Playing the Multi-level Game: Successful Tobacco Control Advocacy Strategies in a Federal System

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Introduction

Tobacco consumption was defined by the World Health Organization as a leading cause of avoidable deaths and constitutes a major global public health challenge. Various conflicting interests exist around this issue: general interest concerns (second-hand smoke, youth protection), economic interests (hospitality, tobacco and advertisement industries) and the political representation of these interests. This makes tobacco control a textbook case for studying public health advocacy. This chapter is based on a comprehensive study of the tobacco control policies of 14 subnational states in the Swiss federal system. The study was conducted between 2012 and 2019 and includes 157 in-depth semi-structured interviews with key players (civil servants, NGOs, private sector), 601 self-evaluation reports, field observations and context analysis. The main focus of the chapter is on structural prevention: the smoking ban, advertisement restrictions and ban on tobacco sales to minors.

Switzerland knowingly has a weak tobacco control policy. In the 2019 Tobacco Control Scale of the European Cancer Leagues, Switzerland had the second last rank out of 36 countries.[1] Several factors account for this weakness. First, Switzerland is not part of the European Union, whose member states have recently made some progress regarding tobacco control. Second, Switzerland is deemed to be "the land of the tobacco industry"[2] because it hosts the headquarters of several tobacco conglomerates and has a tobacco-growing tradition. Third, political lobbying remains strongly unregulated in Switzerland, which makes it permeable to industry interests. Finally, liberal economic tendencies are politically well represented, which discourages the adoption of restrictions.

Tobacco control is therefore difficult to advance on the national stage. However, subnational states have initiated a strong bottom-up dynamic in the past few years. In the Swiss federal system, the states bear an important part of health costs, which explains their interest in tobacco

[1] https://www.europeancancerleagues.org/ecl-map/.
[2] https://www.swissinfo.ch/eng/lobbying_switzerland--the-land-of-the-tobacco-industry/44449446

control. They also have large public health prerogatives, which allow them to regulate on that issue. Finally, not all states have tobacco lobbying on their territory, which facilitates policy innovation at this level. The first significant regulations were adopted at the state level, driven by non-governmental organizations, public health organizations and administrations. These local experimentations opened the path for policy transfer processes among states. In fact, public health advocacy plays a crucial role in mobilizing public opinion, translating scientific evidence and triggering political change (Asbridge, 2004). It allows for addressing the structural factors of health, beyond individualist health perspectives. However, like in Switzerland, advocacy might be hampered by strong industry lobbying at the national level. In such cases, federal systems offer "multiple venues" for advancing public health agendas (Studlar, 2010).

Based on the example of tobacco control in Switzerland, we present three levels of advocacy. *Political advocacy* involves classical advocacy directly aimed at convincing politicians to adopt a policy. *Infra-political advocacy* includes all preparatory activities aimed at preparing the public opinion and decision-makers for a later change. *Para-political advocacy* encompasses policy enforcement and consolidation activities. Figure 1 illustrates these three types of advocacy, and Table 1 provides an overview of the strategies they comprise.

Case: Political, Infra-political and Para-political Advocacy

Political advocacy usually refers to communication activities directed towards politician to encourage them to undertake legislative, regulatory or funding change (Braun, 2003: 103). Tobacco control advocacy in Switzerland provides us with four interesting lessons regarding this type of advocacy. First, whereas national politicians might be far from reach for health organizations, our case study shows that local NGOs have better access to their state representatives in the national parliament. Most countries—in centralized and federal systems—have an electoral system ensuring regional representation at the national chamber(s). Because of the importance of local electoral clientele for politicians and of proximity effects, targeted advocacy by local NGOs to their own states' representatives might be more effective than centralized advocacy at the national level. Second, two states successfully developed a poll strategy to convince politicians. Local health organizations commissioned a population survey (opinion on advertising restrictions for tobacco products, support of the smoking ban in bars and restaurants before its adoption), to show politicians that the population was more supportive of bans than they were. This strategy reduced risks and uncertainty for politicians to adopt a progressive stance. Third, while right-wing parties usually do not support bans, NGOs actively tried to build bridges with Christian right-wing parties around tobacco control issues. Such alliances were successful around bans of cigarette sales to minors, when the issue was framed as a matter of youth protection. Fourth, varying the scale of advocacy in a multi-level system also proved to be effective. Facing inaction at the national level on the issue of cigarette sales to minors, a state designed a regulatory reform (a system of sale license for selling points with stronger law-compliance monitoring) and actively promoted the reform among neighbor states. This process is still ongoing but if the policy were to be adopted in other states, it would enhance its outreach and coherence because bans make more sense at a supra-state level. By upscaling the issue, the state attempted to create an intermediate regulatory level between the state and the nation.

When health organizations sensed that the public and politicians were not ready for a direct regulatory change, they used infra-political advocacy strategies. Although less spectacular, such

strategies can be highly efficient in the middle term. Successful action was implemented in various states by initiating sub-regulatory innovations to lay the foundation for subsequent regulatory reform. In one pioneer state, a parliamentary bill called for an outdoor smoke-free policy on bar and restaurant terraces and provoked political controversy. To better set the stage for this radical change, the local tobacco control organization launched several initiatives aimed at softly disseminating smoke-free policies, but at a level where regulatory change was not necessary. It implemented incentive systems involving information sheets, ashtrays and boards in strategic places where the acceptance of an outdoor smoke-free policy would be higher: children's playgrounds, bus stops and sports areas. The political debate on the bill is still ongoing, but this strategy helped normalize the non-smoking norm through positive social pressure and voluntary renunciation. An important aspect of future law changes also lies in their consolidation a posteriori. In a state where the newly enforced smoking ban in the hospitality sector was criticized because of outdoor noise pollution, an NGO organized a survey to show that 84% of the population nevertheless supported the ban (Zürcher et al., 2017: 1197).

Finally, the health organizations also implemented para-political advocacy activities, defined as the enforcement of structural prevention without intervention from political authorities. Here, the advocacy targets are implementation partners whose collaboration is needed. In some states, tobacco control regulation was poorly implemented with a lack of controls and sanctions. Advocates had to convince various groups of the importance of regulations: work inspectorate, police forces, employers or food and hygiene inspectorate. In one state, an internship was organized for the police forces within the food safety administration to sensitize them to the importance of the smoking ban. In another state, a former public health official newly employed in the police did intense work to frame the smoking ban as a law and order duty, to convince the police to implement controls in their daily routine. In other states, the police were convinced to extend the smoking ban controls to festivals and temporary events, to enhance the coherence and comprehensiveness of law enforcement. Regarding the ban on sales to minors, a complex combination of measures was implemented, including test purchases, the publicization of their results in the press, and communication with sales points through different means: official warning or congratulation letter from the health administration, personal visit of the police to remind of the law, free trainings for sales personnel and certificate of compliance for law observers. In the end, the combination of these three types of advocacy allowed for significant tobacco control progress in Swiss states.

Discussion

This case study presented three types of public health advocacy. Political advocacy directly aimed at decision-makers includes traditional information activities, but also subtle games around multi-level governance (e.g., creating a regional scale of action, targeting national politicians at the local level), the framing of the issue (e.g., youth protection vs. bans and restrictions), and the interplay between politicians and electorates (e.g., population surveys). Infra-political advocacy is a longer-term strategy that lays the foundation for future regulatory change (e.g., bottom-up dissemination of the smoke-free norm) or consolidates it a posteriori (e.g., satisfaction survey). Para-political advocacy includes activities aimed at convincing implementation partners to enforce the law. The proper implementation of existing laws is a permanent challenge in policy fields where behavior patterns and industry technology constantly evolve. For instance, the tobacco industry is currently attempting to bypass second-hand smoke regulation with its new generation of smoking products such as heat-not-burn

cigarettes (Auer et al., 2017), which calls for constant vigilance to maintain high public health standards.

Advocacy is one of the pillars of a future global and sustainable health policy, as pictured in the Global Charter for the Public's Health. Advocacy is a complex endeavor that encompasses a wide array of activities ranging from lobbying to counseling, testifying, ensuring enforcement, bringing suits and publishing evidence (Kaufer Christoffel, 2000: 724). It is a challenging activity, because it aims at convincing politicians to adopt potentially unpopular policies such as taxes (Jahiel & Babor, 2007: 1335). In this context, as summarized in Table 1, one of the key tasks of public health advocates is to create a win-win situation with policymakers (Chapman, 2004: 361). Another key lesson is to take advantage of multi-level systems such as federal states. Multi-level settings offer various opportunities to advance a cause through horizontal policy learning among states (Mavrot, 2017) and bottom-up diffusion (Mavrot & Sager, 2017). However, there are many barriers to the advocacy of structural and efficient public health policies: political short-termism, concurring economic interests, the tendency to blame individuals for unhealthy behaviors (Farrer et al., 2015), industry lobbying and the potential dependency of health organizations on public funding—and therefore political authorities. Overcoming these hurdles also requires a combined action of public administrations—which have significant means of state action at their disposal—and independent NGOs—who have autonomy of action and are free to express critical views—to ensure an optimal public health impact.

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Tables

Figure 1: Infra-political, Political and Para-political Advocacy

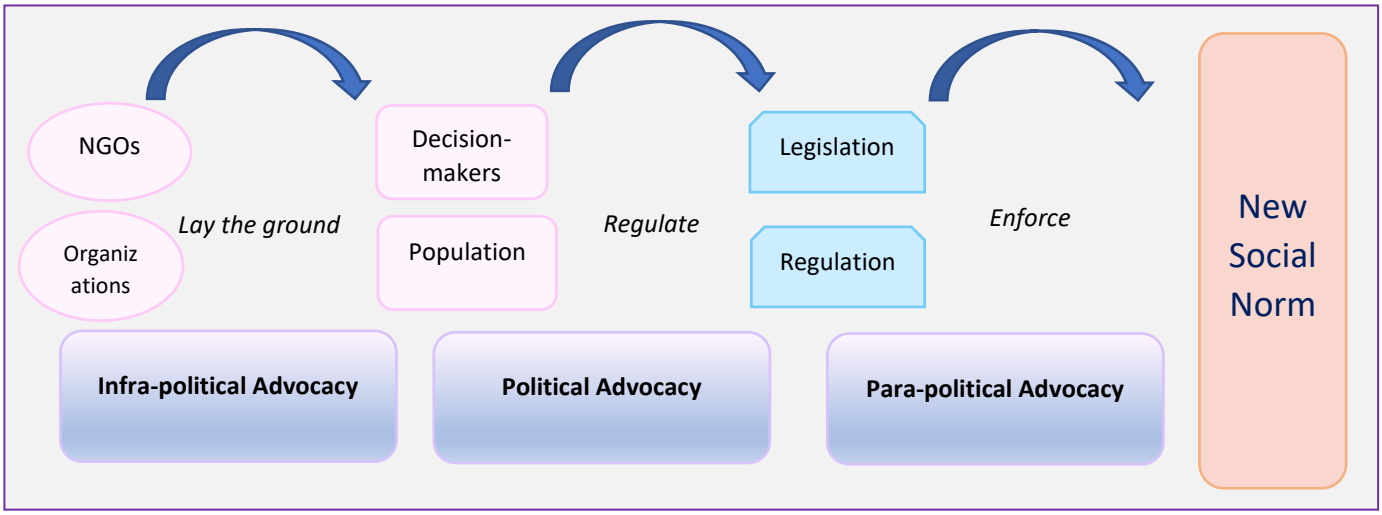

Table 1: Overview of Advocacy Strategies in Tobacco Control

Infra-Political Advocacy	Political Advocacy	Para-Political Advocacy
Bottom-up diffusion of the non-smoking norm at the sub-regulatory level	Local lobbying of national politicians	Sensitization internships for implementation partners
Incentive systems for voluntary change	Population surveys to show the opinion gap between politicians and citizens	Issue-framing for implementation partners (e.g., law and order)
Targeting of consensual settings (e.g., sports) and target groups (e.g., children)	Youth protection framing	Issue-extension (e.g., temporary events)
Satisfaction surveys	Issue upscaling at the regional level	Enforcement mix (information, support, warnings and rewards)

Declarations

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