experience” narrative itself, including the campaigns that use it. The analytical part employs a two-phase analysis of media articles published in 2024, combining a quantitative overview with an in-depth qualitative thematic analysis of a sample of eight texts. The findings reveal a sophisticated communication model designed not merely to promote specific products, but to strategically reframe the entire public debate surrounding nicotine use.

## **Keywords**

**snus, nicotine pouches, smoking cessation, The Swedish Experience, Tobacco Harm Reduction, tobacco promotion, tobacco industry**

## **Title**

Strategic PR campaigns promoting snus as a tool for smoking cessation in the Czech Republic

## **Abstrakt**

Tato práce analyzuje strategické komunikační nástroje používané tabákovým průmyslem k propagaci narativu „The Swedish Experience“ v českém mediálním prostředí. Na základě kontextu moderního, vysoce regulovaného trhu výzkum zkoumá, jak je tento příběh systematicky konstruován a šířen. Teoretická část definuje orální bezdýmné výrobky, představuje koncept „snižování škodlivosti tabáku“ (THR) a dekonstruuje samotný narativ „The Swedish Experience“, včetně kampaní, které jej využívají. Analytická část využívá dvoufázovou analýzu mediálních článků publikovaných v roce 2024, přičemž kombinuje kvantitativní přehled s hloubkovou kvalitativní tematickou analýzou vzorku osmi textů. Výsledky odhalují sofistikovaný komunikační model, který není určen pouze k propagaci konkrétních produktů, ale strategicky přetváří celou veřejnou debatu o užívání nikotinu.

## **Klíčová slova**

**snus, nikotinové sáčky, odvykání kouření, The Swedish Experience, snižování škod způsobených tabákem, propagace tabáku, tabákový průmysl**

## **Název práce**

Strategické PR kampaně propagující snus jako nástroj pro odvykání kouření v České republice

## **Acknowledgement**

I would like to express my sincere gratitude to my supervisor, doc. PhDr. Denisa Hejlová, Ph.D., for her expert guidance, valuable advice, and insightful comments throughout the preparation of this bachelor's thesis. I greatly appreciate her time, patience, and professional approach, which have contributed significantly to the final form of this text. I would also like to thank my parents for their support and for creating the best possible conditions for my studying.

# Table of contents

INTRODUCTION .....	10
<b>1. THEORETICAL PART .....</b>	<b>12</b>
1.1 DEFINITION OF TERMS: ORAL SMOKELESS PRODUCTS .....	12
1.1.1 <i>Chewing Tobacco</i> .....	12
1.1.2 <i>Snus</i> .....	13
1.1.3 <i>Nicotine Pouches</i> .....	13
1.2 HISTORY OF ORAL SMOKELESS PRODUCTS.....	14
1.3 REGULATION OF ORAL SMOKELESS PRODUCTS IN THE CZECH REPUBLIC .....	16
1.3.1 <i>Regulation of oral tobacco in the Czech Republic</i> .....	16
1.3.2 <i>Regulation of chewing tobacco in the Czech Republic</i> .....	17
1.3.3 <i>Regulation of nicotine pouches in the Czech Republic</i> .....	17
1.4 TOBACCO HARM REDUCTION .....	19
1.4.1 <i>Harm Reduction</i> .....	19
1.4.2 <i>Tobacco Harm Reduction</i> .....	20
1.4.2.1 The risk spectrum of nicotine products.....	21
1.4.2.2 Problems and controversies associated with THR.....	21
1.5 SWEDISH REALITY: DATA ON NICOTINE USE, PUBLIC HEALTH AND THE REGULATORY ENVIRONMENT. 23	
1.5.1 <i>Prevalence of tobacco and nicotine products use in Sweden</i> .....	23
1.5.2 <i>Diseases associated with OSP use</i> .....	24
1.5.3 <i>Swedish legislation</i> .....	24
1.6 THE SWEDISH EXPERIENCE NARRATIVE .....	26
1.6.1 <i>Why Sweden? The importance of the country positioning</i> .....	26
1.6.2 <i>Campaigns using The Swedish Experience narrative</i> .....	27
1.6.2.1 Smoke Free Sweden (SFS) campaign.....	29
1.6.2.1.1 Key actors in the Smoke Free Sweden campaign.....	29
1.6.2.1.2 Outputs from the Smoke Free Sweden campaign.....	32
1.6.2.2 Quit Like Sweden (QLS) campaign.....	33
1.6.2.2.1 Key actors in the Quit Like Sweden campaign .....	33
1.6.2.2.2 Outputs from the Quit Like Sweden campaign .....	34
<b>2. ANALYTICAL PART .....</b>	<b>35</b>
2.1 METHODOLOGY .....	35
2.2 RESEARCH QUESTIONS.....	36
2.3 QUANTITATIVE ANALYSIS .....	36
2.3.1 <i>Quantitative analysis dataset</i> .....	36
2.3.2 <i>Presentation of the quantitative analysis data</i> .....	37
2.4 QUALITATIVE ANALYSIS .....	38

2.4.1	<i>Qualitative analysis dataset</i> .....	38
2.4.2	<i>Presentation of the discovered data</i> .....	38
2.4.2.1	Introduction of the themes discovered.....	38
2.4.2.1.1	Theme 1: Constructing a Narrative of Pragmatic Salvation.....	38
2.4.2.1.2	Theme 2: Legitimizing the Narrative through Orchestrated Authority.....	41
2.4.2.1.3	Theme 3: Neutralizing Dissent and External Threats.....	42
2.4.2.2	Synthesising themes and introducing concepts.....	44
2.4.2.2.1	Concept 1: Narrative Authentication.....	44
2.4.2.2.2	Concept 2: Rhetorical Vaccination.....	45
2.4.2.3	Conceptual model .....	46
2.5	RESULTS.....	48
2.5.1	<i>Summary of key findings</i> .....	48
2.5.2	<i>Answer to RQ1</i> .....	48
2.5.3	<i>Answer to RQ2</i> .....	49
2.5.4	<i>Answer to RQ3</i> .....	49
	<b>DISCUSSION</b> .....	<b>50</b>
	<b>CONCLUSION</b> .....	<b>51</b>
	<b>ZÁVĚR</b> .....	<b>53</b>
	<b>LIST OF REFERENCES</b> .....	<b>54</b>
	<b>LIST OF FIGURE REFERENCES</b> .....	<b>63</b>
	.....	<b>64</b>
	<b>LIST OF APPENDICES</b> .....	<b>68</b>
	<b>Six steps of systematic thematic analysis</b> .....	<b>70</b>
	Systematic thematic analysis is a structured, sequential approach to interpreting qualitative data. Each phase builds on the previous one, allowing for a comprehensive understanding of the data and ensuring clear links between the data, interpretation, and final conclusions.....	70
	<b>Summary of “R” criteria for ensuring the quality of analysis</b> .....	<b>71</b>
	<b>Step 1: Creation of the dataset (excerpts) - Deductive filtering</b> .....	<b>73</b>
	<b>Step 2: Identification of keywords - Inductive</b> .....	<b>73</b>
	<b>Step 3: Creating codes</b> .....	<b>74</b>
	<b>Step 4: Synthesizing the codes into themes</b> .....	<b>74</b>
	<b>Steps 5 and 6: From themes to concepts and conceptual model</b> .....	<b>75</b>

## Introduction

The public debate on nicotine use in the Czech Republic has undergone a fundamental transformation in recent years. While smoking traditional cigarettes is increasingly stigmatized and subject to strict legislation, alternative products such as nicotine pouches and heated tobacco are growing rapidly in popularity (Státní zdravotní ústav, 2025). These products, often used discreetly and odourlessly, are building an image of a modern and smarter choice. This trend is taking place in the paradoxical context of an era in which advertising for tobacco products is strictly regulated.

A strong and internationally resonant narrative known as “The Swedish Experience” plays a key role in this new wave of communication. This story portrays Sweden as a model country that has almost eradicated smoking and the associated health risks thanks to a massive shift among smokers to oral smokeless products such as snus. This narrative is actively promoted by influential campaigns, which are linked to the tobacco industry, and is appearing in the Czech media.

In this context, it is therefore essential to ask: How is this compelling story constructed? What specific narrative and rhetorical strategies are used to spread it? How is the authority of the actors behind it built, and how is scientific data used to make it appear as credible as possible? The main objective of this bachelor's thesis is therefore to analyse the strategic communication tools used by the tobacco industry and related organizations to promote “The Swedish Experience” narrative in the Czech media.

The thesis is divided into a theoretical and an analytical part. The theoretical part first defines key terms in the field of oral smokeless products, maps their history and describes legislative context of these products in the Czech Republic. It then introduces the concept of Tobacco Harm Reduction (THR) and describes in detail the narrative of “The Swedish Experience” itself, including the campaigns that actively promote it. The core of the thesis is the analytical part, which is based on a two-phase research design. A combination of preparatory quantitative

analysis and in-depth qualitative thematic analysis was used to identify, describe, and explain specific communication strategies found in a selected sample of Czech media texts.

Contrary to the original intention of an equal quantitative and qualitative analysis, the quantitative part was ultimately used primarily to map the media coverage and select the research sample for qualitative analysis. The focus of the work thus shifted entirely to an in-depth qualitative thematic analysis.

The examination of this issue is highly topical. In a time of strict advertising regulations, strategic communication is shifting to less obvious areas of public relations, media relations, and influencing expert debate. Understanding these mechanisms is crucial for media literacy, for the work of public health authorities, and for future regulatory decision-making. This work aims to go beyond a mere description of this phenomenon and offer a systematic model that reveals its internal logic and functioning.

## **1. Theoretical part**

### **1.1 Definition of Terms: Oral Smokeless Products**

As this bachelor thesis is dedicated to the promotion of snus as a smoking cessation tool, it is appropriate to first define the terms in the field of oral nicotine products. Terms such as “chewing tobacco” or “smokeless tobacco” are often used to describe these products. However, these labels do not consider the differences between the different forms of oral nicotine products, the existence of smokeless snuff products and tobacco-free nicotine products that have started to appear on the market in recent years. The definition of the terms is essential for the understanding of this work. For the purpose of this thesis, I have chosen the term oral smokeless products (OSPs) for these products, which takes into account all these aspects.

#### **1.1.1 Chewing Tobacco**

Chewing tobacco is a product that is made from roughly cut tobacco leaves. This type of oral tobacco is often flavoured and sweetened. Chewing tobacco undergoes fermentation during production, which enhances the flavour and aroma. However, this process increases the amount of TSNAs, which are Tobacco Specific Nitrosamines. These nitrosamines are a significant carcinogenic component of chewing tobacco. It is also usually made from fire-cured tobacco, which again increases the amount of carcinogens (Rutqvist et al., 2011; International Agency for Research on Cancer, 2007).

This product is available in several forms. It can be loose tobacco leaf (loose leaf), pressed cubes (plug) or twisted rolls (twist). The use of chewing tobacco is sometimes referred to as “dipping”, hence the, rarely used, collective term dip (Pickworth, 2020). In its use, the tobacco must be chewed or held in the mouth to release nicotine and flavour. The need to spit when using is characteristic due to increased saliva production.

### **1.1.2 Snus**

Snus is traditionally made from sun-cured or air-cured tobacco, without the use of artificial sources of heat or moisture. Other ingredients are water, sodium chloride (salt), sodium carbonate (soda), humectants and flavourings (Foulds et al., 2003). Snus, unlike chewing tobacco, does not undergo fermentation. Traditional snus is pasteurised and made from air- or sun-dried tobacco. For these reasons, it contains less TSNA than chewing tobacco (Nilsson, 1998).

This product is available as portions and loose or portionssnus, or lössnus. Portioned snus has individual portions packed in pouches, whereas loose snus is not portioned and has to be scooped and shaped by hand (Foulds et al., 2003). In both cases, the portion is placed under the lip, so it is not necessary to chew the product to release the nicotine.

One may also encounter the term “American snus”, which is a term for products packaged in pouches like portionssnus. However, the composition, nicotine content and method of production are different. Thus, according to Foulds and Furberg (2008), this product should not be labelled as snus. According to these authors, only products comparable in quality to Swedish snus should be labelled snus.

### **1.1.3 Nicotine Pouches**

Nicotine pouches are a nicotine product with no tobacco content as such. They contain nicotine obtained synthetically or extracted from tobacco. The contents of the pouch are generally composed of microcrystalline cellulose with water, acidity regulators, salt, flavourings, sweeteners and nicotine (Azzopardi et al., 2022).

They are sold in sachet form, similar to portioned snus. Like portioned snus, they are also used. Nicotine pouches are not chewed but inserted under the, usually upper, lip. Currently, nicotine pouches are available on the Czech market in more than 20 flavours. As a rule, the product is white, without any significant colouring (Azzopardi et al., 2022).

## 1.2 History of Oral Smokeless Products

Following the definitions of oral smokeless products in the previous chapter, this chapter focuses on their historical development. Understanding the history, development and cultural embeddedness of these products is essential to understanding their current role in society, the regulatory framework and the debate surrounding these products.

The history of tobacco use can be traced to the American continent. Plants of the genus *Nicotiana* were domesticated approximately 6 000 to 8 000 years ago in the Andes, in South America. Tobacco was used in many ways, whether by smoking, chewing (mixed with lime), snuff or rectally. However, tobacco was not used as a recreational drug by the indigenous peoples of the Americas; to the natives it was a miracle plant of great power and importance. It was therefore used in rituals, ceremonies and as medicine. This contrasts with our understanding of tobacco use as an addictive substance throughout the day (Tushingham et al., 2018).

The discovery of the Americas by Christopher Columbus in 1492 brought the first encounter of Europeans with tobacco. The indigenous Taino Arawak tribe gave Colombo tobacco during their first encounter in the Bahamas (Winter, 2000). During Christopher Colombo's second voyage, Franciscan friar Ramón Pané recorded the use of snuff among Caribbean natives (Dickinson, 1954, as cited in Stewart, 1967). By the 16th century, tobacco was already cultivated in colonies in the Caribbean and in the eastern territory of the present-day United States. An important figure in the European history of tobacco was Jean Nicot. This French ambassador to Portugal grew tobacco and promoted it as a medicine. This man is also important because of his surname, which served as a model for the naming of the *Nicotiana* plant genus (World Health Organization, 2007). It is worth noting that chewing tobacco, however observed among the Native Americans, underwent a transformation among European colonizers, when Europeans omitted the admixture of lime in chewing tobacco (Linton, 1924).

The popularity of smokeless tobacco was due to its use in specific locations where the increased risk of fire from combustion was extremely undesirable. One of these places was the decks of ships. Sailors resorted to snuff and chewing. For manual occupations, the ability to have hands free when using (compared to smoking a cigarette or pipe) proved practical (Rutqvist et al., 2011). A further development took place in the United States in the 18th and 19th centuries, where the three forms of chewing tobacco already mentioned, namely plug, twist and loose leaf, were developed. It was also during this period that the commercialisation of tobacco began. One of the first brands in the USA was Red Man, which was renamed America's Best Chew because of its racially connoted name (Northerner, 2023).

While snuff became the preserve of the upper social classes and aristocracy in Europe, chewing tobacco was mainly used by the working class, soldiers, farmers and generally people who earned their living by manual labour. Swedish snus, which was developed from home-grown tobacco, is also based on this background (Northerner, 2023; Rutqvist et al., 2011).

The first snus recipes contained water, salt and possibly potassium carbonate or flavourings. An innovation of Swedish snus was pasteurization during production, which prevented the spread of microorganisms and TSNA nitrosamines. This aspect distinguishes Swedish snus from American chewing tobacco (Foulds & Furberg, 2008). At the beginning of the 20th century, in 1915, Svenska Tobaksmonopolet (Swedish Tobacco Monopoly) was established and owned by the state. This company was later transformed into Swedish Match (Rutqvist et al., 2011). The original form in which Swedish snus was available was the so-called "lössnus", i.e. loose snus that the user had to hand-pick and shape. Portioned snus (portionssnus) only came into existence in the 1970s. This was partly in response to the first studies on the harmfulness of smoking, and over time portionssnus became the most popular type of snus sold in Sweden (Pickworth, 2020; Snus- och Tändsticksmuseum, n.d.).

Nicotine pouches represent the latest innovation in the field of oral smokeless products so far. Nicotine pouches only started to appear on the market at the beginning of the last decade. In 2009, Nicovum AB was acquired by the tobacco company Reynolds American Inc and Nicovum subsequently launched Zonnic nicotine pouches in 2012, which were intended as a smoking cessation, nicotine replacement therapy (NRT) product (Kostygina et al., 2016). In

2014, Swedish Match began selling ZYN nicotine pouches in the US market, which were not launched in the Czech Republic until 2024 (Ling et al., 2023). Currently, many brands of nicotine pouches are available in the Czech Republic, the most well-known being VELO (formerly sold under the brand name LYFT), ZYN and Goat.

### **1.3 Regulation of Oral Smokeless Products in the Czech Republic**

To understand the debate regarding OSP and the public health impacts of these products, we must first define the specific legislative framework within which these products operate in the Czech Republic. It is the legislation that influences which products are legally available, which directly influences the public debate and hence the communication of the tobacco industry.

#### **1.3.1 Regulation of oral tobacco in the Czech Republic**

The marketing of tobacco products for oral use is prohibited in the Czech Republic. This prohibition is based on Directive 2001/37/EC of the European Parliament and of the Council (2001). According to this Directive, tobacco for oral use is defined as “all products for oral use, except those intended to be smoked or chewed, made wholly or partly of tobacco, in powder or in particulate form or in any combination of those forms, particularly those presented in sachet portions or porous sachets, or in a form resembling a food product;” From this definition, the sale of snus is prohibited in the EU. For context, it should be mentioned that this Directive allows Sweden to derogate from the provisions, thus the sale of snus is allowed in the Kingdom of Sweden.

Unlike the Regulation, the Directive only directs Member States to achieve a given objective without prescribing the means of achieving it. The implementation of the aforementioned Directive of the European Parliament into the Czech legal system is ensured by Act No. 110/1997 Coll. (1997). This Act takes the definition of oral tobacco almost verbatim from Directive 2001/37/EC of the European Parliament and of the Council (2001). Section 3, paragraph 12 of Act No. 110/1997 Coll. (1997) directly prohibits the placing of “tobacco for oral use” on the market in the Czech Republic.

### **1.3.2 Regulation of chewing tobacco in the Czech Republic**

Unlike “tobacco for oral use”, the sale of chewing tobacco is permitted in the Czech Republic. It is defined in Act No 110/1997 Coll. (1997) as “smokeless tobacco product intended solely for chewing.” There is also no ban on the sale of chewing tobacco at European Union level. However, as a legal product, chewing tobacco is subject to regulatory requirements. The requirements are laid down by Decree No. 261/2016 Coll. (2016). This Decree establishes a list of prohibited substances, prohibited elements and features, defines the method of marking tobacco products with a unique identifier and the method of marking with a safety feature. Also, this decree also regulates the method of displaying health warnings.

However, it should be noted that there are products on the Czech market that can be considered snus. These products include, for example, Siberia, which is a brand of “chewing tobacco” that is packaged in pouches like snus. In the European Union, these products are sold as “chewable pouches”, effectively circumventing regulations. However, Swedish Smokeless (formerly GN Tobacco), the manufacturer of Siberia, itself refers to Siberia as snus on its website (Swedish Smokeless, n.d.).

### **1.3.3 Regulation of nicotine pouches in the Czech Republic**

This product has been in a legislative vacuum for a long time. The definitions from the aforementioned laws and decrees were not sufficient as nicotine pouches do not contain tobacco. Their growing popularity and the possibility of selling them to minors led to pressure for a change in rules and regulation (Sdružení místních samospráv ČR, 2022). No legislative regulation exists at EU level, so the Czech Republic proceeded to regulation at state level. However, this step was taken after a relatively long time.

The regulation is based on amended Act No. 110/1997 Coll. (1997), on Decree No. 141/2023 Coll. (2023) and on Act No. 65/2017 Coll. (2017). By Act No. 110/1997 Coll. (1997), a nicotine-free pouch is defined as “A tobacco-free product containing nicotine intended for oral use, which is not regulated by directly applicable European Union legislation.” Similar to chewing tobacco, many aspects of nicotine pouches are regulated. Regulation of this product in the Czech Republic is complex, specifying, for example, the amount of nicotine in a dose (12

milligrams), the minimum number of pouches in a pack (20), and prohibited added substances (Decree No. 141/2023 Coll., 2023). As a result of the regulation, it is now illegal to sell nicotine pouches to persons under 18 years of age, to offer them at events for children and to sell them in vending machines and at health events (Act No. 110/1997 Coll., 1997). The excise duty rate on nicotine pouches has also been adjusted from April 1, 2024. The rate has been set at 0.4 CZK/g with an interim plan to increase to 1.7 CZK/g in 2027. The Ministry of Finance refers to this product category, which in addition to nicotine pouches also includes e-cigarette refills and other nicotine products, as “tobacco-related products” (Ministerstvo financí České republiky, 2024).

## **1.4 Tobacco Harm Reduction**

The concept known as Tobacco Harm Reduction (THR) is linked to oral smokeless products in the public health field. The aim of this chapter is to introduce the principles of this concept and to present the arguments that have been raised in the professional debate on THR. An understanding of the theoretical framework of THR is essential for understanding the narrative of “The Swedish Experience”.

### **1.4.1 Harm Reduction**

Harm Reduction (HR) is a concept that is applied in the approach to various psychoactive substances. In simple terms, it is about reducing the harm caused by drug use. However, it is not only about the health aspect of drug use, but also the social aspect. According to the National Harm Reduction Coalition (n.d.), harm reduction is “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

This approach is based on a pragmatic acceptance that both legal and illegal substances are part of society, and instead of trying to eliminate them altogether, it focuses on understanding drug use as a complex phenomenon. It recognises that there are safer ways of using drugs without ignoring or minimising the real dangers associated with them. It does not necessarily see complete abstinence as a criterion for success, but rather an improvement in the quality of life and overall well-being of the individual and the community, which it seeks to achieve by providing non-judgmental and non-coercive services. Harm Reduction sees the users themselves as the main actors and experts in their own lives and therefore seeks to involve them in the development of policies and programmes aimed at them. Finally, the concept also reflects the broader social context, recognising that factors such as poverty, social isolation and discrimination fundamentally affect individuals' vulnerability to the harms associated with drug use (National Harm Reduction Coalition, n.d.).

## **1.4.2 Tobacco Harm Reduction**

Tobacco Harm Reduction (THR) is the application of the above Harm Reduction principles specifically to tobacco products. According to Stratton (2001), THR is defined as “minimizing harms and decreasing total morbidity and mortality, without completely eliminating tobacco and nicotine use.” Thus, the basic principle of THR is the recognition that many people who use tobacco (hence nicotine products) wish to quit but are unable and some are unwilling to do so. THR offers a “gentler” approach where, instead of complete and permanent abstinence, the focus is on switching to less harmful sources of nicotine. However, this strategy still recognises that abstinence is the ideal state. As Meier and Shelley (2006) mention, “Preventing initiation of smoking and promoting cessation remain the primary approaches of a comprehensive tobacco control program. However, nicotine addiction involves complex biological and psychological processes, and clearly no single approach to treatment of this addiction will be effective in addressing the individualized effects of nicotine products.” However, this is a very controversial topic that has several problems attached to it.

Tobacco Harm Reduction can also be viewed from a human rights perspective. The so-called right to health is internationally recognised as a human right that is based on the right to life, one of the fundamental human rights. The reasoning is based on the belief that every individual has the right to be properly informed about the health effects of products and should be able to choose. This is especially true for people who are unable to quit smoking (Kozlowski & Edwards, 2005).

Another way in which THR can be viewed is through a social justice lens. People from lower social classes and with less education have a higher prevalence of smoking than the rest of the population. Although this group attempts to quit smoking as often as the rest of smokers, they are less likely to successfully quit (Lebrun-Harris et al., 2015). Not to be overlooked are smokers with psychological problems, for whom the situation is very similar to the above groups (McClave et al., 2010). Thus, it is precisely in terms of difficulties in quitting that THR could help these people to reduce the health consequences of smoking (Hatsukami & Carroll, 2020).

### **1.4.2.1 The risk spectrum of nicotine products**

The idea of Tobacco Harm Reduction is supported by a certain spectrum of riskiness of nicotine products. Nicotine itself does not cause the diseases usually associated with cigarette smoking. Although nicotine puts a strain on the cardiovascular system, is highly addictive and can affect adolescent brain development, research to date suggests that it is not carcinogenic. Inhalation of smoke, which is produced when tobacco is burned at temperatures above 900°C, is problematic when smoking. This smoke contains many chemicals, including dozens of carcinogens. The most commonly known pollutants include tar, heavy metals, TSNAs, polycyclic aromatic hydrocarbons, and aldehydes (Benowitz, 1988; Bekki et al., 2017).

In 1976, Professor Michael Russell wrote "People smoke for nicotine but they die from the tar." (Russell, 1976), a phrase that is related to the main idea of THR. Alternative nicotine products eliminate the burning of tobacco, but that does not mean that they are not risky. These products include electronic cigarettes (e-cigarettes), heated tobacco (HTP), OSP, snuff, and nicotine replacement therapy (NRT). The risk spectrum is based on cigarettes as the riskiest product and NRT as the least risky. All alternative nicotine products are compared to cigarettes, thus serving as a kind of "benchmark" of harm (Gray et al., 2005).

### **1.4.2.2 Problems and controversies associated with THR**

As I suggested at the beginning of this chapter, THR is a controversial topic, both in terms of the risks associated with individual products and the social issues involved.

One of the problematic aspects of THR is so-called "dual use", i.e. the use of an alternative nicotine product and a higher risk product at the same time. The reasons for dual use can vary, for example, it can be smokers who start using nicotine pouches indoors but still use cigarettes in convenient situations (Jackson et al., 2020). Another possible scenario is an alternative product user who starts smoking cigarettes. One variant of dual use is dissatisfaction with the speed of nicotine delivery or lack of sensory perception.

It is important to note that dual use of e-cigarettes and cigarettes does little to increase the likelihood of a quit attempt, nor does it significantly increase the likelihood of success of that

attempt. A higher likelihood of a quit attempt is found in dual users of cigarettes and nicotine replacement therapy, but again, success rates are similar (Jackson et al., 2020). It could be argued that the use of an alternative product alongside cigarettes may reduce the total number of cigarettes smoked and therefore reduce the body's exposure to harmful chemicals. However, this aspect is strictly individual.

There is also a concern that alternative nicotine products may become a “gateway product”, whereby these products, due to their wide availability and attractiveness, are sought after by young people who would otherwise never use nicotine products. Subsequently, these individuals may start using conventional cigarettes, negating the concept of THR with respect to public health (World Health Organization, 2024). Some research suggests that it is users of alternative nicotine products who are more likely to start smoking cigarettes. According to Zhang et al. (2021), young people who have tried e-cigarettes are almost 3 times more likely to start smoking cigarettes later. Similar concerns exist for nicotine pouches, which, like e-cigarettes, are offered in a multitude of flavours, which may increase their attractiveness.

However, one of the main reasons for concern about THR is the idea that widespread acceptance of alternative products will lead to the normalisation of nicotine use, hence smoking. Smoking has become much less accepted in recent years and THR could reverse this trend. Alternative nicotine products can often be used very discreetly and, for example, nicotine pouches or snus more or less anywhere. This encourages their use in places where tobacco use is prohibited. Schools are one of these places. In particular, the marketing of nicotine pouches often mentions innovation and a certain purity compared to other products (World Health Organization, 2024).

## **1.5 Swedish reality: data on nicotine use, public health and the regulatory environment**

The concept of Tobacco Harm Reduction, described in the previous chapter, is often associated in professional and public debate with the situation in Sweden. This country is cited as an example of a country with a low prevalence of smoking and at the same time a high level of snus use. This chapter will therefore focus on presenting the available data and context concerning Sweden, specifically statistics on the use of nicotine products, related health indicators and specific Swedish legislation.

### **1.5.1 Prevalence of tobacco and nicotine products use in Sweden**

Sweden has seen a decline in regular smokers in recent years. By 2024, according to the Swedish Ministry of Health (Folkhälsomyndigheten, 2024), 5.4 % of the population is a regular smoker. The lowest percentage of smokers is in the category of people with higher education, while the highest percentage is in the segment of the population with primary education. In the last five years we can observe an increase in the number of snus users, with the number increasing from 11.6% in 2020 to 15.7% in 2024. An interesting aspect is the use of nicotine pouches. Comparing the data from 2022 and 2024, we can observe an increased use of this product in all genders and in all age categories. However, the highest percentage of nicotine pouches users is found in the 16-29 age group, where it reaches 15.2 % for women and 10.6 % for men (Folkhälsomyndigheten, 2024). For context, it should be mentioned that according to European Union data from 2023, the average number of smokers in the Czech Republic is 23 % and in the European Union 24 % (European Commission, 2024). According to data from the State Institute of Health in 2024, 4.9% of the population in the Czech Republic uses nicotine pouches (Státní zdravotní ústav, 2025).

### **1.5.2 Diseases associated with OSP use**

Although Sweden has the lowest number of deaths from lung cancer among European countries, some research suggests a link between snus use and other cancers. Sweden has a higher incidence of bladder cancer, and the prevalence of bladder cancer has not decreased significantly since the 1990s, which is contrary to the global trend (Hemminki et al., 2021). However, the results of studies examining the health effects of snus are very mixed. According to research, snus use does not increase the risk of colorectal cancer (cancer of the colon), but it does increase the risk of rectal cancer (Araghi et al., 2017a). According to Araghi et al. (2017b), snus use does not increase the risk of pancreatic cancer, but according to Luo et al. (2007), it does. Djurdjevic et al. (2019) suggest that the widespread use of snus in Sweden may have contributed to a reduction in the prevalence of deaths from smoking-related diseases. Some studies suggest that snus use may have an effect on the development of type 2 diabetes (Carlsson et al., 2017). In general, then, studies offer many conflicting findings.

Nicotine pouches have been on the market for too short a period of time and thus no long-term studies investigating the health effects of this product have yet emerged. However, we can at least draw on studies examining the effects of nicotine. Nicotine itself is not carcinogenic, but it does cause an increase in heart rate and raises blood pressure (Reimann et al., 2024). Nicotine pouches use can also have effects on oral health, which include gum irritation, receding gums and, in extreme cases, even exposing tooth crowns (Ye & Rahman, 2023).

### **1.5.3 Swedish legislation**

Sweden was one of the first countries to ban smoking in selected places. Already in 2005, smoking was banned in bars and restaurants. Gradually this ban was extended to other places, including public transport stops, playgrounds and outdoor gardens. The marketing of tobacco products has been regulated in the country since the 1970s (Cancerfonden, n.d.), with warning texts on cigarette packs since 1977 (Hiilamo et al., 2014). In 1993, the Tobakslag (1993:581) (1993) was passed, which was a law banning tobacco advertising. This law has now been repealed and replaced by Lag (2018:2088) om tobak och liknande produkter (2018), which is modernized and more comprehensive. The age restriction on the sale of tobacco products was

only introduced in 1997. (Cancerfonden, n.d.) In addition to regulation, the state has also provided smoking cessation assistance since 1998, Sluta-röka-linjen. This quitline is free and organised by the Swedish Ministry of Health and Welfare (Sluta-röka-linjen, n.d.).

Snus is covered by Swedish tobacco laws and is also regulated as a food product, so it must comply with relatively strict rules, just like other food products. The snus producer Swedish Match has also implemented the quality standard GothiaTek, which sets limits for undesirable substances in snus (Rutqvist et al., 2011). However, as a creation of the tobacco industry, GothiaTek must also be seen as a way to improve Swedish Match's reputation. Snus in Sweden is also subject to less taxation than cigarettes, and the Swedish government has announced a plan to reduce taxation by a further 20% (Regeringskansliet, 2023).

As in the Czech Republic, nicotine pouches were in a legislative vacuum after their introduction in Sweden. In 2022, the Lag (2022:1257) om tobaksfria nicotinprodukter (2022) was adopted, setting an age limit for the sale of nicotine pouches and regulating the marketing of the product. This law also sets out the rules for advertising nicotine pouches. Unlike Czech legislation, the nicotine content of nicotine pouches is not regulated in Sweden. Also, the flavours of nicotine pouches are not regulated in Sweden.

## **1.6 The Swedish Experience Narrative**

The term “The Swedish Experience” refers to a specific narrative used primarily within snus and THR. However, the narrative is not exclusively focused on snus and also pays attention to nicotine pouches, e-cigarettes and HTPs. “The Swedish Experience” is based on the low prevalence of smoking in Sweden (Tobacco Tactics, 2025a). As already mentioned, the country has an exemption from the blanket ban on snus in the European Union and the use of snus and nicotine pouches is widespread in Sweden. It has been pointed out that the percentage of smokers in Sweden is currently below 5 % of the total population, and according to the narrative, this figure has been achieved primarily through the use of snus. However, the narrative does not consider the regulatory policy of the Kingdom of Sweden, the level of healthcare and the reality of the history of nicotine product use in this country. According to Cancerfonden (n.d.), however, there is insufficient evidence to support the claim that widespread snus use is behind the relatively low prevalence of smoking in Sweden. On the contrary, people who use snus are more likely to start smoking cigarettes. Cancerfonden (n.d.) therefore attributes the low smoking rates to progressive programmes aimed at helping people quit, as well as to long-term regulatory practices. The narrative omits the risks of THR but acknowledges that alternative nicotine products are not without risk. However, there is also a downplaying of these risks, where, for example, nicotine addiction is compared to caffeine addiction (Farsalinos et al., 2024).

### **1.6.1 Why Sweden? The importance of the country positioning**

While the core of the narrative of “The Swedish Experience” is based on the presentation of concrete data, it also rests on the context and ideas that the audience encounters when encountering the narrative. As I have already outlined, Sweden and its “achievement” are an integral part of the narrative. This is an aspect that can be viewed in terms of the Country of Origin Effect and The Good Country Index.

The Country of Origin Effect (COE) is a phenomenon that describes how the perception of the

country of origin influences the perception of the product. Thus, if the country of origin of a product is associated with certain characteristics, the consumer will associate these characteristics with the product (Dinnie, 2022). According to Sharing Sweden (n.d.-a), perceptions of Sweden have been consistently positive for several years. Sweden is perceived as a tolerant and inclusive country with an appealing lifestyle and a stable society. It is also perceived as a reliable country that contributes to a sustainable future. Not to be overlooked is the perceived high standard of living in the Kingdom of Sweden (Sharing Sweden, n.d.-b).

Sweden has also topped The Good Country Index for several years in a row. This index does not assess how rich or successful a country is, but rather how much it contributes to the rest of the world and the good of global society (The Good Country, n.d.-a). It tracks 35 parameters in 7 categories, namely Science & Technology, Culture, International Peace & Security, World Order, Planet & Climate, Prosperity & Equality and Health & Wellbeing. The index has been used since 2014 and Sweden has always ranked in the top 10 countries, three times first (The Good Country, n.d.-b).

However, the country's ranking in the World Happiness Report cannot be overlooked. This report is based on people's perception of their own quality of life (The World Happiness Report, n.d.-a). In recent years, Sweden has been ranked, as in the case of The Good Country Index, in the top positions. In 2024, it ranked 4th, so it is considered the fourth happiest country in the world (The World Happiness Report, n.d.-b).

### **1.6.2 Campaigns using The Swedish Experience narrative**

This subsection will focus on specific campaigns that actively use and spread “The Swedish Experience” narrative. It is absolutely crucial to clarify that these are not health awareness campaigns, but rather campaigns linked to the tobacco industry that seek to promote snus (and OSP) as a smoking cessation tool.

The two biggest campaigns are “Quit Like Sweden” and “Smoke Free Sweden”. The direct output from these is primarily a number of reports and participation in international conferences. These outputs are supported by several affiliated organisations that, for example,

share the reports, support individual actors and organise seminars to promote THR. In addition to the affiliated organisations, many individuals are also involved in the campaigns. These are primarily campaign founders and output authors, but these two roles sometimes overlap. It is often emphasized that both authors and founders are independent experts and practitioners with years of experience, which helps to legitimize the claims presented in campaign outputs (Silvester, 2021). As will be presented in this chapter, the key actors are in most cases linked to the tobacco industry. It should also be mentioned that the stakeholders are a large number, and it is beyond the scope of this thesis to mention all of them. I therefore focus only on those relevant to the geographical focus of the campaigns, on recurring individuals and on prominent actors.

Due to the largely opaque structure and the amount of information available, it is impossible to determine whether campaign funding is in any way strategically distributed among tobacco companies. For the purpose of this thesis, a flowchart was created showing the relationships between the different actors, campaigns and the tobacco industry.<sup>1</sup> It is the information obtained and plotted on the flowchart that, on closer examination, may indicate the greatest involvement of PMI and BAT. However, it is important to note that the information presented in the flowchart can be very dynamic. The flowchart draws on sources used in this chapter.

An important aspect is the use of the “Sweden” brand in the campaigns. Apart from the names that explicitly include the word “Sweden”, both main campaigns use colours typically associated with Sweden. The primary colours are blue and yellow, which can be found on the country's flag. The colours are used in the campaign logos, in reports and on the website. As I have already described, Sweden as a country is perceived very positively and ranks at the top of The Good Country Index. According to Anholt (2011), the reputation of nations can be perceived as the brand image of companies and products. “The Swedish Experience” campaigns take advantage of Sweden's good international reputation and perception, and can therefore be considered as brandjacking (Luoma-Aho & Badham, 2023).

---

<sup>1</sup> The flowchart can be found in the Appendix no. 1



Figure 1: Smoke Free Sweden campaign logo, Source: Smoke Free Sweden, n.d.



Figure 2: Quit Like Sweden campaign logo, Source: Quit Like Sweden, n.d.

### **1.6.2.1 Smoke Free Sweden (SFS) campaign**

The Smoke Free Sweden campaign was launched in March 2023 (Smoke Free Sweden, 2023). The main slogans published on the campaign website include “Swedes have made smoking history!” and “Sweden's gift to the world” (Smoke Free Sweden, n.d.-a). A common element is also the frequent comparison of the situation in different countries with Sweden. The campaign is not geographically specific and tries to cover countries all over the world. Also, the campaign does not necessarily focus only on THR associated with OSP but also pays less attention to e-cigarettes and HTPs.

#### **1.6.2.1.1 Key actors in the Smoke Free Sweden campaign**

##### **Health Diplomats and Delon Human**

The key actor and administrator of the Smoke Free Sweden campaign is the group Health Diplomats (Smoke Free Sweden, n.d.-b), which was founded in 2006 (Health Diplomats, n.d.-a). Dr. Delon Human is the president of this organisation (Delon Human, n.d.) and also has longstanding links with the tobacco industry, having, for example, spoken for a fee at a GTNF

forum organised by the tobacco industry (Davey, 2023). Also, his now defunct company NicoLIFE received funding from Nicoventures (part of BAT) in 2010 to write the book *Wise Nicotine* (Tobacco Tactics, 2024a). Health Diplomats has consulted for various companies on the GTNF list of sponsors (Health Diplomats, n.d.-a) and has had a formal partnership with BAT in the past (Health Diplomats, n.d.-b). It is also worth noting that the Chief Operating Officer of Health Diplomats is Jessica Perkins. This woman worked in senior management positions for over a decade specifically at BAT (Jessica Perkins, n.d.).

### **Individuals**

However, there are countless other individuals involved in the campaign. An important figure is Dr. Karl-Olov Fagerström. This Swedish clinical psychologist is well respected for his research on nicotine addiction, however, in recent years he has consulted for Swedish Match (Fagerström, 2022) and is also a member of the Snus Commission (Snuskommissionen, n.d.-a), which is an organization directly funded by the Swedish Snus Producers Association (Snuskommissionen, n.d.-b). He also founded Niconovum, which created the first nicotine pouch and was bought out by the tobacco company Reynolds American in 2009, which was bought out by BAT (Niconovum, n.d.) in 2017. Another character is Dr. Anders Milton. This doctor was the past president of the Snus Commission (Snuskommissionen, 2023).

An interesting person linked to this campaign is the German scientist Heino Stöver, who is the Vice President of the International Association of Smoking Control and Harm Reduction, known by the acronym SCOHRE (SCOHRE, n.d.). This association was founded by people with links to the tobacco industry and various tobacco companies have been involved in this association (Tobacco Tactics, 2024b). Dr. Stöver has co-authored several reports published on the Smoke Free Sweden website (Smoke Free Sweden, n.d.-c).

### **tobaccoharmreduction.net**

Another communication tool of the Smoke Free Sweden campaign is the website tobaccoharmreduction.net (THR.net). It is set up by the Health Diplomats (Tobacco Harm Reduction.net, n.d.). The site tries to act as an information portal, which is consistent with its similarity to legitimate awareness-raising websites (as shown by the comparison with the legitimate awareness-raising website Tobacco Free Kids in Figure 3). However, the site serves

as a support for the campaign and shares a number of other reports to this end. This raises the question of whether this website could be considered a separate campaign. THR.net, however, has no external outputs, other than sharing reports from various campaigns and research agreeing with the narrative. Shared reports are often created in collaboration between multiple organizations. Articles are also published on this site. The site therefore straddles the line between an SFS campaign output and a supporting linked site.

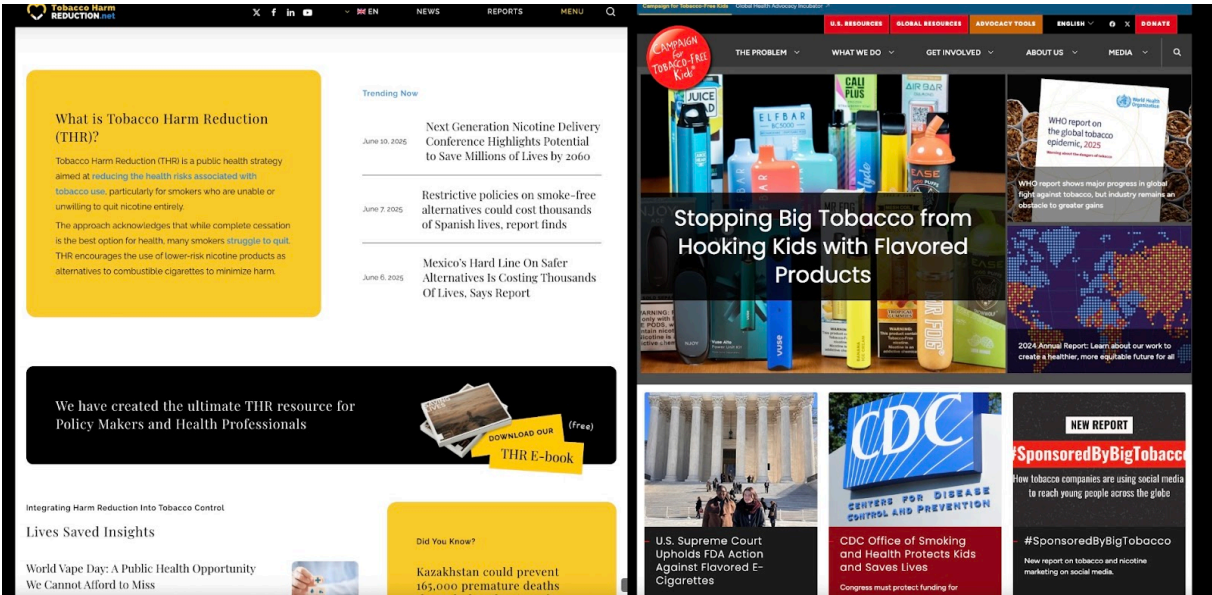


Figure 3: tobaccoharmreduction.net website on the left and Tobacco Free Kids website on the right, Source: Tobacco Harm Reduction.net, n.d.; Tobacco Free Kids, n.d.

THR.net is set up by the Oral Nicotine Commission (Oral Nicotine Commission, n.d.-a). The goal of this commission is “to help build the evidence base and raise awareness of Oral Nicotine among both governments, public health leaders and the public, thus countering negative, unfounded preconceptions and stereotypes.” (Oral Nicotine Commission, n.d.-b). Commission members include Delon Human, Karl-Olov Fagerström and Anders Milton (Oral Nicotine Commission, n.d.-c). The Oral Nicotine Commission has produced three publications in its existence (Oral Nicotine Commission, n.d.-d) and also publishes news on OSP and THR on its website (Oral Nicotine Commission, n.d.-e).

### **1.6.2.1.2 Outputs from the Smoke Free Sweden campaign**

#### **Reports**

One of the main direct outputs of the Smoke Free Sweden campaign is a number of reports shared on the campaign's website (Smoke Free Sweden, n.d.-c), which are mostly written by a panel of authors. The first report shared was “The Swedish Experience: The Road Map to a Smoke Free Society” (Human et al., 2023). In addition to Delon Human, Karl-Olov Fagerström and Anders Milton are listed as authors. Other reports shared on the Smoke Free Sweden website include “No Smoke Less Harm” (Farsalinos et al., 2024) and “Missing the Target” (Human et al., 2024).

#### **Audiovisual production**

In early 2025, a nearly hour-long documentary entitled “How Sweden Quit Smoking”, produced by Somos Innovación and directed by Tomasz Agencki, was released. The film features various actors connected to Smoke Free Sweden and Health Diplomats. The closing credits include a thank you directly to Smoke Free Sweden, Dr. Humana, Jessica Perkins and organisations directly linked to the tobacco industry (Somos Innovación, 2025).

Smoke Free Sweden also runs a YouTube channel on which it uploads various, mostly short, videos (Smoke Free Sweden, n.d.-d). A short summary of the report “Learnings From-Smoke Free Sweden - A Global Consultation” is also uploaded on the channel. However, the YouTube channel does not have a high viewership and serves as a supporting communication channel.

#### **Blog**

On the SFS website there is a "NEWS" section where articles containing THR related news around the world are published. The usual topics of the articles are criticism of EU and national regulation of alternative tobacco products, articles supporting “The Swedish Experience” and praise of regulatory loosening in favour of the narrative (Smoke Free Sweden, n.d.-e).

## **Media outputs**

Other outputs from the campaign include PR articles and interviews with Smoke Free Sweden actors. However, due to the actors' frequent involvement in other campaigns, it is difficult to always determine exactly whether they are speaking directly for SFS in the interview.

### **1.6.2.2 Quit Like Sweden (QLS) campaign**

This campaign was established in April 2024. Unlike the SFS, the campaign does not primarily target the whole world but targets individual countries. The campaign website states “Our mission is to eradicate smoking. Over 8 million people worldwide lose their lives to smoking each year.” (Quit Like Sweden, n.d.-a). Quit Like Sweden does not only focus on OSP but also pays a lot of attention to e-cigarettes and HTPs. However, this campaign is significantly more modest in the number of direct outputs than the SFS.

#### **1.6.2.2.1 Key actors in the Quit Like Sweden campaign**

The most important figure in this campaign is Dr. Suely Castro. She is the founder of the campaign and owner of Castro Consulting Limited, the company that de jure sets up the QLS campaign (Quit Like Sweden, n.d.-b). Dr. Castro is a former employee of Knowledge-Action-Change (Suely Castro, n.d.), which was founded by the Foundation for a Smoke Free World (known as FSFW, now renamed Global Action to End Smoking - GAES). This non-profit organization has been fully funded by Philip Morris International since its founding in 2017 (Tobacco Tactics, 2025b).

Another important actor is the aforementioned Dr. Anders Milton (Quit Like Sweden, n.d.-a). A number of smaller organisations have also been involved in the QLS campaign. One of these is Considerate Pouchers, with Mark Oates (Considerate Pouchers, n.d.) as an advisor. Mr Oates is also the founder of We Vape and the SNPUA<sup>2</sup> (Considerate Pouchers, n.d.; We Vape, n.d.) and has indirect links to the tobacco industry (Tobacco Tactics, 2025c). Considerate Pouchers'

---

<sup>2</sup> Snus and Nicotine Pouch Users Association

Sweden Director is Carissa Düring (Considerate Pouchers, n.d.), who has co-authored several reports on the Smoke Free Sweden campaign and is also featured in the film 'How Sweden Quit Smoking' (Smoke Free Sweden, n.d.-c; Somos Innovación, 2025).

#### **1.6.2.2.2 Outputs from the Quit Like Sweden campaign**

##### **Organisation of events**

Probably the most visible direct output of the Quit Like Sweden campaign is the organisation of various conferences (Quit Like Sweden, n.d.-c). The QLS Launch Event was organised in Brazil and was addressed via video conference by Jesper Skalberg Karlsson, a member of the Swedish Riksdag (Quit Like Sweden, 2024). Since the beginning of the campaign, the conferences organised have mostly always focused on individual countries. Examples include “Can Uzbekistan Quit Like Sweden” or “Will New Zealand Quit Like Sweden” (Quit Like Sweden, n.d.-d).

##### **Sharing information**

The Quit Like Sweden campaign does not produce reports itself, it only shares, in small numbers, outputs from other campaigns and factsheets from other organisations on its website. Among the shared outputs are reports from the Smoke Free Sweden campaign (e.g. No Smoke Less Harm), information from Somos Innovación and the aforementioned film “How Sweden Quit Smoking”. An interesting output shared on December 19, 2024 is “Open Letter: A Heartfelt Tribute to Sweden”, which was produced by Considerate Pouchers (Quit Like Sweden, n.d.-d).

##### **Media outputs**

As with Smoke Free Sweden, it is often not possible to determine exactly whether media outputs belong to a campaign. This mostly concerns people involved in multiple campaigns. The only content that can be clearly attributed to a campaign are PR articles that explicitly mention QLS.

## **2. Analytical part**

In the theoretical part, oral smokeless products, their history, health aspects and legislative framework were presented. Tobacco Harm Reduction and its use in “The Swedish Experience” campaigns by the tobacco industry or affiliated organisations was also described. The core of the analytical part is a qualitative thematic analysis, which aims to explore what strategic communication tools the tobacco industry uses in promoting “The Swedish Experience” in the Czech media. This main qualitative part is preceded by a preparatory quantitative phase which serves to provide a basic description of the data and to build the research sample for the qualitative analysis.

### **2.1 Methodology**

The analysis of the issues mapped in the theoretical part of the thesis can be approached by several quantitative and qualitative methods. Since the campaigns themselves have already been discussed in detail, the analytical part focuses on the downstream area, i.e. the form of the media image narrative that these campaigns communicate.

Given the scope of the thesis, a two-stage research design was chosen for this purpose. The first phase involved a partial quantification of relevant articles in order to map the overall extent of media coverage. This was followed by a qualitative thematic analysis, given the small size of the resulting sample.

For the qualitative analysis of the selected sample of articles, I decided to use a systematic thematic analysis following Naeem et al. (2023). This six-step procedure was chosen for its systematic nature and its ability to guide transparently from the identification of relevant passages and keywords, through coding and theme development, to final conceptualisation and the development of a theoretical model. A more detailed description of the analysis, including my process and examples of the analysis can be found in the appendix of this thesis.

## **2.2 Research Questions**

As the aim of this thesis is to analyse which strategic communication tools are used by the tobacco industry to promote “The Swedish Experience” narrative in the Czech media, the research questions were set as follows:

RQ1: What narrative and rhetorical strategies are used in media texts to present oral nicotine products as a safer alternative or, on the contrary, as a product with inherent risks?

RQ2: How is the authority of key actors such as Anders Milton constructed and legitimised in the texts (e.g. what language is used to describe them, how are their claims presented?)

RQ3: How does the media work with scientific data and studies when reporting on “The Swedish Experience”? (e.g. is the data presented critically or is it taken out of context?)

## **2.3 Quantitative analysis**

### **2.3.1 Quantitative analysis dataset**

For the analysis, articles that were published in the Czech media from 1 January 2024 to 31 December 2024 were selected according to keywords from the Newton Media Search database. This time period was chosen due to its timeliness in terms of its relevance to the campaigns mentioned in the practical part of this thesis. The selection of media outputs was made only from traditional media, but I excluded television and radio.

Only those media outputs that explicitly contain the core narrative of the TSE were included in the corpus. For the purposes of this paper, the core narrative is defined as the direct presentation of the link between the use of oral smokeless products (typically snus) in Sweden and the low prevalence of smoking in that country, or success in quitting cigarettes. The mere mention of “Swedish snus” without providing this context was not sufficient for inclusion in the sample. This approach ensures that all articles analysed are directly related to the phenomenon under study. To ensure the quality and credibility of the research, I conducted an intra-coder reliability test after a time interval of one week. Coding Sheet was prepared in MS Excel.

### 2.3.2 Presentation of the quantitative analysis data

After applying the selection criteria defined in the methodology chapter to identify articles explicitly communicating “The Swedish Experience”, the final research sample consists of 55 media outlets.

The majority of the articles (63.64%) were published online, while the remaining 36.36% of the outputs were published in print media.

Media Source	Number	Percentage
online	35	63,64%
print	20	36,36%

Table 1: Distribution of articles by source, Source: Appendix no. 7

As shown in Table 2, the narrative in the Czech media appeared most frequently in the mainstream media, accounting for 56.36% of the total sample. The second most significant share is occupied by tabloid media, where the articles appeared in 16.36% of the sample. However, articles did not appear at all in the analytical-investigative media, political tabloids and news agencies.

	Media Type	Number	Percentage
1	Mainstream	31	56,36%
2	Tabloid media	9	16,36%
3	Analytical-investigative	0	0,00%
4	Political tabloid	0	0,00%
5	Opinion dailies	1	1,82%
6	Market-driven media	6	10,91%
7	Lifestyle or interest website/magazine	8	14,55%
8	Press agency	0	0,00%

Table 2: Distribution of outputs by type of media, Source: Appendix no. 7

Articles were overwhelmingly classified as standard editorials. In only 11 cases were articles labelled as paid collaboration, PR content or native advertising.

	Output Type	Number	Percentage
1	Editorial	44	80,00%
2	Commercial	11	20,00%

Table 3: Breakdown of outputs by content type, Source: Appendix no. 7

## 2.4 Qualitative analysis

### 2.4.1 Qualitative analysis dataset

For the second, qualitative, part of the analysis, I selected 8 articles from the quantitative analysis corpus. I selected the articles for the qualitative analysis according to the diversity of media type and the number of actors involved. Specifically, I aimed to ensure that the articles for analysis represented outputs from mainstream media, tabloid media, lifestyle media and market-driven media. I omitted articles published in regional media from the selection. Articles published online and in print media were selected. The texts of these articles can be found in the Appendix no.4.

Output #	Media name	Source	Publication date	Media type
#1	info.cz	online	01.02.2024	mainstream
#2	Náš region Česko	print	14.03.2024	market-driven
#3	refresher.cz	online	01.05.2024	lifestyle
#4	idnes.cz	online	09.06.2024	mainstream
#5	e15.cz	online	24.06.2024	mainstream
#6	Aha!	print	04.07.2024	tabloid
#7	Reflex	print	12.09.2024	mainstream
#8	zdravotnickydenik.cz	online	06.12.2024	lifestyle

Table 4: Corpus of articles for qualitative analysis, Source: Appendix no. 4

### 2.4.2 Presentation of the discovered data

#### 2.4.2.1 Introduction of the themes discovered

In this subsection, the three key themes that were identified will be presented and described in detail. Each theme represents a specific set of codes that together form a comprehensive picture of the way in which “The Swedish Experience” is communicated. Each theme will be defined, and its essence will be illustrated with specific quotations from the analysed data.

##### 2.4.2.1.1 Theme 1: Constructing a Narrative of Pragmatic Salvation

This theme describes the basic narrative strategy used in the texts. It is the construction of a

narrative that presents “The Swedish Experience” not only as a successful model of public health, but as an almost mythical story of salvation. It combines elements of the miraculous and fateful with arguments about a logical and practical path that is accessible to other countries. Minimising the perceived risk of alternative products compared to smoking and normalising them as a normal and culturally embedded part of modern life is a key part of this narrative.

The theme is perfectly illustrated with a quote from article #1: “The magic of the Nordic kingdom's success lies in the popularity and availability of alternative, less risky nicotine products.” The word “magic” frames Swedish success not as the result of complex policies, but as a simple, almost magical phenomenon. The cause of this “magic” is directly attributed to the availability of “less risky” products.

A key narrative element can be seen in the quote from article #2: “Sweden has chosen to look the pragmatic way, which is not lined with bans on nicotine, but is characterised by support and open information about less harmful ways of using it...” The text creates a clear contrast between the repressive approach (“bans”) and the enlightened Swedish “pragmatic way”. This framing presents the Tobacco Harm Reduction strategy as an intelligent and modern choice.

Minimising the perceived risk of alternative products compared to smoking and normalising them as a normal and culturally embedded part of modern life is part of this construct. As the quotation from article #7 shows: “Restaurant guests could still enjoy a nicotine high if they wished. No one was bothered, nothing was smelled and they did not even have to get up from the table.” Thus, a picture of discreet and socially acceptable consumption is painted, which is in direct contrast to the perceived anti-sociality of smoking (smell, annoyance to others, having to go out).

The framing of the relative safety of the products works with the principle of an easy-to-remember separation of nicotine from unwanted combustion. This dichotomy is embodied, for example, in the quote from article #4: “You smoke cigarettes for the nicotine, but it's the tar and fumes from burning the tobacco that kills you. That doesn't happen with oral use.” By this simplification, the choice of oral products is presented as a perfectly obvious and rational choice for anyone who doesn't want to die but doesn't want to give up nicotine. This is backed up by

the admission of the risks of nicotine, where in the article #4 the spokesperson (Anders Milton) says the following: “Nicotine is addictive, no question. But it is equally without question that it does not cause cancer. That is simply a scientific fact.” This tactical concession builds his credibility and objectivity, allowing him to make a subsequent, much stronger claim (“it doesn't cause cancer”) with more weight and present it as “scientific fact”. Overall, this reinforces the narrative of being saved from a deadly disease, even if not from addiction.

But some connection to the tobacco industry is not obscured. It is not framed as the culprit of the smoking problem it has historically helped create. On the contrary, it is presented as an active player in solving the problem. This is illustrated by the quote from article #1: “The fact that this is not a competition to be feared, but rather a promising route to follow, is recognised by the tobacco corporations themselves...”

### **2.4.2.1.2 Theme 2: Legitimizing the Narrative through Orchestrated Authority**

This theme focuses on how the narrative is made credible. It describes the strategic process by which the narrative of the “Swedish miracle” is systematically supported and legitimised through carefully selected sources of authority. It is not simply a presentation of facts, but an active construction of legitimacy that rests on three pillars: the authority of actors (personal authority), the authority of scientific data (empirical authority), and the authority of regulatory and institutional bodies (institutional authority). The aim is to create the impression that the narrative is not mere opinion but objective, verified truth.

Constructing the legitimacy of actors can be illustrated by the Info Box from article #4: “Anders Milton - Swedish physician with decades of experience in public health. He is a past president of the Swedish Red Cross and president of the Swedish Medical Association SMA. He has also been chairman of the World Health Organization WMA...” Anders Milton's authority is not just mentioned, it is actively built by listing his prestigious past positions. This “CV” serves to ensure that any subsequent statement he makes is seen as an opinion backed by a lifetime of experience and international recognition, not the opinion of an individual, let alone one connected to the tobacco industry. A similar situation can be found in article #1: “Karl Fagerström<sup>3</sup>, a Swedish scientist and global authority on smoking addiction...” The use of the title “scientist” and especially the designation “global authority” immediately establishes Karl Fagerström's credibility at the highest level and his claims are thus presented as highly credible.

The synergy of constructing the legitimacy of actors with the authority of scientific data supports the theme, where the expert's claim is not left alone but is immediately confirmed by “official statistics”. This creates a feedback loop: the expert legitimizes the data and the data legitimizes the expert, making the overall argument seemingly bulletproof. This is illustrated by a quote from article #5: “...says psychologist and addiction expert Karl Fagerström, whose words are confirmed by official statistics from November 2022.”

---

<sup>3</sup> There is a mistake in the original media output

But the actors are also legitimized in a somewhat more subtle way. As the quote from article #7 shows, “Mr. Hildingsson has written a book with colleagues on the history of snus, lectures on it around the world and could be described as a sommelier of the product.” Patrik Hildingsson of Swedish Match is elevated to the level of historian (“written a book... on the history”) and connoisseur-taster (“sommelier”). In this way, his industrial perspective is legitimized and framed as deep cultural expertise, not as a mere corporate statement.

The use of institutional authority can be seen, for example, in the quote from article #8: “The manufacturer Swedish Match thus has the blessing of the US authority, backed by evidence, to inform consumers that, ‘using General Snus products instead of cigarettes puts you at lower risk...’” The authority is not personal, but institutional (the FDA). The word “blessing” gives this official permission an almost sacred character, while the phrase “backed by evidence” anchors it in scientific rationality. The quotation also reveals the link with the tobacco industry, since the recipient of this “blessing” is a commercial manufacturer.

A key narrative element is the use of statistics and data, but these are presented not as a set of information to be interpreted, but as absolute, unquestionable truth. This is illustrated by a quote from article #4: “That snus causes oral cancer is a debunked myth, just look at the statistics for Sweden, the numbers don't lie.” The phrase “the numbers don't lie” attempts to shut down any further discussion and presents the speaker's interpretation as objective fact, giving his narrative the hallmark of infallibility.

#### **2.4.2.1.3 Theme 3: Neutralizing Dissent and External Threats**

The third theme describes the defence mechanisms that protect the narrative from criticism and external threats. This strategy focuses on proactively neutralizing dissent, whether it comes from the scientific community, regulatory bodies, or the public. The goal is to maintain the integrity and persuasiveness of the master narrative by either disqualifying counterarguments or strategically weakening their relevance.

One way is to belittle the critics. This method can be found in the quote from article #8: “Unfortunately, the public debate on the role of nicotine pouches and other alternatives is shallow, bound by bias and ignoring both empirical evidence and scientific studies...” Instead of a substantive polemic with counterarguments, the text disqualifies the entire debate as “shallow” and “bound by bias”. By doing so, any disagreement is pre-judged illegitimate, and the TSE narrative is protected from having to deal with it substantively. However, the belittling of criticism also occurs in more specific cases, as the quote from article #4 shows: “On the argument that nicotine pouches are just a precursor to cigarettes, I refer again to the statistics. If this argument were valid, Sweden would be full of those who... are now smoking. But that is not the case.” A common criticism (the gateway effect) is mentioned only to be immediately refuted. The rebuttal is presented as a simple logical consequence of the “statistic”, which implies that the counterargument is empirically false and not worthy of serious consideration. An interesting way of belittling counterarguments is also illustrated in another quote from article #4: “Perhaps it is only in the good faith ignorance that nicotine does not cause cancer. You would be surprised how many doctors are wrong on this point.” The opposing views are not attributed to legitimate scientific disagreement, but to “ignorance”, even among doctors. This move elevates the knowledge of the speaker while disqualifying the disagreement as mere error or lack of information, thereby neutralizing it.

A key element is the criticism of regulatory practices, where, for example, the Swedish approach is contrasted with EU or national practices. This is illustrated by the quote from article #7: “The Commission wants to do this through bans, even tougher regulations and tax increases. The Swedish concept relies more on alternatives to smoking...” The quotation points to the European Commission's approach, which is associated with negative words and phrases such as “bans” and “tougher regulations”, and the “Swedish concept”, which is instead associated with positive “alternatives”. This frames regulation as a retrograde and repressive force, while the Swedish model is framed as progressive. But regulation is also portrayed as illogical and hypocritical, as the quote from article #7 shows: “To be honest, it doesn't make any sense to me. In Germany they legalise marijuana but are reticent about nicotine pouches.” A comparison is drawn with a more liberal policy in another area (marijuana legalization) and the text frames the regulation of nicotine pouches as nonsensical and inconsistent, undermining its legitimacy.

An additional element is the admission of opposing views. This element is evident in the quote from article #7: “Still, some things about snus remain in the category of claims against claims. But let's take a look at some numbers that no one disputes.” The text briefly acknowledges the existence of expert debate (“claims against claims”), creating the appearance of objectivity and balance. However, it immediately turns to “numbers that no one disputes”, using this admitted ambiguity to reinforce the authority of the data it wishes to present. The risk of contestation is thus neutralised by the fact that the text itself controls what is and is not in dispute.

### **2.4.2.2 Synthesising themes and introducing concepts**

The previous section introduced three key themes that were identified in the media texts analysed. This chapter proceeds to synthesise the themes into concepts. The aim of this synthesis is to reveal how these themes interrelate and what their common strategic function is.

The analysis of their interrelationships reveals that they are not isolated narratives, but parts of two main, complementary strategic mechanisms. Based on their function, I have named these mechanisms as the two key concepts of Narrative Authentication and Rhetorical Vaccination.

#### **2.4.2.2.1 Concept 1: Narrative Authentication**

Narrative Authentication is a concept that aims to create and validate a simplified and convincing narrative about “The Swedish Experience”. This process consists of systematically interweaving the narrative itself with the pillars of apparent objectivity and legitimacy so that the resulting message is perceived not as an opinion, but as a verified, credible and only correct solution.

This concept emerges from a synthesis of the themes of Constructing a Narrative of Pragmatic Salvation and Legitimizing the Narrative through Orchestrated Authority.

- The theme Constructing a Narrative of Pragmatic Salvation provides the story itself, its core, clarity and appeal. It creates a framework of “wonder,” “magic,” and “pragmatic path” that is easy to understand. It answers the question: “What is the story?”

- The theme of Legitimizing the Narrative through Orchestrated Authority lends credibility to the story and provides seemingly objective evidence. The authority of experts, scientific data, and regulatory bodies serve as a validation of legitimacy to protect the narrative from questioning. It answers the question: "Why should we believe it?"

Thus, the concept of Narrative Authentication shows that the two components are inseparable. A story without evidence would be empty. Evidence without a story would be just uninteresting data. Combining them creates a story that appears to be verified by facts. It also creates facts that are embedded in a simple and emotionally tinged story.

#### **2.4.2.2.2 Concept 2: Rhetorical Vaccination**

The concept of Rhetorical Vaccination aims to protect the narrative from criticism and external threats. This process works on the principle of “vaccinating” the audience, i.e. exposing them to a weakened form of counterargument so that the audience can develop 'antibodies' against it and become more resistant to future critical information. This phenomenon is called Inoculation Theory (Compton, 2025).

This concept primarily arises from a synthesis of the theme of Neutralizing Dissent and External Threats but is also functionally linked to the theme of Constructing a Narrative of Pragmatic Salvation.

- The theme Neutralizing Dissent and External Threats describes the various defensive tactics: disqualifying opponents, criticizing regulation, and strategically admitting ambiguity. The concept of Rhetorical Vaccination gives common meaning to these tactics. It shows that their aim is not to lead a polemic, but to “immunize” the audience. For example, when a text mentions a critical argument (e.g., the gateway effect) but immediately refutes it as a “myth,” it is not a dialogue, but a controlled exposure to a weakened “virus” (the counterargument) and the immediate administration of “antidote” (its refutation).

- The theme of Constructing a Narrative of Pragmatic Salvation contributes to the concept by having the actors openly acknowledge a minor, commonly known risk (nicotine addiction). In doing so, it makes a strategic concession, as this admission functions as a watered-down form of critique that the narrative applies to itself. The audience is thus given the impression that all risks have been considered and openly acknowledged. This makes the whole narrative much more resistant to major, more serious criticisms (e.g. about other health risks) because it has already been “vaccinated” and operates more transparently.

### **2.4.2.3 Conceptual model**

The analysis of media texts, conducted through the identification of key words, codes, themes and concepts, culminates in this conceptual model. The model explains which strategic communication tools are used to promote “The Swedish Experience” (TSE) and how they work as a coherent system. The central argument of the model is that the promotion of TSE is not a series of unrelated messages, but a coherent system designed to create and defend what can be called a Discourse of Managed Choice.

This overarching goal is achieved through two main, interrelated strategic functions identified in the previous chapter as key concepts, namely Narrative Authentication and Rhetorical Vaccination. These concepts work in tandem to construct, legitimise and protect the narrative.

#### **Core - Narrative Authentication**

A simplistic, almost mythical success story (e.g., the Magic of Success/Swedish Miracle) is directly linked to the seemingly objective pillars of credibility. The narrative of a nation “protected” from smoking-related diseases gains legitimacy through the constant citation of experts (“global authority”, “Swedish physician and scientist”) and the strategic deployment of data presented as unquestionable (“scientific fact”, “numbers don't lie”). The voice of an actor such as Anders Milton is used to deliver unquestionable data. Institutions such as the FDA (“Opinion of the U.S. Food and Drug Administration (FDA)”) are used to lend official, scientific legitimacy that transforms the opinion of an interest group into what appears to be a

scientifically confirmed reality.

### **Protection - Rhetorical Vaccination**

Potential criticism (risks, counterarguments) and external threats (regulations) are systematically reframed and disarmed. The strategy works in several ways. First, it dismisses counterarguments by labelling them as outdated “myths” (“debunked myth”) or products of ignorance (“ignoring ... scientific studies”). Second, it makes a strategic concession by openly acknowledging the risk of dependency. By admitting that nicotine is addictive, the speaker comes across as sincere and reasonable, which makes his main claim, that these products are incomparably safer than cigarettes, more convincing. By doing so, he pre-empts the most obvious criticism. Third, it frames opposing regulation not as a valid public health concern, but as an irrational “ban” (“prohibition”, “restrictive”) that impedes progress.

### **Conceptual Model - Discourse of Managed Choice**

The concepts together form a conceptual model called the Discourse of Managed Choice. The goal is not to sell a product, but to sell the idea that harm reduction is the only “pragmatic” and modern way forward. Discourse shifts the conversation from the question “Should people use nicotine?” to the question “Which less harmful nicotine product should people use?”. By presenting a simplistic choice between a deadly past (cigarettes) and a “healthier” future (alternatives), the strategy controls and limits the available options, making the adoption of TSE not only logical but almost inevitable.

## **2.5 Results**

This chapter summarises the key findings that emerged from the detailed qualitative thematic analysis of the eight media texts and provides direct and comprehensive answers to the three research questions set out. As the previous analytical section has shown, the promotion of 'The Swedish Experience' narrative in the Czech media is not a set of random arguments but represents a deliberate strategy. The following subsections summarise the key findings and explicitly answer each of the research questions.

### **2.5.1 Summary of key findings**

The qualitative thematic analysis of the eight media texts revealed that the promotion of “The Swedish Experience” narrative represents a coherent and systematic communication strategy. The main finding is that this strategy aims to create a so-called Discourse of Managed Choice. This discourse seeks to reframe the nicotine debate in the media space, where instead of a choice between nicotine use and non-use, it strategically presents the choice between dangerous smoking and modern and less risky alternatives as the only relevant and rational option.

This objective is achieved through the interplay of two main strategic tools. The first is Strategic Narrative Authentication, a process whereby the simple story of the “Swedish miracle” is actively validated by the authority of carefully selected experts and seemingly unquestionable scientific data. The second tool is Rhetorical Vaccination, a defensive strategy that protects the story by proactively devaluing the criticism as a “myth” while increasing its overall credibility by strategically acknowledging minor risks (such as addiction).

### **2.5.2 Answer to RQ1**

RQ1: What narrative and rhetorical strategies are used in media texts to present oral nicotine products as a safer alternative or, on the contrary, as a product with inherent risks?

The texts analysed use a complex narrative strategy that combines constructive and defensive elements to present oral nicotine products as a clearly preferred and safer alternative.

This narrative frames the Swedish model as a simple, almost miraculous solution to the smoking problem. It draws a stark and easy-to-understand comparison between the “lethal and dirty” combustion of cigarettes and the “clean” nicotine of alternatives.

The main defensive strategy is to rhetorically “immunize” the audience. The narrative includes strategic acknowledgement of a known risk (e.g. nicotine addiction), which increases credibility. At the same time, other counterarguments (e.g. the gateway effect) are actively belittled and dismissed as debunked 'myths'.

### **2.5.3 Answer to RQ2**

RQ2: How is the authority of key actors such as Anders Milton constructed and legitimised in the texts (e.g. what language is used to describe them, how are their claims presented?)

The authority of key actors is systematically constructed in the texts in order to transform their messages from mere opinion into objective and unquestionable fact. This is done in three main ways:

- 1, By emphasizing professional credit
- 2, By framing personal independence
- 3, By presenting the claim as an absolute truth

### **2.5.4 Answer to RQ3**

RQ3: How does the media work with scientific data and studies when reporting on "The Swedish Experience"? (e.g. is the data presented critically or is it taken out of context?)

Scientific data and studies are not used in the analysed texts as a basis for critical discussion, but as a rhetorical tool to validate and defend the main narrative. Data, statistics, and references to institutions such as the FDA are presented without critical context and serve as an external approval to validate the truth of the narrative about the success and safety of the Swedish model.

## **Discussion**

This bachelor thesis presents an analysis of what strategic communication tools are used by the tobacco industry to promote “The Swedish Experience” in the Czech media. However, there are several limitations that need to be taken into account.

The paper used a qualitative systematic thematic analysis, which is an inherently interpretive method. This means that the process of identifying key words, codes and themes is inevitably influenced by the subjective perspective and theoretical grounding of the researcher.

Quantitative research was only present in this thesis as an adjunct due to the very small sample size. The timeframe for the research was set at 2024. I believe that if this timeframe was extended to more years, it would lead to a larger number of articles and allow for a quantitative analysis with its own research questions. Also, extending the framework would allow for an analysis of how the narrative of “The Swedish Experience” has evolved over time, for example in response to changes in legislation. Furthermore, the topic could be explored from a geographical perspective, allowing for example a comparative analysis of the media portrayal of the narrative in multiple countries. This perspective could reveal how the strategy is adopted to local cultural and regulatory practices.

This thesis has analysed the communication tools of "The Swedish Experience" narrative, but the question remains how audiences react to the narrative. Future research could focus on the reception of this narrative (e.g. among smokers, non-smokers and OSP users).

Another possibility is to include more media types. Follow-up research could focus on how the TSE narrative is disseminated and discussed on social media or in podcasts, for example, where it may take different forms.

## **Conclusion**

This bachelor thesis aimed to analyse what strategic communication tools the tobacco industry uses to promote the narrative of “The Swedish Experience” in Czech media. Through a two-phase research design combining quantitative analysis with in-depth qualitative thematic analysis of eight media texts, the thesis identified and described a systematic and multi-layered communication framework.

The research showed that the promotion of the narrative is not a set of random arguments, but a comprehensive and well-thought-out strategy. The main finding of the thesis is the identification of an overarching conceptual model, which I have called the Discourse of Managed Choice. This model describes the ultimate goal of the communication: to reframe the public debate on nicotine so that the choice between “deadly” smoking and “modern, less risky” alternatives is presented as the only relevant and rational option.

This discourse is actively constructed and maintained in the media space through the interplay of two main strategic tools. The first is a constructive process called Narrative Authentication, which systematically intertwines a simple and emotionally powerful story about the “Swedish miracle” with the authority of carefully selected actors and seemingly indisputable scientific data. The second is the defensive process of Rhetorical Vaccination, which protects this narrative by proactively dismissing criticism while strategically acknowledging minor risks, such as dependency, thereby increasing its overall credibility and resilience to counterarguments.

These findings have several important implications. For public health authorities, they show that an effective counter-campaign cannot rely solely on presenting risks but must learn to deconstruct the entire complex and legitimized narrative. For media practice and literacy, they emphasize the need to critically verify the independence of cited experts and to view the data presented in a broader context, rather than as absolute truth. Last but not least, the work reveals how, in an era of strict advertising regulations, corporate communication is shifting to more sophisticated levels of public relations, which aim to influence not only consumers but also the broader social and political debate.

## **Závěr**

Tato bakalářská práce si kladla za cíl analyzovat, jaké nástroje strategické komunikace využívá tabákový průmysl k propagaci narativu „The Swedish Experience“ v českých médiích. Prostřednictvím dvoufázového výzkumného designu, který kombinoval přípravnou kvantitativní analýzu s hloubkovou kvalitativní tematickou analýzou osmi mediálních textů, práce identifikovala a popsala systematický a vícevrstvý komunikační rámec.

Výzkum ukázal, že propagace narativu není souborem náhodných argumentů, ale ucelenou a promyšlenou strategií. Hlavním zjištěním práce je identifikace zastřešujícího konceptuálního modelu, který jsem nazval Discourse of Managed Choice. Tento model popisuje, jaký je konečný cíl celé komunikace: přerámovat veřejnou debatu o nikotinu tak, aby volba mezi „smrtelně nebezpečným“ kouřením a „moderními, méně rizikovými“ alternativami byla prezentována jako jediná relevantní a racionální možnost.

Tento diskurz je v mediálním prostoru aktivně budován a udržován souhrou dvou hlavních strategických nástrojů. Prvním je konstruktivní proces Narrative Authentication, který systematicky proplétá jednoduchý a emočně silný příběh o „švédském zázraku“ s autoritou pečlivě vybraných expertů a zdánlivě nezpochybnitelných vědeckých dat. Druhým je obranný proces Rhetorical Vaccination, který tento příběh chrání tím, že proaktivně znevažuje kritiku a zároveň strategickým přiznáním menších rizik, jako je závislost, zvyšuje svou celkovou důvěryhodnost a odolnost vůči protiargumentům.

Tato zjištění mají několik důležitých implikací. Pro orgány veřejného zdraví ukazují, že efektivní protikampaň nemůže stát pouze na prezentaci rizik, ale musí se naučit dekonstruovat celý tento komplexní a legitimizovaný narativ. Pro mediální praxi a gramotnost zdůrazňují potřebu kriticky ověřovat nezávislost citovaných expertů a nahlížet na prezentovaná data v širším kontextu, nikoli jako na absolutní pravdu. V neposlední řadě práce odhaluje, jak se v době přísných reklamních regulací přesouvá korporátní komunikace do sofistikovanějších rovin public relations, jejichž cílem je ovlivnit nejen spotřebitele, ale i celospolečenskou a politickou debatu.

## List of References

Act No. 110/1997 Coll.: Act on Food and Tobacco Products and on the Amendments of Related Acts [Zákon č. 110/1997 Sb.: Zákon o potravinách a tabákových výrobcích a o změně a doplnění některých souvisejících zákonů], Sbírka zákonů ČR Částka 38 (1997). Version in force from July 1, 2025.

Act No. 65/2017 Coll.: Act on the Protection of Health from the Harmful Effects of Addictive Substances [Zákon č. 65/2017 Sb.: Zákon o ochraně zdraví před škodlivými účinky návykových látek], Sbírka zákonů ČR Částka 71 (2023). Version in force from July 1, 2023.

Anholt, S. (2011). Beyond the Nation Brand: The Role of Image and Identity in International Relations. *The Journal of Public Diplomacy*, 2(1), Article 1.  
<https://surface.syr.edu/exchange/vol2/iss1/1/>

Araghi, M., Galanti, M. R., Lundberg, M., Liu, Z., Ye, W., Lager, A., Engström, G., Manjer, J., Alfredsson, L., Knutsson, A., Norberg, M., Palmqvist, R., Gylling, B., Wennberg, P., Lagerros, Y. T., Bellocco, R., Pedersen, N. L., Östergren, P. -O., & Magnusson, C. (2017a). Smokeless tobacco (snus) use and colorectal cancer incidence and survival: Results from nine pooled cohorts. *Scandinavian journal of public health*, 45(8), 741-748. <https://doi.org/10.1177/1403494817714191>

Araghi, M., Rosaria Galanti, M., Lundberg, M., Lager, A., Engström, G., Alfredsson, L., Knutsson, A., Norberg, M., Sund, M., Wennberg, P., Trolle Lagerros, Y., Bellocco, R., Pedersen, N. L., Östergren, P. -O., & Magnusson, C. (2017b). Use of moist oral snuff (snus) and pancreatic cancer: Pooled analysis of nine prospective observational studies. *International journal of cancer*, 141(4), 687-693. <https://doi.org/10.1002/ijc.30773>

Azzopardi, D., Liu, C., & Murphy, J. (2022). Chemical characterization of tobacco-free "modern" oral nicotine pouches and their position on the toxicant and risk continuums. *Drug and chemical toxicology*, 45(5), 2246-2254.  
<https://doi.org/10.1080/01480545.2021.1925691>

Bekki, K., Inaba, Y., Uchiyama, S., & Kunugita, N. (2017). *Comparison of Chemicals in Mainstream Smoke in Heat-not-burn Tobacco and Combustion Cigarettes*. Department of Environmental Health, National Institute of Public Health.  
<https://doi.org/10.7888/juoeh.39.201>

Benowitz, N. L. (1988). Pharmacologic Aspects of Cigarette Smoking and Nicotine Addiction. *The New England journal of medicine*, 319(20), 1318-1330.  
<https://doi.org/10.1056/NEJM198811173192005>

Cancerfonden. (n.d.). *Swedish Tobacco Policy*. Retrieved June 12, 2025, from <https://www.cancerfonden.se/om-oss/about-us/swedens-road-to-reduced-tobacco-smoking>

Carlsson, S., Andersson, T., Araghi, M., Galanti, R., Lager, A., Lundberg, M., Nilsson, P., Norberg, M., Pedersen, N. L., Trolle-lagerros, Y., & Magnusson, C. (2017). Smokeless tobacco (snus) is associated with an increased risk of type 2 diabetes: results from five pooled cohorts. *Journal of internal medicine*, 281(4), 398-406. <https://doi.org/10.1111/joim.12592>

Compton, J. (2025). Inoculation theory. *The review of communication*, 25(1), 1-13. <https://doi.org/10.1080/15358593.2024.2370373>

Considerate Pouchers. (n.d.). *About Us*. Retrieved June 16, 2025, from <https://consideratepouchers.org/about-us/>

Davey, M. (2023, March 24). *Tobacco-linked organisations and executives fail to declare interests to TGA vaping inquiry*. The Guardian. <https://www.theguardian.com/australia-news/2023/mar/24/tobacco-linked-organisations-and-executives-fail-to-declare-interests-to-tga-vaping-inquiry>

Decree No. 141/2023 Coll.: Decree on Nicotine Pouches without Tobacco [Vyhláška č. 141/2023 Sb.: Vyhláška o nikotinových sáčcích bez obsahu tabáku], Sbíрка zákonů ČR Částka 71 (2023). Version in force from July 1, 2023.

Decree No. 261/2016 Coll.: Decree on Tobacco Products [Vyhláška č. 261/2016 Sb.: Vyhláška o tabákových výrobcích], Sbíрка zákonů ČR Částka 101 (2016). Version in force from January 1, 2025.

Delon Human. (n.d.). [LinkedIn page]. LinkedIn. Retrieved June 14, 2025, from <https://www.linkedin.com/in/delon-h-40aab45/>

Dinnie, K. (2022). *Nation Branding: Concepts, Issues, Practice* (3rd ed.). Routledge. <https://doi-org.ezproxy.is.cuni.cz/10.4324/9781003100249>

Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products - Commission statement, Official Journal L 194 , 18/07/2001 P. 0026 - 0035 (2001). <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A32001L0037>

Djurdjevic, S., Pecze, L., Weitkunat, R., Luedicke, F., Fry, J., & Lee, P. (2019). Using data on snus use in Sweden to compare different modelling approaches to estimate the population health impact of introducing a smoke-free tobacco product. *BMC public health*, 19(1), Article 1411. <https://doi.org/10.1186/s12889-019-7714-0>

European Commission. (2024). *Attitudes of Europeans towards tobacco and related products*. European Union. <https://europa.eu/eurobarometer/surveys/detail/2995>

Fagerstrom, K. (2022). Can alternative nicotine products put the final nail in the smoking coffin? *Harm reduction journal*, 19(1), 1-6. <https://doi.org/10.1186/s12954-022-00722-5>

Farsalinos, K., Fagerström, K.-O., Milton, A., Human, D., Răescu, M., Raza, S. A., Kentra, G.-Y., Letlape, K., Rataemane, S. T., Verrastro, D., Stöver, H., Misra, A., & Kumamaru, H. (2024). *No Smoke Less Harm*. Smoke Free Sweden. <https://smokefreesweden.org/No%20Smoke%20Less%20Harm.pdf>

Folkhälsomyndigheten. (2024, December 12). *Use of tobacco and nicotine products*. Public Health Agency of Sweden. <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/andtg/tobacco/use-of-tobacco-and-nicotine-products/>

Foulds, J., & Furberg, H. (2008). Is low-nicotine Marlboro snus really snus? *Harm reduction journal*, 5(1), Article 9. <https://doi.org/10.1186/1477-7517-5-9>

Foulds, J., Ramstrom, L., Burke, M., & Fagerström, K. (2003). Effect of smokeless tobacco (snus) on smoking and public health in Sweden. *Tobacco control*, 12(4), 349-359. <https://doi.org/10.1136/tc.12.4.349>

Gray, N., Henningfield, J. E., Benowitz, N. L., Connolly, G. N., Dresler, C., Fagerstrom, K., Jarvis, M. J., & Boyle, P. (2005). Toward a comprehensive long term nicotine policy. *Tobacco control*, 14(3), 161-165. <https://doi.org/10.1136/tc.2004.010272>

Hatsukami, D. K., & Carroll, D. M. (2020). Tobacco harm reduction: Past history, current controversies and a proposed approach for the future. *Preventive medicine*, 140, Article 106099. <https://doi.org/10.1016/j.ypmed.2020.106099>

Health Diplomats. (n.d.-a). *About*. Retrieved June 14, 2025, from <https://healthdiplomats.com/about/>

Health Diplomats. (n.d.-b). *Disclosure*. Retrieved June 14, 2025, from <https://healthdiplomats.com/disclosure/>

Hemminki, K., Försti, A., Hemminki, A., Ljungberg, B., & Hemminki, O. (2021). Incidence trends in bladder and lung cancers between Denmark, Finland and Sweden may implicate oral tobacco (snuff/snus) as a possible risk factor. *BMC cancer*, 21(1), Article 604. <https://doi.org/10.1186/s12885-021-08371-w>

Hiilamo, H., Crosbie, E., & Glantz, S. A. (2014). The evolution of health warning labels on cigarette packs: the role of precedents, and tobacco industry strategies to block

diffusion. *Tobacco control*, 23(1), Article e2. <https://doi.org/10.1136/tobaccocontrol-2012-050541>

Human, D., Milton, A., & Fagerström, K. (2023). *The Swedish Experience: The Road Map To a Smoke Free Society*. Smoke Free Sweden. <https://smokefreesweden.org/wp-content/themes/smokefreesweden/assets/pdf/reports/Report%20The%20Swedish%20Experience%20EN.pdf>

Human, D., Milton, A., & Stöver, H. (2024). *Missing the Target*. Smoke Free Sweden. [https://smokefreesweden.org/wp-content/themes/smokefreesweden/assets/pdf/data/SFS\\_Missing%20the%20target\\_1%20Nov%202024.pdf](https://smokefreesweden.org/wp-content/themes/smokefreesweden/assets/pdf/data/SFS_Missing%20the%20target_1%20Nov%202024.pdf)

International Agency for Research on Cancer. (2007). *Smokeless tobacco and some tobacco-specific N-nitrosamines. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 89*. World Health Organization.

Jackson, S. E., Shahab, L., West, R., & Brown, J. (2020). Associations between dual use of e-cigarettes and smoking cessation: A prospective study of smokers in England. *Addictive behaviors*, 103, Article 106230. <https://doi.org/10.1016/j.addbeh.2019.106230>

Jessica Perkins. (n.d.). [LinkedIn page]. LinkedIn. Retrieved June 12, 2025, from <https://www.linkedin.com/in/jessica-perkins-963a4b32/>

Kostygina, G., England, L., & Ling, P. (2016). New product marketing blurs the line between nicotine replacement therapy and smokeless tobacco products. *American journal of public health*, 106(7), 1219-1222. <https://doi.org/10.2105/AJPH.2016.303057>

Kozłowski, L. T., & Edwards, B. Q. (2005). “Not safe” is not enough: smokers have a right to know more than there is no safe tobacco product. *Tobacco control*, 14 (suppl 2), ii3-ii7. <https://doi.org/10.1136/tc.2004.008334>

Lag (2018:2088) om tobak och liknande produkter. [Act (2018:2088) on Tobacco and Similar Products]. SFS nr: 2018:2088. (2018)

Lag (2022:1257) om tobaksfria nikotinprodukter. [Act (2022:1257) on Tobacco-free Nicotine Products]. SFS nr: 2022:1257. (2022)

Lebrun-Harris, L. A., Fiore, M. C., Tomoyasu, N., & Ngo-metzger, Q. (2015). Cigarette smoking, desire to quit, and tobacco-related counseling among patients at adult health centers. *American journal of public health*, 105(1), 180-188. <https://doi.org/10.2105/AJPH.2013.301691>

Ling, P. M., Hrywna, M., Talbot, E. M., & Lewis, M. J. (2023). Tobacco-Derived Nicotine Pouch Brands and Marketing Messages on Internet and Traditional Media: Content Analysis. *JMIR formative research*, 7, e39146. <https://doi.org/10.2196/39146>

Linton, R. (1924). USE OF TOBACCO AMONG NORTH AMERICAN INDIANS. *Anthropology Leaflet*, 15, 1–27. <http://www.jstor.org/stable/41444115>

Luo, J., Ye, W., Zendehdel, K., Adami, J., Adami, H. O., Boffetta, P., & Nyrén, O. (2007). Oral use of Swedish moist snuff (snus) and risk for cancer of the mouth, lung, and pancreas in male construction workers: a retrospective cohort study. *The Lancet*, 369(9578), 2015-2020. [https://doi.org/10.1016/S0140-6736\(07\)60678-3](https://doi.org/10.1016/S0140-6736(07)60678-3)

Luoma-Aho V., & Badham, M. (Eds.). (2023). *Handbook on digital corporate communication*. Edward Elgar Publishing.

Mcclave, A. K., Eily, L. R. M. K., Davis, S. P., & Dube, S. R. (2010). Smoking characteristics of adults with selected lifetime mental illnesses: Results from the 2007 national health interview survey. *American journal of public health*, 100(12), 2464-2472. <https://doi.org/10.2105/AJPH.2009.188136>

Meier, B. M., & Shelley, D. (2006). The Fourth Pillar of the Framework Convention on Tobacco Control: Harm Reduction and the International Human Right to Health. *Public health reports (1974)*, 121(5), 494-500. <https://doi.org/10.1177/003335490612100503>

Ministerstvo financí České republiky. (2024, March 27). *Spotřební daň z tabáku – co se mění od 1. dubna 2024*. <https://www.mfcr.cz/cs/ministerstvo/media/tiskove-zpravy/2024/spotrebni-dan-z-tabaku-co-se-meni-od-1-dubna-2024-55399>

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231205789>

National Harm Reduction Coalition. (n.d.). *Principles of Harm Reduction*. Retrieved May 5, 2025, from <https://harmreduction.org/about-us/principles-of-harm-reduction/>

Niconovum. (n.d.). *Niconovum*. Retrieved June 14, 2025, from <https://www.niconovum.se/>

Nilsson, R. (1998). A Qualitative and Quantitative Risk Assessment of Snuff Dipping. *Regulatory toxicology and pharmacology*, 28(1), 1-16.

<https://doi.org/10.1006/rtph.1998.1229>

Northerner. (2023, September 12). *The History of Chewing Tobacco*.  
<https://www.northerner.com/us/the-northerner/guides/chewing-tobacco-a-retrospective>

Oral Nicotine Commission. (n.d.-a). *Privacy Policy*. Retrieved June 16, 2025, from  
<https://www.oralnicotine.com/privacy-policy>

Oral Nicotine Commission. (n.d.-b). *Oral Nicotine Commission*. Retrieved June 16, 2025,  
from <https://www.oralnicotine.com/>

Oral Nicotine Commission. (n.d.-c). *About us*. Retrieved June 16, 2025, from  
<https://www.oralnicotine.com/about-us>

Oral Nicotine Commission. (n.d.-d). *Publications*. Retrieved June 16, 2025, from  
<https://www.oralnicotine.com/resources/publications>

Oral Nicotine Commission. (n.d.-e). *Research*. Retrieved June 16, 2025, from  
<https://www.oralnicotine.com/resources/research>

Pickworth, W. B. (Ed.). (2020). *Smokeless tobacco products: characteristics, usage, health effects, and regulatory implications*. Elsevier.

Quit Like Sweden. (2024, December 1). *Speech by Swedish MP Jesper Skalberg Karlsson at QLS Launch*. <https://quitlikesweden.org/speech-by-swedish-mp-jesper-skalberg-karlsson-at-qls-launch/>

Quit Like Sweden. (n.d.-a). *About*. Retrieved June 17, 2025, from  
<https://quitlikesweden.org/about/>

Quit Like Sweden. (n.d.-b). *Privacy policy*. Retrieved June 17, 2025, from  
<https://quitlikesweden.org/privacy-policy/>

Quit Like Sweden. (n.d.-c). *Events*. Retrieved June 16, 2025, from  
<https://quitlikesweden.org/events/>

Quit Like Sweden. (n.d.-d). *Resources*. Retrieved June 16, 2025, from  
<https://quitlikesweden.org/resources/>

Regeringskansliet. (2023, September 6). *Sänkt skatt på snus*.  
<https://www.regeringen.se/pressmeddelanden/2023/09/sankt-skatt-pa-snus/>

Reimann, H., Berger, M., Eckert, E., Merches, K., & Börnke, F. (2024). Beyond smoking: Risk assessment of nicotine in pouches. *Toxicology reports*, 13, Article 101779. <https://doi.org/10.1016/j.toxrep.2024.101779>

Russell, M. A. (1976). Low-tar medium-nicotine cigarettes: a new approach to safer smoking. *British Medical Journal*, 1(6023), 1430-1433. <https://doi.org/10.1136/bmj.1.6023.1430>

Rutqvist, L. E., Curvall, M., Hassler, T., Ringberger, T., & Wahlberg, I. (2011). Swedish snus and the GothiaTek (R) standard. *Harm reduction journal*, 8(1), Article 11. <https://doi.org/10.1186/1477-7517-8-11>

SCOHRE. (n.d.). *About SCOHRE*. Retrieved June 15, 2025, from <https://www.scohre.org/about-scohre/>

Sdružení místních samospráv ČR. (2022, August 26). *Požadujeme přísnější regulaci pro nikotinové sáčky*. <https://www.smscr.cz/pracovni-skupiny/ps-pro-skolstvi-sport-a-kulturu/aktuality/pozadujeme-prisnejsi-regulaci-pro-nikotinove-sacky-4475cs.html>

Sharing Sweden. (n.d.-a). *The image of Sweden abroad*. Swedish Institute. Retrieved July 19, 2025, from <https://sharingsweden.se/the-sweden-brand/the-image-of-sweden-abroad>

Sharing Sweden. (n.d.-b). *Global Soft Power Index 2025*. Swedish Institute. Retrieved July 19, 2025, from <https://sharingsweden.se/the-sweden-brand/the-image-of-sweden-abroad/global-soft-power-index-2025>

Silvester, C. (2021). Authority Bias. In M. Raz, & P. Pouryahya (Eds.), *Decision making in emergency medicine : Biases, errors and solutions* (1st ed., pp. 57–65). Springer.

Sluta-röka-linjen. (n.d.). *Om oss*. Retrieved June 12, 2025, from <https://www.slutarokalinjen.se/om-oss/>

Smoke Free Sweden. (2023, March 23). *About us*. <https://web.archive.org/web/20230323070146/https://smokefreesweden.org/about-us/>

Smoke Free Sweden. (n.d.-a). *Smoke Free Sweden*. <https://smokefreesweden.org/>

Smoke Free Sweden. (n.d.-b). *Privacy policy*. Retrieved June 14, 2025, from <https://smokefreesweden.org/privacy-policy/>

Smoke Free Sweden. (n.d.-c). *Resources*. Retrieved June 16, 2025, from <https://smokefreesweden.org/resources/>

Smoke Free Sweden. (n.d.-d). *Videos* [YouTube channel]. Youtube. Retrieved June 16, 2025, from <https://www.youtube.com/@smokefreesweden/videos>

Smoke Free Sweden. (n.d.-e). *News*. Retrieved June 16, 2025, from <https://smokefreesweden.org/news/>

Snus- och Tändsticksmuseum. (n.d.). *The Swedish snus history*. Retrieved April 15, 2025, from <https://www.snusochtandsticksmuseum.se/en/explore/snus/snus-history/>

Snuskommissionen. (2023, June 4). *Kontakt*. <https://web.archive.org/web/20230604164444/https://snuskommissionen.se/kontakt/>

Snuskommissionen. (n.d.-a). *Kontakt*. Retrieved June 14, 2025, from <https://snuskommissionen.se/kontakt/>

Snuskommissionen. (n.d.-b). *Startpage*. Retrieved June 14, 2025, from <https://snuskommissionen.se/en/startpage/>

Somos Innovación. (2025, June 1). *"How Sweden Quit Smoking" - A We Are Innovation Documentary* [Video]. YouTube. <https://www.youtube.com/watch?v=kUL7sNt8GHM&t=3s>

Státní zdravotní ústav. (2025). *Národní výzkum užívání tabáku a alkoholu v České republice 2024*. Ministerstvo zdravotnictví České republiky. <https://szu.gov.cz/wp-content/uploads/2025/05/Narodni-vyzkum-uzivani-tabaku-a-alkoholu-v-Ceske-republice-2024-1.pdf>

Stewart, G. G. (1967). A history of the medicinal use of tobacco 1492-1860. *Medical history*, 11(3), 228-268. <https://doi.org/10.1017/S0025727300012333>

Stratton, K. R. (2001). *Clearing the smoke: assessing the science base for tobacco harm reduction* (1st ed.). Institute of Medicine, National Academy Press.

Suely Castro. (n.d.). [LinkedIn page]. LinkedIn. Retrieved June 16, 2025, from <https://www.linkedin.com/in/suelycastro/>

Swedish Smokeless. (n.d.). Our Brands. Retrieved April 10, 2025, from

<https://swedishsmokeless.com/our-brands/>

The Good Country. (n.d.-a). *About the Good Country Index*. Retrieved July 19, 2025, from <https://goodcountry.org/index/about-the-index/>

The Good Country. (n.d.-b). *The Good Country Index*. Retrieved July 19, 2025, from <https://index.goodcountry.org>

The World Happiness Report. (n.d.-a). *World Happiness Report 2025*. Retrieved July 19, 2025, from <https://www.worldhappiness.report>

The World Happiness Report. (n.d.-b). *WHR Dashboard*. Retrieved July 19, 2025, from <https://data.worldhappiness.report/table>

Tobacco Harm Reduction.net. (n.d.). *Privacy Policy*. Retrieved June 15, 2025, from <https://tobaccoharmreduction.net/privacy-policy/>

Tobacco Tactics. (2024a, November 20). *Delon Human*. <https://www.tobaccotactics.org/article/delon-human/>

Tobacco Tactics. (2024b, May 1). *The International Association on Smoking Control and Harm Reduction (SCOHRE)*. <https://www.tobaccotactics.org/article/the-international-association-on-smoking-control-and-harm-reduction-scohre/>

Tobacco Tactics. (2025a, May 15). *The Swedish Experience*. <https://www.tobaccotactics.org/article/the-swedish-experience/>

Tobacco Tactics. (2025b, March 20). *Knowledge-Action-Change*. <https://www.tobaccotactics.org/article/knowledge-action-change/>

Tobacco Tactics. (2025c, May 27). *We Vape*. <https://www.tobaccotactics.org/article/we-vape/>

Tobakslag (1993:581). [Tobacco Act (1993:581)]. SFS nr: 1993:581. (1993)

Tushingham, S., Snyder, C. M., Brownstein, K. J., Damitio, W. J., & Gang, D. R. (2018). Biomolecular archaeology reveals ancient origins of indigenous tobacco smoking in North American Plateau. *Proceedings of the National Academy of Sciences of the United States of America*, 115(46), 11742-11747. <https://doi.org/10.1073/pnas.1813796115>

We Vape. (n.d.). *About*. Retrieved June 16, 2025, from <https://we-vape.org/about-us/>

Winter, J. C. (2000). Introduction to the North American Tobacco Species. In J. C. Winter (Ed.), *Tobacco Use by Native North Americans: Sacred Smoke and Silent Killer* (pp. 3-4). University of Oklahoma Press.

World Health Organization. (2024, May 29). *Have you heard of white snus? A Swedish tobacco control activist rings the alarm*. <https://www.who.int/europe/news-room/feature-stories/item/have-you-heard-of-white-snus--a-swedish-tobacco-control-activist-rings-the-alarm>

Ye, D., & Rahman, I. (2023). Emerging Oral Nicotine Products and Periodontal Diseases. *International journal of dentistry*, 2023, Article 9437475. <https://doi.org/10.1155/2023/9437475>

Zhang, Y. Y., Bu, F. L., Dong, F., Wang, J. H., Zhu, S. J., Zhang, X. W., Robinson, N., & Liu, J. P. (2021). The effect of e-cigarettes on smoking cessation and cigarette smoking initiation: An evidence-based rapid review and meta-analysis. *Tobacco induced diseases*, 19, 1-15. <https://doi.org/10.18332/TID/131624>

## List of figure References

Figure 1:

Smoke Free Sweden. (n.d.). Retrieved July 19, 2025, from <https://smokefreesweden.org>

Figure 2:

Quit Like Sweden. (n.d.). Retrieved July 19, 2025, from <https://quitlikesweden.org>

Figure 3:

Tobacco Harm Reduction.net. (n.d.). *Home - Tobacco Harm Reduction*. Retrieved July 25, 2025, from <https://tobaccoharmreduction.net/>

Tobacco Free Kids. (n.d.). Home | Campaign for Tobacco-Free Kids. Retrieved July 25, 2025, from <https://www.tobaccofreekids.org/>

<b>Institut komunikačních studií a žurnalistiky FSV UK</b> <b>Teze BAKALÁŘSKÉ diplomové práce</b>	
<b>TUTO ČÁST VYPLŇUJE STUDENT/KA:</b>	
<b>Příjmení a jméno diplomantky/diplomanta:</b> Radim Karel Žihla	<b>Razítko podatelny:</b>
<b>Imatrikulační ročník diplomantky/diplomanta:</b> 2022	
<b>Fakultní e-mail diplomantky/diplomanta:</b> 76739850@fsv.cuni.cz	
<b>Studijní program/specializace:</b> Marketingová komunikace a public relations	
<b>Název práce v češtině:</b> Strategické PR kampaně propagující snus jako nástroj pro odvykání kouření v České republice	
<b>Název práce v angličtině:</b> Strategic PR campaigns promoting snus as a tool for smoking cessation in the Czech Republic	
<b>Předpokládaný termín dokončení</b> (semestr, akademický rok – vzor: ZS 2022/2023) (diplomovou práci je možné obhajovat <u>nejdříve</u> šest měsíců od schválení tezí) ZS 2025/2026	
<b>Základní charakteristika tématu a předpokládaný cíl práce</b> (max. 1000 znaků): Cílem této práce je analyzovat, jaké nástroje strategické komunikace využívá tabákový průmysl k propagaci „The Swedish Experience“ v českých médiích. V teoretické části popíšu, jak v rámci snižování škod způsobených tabákem (Tobacco Harm Reduction) operují tabákové společnosti. Zaměřím se také na žvýkací tabák jako takový a českou legislativu spjatou s tímto výrobkem. Bude rovněž zohledněna aktuální situace ve Švédsku a kampaně realizované v České republice. V praktické části se budu věnovat kvantitativní obsahové analýze mediálních výstupů v českých médiích za rok 2024. Články budou vybrány pomocí systémů pro monitoring médií podle klíčových slov jako například „snus,“ „švédská cesta“ apod. Následně provedu kvalitativní obsahovou analýzu na vzorku článků.	
<b>Předpokládaná struktura práce</b> (rozdělení do jednotlivých kapitol a podkapitol se stručnou charakteristikou jejich obsahu): 1, Úvod 2, Teoretická část - Žvýkací tabák - Regulace v ČR - Tobacco Harm Reduction - Situace ve Švédsku - PR kampaně v ČR 3, Praktická část - Metodologie - Kvantitativní obsahová analýza - Kvalitativní obsahová analýza 4, Závěr 5, Seznam použité literatury	
<b>Vymezení zpracovávaného materiálu</b> (např. konkrétní titul periodika a období jeho analýzy): Teoretická část – základní literatura k tématu, relevantní články k tématu. Praktická část – výstupy z českých médií za rok 2024 vybrané podle klíčových slov, sociální média nebudou zahrnuta.	
<b>Postup (technika) při zpracování materiálu:</b> Nejprve provedu obsahovou kvantitativní analýzu článků. V analýze se zaměřím na proměnné jako například tón článku, zda byla zmíněna specifická kampaň, zda byla zmíněna osoba s napojením	

na tabákový průmysl apod. Poté provedu obsahovou kvalitativní analýzu vybraných článků. Články budou vybrány například podle významnosti médií, která je zveřejnila, a s ohledem na různorodost pohledů, aby analýza zahrnovala články s pozitivními, neutrálními i negativními pohledy na problematiku.

**Základní literatura** (nejméně 5 nejdůležitějších titulů k tématu a způsobu jeho zpracování; u všech titulů je nutné uvést stručnou anotaci na 2–5 řádků):

1, PICKWORTH, Wallace B. Smokeless tobacco products: characteristics, usage, health effects, and regulatory implications. Amsterdam, Netherlands: Elsevier, 2020. ISBN 0-12-818159-1

Kniha poskytuje komplexní shrnutí informací o bezdýmných tabákových výrobcích. Zabývá se, kromě jejich zdravotních dopadů, i regulací, harm reduction a marketingem nových bezdýmných tabákových výrobků.

2, PEETERS, Silvy a GILMORE, Anna B. Understanding the emergence of the tobacco industry's use of the term tobacco harm reduction in order to inform public health policy. Online. Tobacco control. 2015, roč. 24, č. 2, s. 182-189. ISSN 0964-4563.

Autoři zkoumají, jak tabákový průmysl využívá koncept snižování škod k ovlivnění politiky a zlepšení své reputace. Studie se zabývá motivy tabákových společností k prosazování harm reduction. Pozornost je také věnována snahám tabákového průmyslu o návrat k vlivu na politické rozhodování.

3, WIIST, William H. The bottom line or public health: tactics corporations use to influence health and health policy and what we can do to counter them. Oxford: Oxford University Press, c2010. ISBN 9780199704927.

Kniha zkoumá, jak velké korporace ovlivňují politiku týkající se zdraví ve svůj prospěch. V knize jsou popsány taktiky, které jsou používány k prosazování zájmů korporací a strategie a jak se dá těmto praktikám čelit.

4, SJÖDIN, Erica; ANDERSSON, Jonas; NORDENDAHL, Maria; WENNERBERG, Maria; HELDORSSON FJELLSTRÖM, Lena et al. Thirty-six-year trends (1986–2022) in cigarette smoking and snus use in northern Sweden: a cross-sectional study. Online. BMJ open. 2024, roč. 14, č. 12, s. e088162. ISSN 2044-6055.

Studie poskytuje informace o trendech v užívání snusu a kouření v severním Švédsku mezi lety 1986 a 2022. Výsledky ukazují, že kouření cigaret se v této oblasti snížilo, zatímco užívání snusu se zvýšilo.

5, HEMMINKI, Kari; FÖRSTI, Asta; HEMMINKI, Akseli; LJUNGBERG, Börje a HEMMINKI, Otto. Incidence trends in bladder and lung cancers between Denmark, Finland and Sweden may implicate oral tobacco (snuff/snus) as a possible risk factor. Online. BMC cancer. 2021, roč. 21, č. 1, s. 1-604. ISSN 1471-2407.

Studie analyzuje trendy ve výskytu rakoviny močového měchýře a plic v Dánsku, Finsku a Švédsku. Výsledky naznačují, že užívání snusu může být rizikovým faktorem pro rakovinu močového měchýře, zejména u mužů.

6, DJURDJEVIC, Smilja; PECZE, Laszlo; WEITKUNAT, Rolf; LUEDICKE, Frank; FRY, John et al. Using data on snus use in Sweden to compare different modelling approaches to estimate the population health impact of introducing a smoke-free tobacco product. Online. BMC public health. 2019, roč. 19, č. 1, s. 1411-13. ISSN 1471-2458

<p>Studie zkoumá dopady švédského snusu na úmrtnost mužů ve Švédsku mezi lety 1980 a 2009. Výsledky studie naznačují, že snus mohl přispět ke snížení úmrtnosti na nemoci spojené s kouřením.</p> <p>7, DUREN, Michelle; ATELLA, Lara; WELDING, Kevin a KENNEDY, Ryan David. Nicotine pouches: a summary of regulatory approaches across 67 countries. Online. Tobacco control. 2023, roč. 33, č. e1, s. e32-e40. ISSN 0964-4563</p> <p>Studie nabízí shrnutí regulace nikotinových sáčků v 67 zemích světa. Zaměřuje se na to, jak jednotlivé země klasifikují tento produkt a jak přistupují k jeho regulaci. Výsledky studie ukazují, že přístup k regulaci je v různých zemích velice odlišný.</p> <p><b>Diplomové práce k tématu</b> (seznam bakalářských, magisterských a doktorských prací, které byly k tématu obhájeny na UK, případně dalších oborově blízkých fakultách či vysokých školách za posledních pět let):</p> <p>GOČÍKOVÁ, Natálie. Marketingová komunikace nikotinových výrobků v českém prostředí. Bakalářská práce, vedoucí Hejlová, Denisa. Praha: Univerzita Karlova, Fakulta sociálních věd, Katedra marketingové komunikace a public relations, 2021.</p> <p>ČUKANOVÁ, Tereza. Vnímání zdravotních dopadů alternativních produktů dodávajících nikotin u jejich uživatelů v ČR. Bakalářská práce, vedoucí Pánková, Alexandra. Praha: Univerzita Karlova, 1. lékařská fakulta, Klinika adiktologie 1. LF UK a VFN, 2022.</p> <p>BÍLKOVÁ, Karolína. Analýza propagace moderních tabákových produktů na Instagramu. Diplomová práce, vedoucí Hejlová, Denisa. Praha: Univerzita Karlova, Fakulta sociálních věd, Katedra marketingové komunikace a public relations, 2024.</p> <p>STRÁNSKÁ, Simona. Spotřeba tabákových výrobků v ČR a její dopad na veřejné zdraví. Bakalářská práce, vedoucí Mošna, František. Praha: Česká zemědělská univerzita v Praze, Provozně ekonomická fakulta. 2024.</p> <p>KONÍŘOVÁ, Dominika. Komunikace jednorázových e-cigaret na TikToku zaměřena na mladé lidi. Diplomová práce, vedoucí Hejlová, Denisa. Praha: Univerzita Karlova, Fakulta sociálních věd, Katedra marketingové komunikace a public relations, 2025.</p> <p>TURKOVÁ, Simona. Analýza propagace vitamínových e-cigaret a její vliv na mladistvé a dospělé do 30 let. Diplomová práce, vedoucí Hejlová, Denisa. Praha: Univerzita Karlova, Fakulta sociálních věd, Katedra marketingové komunikace a public relations, 2025.</p> <p><b>Datum / Podpis studenta/ky</b></p> <p>.....</p>
--

<p><b>TUTO ČÁST VYPLŇUJE PEDAGOG/PEDAGOŽKA:</b></p> <p><b>Doporučení k tématu, struktuře a technice zpracování materiálu:</b></p> <p><b>Případné doporučení dalších titulů literatury předepsané ke zpracování tématu:</b></p> <p><b>Potvrzuji, že výše uvedené teze jsem s jejich autorem/kou konzultoval(a) a že téma odpovídá mému oborovému zaměření a oblasti odborné práce, kterou na FSV UK vykonávám.</b></p> <p><b>Souhlasím s tím, že budu vedoucí(m) této práce.</b></p>
---

<b>Denisa Hejlová</b> <b>Příjmení a jméno pedagožky/pedagoga</b>	..... <b>Datum / Podpis pedagožky/pedagoga</b>
---	---

TEZE JE NUTNO ODEVZDAT VYTIŠTĚNÉ, PODEPSANÉ A VE DVOU VYHOTOVENÍCH DO TERMÍNU UVEDENÉHO VE VYHLÁŠCE ŘEDITELE INSTITUTU, A TO PROSTŘEDNICTVÍM PODATELNY FSV UK. PŘIJATÉ TEZE JE NUTNÉ SI VYZVEDNOUT V SEKRETARIÁTU PŘÍSLUŠNÉ KATEDRY A NECHAT VEVÁZAT DO VÝTISKU DIPLOMOVÉ PRÁCE.

**TEZE NA IKSŽ SCHVALUJE GARANT PŘÍSLUŠNÉHO STUDIJNÍHO PROGRAMU.**

## **List of Appendices**

Appendix no. 1: Flowchart of “The Swedish Experience” campaigns connections

Appendix no. 2: Systematic thematic analysis description

Appendix no. 3: Description of the systematic thematic analysis procedure

Appendix no. 4: Articles used for the systematic thematic analysis

Appendix no. 5: Examples of the qualitative analysis process

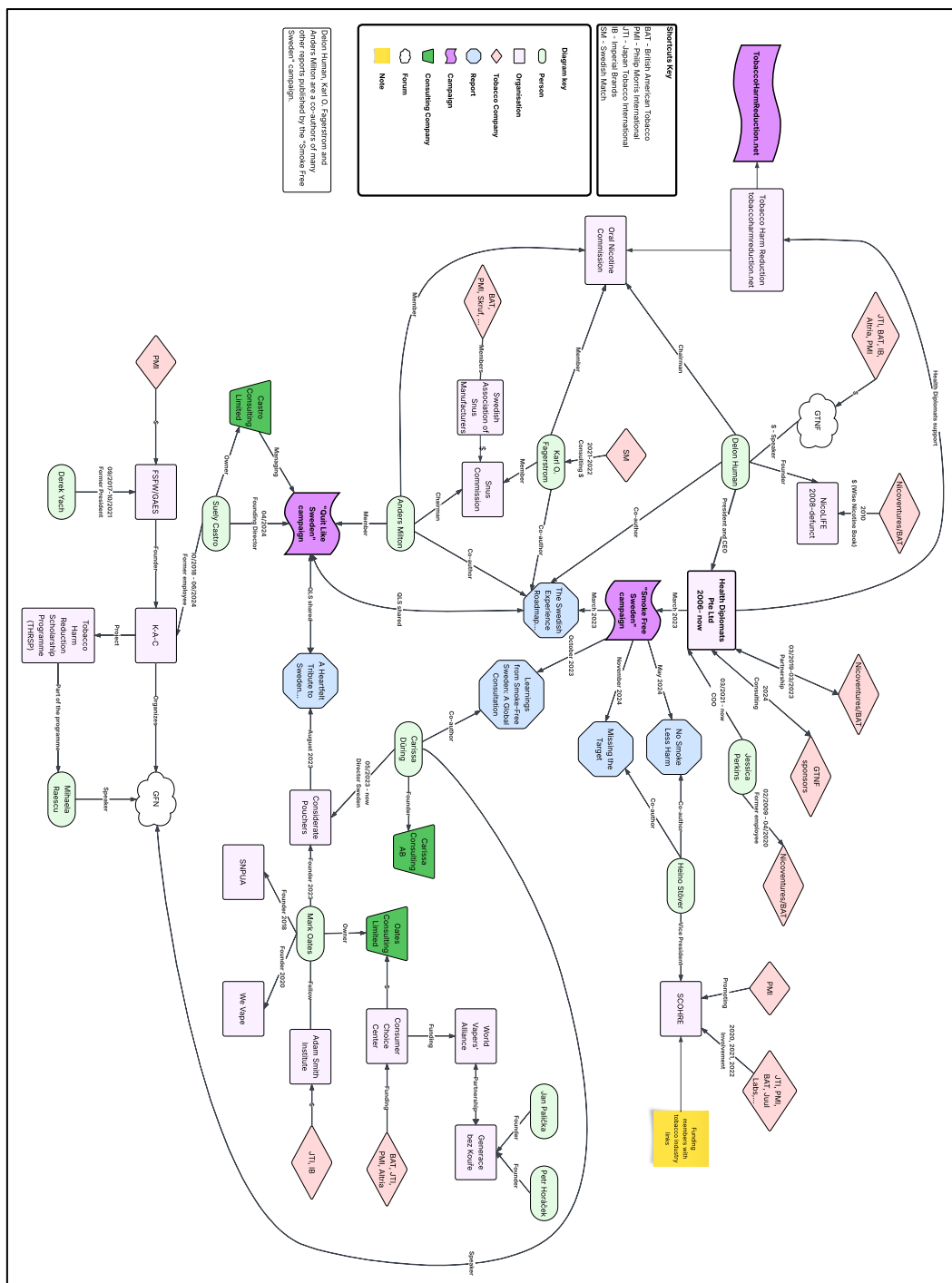
Appendix no. 6: Quantitative analysis – coding manual and results

Appendix no. 7: Coding sheet and corpus of the quantitative analysis

Appendices 4, 5, 6 and 7 can be downloaded from the Digital Repository.

# Appendix no. 1: Flowchart of “The Swedish Experience” campaigns connections

This flowchart shows the connections of actors, organisations and tobacco companies in “The Swedish Experience” campaigns.



## **Appendix no. 2: Systematic thematic analysis description**

This bachelor thesis uses the systematic thematic analysis method for qualitative analysis, as described by Naeem et al. (2023). This approach was chosen for its systematic nature, transparency, and ability to guide the researcher step by step from the initial reading of the texts to the creation of the final conceptual model. The following text summarizes the six main steps of this method and explains the set of “R” criteria that increase relevance and quality.

### **Six steps of systematic thematic analysis**

Systematic thematic analysis is a structured, sequential approach to interpreting qualitative data. Each phase builds on the previous one, allowing for a comprehensive understanding of the data and ensuring clear links between the data, interpretation, and final conclusions.

- **Step 1: Create a data file and familiarize yourself with the data (excerpts)**

The first phase involves creating a primary data file (in this case, selecting relevant quotes, or excerpts, from the original texts) and then familiarizing yourself with the data in depth. The goal is to fully understand the content, context, and nuances of the analysed material through repeated and careful reading.

- **Step 2: Identification of keywords**

In this phase, the researcher examines the data in detail and identifies recurring patterns, terms, or ideas, which are labelled as keywords. These words encapsulate the key meanings and perceptions contained in the data and serve as the building blocks for further analysis.

- **Step 3: Creating codes**

Coding is the process of assigning short phrases or words (codes) to segments of data (represented by keywords and quotations). The code captures the essence of the segment and transforms the raw data into a more theoretical, analytical form. This step helps to simplify and structure complex data.

- **Step 4: Theme development**

Themes are created by synthesizing and grouping individual codes into meaningful units. In this phase, the researcher moves from detailed code analysis to more abstract interpretation. A theme is an overarching pattern of meaning that connects different parts of the data and begins to form an answer to the research questions.

- **Step 5: Conceptualization**

Conceptualization is the process by which the researcher interprets the relationships between themes, codes, and keywords in order to understand them at a higher level and define new concepts based on the data. In this phase, deeper patterns and their interrelationships are identified.

- **Step 6: Conceptual model creation**

The final step is to create a conceptual model. This is a unique, often visual representation of the findings that systematically links the identified concepts and themes. The model serves as the final answer to the research questions and summarizes the contribution of the work.

## **Summary of “R” criteria for ensuring the quality of analysis**

To ensure consistency and validity in each step of the analysis, Naeem et al. (2023) propose a set of “R” criteria.

### **1. 6R for Selection of Keywords**

- **Realness:** Words that reflect real, authentic experiences and perceptions as presented in the data.
- **Richness:** Words that are rich in meaning and provide a deep, detailed understanding of the phenomenon under investigation.
- **Repetition:** Words that are frequently repeated in the data, indicating their importance and relevance.
- **Rationale:** Words that are directly linked to the theoretical framework of the research.
- **Repartee:** Words that are evocative and rhetorically powerful, often memorable and punchy phrases.
- **Regal (Central meaning):** Words that are central to understanding the phenomenon under investigation and are of key importance to the entire argument.

## 2. 6R for Coding

- **Robust:** A code that comprehensively and meaningfully represents the raw data and captures various aspects of the phenomenon.
- **Reflective:** A code that accurately reflects the meanings contained in the keywords and quotations it represents.
- **Resplendent:** A code that is expressive and provides a rich and comprehensive explanation of the context under study.
- **Relevant:** A code that is directly related to the research questions and objectives of the work and is consistently applied across the data.
- **Radical:** A code that is clearly defined, unique, and does not overlap with other codes. It may also offer insights that contradict the main narrative.
- **Righteous:** A code that fits logically into the broader coding system and is consistent with the research intent.

## 3. 4R for Theme Development

- **Reciprocal:** A theme that arises from the mutual and meaningful connection of different codes.
- **Recognizable:** A theme that is clearly recognizable and identifiable directly in the original data and reflects recurring patterns in it.
- **Responsive:** A theme that directly responds to the goals and objectives of the research, although it may not necessarily correspond to the original expectations.
- **Resourceful:** A theme that is sufficiently rich and “resourceful” in information to provide useful insights and help answer the research question.

## **Appendix no.3: Description of the systematic thematic analysis procedure**

This appendix details my thought process and the specific steps that led from the initial reading of the source texts to the final conceptual model. The aim is to show transparently how the data was processed and how systematicity and analytical depth were ensured in line with the methodology of Naeem et al. (2023).

### **Step 1: Creation of the dataset (excerpts) - Deductive filtering**

The first step was to create a relevant dataset. Thus, the whole analytical process started deductively. My guide was not the themes that would emerge from the text itself, but rather my three predefined research questions (RQ1, RQ2, RQ3). These questions acted as an analytical filter through which I read all eight full-text articles. For each research question, I systematically searched for and extracted all passages that were directly related to it.

- For RQ1 (Narrative Strategies), I searched for passages describing products, comparing them to cigarettes, or using persuasive language in this connection.
- For RQ2 (Actor Authority), I looked for any mention of key actors and their claims.
- For RQ3 (Working with Data), I isolated any sentences containing statistics or references to studies.

This deductive step resulted in a narrowed data set, i.e. a list of extracted citations (excerpts), which became the basis for the next stage of analysis.

### **Step 2: Identification of keywords - Inductive**

In this phase, I repeatedly and deeply dove into the already extracted citations. I proceeded primarily inductively, letting the text itself influence me and noticing what stood out. This process was not haphazard but was guided by the “6R” criteria for keyword selection, which helped me focus my attention on the most analytically valuable parts of the text.

- The Repetition criterion immediately alerted me to constantly repeated phrases as “less risky”, which clearly formed the basis of the argument.
- With the Richness (Richness of Meaning) and Repartee (Rhetorical Power) criteria, I focused on value-laden and persuasive words such as “the magic of success”, “Swedish miracle”, and forceful phrases such as “numbers don't lie”. This also confirmed that I was not analysing a neutral message.

- The rationale (theoretical linkage) helped me identify terms such as “harm reduction” that directly linked the text to the theoretical framework of the thesis.
- Regal (Central Meaning) allowed me to identify key terms like “Swedish exemption”, without which the whole argument would be meaningless.

### **Step 3: Creating codes**

With the list of keywords ready, my thought process changed. I started asking myself the question: “Why are these words being used? What function do they serve?” By moving from “what” to “why”, I was trying to find the best possible explanation for the patterns I was beginning to find in the data.

For example, when I saw keywords such as “global authority,” “(physician with) decades of experience,” and references to WMA, in the context of the RQ2, the best explanation was that their function was to build the credibility of the actors. This prompted me to create the Constructing Expert Authority code. The code thus became a name for the function that a given group of keywords performed in the text.

While creating codes, I followed the “6R” coding criteria to ensure quality and consistency. Codes had to be Robust (comprehensive), Relevant (related to the research questions) and, for example, Radical (unique). This process led to the creation of twelve codes that described each communication tactic.

During coding, I encountered a problem with overlapping codes. For example, I originally had separate codes for “Opinion of the US Food and Drug Administration (FDA)” and “Scientific studies.” However, according to the Radical criterion (uniqueness), it turned out that both fulfil the same strategic function, as they lend scientific legitimacy to the narrative. To avoid redundancy, I decided to merge them into a single, more robust code, Invoking Scientific Legitimacy, which better captures their common goal.

### **Step 4: Synthesizing the codes into themes**

With the twelve codes created, I moved on to the next stage. I asked the question: “How do these individual codes work together? Don't some of them form broader, overarching strategies”

In my quest to answer the question, I began to notice that the codes naturally grouped into three

main categories:

1, One group of codes related to the storytelling itself (e.g., Framing Relative Safety, Mythologizing Swedish Success). From these emerged the theme Constructing a Narrative of Pragmatic Salvation.

2, The second group of codes focused on giving credibility to the story (e.g., Constructing Expert Authority, Invoking Scientific Legitimacy). From these, the theme of Legitimizing the Narrative through Orchestrated Authority emerged.

3, The third group of codes described how the narrative is actively defended (e.g., Dismissing Counterarguments). From these emerged the theme Neutralizing Dissent and External Threats.

I did not form themes by “noticing how they naturally group” as the text above might suggest. This synthesis process was guided by the “4R” criteria for theme development. The Reciprocal criterion was key and guided me to consider how the codes complement and reinforce each other. For example, at first, I did not count on combining the codes “Normalizing Alternative Use” and “Mythologizing Swedish Success”, however, this criterion led me to conclude that together they form a story. I would also like to mention the Responsive criterion which ensured that each theme directly contributes to answering the thesis objective.

I have continuously corrected the results. For example, I initially perceived the code Acknowledging Addiction Risk as a negative but then reassessed its function as a defensive tactic, as I noticed on re-examination how the acknowledgement of risks was always followed by their devaluation.

### **Steps 5 and 6: From themes to concepts and conceptual model**

In the last stage, I asked, “What is the overarching meaning that connects these three themes? What system do they collectively create and what is its ultimate goal?”

- I found that the theme of telling the story and the theme of verifying the story together perform one big “constructive” function. I have named this synergy the concept of Narrative Authentication.
- I have grasped the theme of narrative defence as a complex “immunization” system and called it the concept of Rhetorical Vaccination.

- Finally, I asked, “What are these two mechanisms leading to?” The best explanation was that their common goal is to completely reframe the public debate. I named this end state, the overarching goal of the entire strategy, the Discourse of Managed Choice conceptual model.