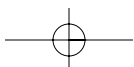
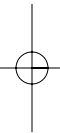
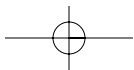
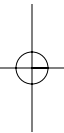
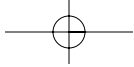


Tobacco Control Policy

*Strategies, Successes,
and Setbacks*





Tobacco Control Policy

Strategies, Successes, and Setbacks

Edited by Joy de Beyer and Linda Waverley Brigden



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1818 H Street NW
Washington, DC 20433, USA
and
The International Development Research Centre on behalf of the Research for
International Tobacco Control Secretariat
P.O. Box 8500, Ottawa, Ontario, Canada, K1G 3H9

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ISBN 0-8213-5402-7

Library of Congress Cataloging-in-Publication Data has been applied for.

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Foreword

Every 10 seconds, someone dies of a tobacco-related disease. This fact is especially painful because the tobacco epidemic is one of the leading preventable causes of death and disability among adults in the world today. In addition, passive smoking has a major effect upon health, especially of children.

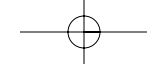
Once largely a problem in high-income countries, the epidemic caused by tobacco use has become an enormous and growing problem in many low- and middle-income countries. Already, half of all global deaths from tobacco occur in these countries; by 2025, the proportion will have risen to 70 percent, and the number of tobacco-attributable deaths will exceed 10 million each year. This trend is exacerbated by the efforts of cigarette companies to expand sales in developing countries, where many people are still poorly informed about the harm to health that tobacco causes and many governments have not yet adopted or implemented strong policies to discourage tobacco use.

In one sense, the remedy is simple—not to use tobacco products. But deterring young people from experimenting with cigarettes and encouraging smokers to quit adds up to a big challenge. Most people underestimate the health risks of tobacco use and hugely underestimate how addictive nicotine is and how hard it is to quit. Social norms and pressures to smoke are difficult to counter, especially in the face of aggressive, alluring advertising that associates smoking with success, strength, independence, glamour, and sex. But it can be done, in both developed and developing nations. Advertising and promotion of cigarettes has been and can be stopped. Prices can be raised, and smoking banned in public places. Quit attempts can become more common and more likely to succeed with professional and peer support and help. Tobacco control measures are also extremely cost-effective.

There are many countries where committed individuals, civil society groups, and governments have worked together to define, advocate, legislate, and implement effective tobacco control policies. This book tells the

stories of six of these countries, showing how determined and sustained efforts resulted in health-promoting tobacco control policies. These efforts are paying off: the percentage of smokers has declined in many countries, sowing the seeds for long-term gains in health outcomes. There is still much to be done in these six countries and elsewhere around the world. I anticipate that the world's first international health treaty, the Framework Convention on Tobacco Control, will boost national efforts to adopt and implement policies to reduce tobacco use and prevent the unnecessary deaths and disease tobacco causes.

*Dr Judith Mackay
Director, Asian Consultancy
on Tobacco Control*

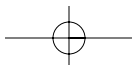


Preface

This book was commissioned and published in the hope that descriptions of strategies, successes, and setbacks in promoting stronger tobacco control policies around the world would be of wide interest and might be useful to people grappling with similar issues elsewhere. As participants in academic, advocacy, and policy meetings on tobacco control, we have been struck by the impact of real-life stories and examples. We have been educated and edified by many excellent presentations and discussions of the principles, practice, and impact of tobacco control policy—but what we remember most clearly, long after, are the stories. We have seen rooms come alive with interest and crackle with energy when people who had been at the center of efforts to develop tobacco control policy related their experiences. So, we decided to record and share some of those stories.

The case studies in this book are addressed to a wide set of readers who share an interest in health issues and policy—people in nongovernmental organizations, community activists, scientists, decisionmakers, health officials, and members of the public. Each story is set in the unique historical, cultural, and political environment of a particular country, but there are common threads and shared lessons that can be applied and adapted in many other countries and circumstances.

Most of the stories are told by advocates, many of them health professionals, who were (and often still are) centrally involved in promoting and developing policies and programs to reduce the harm to health caused by tobacco use. Tobacco control is a contentious issue because strong policies to reduce tobacco use are always opposed by groups with an economic interest in the tobacco industry. This book is not a dispassionate or theoretical analysis of how policies are made but a set of sometimes rather personal accounts and perceptions of how tobacco control policy evolved in six countries and of the strategies, actions, and people that played a role in promoting policies to curb tobacco use. They are stories of commitment, determination, passion, and perseverance—often in the face of formidable opposition. They show how a few committed individuals can bring about change even when confronted with powerful,



well-funded opponents. They also document the practical lessons that have been learned in the course of working for policy change.

This book complements (and is quite different from) the numerous scholarly and analytical works on tobacco use and control. The prevalence and health impact of smoking and other forms of tobacco use, within individual countries and globally, have been well documented elsewhere, as has the insidious spread of the epidemic to developing countries.¹ This book does not present data on the negative health impact of tobacco use or estimate the resulting deaths and illnesses, nor is it a political mapping or analysis of the policymaking process. It is, quite literally, a collection of stories about tobacco control policymaking that illustrate the roles that can be played by evidence, advocacy, political and social change, partnerships, media, public relations and public pressure, economic interests, and adversity and opportunity.

The six countries were selected to provide global geographic representation but also because all have made great progress (although to varying degrees) in adopting and implementing sound tobacco control policies. Many other countries also have strategies to share, successes to celebrate, and setbacks to lament—too many to be contained in one volume. In each of the countries represented in this book, there is still much to be done to protect young people and adults from the unnecessary and preventable disease and premature death caused by tobacco use. The narratives gathered here are stories of optimism and of change. It is hoped that they will inspire successful efforts toward developing strong and effective tobacco control policies in other countries.

Joy de Beyer
Linda Waverley Brigden
May 2003

1. See, for example, the references cited in chapter 1.

Acknowledgments

The following organizations provided financial support for this book:

- The Human Development Network of the World Bank
- Research for International Tobacco Control (RITC)
- The Office on Smoking and Health of the U.S. Centers for Disease Control and Prevention
- The Tobacco Free Initiative of the World Health Organization.

Special thanks are due to Montasser Kamal who, during his time at RITC, played a key role in commissioning and reviewing the contributions.

We are grateful to the authors who related their countries' stories and to the people who patiently reviewed the drafts and provided additional details and comments or who shared their own papers and archives. In particular, we thank Iraj Abedian, Ed Elmendorf, Vera Costa e Silva, Yusuf Saloojee, Richard Skolnik, Krisela Steyn, Corné van Walbeek, Nick Wilkins, and Derek Yach.

We also thank copyeditors Ruth Wilson and Yvonne van Ruskenveld of West Coast Editorial Associates and Nancy Levine for the professional polish they brought to the volume.

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Abbreviations, Acronyms, and Data Note

ABIFUMO	National Tobacco Manufacturers of Brazil (Associação Brasileira da Indústria de Fumo)
ADHUNIK	Amra Dhumpun Nibarón Kori (“We prevent tobacco”) (Bangladesh)
AFTA	ASEAN Free Trade Agreement
AFUBRA	Brazilian Tobacco Growers Association
ANC	African National Congress (South Africa)
ANVISA	National Sanitary Vigilance Agency (Brazil)
APACT	Asia-Pacific Association for the Control of Tobacco
ASEAN	Association of Southeast Asian Nations
ASH	Action on Smoking and Health (successor to TASCP) (Thailand)
BADSA	Body Against Destructive Social Activities (Bangladesh)
BAT	British American Tobacco
BATA	Bangladesh Anti-Tobacco Alliance
BTC	Bangladesh Tobacco Company
CAB	Consumers’ Association of Bangladesh
CAT	Coalition Against Tobacco (Bangladesh)
CCCTB	Coordinating Committee for Tobacco Control in Brazil
CCS	Canadian Cancer Society
CCSH	Canadian Council on Smoking and Health
CCSNA	Centre for Clinical Studies on Nicotine Addiction (Brazil)
CDC	Centers for Disease Control and Prevention (United States)
CLACCTA	Latin American Coordinating Committee for Tobacco Control
CONTAPP	National Coordination of Tobacco Control and Primary Cancer Prevention (Brazil)
ETCSA	Economics of Tobacco Control Project in South Africa
EU	European Union

ABBREVIATIONS, ACRONYMS, AND DATA NOTE

xvii

FCTC	Framework Convention on Tobacco Control
FDF	Folk Doctors Foundation (Thailand)
FEDHASA	Federation of Hotel, Liquor and Catering Associations of South Africa
FUNASA	National Health Foundation (Fundação Nacional de Saúde)
GATT	General Agreement on Tariffs and Trade
HSRI	Health Systems Research Institute (Thailand)
IACIB	Institute of Allergy and Clinical Immunology, Bangladesh
IDRC	International Development Research Centre (Canada)
IMF	International Monetary Fund
INB	Intergovernmental Negotiating Body (for the Framework Convention on Tobacco Control)
INCA	National Cancer Institute (Brazil)
LSTB	Law and Society Trust, Bangladesh
MANAS	Madok o Nesha Nirodh Shansthya (Association for the Prevention of Drug Abuse) (Bangladesh)
MANOBIK	Madok Drabya-O-Nesha Birodi Council (Antidrug Council)
MOPH	Ministry of Public Health (Thailand)
NCAS	National Council Against Smoking (South Africa)
NCCTU	National Committee for the Control of Tobacco Use (Thailand)
NCTU	National Commission on Tobacco Use (Brazil)
NGO	nongovernmental organization
NSRA	Non-Smokers' Rights Association (Canada)
NTCP	National Tobacco Control Program (Brazil)
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PATH Canada	Programme for Appropriate Technology in Health, Canada
RDA	Rural Doctors' Association (Thailand)
RITC	Research for International Tobacco Control
SAARC	South Asian Association for Regional Cooperation
SABC	South African Broadcasting Corporation
SINDIFUMO	Tobacco Industry Syndicate (Brazil)
TASCP	Thai Anti-Smoking Campaign Project (see ASH)
TAG	Tobacco Action Group (South Africa)
TCCO	Tobacco Consumption Control Office, Ministry of Public Health (Thailand)
TISA	Tobacco Institute of South Africa

TTM	Thai Tobacco Monopoly
UICC	International Union against Cancer
UNICEF	United Nations Children's Fund
USDHHS	U.S. Department of Health and Human Services
WACC	Welfare Association for Cancer Care (Bangladesh)
WBB	Work for a Better Bangladesh
WNTD	World No Tobacco Day
WHO	World Health Organization
YPSA	Young Power in Social Action (Bangladesh)

Data Note

Unless otherwise stated, U.S. dollar amounts are given at the exchange rate prevailing at the time.