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Mavrot Céline (2021). “Playing the Multilevel Game: Successful Tobacco Control Advocacy Strategies in a Federal System”. In: Hernandez-Aguado Ildefonso, Parker Lucy Anne, Moore Michael, Klein Walker Deborah (Eds.), *Casebook on Advocacy in Public Health*. Geneva: World Federation of Public Health Associations (WFPHA), pp. 194-203.

<https://www.wfpha.org/casebook-on-advocacy-in-public-health/>

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

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### **Abstract**

Tobacco control provides a good case study for public health advocacy. A wide range of conflicting interests is structured around this issue: public health interests on the one hand (second-hand smoke protection, rising health costs, and youth protection) and economic interest on the other hand (tobacco industry, restaurants, and advertisement industry). This chapter analyzes tobacco control advocacy in federal Switzerland, a country known for its particularly weak regulation on the matter. The study focuses on advocacy activities aimed at advancing the agenda on the smoking ban, advertisement restrictions, and the ban on tobacco sales to minors. We underline that structural protection is difficult to achieve because economic lobbies are well organized at the national level. However, in a federal system, the subnational government units are able to advocate for tobacco control regulations from the bottom. We found that the Swiss cantons successfully used three types of advocacy strategies. *Infra-political advocacy* includes nonregulatory actions aimed at setting up structural protections at the local level, on a voluntary basis and in consensual settings (i.e., playgrounds, sports areas), in the perspective of a future regulatory change. *Political advocacy* directly intends to change the regulation through strategical actions within the political game. Finally, *para-political advocacy* aims at enhancing tobacco control by improving the actual enforcement of existing regulation. This typology shows the interplay and complementarity between these different advocacy types, which go beyond the classical idea of advocacy as a *voicing* activity limited to the political arenas.

**Key Words:** tobacco control; federalism; multilevel governance; bottom-up change; framing strategies.

## Introduction

Tobacco consumption was identified by the World Health Organization as one of the leading causes of avoidable deaths and a major global public health challenge. Various conflicting interests exist around the issue: general interest concerns (second-hand smoke, youth protection), economic concerns (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 a context analysis.

The focus of the chapter is structural prevention: the smoking ban, advertisement restrictions, and the ban on tobacco sales to minors.

Despite having signed the Framework Convention on Tobacco Control,<sup>1</sup> Switzerland has a weak tobacco control policy and has not implemented these international guidelines yet. In the 2019 Tobacco Control Scale of the European Cancer Leagues, Switzerland had the second-to-last rank out of 36 countries.<sup>2</sup> Several factors account for this weakness. First, Switzerland is not part of the European Union, the member states of which have recently made some progress regarding tobacco control. Second, Switzerland is deemed “the land of the tobacco industry”<sup>3</sup> 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 the political arenas permeable to industry interests. Finally, liberal economic tendencies are politically well represented, which discourages the adoption of bans and restrictions.

Tobacco control is therefore difficult to advance on the national stage. However, a strong bottom-up dynamic has been initiated in subnational states in the past few years. In the Swiss federal system, the states bear an important part of healthcare costs, which explains their interest in tobacco control. They also have considerable public health prerogatives, which allow them to regulate on tobacco control. Finally, not all states have tobacco lobbying in their territory, which facilitates policy innovation at this level. The first significant regulations were adopted at the state level, driven by nongovernmental organizations (NGOs), public health organizations and administrations. These local experiments cleared the path for policy transfer processes among states (Mavrot, 2017).

Public health advocacy plays a crucial role in mobilizing public opinion, translating scientific evidence, and triggering political change (Asbridge, 2004). Often, advocacy addresses the structural determinants of health by aiming at global regulations, beyond individualist health perspectives. However, as 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).

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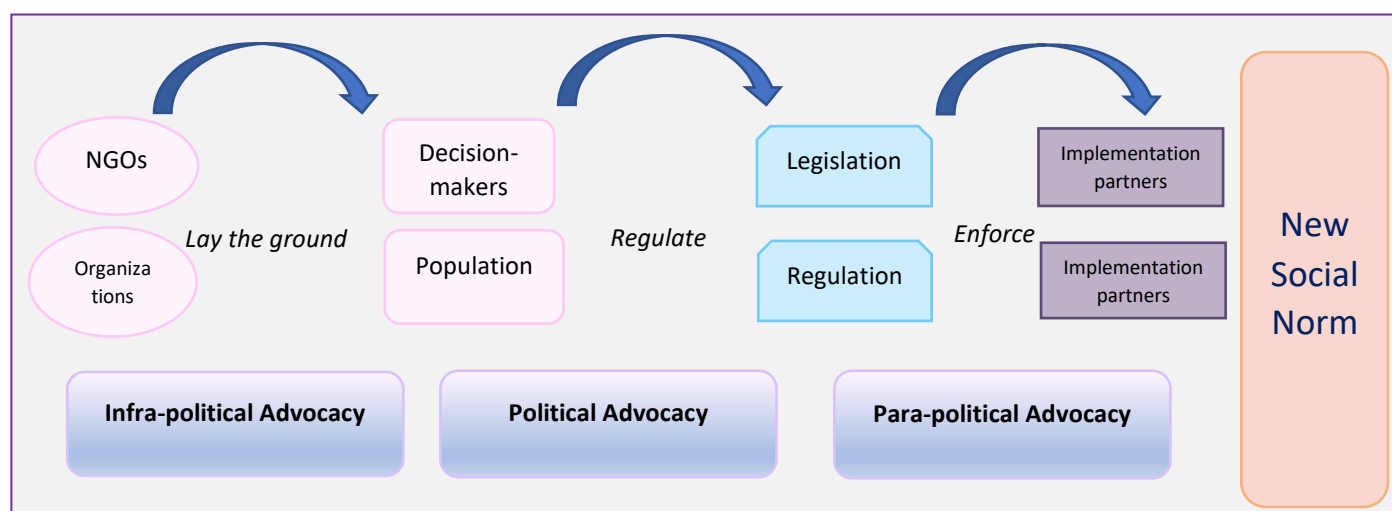
<sup>1</sup> <https://www.who.int/fctc/en/>

<sup>2</sup> <https://www.europeancancerleagues.org/tobacco-control-scale/> [retrieved July 23, 2020]

<sup>3</sup> [https://www.swissinfo.ch/eng/lobbying\\_switzerland--the-land-of-the-tobacco-industry/44449446](https://www.swissinfo.ch/eng/lobbying_switzerland--the-land-of-the-tobacco-industry/44449446) [retrieved July 23, 2020]

In the following, based on the example of tobacco control in Switzerland, we present three types of advocacy. *Political advocacy* involves classical advocacy directly aimed at convincing politicians to adopt a policy. *Infra-political advocacy* includes all preliminary activities aimed at preparing public opinion and the decision-makers for a later change. *Para-political advocacy* encompasses policy enforcement activities for a later change, through the introduction of small-scale interventions. Figure 16.1 illustrates the advocacy continuum between these three types, and Table 16.1 provides an overview of the strategies they comprise.

Figure 16.1: Infra-political, Political and Para-political Advocacy



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

*Political advocacy* usually refers to communication activities directed toward politicians to encourage them to undertake legislative, regulatory, or funding changes (Braun, 2003: 103). Tobacco control advocacy in Switzerland provides 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 NGOs have better access to their representatives in the national parliament. Most countries—with centralized and federal systems—have an electoral system ensuring regional representation in the national chamber(s). Because of the importance of the local electoral clientele for politicians and of proximity effects, targeted advocacy by local NGOs toward their own states' representatives can prove more effective than centralized advocacy at the national level. Second, two states successfully developed a poll strategy for convincing politicians. Local health organizations commissioned a population survey (opinions 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 the risks and uncertainty politicians perceived regarding adopting a progressive stance. The media were actively used to broadly publicize the results of the population surveys to challenge politicians in the open. Third, while most of right-wing parties usually do not support bans, NGOs actively tried to build bridges with Christian right-wing parties on tobacco control issues. Such alliances were successful for 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 multilevel system also proved to be effective. Facing inaction at the national level on the issue of cigarette sales to minors, one state designed a regulatory reform

(a system of licenses for selling points for a stronger monitoring of compliance with the law) and actively promoted the reform among neighbor states. This process is still ongoing, but if the policy were adopted in other states, it would enhance its outreach and coherence because bans make more sense at the supra-state level. By upscaling the issue, the state attempted to create an intermediate regulatory level between the state and the nation at the regional level.

Table 16.1: Overview of Advocacy Strategies in Tobacco Control

<b>Infra-Political Advocacy</b>	<b>Political Advocacy</b>	<b>Para-Political Advocacy</b>
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)

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. Various states successfully initiated sub-regulatory innovations, laying the foundation for subsequent regulatory reform. In a pioneer state, a parliamentary bill called for an outdoor smoke-free policy on bar and restaurant terraces, thus provoking political controversy. To better set the stage for this change, the local tobacco control organization launched several initiatives aimed at softly disseminating smoke-free policies, but at a level on which regulatory change was not necessary. The organization 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 outdoor nonsmoking norm through positive social pressure and voluntary renunciation. An important aspect of 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). Again, the results were actively presented in the local press to counter the negative framing of the smoking ban.

Finally, the health organizations also implemented *para-political advocacy* activities, aimed at enhancing the structural prevention. 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 implementation partners such as work inspectorate, police forces, or the food and hygiene inspectorate of the importance of regulations. In one state, an internship was organized for the police forces within the food safety administration to sensitize them to the importance of properly enforcing the smoking ban. In another state, a former public health official newly employed with the police

worked 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. It included test purchases, the publication of their results in the press, and communication with selling points through different means: an official warning or congratulatory letter from the health department, a police visit to remind business owners of the law, free trainings for sales personnel, and a certificate of compliance for law observers.

## **Discussion**

This case study presented three types of public health advocacy. The combination of these three types of advocacy allowed for significant tobacco control progress in Swiss states. Political advocacy directly aimed at decision-makers includes traditional information activities, but also subtle games within multilevel governance (e.g., creating a regional scale of action, targeting national politicians at the local level), framing activities (e.g., youth protection vs. bans and restrictions), and strategies with 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 afterward (e.g., a satisfaction survey). Para-political advocacy includes activities aimed at convincing implementation partners to enforce the law. Indeed, the proper implementation of existing laws is a permanent challenge in policy fields where behavior and technology constantly evolve. For instance, the tobacco industry is currently attempting to bypass second-hand smoke regulations with its new generation of 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 (Borisch et al., 2018; Lomazzi, 2016). 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 (Christoffel, 2000: 724). The task is challenging because it aims at convincing politicians to adopt potentially unpopular policies such as taxes (Jahiel & Babor, 2007: 1335). In this context, one of the key tasks of public health advocates is to create a win-win situation for policymakers (Chapman, 2004: 361). Another key lesson is to take advantage of multilevel systems such as federal states. Multilevel settings offer various opportunities to advance a cause through horizontal policy learning among states (Mavrot, 2017) and bottom-up diffusion (Mavrot & Sager, 2018).

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 on political authorities. Overcoming these hurdles requires the combined action of public agencies—which hold significant means of state action—and independent NGOs—which have autonomy of action and are free to express critical views—to ensure a significant public health impact.

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## Declarations

*Competing interests:* no competing interests.

*Funding:* The data is drawn from a research project conducted by the Universities of Bern and Luzern, which received funding from the Tobacco Control Fund of the Swiss Federal Office of Public Health (a public agency).

*Acknowledgements:* The author would like to thank her colleagues on the project from which the data was retrieved, Fritz Sager and Susanne Hadorn from the University of Bern, Switzerland.