

Review

Tobacco regulation in South Africa: Interest groups and public policy

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The article examines the role of interest groups in the adoption of comprehensive tobacco control policies in South Africa. While various studies have noted that interest groups shape and influence public policies especially in advanced industrialized polities, this study looks at the impact of tobacco control groups in regulating tobacco use in a developing, middle-income country, South Africa. Using interviews of leading experts on tobacco control from South Africa and tobacco control policy documents, the study finds that since the last decade or so, the lobbying and campaigns of anti-tobacco interest groups have led to the adoption of more restrictive policies.

Key words: Tobacco control, interest groups, anti-tobacco groups, South Africa.

INTRODUCTION

Tobacco consumption is the greatest cause of preventable deaths in dozens of countries, and it is linked to premature deaths of millions of people annually (Taylor, 1985; Nadelman, 1990; Glantz et al., 1996). Until recently the use of tobacco products was considered a major public health concern in advanced industrialized polities, particularly in North America and Western Europe. Nevertheless, developing countries have since the last decade received unparallel attention from the World Health Organization (WHO) following persistent increases in the smoking prevalence rate. These increases were prompted by the tobacco industry's commitment to create new markets in the developing world. Primarily, these new markets were the result of the backlash faced by the tobacco industry in the developed countries championed by governments and anti-tobacco groups in the mid 1990s.

South Africa has one of the highest smoking prevalence rates in Africa, and this has led to a number of anti-tobacco and public health groups that have called for the adoption of restrictive policies. Studies on tobacco consumption in South Africa have concluded that it is responsible for a number of diseases and deaths, as well as substantial economic costs to taxpayers. Swart and Reddy (1998) have noted that 25,000 tobacco-related deaths were recorded annually from 1990 to 1998. Similarly, Yach (1995) has indicated that the economic cost of lost productivity due to hospitalization attributed to tobacco use was more than \$300 million in 1994. In the early

1990s, tobacco-related deaths were estimated to be eight percent of total deaths in the country (Sitas et al., 1994).

Modern attempts at tobacco control began to receive traction with the publications of a number of reports linking cigarette smoking to certain diseases in the 1950s and 1960s (Doll and Hill, 1950; Royal College of Physicians, 1962). These reports encouraged countries to take action. Globally, amid the trend in the use of tobacco products, the Framework Convention of Tobacco Control (FCTC) was adopted by the WHO and several of its member countries in 2003. Other inter-governmental organizations, such as the World Bank and the European Union, have also been unambiguous about the threat posed by the use of tobacco products (Asare et al., 2009).

This paper investigates the role of anti-tobacco interest groups in South Africa in the policies to control tobacco consumption. Using interest groups as an independent variable, the article is especially interested in how anti-tobacco groups have facilitated the adoption of comprehensive tobacco control policies. This paper primarily relies on data collected from purposive sampling telephone interviews of nine experts as well as existing policy and historical documents. Policy documents used are government and interest groups documents and tobacco control bills passed by the legislature.

Interviewees are leading experts in tobacco control advocacy and research in South Africa. The experts were

identified because of their research in tobacco control and lobbying of public officials to be stringent on tobacco consumption. These interviews were conducted between January and April 2007. The Institutional Review Board of West Virginia University approved the interview questions before the experts were interviewed.

INTEREST GROUPS AND PUBLIC POLICY

A substantial number of studies have argued that interest groups exert a lot of influence in the policy process in many countries. Broadly defined, interest groups are associations or movements in any political system with the ultimate goal of influencing public policy in a particular direction. While some groups may fight for particular activities that concern their members, others also deal with issues that affect a large number of people, including issues that concern the general public. Ethridge and Handelman (2008) define interest group as “an organization that attempts to influence public policy in a specific area of importance to its members.” More importantly, the roles interest groups play in a political system suggest that public policy is not only influenced by bureaucratic institutions and elected officials, but also by entities and organizations outside government.

Primarily, the composition of interest groups can vary depending on the issues that concern the various groups. Some of these groups can be labor unions, business organizations, gender, religious and public interest groups, professional associations and occupational groups among others. Concerning the impact of interest groups in the policy process, the literature argues that this can depend on a number of factors. Two of the wide-ranging factors are; first it depends on whether when elected officials/politicians and bureaucratic agents are making, adopting and implementing public policies they consider and incorporate the inputs of organized groups and second, their influence is measured by whether groups are well-organized to be able to lobby, persuade and influence public policies in a manner consistent with their mission.

In the first scenario, studies by Lijphart (1999) and Wilensky (2002) have indicated that the impact of interest groups in public policy depends largely on the nature of the political system, particularly concerning a political system's degree of corporatism. For instance, Wilensky (2002) argues that the degree of corporatism relates to the bargaining arrangements in a political system. Wilensky (2002) further notes that there are three bargaining arrangements in many advanced industrialized democracies. These are democratic corporatism, such as in Sweden, that allow negotiations among government, management and organized labor (interest groups); corporatism without labor, such as in Japan, where labor is not fully incorporated into the political economy, and; the least

corporatist, such as in the United Kingdom and the United States, which exclude labor in the political economy.

Secondly, well-organized groups are able to influence public policies in directions that favor their cause. These groups tend to operate in a pluralist environment, where there is conflict among the various groups and political decisions are shaped by bargaining and compromise among the various groups (Bardes et al., 2008). Interest group pluralism further indicates that because there are several groups trying to influence the policy process, no single group can dominate the political system (Bardes et al., 2008; Ethridge and Handelman, 2008). Most of these groups have been given several names in the literature notably, epistemic communities, iron triangles, policy subsystem, advocacy coalition framework, policy networks and issue networks etc. Although there are distinctions among the various conceptualizations, they all have an agenda to influence public policy in their specific areas. For instance, concerning epistemic communities, Haas (1992) argues that it refers to “a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy relevant knowledge within that domain or issues -area.” The structure of interest groups in South Africa is a hybrid because the government officially recognizes certain groups, but some groups outside government have been equally assertive in the policy process (Interviews, 2007).

In using interest groups' theory to explain the adoption of comprehensive tobacco control policies, a number of questions beg for investigation. First, did interest groups actually influence the adoption of comprehensive policies? Second, which groups have been at the forefront in the promotion of comprehensive policies? Finally, what factors have propelled the success of anti-tobacco groups? In specific terms, anti-tobacco have promoted the following policy instruments in tobacco control: (1) higher taxes on tobacco products to discourage the poor from smoking; (2) banning of smoking in public places and workplaces; (3) better consumer information, including public information campaigns, media coverage and publicizing research findings; (4) comprehensive bans on advertising and promotion of all tobacco products, logos and brand names; (5) large, direct health warning labels on cigarette boxes and other tobacco products and; (6) treatment to help dependent smokers stop, including increased access to medication (Interviews, 2007; The World Bank, 1999:).

BRIEF HISTORY OF TOBACCO CONTROL IN SOUTH AFRICA

Though tobacco use in the country predates the 1960s, it was not until the 1960s that concerns about tobacco control began to receive some attention among government officials and interest groups (Table 1). Nevertheless, the period from the 1960s to the early 1990s was characteri-

Table 1. Chronology of tobacco control in South Africa.

1963	The first South African study that linked smoking to lung cancer were by Oettlé (1963 a, b, c). It was published in the South African Medical Journal (SAMJ). The editor of the SAMJ argued that educational campaign should be the main weapon in the fight against cigarette smoking. The editor also stressed the importance of some restrictive legislation. The SAMJ became the medium for the publication of tobacco related hazards
1970s	Some provinces and local authorities banned smoking in cinemas.
1975	The tobacco industry voluntarily agreed to proscribe advertisement of tobacco products on television.
1980s	A number of studies addressed the economic implications of tobacco consumption on the South African economy. The anti-tobacco community added economic arguments to their public health reasons on the need for comprehensive tobacco control policies. Some provinces and local authorities banned smoking in domestic air flights. Anti-tobacco groups campaigned for the adoption of comprehensive policies.
1988	The South African Medical Research Council (SAMRC) published the first of two reports that summarized diseases burden associated with tobacco consumption. The second was published in 1992.
1991	The official opposition in Parliament accused the minister of health and the government of ignoring the dangers associated with tobacco consumption. The accusations also questioned the influence of the tobacco industry in public health policy.
1992	President Mandela indicated that he and his government would support tobacco control.
1993	Landmark legislation, Tobacco Products Control Act, was passed in Parliament.
1994/95	The ANC election victory in 1994 signaled the demise of the tobacco industry's influence in tobacco control policies. Taxes on cigarettes rose by 50%.
1999	An amendment to the 1993 legislation, Tobacco Products Control Amendment Bill, was passed. It was meant to strengthen the previous act.
2006	An amendment to the 1999 legislation before Parliament

zed by inaction by the government (Asare, 2007). Some studies have even concluded that the historical lack of tobacco control policy in the country is one of the crimes of apartheid (Wilkins, 2000; Van Walbeek, 2002). The tobacco industry was able to influence the policy process during this time and for the government, other matters were more important than tobacco control (Blanke and Silva, 2004).

Moreover, the period was characterized by a government that was more interested in the revenue provided by the tobacco industry than the public health concerns associated with tobacco use. For instance, in both 1983 and 1986, the Finance Minister refused to increase the excise tax on tobacco products, arguing that any increase would reduce cigarette consumption and consequently government revenue (Van Walbeek, 2002). The Minister supported this position by stressing that the Tobacco Board, a pro-tobacco group that championed the cause of the tobacco industry, had noted that cigarette prices should not be changed (Malan and Leaver, 2003). However, the late 1980s witnessed a dramatic change from the pro-tobacco stance of the government to more reception towards the importance of tobacco control. This was fuelled by a number of public health groups that stressed that tobacco consumption was responsible for a number of deaths and diseases in the country (Interviews, 2007).

The lobbying, public education and campaigns of public health groups about the dangers of tobacco consumption received support from a large segment of society, including public officials who then decided to take action against tobacco use.

The government responded by introducing low budget educational programs and campaigns that proved to be ineffective at discouraging smoking (Malan and Leaver, 2003; Interviews, 2007). Nonetheless, in 1991, there was a dramatic change in the government's position. The Health Minister, Rina Venter, decided to examine the arguments for tobacco control and the appropriate action to be taken by the health department.

This was after campaigns by anti-tobacco groups and calls by the opposition party in the National Assembly for the government to be stringent on tobacco consumption (Wilkins, 2000). Tobacco control advocates, such as Yusuf Saloojee, have noted that the minister's positive response marked a turning point in the party's anti-tobacco control stance (Malan and Leaver, 2003).

In the later part of 1991 the minister introduced the Control of Smoking and Advertising of Tobacco Products draft bill in the National Assembly. The proposed bill was meant to give the minister the power to restrict smoking in certain public places, make it illegal to sell cigarettes to children below 16 years and cigarette advertising would

carry health warnings indicating their associated hazards (Malan and Leaver, 2003). Besides, advertisers of tobacco products would not be allowed to do the following; depict any woman of childbearing age as being associated with smoking; imply that smoking is associated with success in sports; and imply that the use of tobacco products is a sign or proof of manliness, courage or daring of feminine charm (Malan and Leaver, 2003).

Apparently, some ministers within the government were opposed to the spirit and letter of the legislation. For instance, the Agriculture Minister at the time lamented that the bill would serve as a punitive measure against smokers and applauded the efforts of the tobacco industry and pro-tobacco groups like the Tobacco Institute of South Africa (TISA) for countering the arguments of public health lobby groups (Leaver, 2002). Nevertheless, after some modifications, the bill passed the National Assembly in June 1993 as the Tobacco Products Control Act. This marked the first attempt by the government to use legislation to control tobacco consumption (Interviews, 2007). To give the tobacco industry more time to comply, the legislation came into force after May 31st, 1995 approximately two years after the bill passed in the National Assembly. Critics have noted that the 1993 bill fell short of an internationally accepted recommendation for a complete ban on tobacco advertising (Van Walbeek, 2002). Other limitations of the legislation were that the definition of advertising was altered to exclude radio advertising (Saloojee, 1993); smoking in public places was not banned completely; the legislation was not specific with respect to the definition of public places; and no enforcement mechanisms were built into the legislation (Swart and Reddy, 1998).

To strengthen the 1993 act, in 1998 the government announced a new legislation which was introduced in the National Assembly the following year. The legislation, Tobacco Products Control Amendment Act 1999, brought significant changes to that of 1993. The goal was to reduce the smoking prevalence rate (Malan and Leaver, 2003). According to the Health Minister, the tobacco industry was able to exploit the loopholes in the 1993 legislation, such as the regulation that permitted tobacco advertising on radio (Malan and Leaver, 2003; Interviews, 2007). Restrictive definitions were embedded in policy instruments adopted in the 1999 legislation. For instance, according to the 1999 legislation, advertisement denotes any statement, communication, representation or reference distributed to members of the public or brought to their notice in any other manner and in which is intended the sale of such, encourage the use thereof or draw attention to the nature, properties, advantages or uses thereof (Tobacco Products Control Amendment Act No. 12 of 1999)." These definitions were generally regarded as consistent with best practices in tobacco control in other jurisdictions (Interviews, 2007).

The tobacco industry and pro-tobacco groups, however

criticized the legislation by noting that the induced reduction in cigarette consumption and the banning of cigarette advertising would have the following negative ramifications: (1) detrimental economic consequences, not only for the tobacco industry, but to a range of associated industries; (2) the advertising ban is unconstitutional because it impinges on the right to free speech; (3) the ban on smoking in public places amounts to unnecessary criminalization; and (4) given that the academic literature does not find any consistent association between total advertising expenditure and cigarette consumption, imposing an advertising ban is unjustifiable (Van Walbeek, 2001).

Nonetheless, anti-tobacco groups observed that tobacco use is a major cause of sickness and premature death, and that the contention that restrictive policies would undermine the economy has been exaggerated by the tobacco industry. They also argued that cigarettes are a dangerous and addictive product and people's right to healthy and clean air is more important than smokers' right to smoke (Van Walbeek, 2001). The legislation specifically prohibited the following; smoking in workplaces and other public places; all tobacco advertising and promotion of tobacco products, including through sponsored events; the sale of tobacco products to persons under the age of 16 years; and free distribution of tobacco products (Leaver, 2002; Belcher et al., 2006; Tobacco Products Control Amendment Act 1999).

The act came into effect in 2001. Although the tobacco and hospitality industries and advertisers showed strong opposition towards the passage of the legislation, the main elements in the legislation have been instrumental in reducing the smoking prevalence rate (Leaver, 2002; Belcher et al., 2006). For instance, since January 2001, tobacco advertising by the media and in outdoor places has ceased (Van Walbeek, 2001). Restaurants in the country have also provided non-smoking places for their non-smoking customers. Belcher and his colleagues have noted that, since the 1999 legislation came into force, 74% of restaurants have provided specific smoking places, compared to 56% that did so before the legislation. Moreover, 89% of restaurant owners have provided non-smoking places, as opposed to the 53% that did so before the legislation (Belcher et al., 2006).

New legislation, Tobacco Products Control Amendment Act 2007 which has received presidential assent, aims to further strengthen tobacco control and keep the country in line with the requirements of the FCTC. As a ratified member of the global tobacco control regime, South African health policy officials have, with the support of anti-tobacco groups, adopted a number of policy instruments in the new legislation to reduce the smoking prevalence rate and the dangers of environmental tobacco smoke. For example, the act clearly states that, there will be no smoking of any tobacco product within a prescribed distance from a window of, ventilation inlet of, doorway to or

entrance into, a public place and no smoking in any private dwelling used for commercial purposes such as childcare activity, schooling or tutoring. Similarly, non-smoking places must be provided for workers who do not want to be exposed to smoking (Tobacco Products Control Amendment Act 2007).

ANTI-TOBACCO GROUPS AND TOBACCO CONTROL

It is important to stress that South Africa has active tobacco control interest groups, such as the National Council against Smoking (NCAS), the South African Medical Research Council (SAMRC), the Cancer Association of South Africa (CANSA) and the Heart and Stroke Foundation of South Africa (HSFSA). Interviewees indicated that some of the groups existed before the 1960s, but their tobacco control advocacy gained traction among policy makers in the late 1980s. They began lobbying for the adoption of restrictive tobacco control policies following the publication of both domestic and international reports linking tobacco consumption to deadly diseases. Apart from the NCAS, which has a singular mission to encourage non-smokers to quit smoking, the SAMRC, CANSA and HSFSA are into public health promotion in general and tobacco control is one of the areas they advise policy makers to adopt stringent policies.

As early as the 1960s the leading medical journal in the country, the South African Medical Journal (SAMJ), a journal of the SAMRC, in an attempt to show the threat posed by tobacco consumption noted that the government should take active steps to control tobacco consumption (Malan and Leaver, 2003). However, in 1975, after several years of anti-tobacco groups' campaigns, public education and lobbying of government officials and their steadfast emphasis on the direct relationship between tobacco advertising and increases in tobacco consumption, as well as tobacco-related diseases, the tobacco industry voluntarily decided not to advertise cigarettes on television. Yet printing warnings on cigarette packs, which was championed by anti-tobacco groups, did not go well with the tobacco industry, and nothing was done in this direction by either the government or the tobacco industry (Malan and Leaver, 2003).

However, in 1987 the tobacco industry again voluntarily decided to print health warnings on cigarette packs. The health warnings were vaguely written, as it appeared not to be effective at discouraging cigarette smoking, nonetheless. Although anti-tobacco groups were unanimous in their observation that the warning was ineffective, it led to the introduction of health warnings to control tobacco use for the first time in the country. The health warning on cigarette packs was "Smoking is a health risk" (Malan and Leaver, 2003). In the 1980s, some public health practitioners in the SAMRC gathered evidence on the harm caused by tobacco consumption and the high financial costs incurred by the state and patients in the treat-

ment of tobacco-related diseases (Malan and Leaver, 2003). Though the evidence was compelling, at least for public health officials and anti-tobacco groups, the government did not show any concerns. Nonetheless, the groups continued with their advocacy activities, hoping that a time would come when government would accept the relevance of scientific evidence (Malan and Leaver, 2003).

Anti-tobacco group strategies

Anti-tobacco groups have used various strategies to influence tobacco control policy process. They have used research publications, public education and awareness campaigns, and presenting testimonies before legislative committees, running advertisements in the media and lobbying politicians (Interviews, 2007). In 1982, Yach (1982), a member of the SAMRC, published an article on the economic aspects of tobacco consumption in the South African Medical Journal. Yach acknowledged in the article that any significant reduction in tobacco consumption would obviously reduce revenue to the government. He nevertheless, stated that the reduction in revenue would be much more compensated for by the money individuals and the state would spend in treating tobacco-related diseases. Yach's article became a seminal work because it led to widespread discussions on the smoking-health debate and the importance of tobacco control in both promoting human health and generating revenue for the government (Malan and Leaver, 2003).

Moreover in 1988, the SAMRC arranged a special "tobacco focus" of the SAMJ to coincide with the first World No Tobacco Day (Malan and Leaver, 2003). This exposed to the public and politicians persuasive epidemiological evidence sitting in scientific journals (Yach, 2002; Malan and Leaver, 2003). Following these reports by the SAMJ and campaigns by anti-tobacco groups like the NCAS and CANSA, the South African Airways banned smoking in all domestic flights in order to protect non-smokers from the dangers of cigarette smoking (Saloojee, 1993).

In addition, these groups work together as the Tobacco Action Group (TAG) to be able to present a united front to the government. Interviewees indicated that, under the umbrella of TAG, they have been able to maximize the expertise of all the organizations and this has enabled them to pull resources and personnel together in tobacco control. For instance, in 1993 when the Health Minister decided to introduce the legislation to control tobacco use, the TAG comprising the NCAS, HSFSA and CANSA, organized forums to educate the public about the dangers of smoking called on government to adopt restrictive tobacco policies; and discredited the claims of the tobacco industry (Van Walbeek, 2002). Furthermore, while the minister was working to introduce legislation in

the National Assembly, anti-tobacco advocates promoted tobacco control in the media and among the public (Saloojee, 1993). TAG's role in the introduction of the legislation became important because it combined forces with a government department to address a public health concern, cigarette smoking (Saloojee, 1993; Malan and Leaver 2003; Van Walbeek, 2001; Interviews, 2007).

Effects of political leadership on anti-tobacco groups

Prior to 1994, except for the 1993 legislation initiated by the Health Minister of the National Party, the government was not committed to the cause of the anti-tobacco community. This changed with the electoral victory of the African National Congress (ANC) in 1994. The president, Nelson Mandela and the ANC leadership indicated during the political campaigning that the party would work to improve public health in the country and they identified tobacco use as one concern (Malan and Leaver, 2003; Asare, 2007). Van Walbeek (2001) has observed that the ANC's pronouncements convinced anti-tobacco groups that the government in waiting would be restrictive on tobacco use. For the first time anti-tobacco groups felt they had a government that would promote tobacco control (Interviews, 2007).

In an effort to show that the new government would help their cause and weaken the tobacco industry, anti-tobacco groups publicized Mandela's open support for tobacco control. As a result, they were able to influence attempts by the tobacco industry and pro-tobacco groups to weaken the 1993 legislation. The strategy of the tobacco industry eventually changed to pleading with policy makers to allow it to operate without any hindrances (Malan and Leaver, 2003). Additionally, the tobacco industry suspected that an ANC-led government would not negotiate with it on public health issues (Saloojee 1993).

After the 1994 elections, the first ANC Health Minister, Dr. Nkosazana Zuma, reiterated the call by anti-tobacco groups for stronger tobacco control policies at the All-African Conference on Tobacco and Health in Harare, Zimbabwe in 1993. To show the commitment of the ANC to reducing tobacco consumption, Dr. Zuma said that more legislation would have to be passed if the country was serious about reducing health hazards associated with cigarette smoking (Leaver 2002). As a first step, the Minister ensured that the draft regulations underlying the 1993 legislation were published in the gazette. For instance, instead of broad statements on health, the government required that health warnings were novel and likely to persuade people to stop smoking (Blanke and Silva, 2004).

Additionally, the government increased taxes on tobacco products. The Ministry of Finance suggested that in order to control tobacco consumption, fiscal measures would have to be adopted to complement the use of legislation (Blanke and Silva, 2004). Anti-tobacco groups

corroborated this position by stressing the positive relationship between high excise taxes and reductions in tobacco consumption. The health ministry responded by proposing a further increase in taxes. Generally, anti-tobacco groups' position on high taxes is two-fold; first, it will increase government's revenue and second, it will reduce tobacco consumption. Accordingly, the government increased tobacco tax by 50% in 1994/95 financial year, with a promise to increase it further in the future (Malan and Leaver, 2003). While anti-tobacco groups complained that the 50% increase was not enough, the tobacco Industry insisted that the increase was unjustifiable (Blanke and Silva, 2004).

Interviewees however, noted that increases in taxes should be strongly promoted since it has proven to be effective at reducing tobacco consumption. They observed that being a developing country, South Africans are sensitive to prices, implying that any increase in the price of tobacco products will correspondingly lead to a decrease in demand (Interviews, 2007). The problem of the tobacco industry further worsened when in 1997, after intense lobbying by the Health Minister, the Finance Minister announced another 50% increase on the retail price of cigarettes. This was welcomed by anti-tobacco groups but the tobacco industry and pro-tobacco groups emphasized that unemployment problems would be compounded with the new retail prices, since several farmers would lose their jobs (Malan and Leaver, 2003).

Since 1996, the prevalence rate has been reduced drastically. This has been due to the adoption of health warnings on all cigarette packs and the commitment of government to addressing the tobacco problem (Swart and Panday, 2003) as well as the increase in the taxes of tobacco products (Van Walbeek, 2002). In actual fact, the steadfast support of the ANC government ensured that the harm inflicted on the society by the tobacco industry was reduced to the minimum. According to interviewees, the ANC has become identical with anti-tobacco groups.

Anti-tobacco Groups and the Tobacco Industry

The Tobacco Manufacturers Association (TMA), the Federation of Hotel, Liquor and Catering Association of South Africa (FEDHASA) and the TISA are the groups that promote the tobacco industry. They have been at the forefront of countering arguments presented by anti-tobacco groups in favor of tobacco control. They have specifically rejected restrictive policies, such as complete ban on smoking in all public places and the prohibition of all forms of tobacco advertising (Van Walbeek, 2002). The TISA, for instance, argued that tobacco advertising should not be banned, since international evidence had discovered that advertising does not encourage new smokers; it rather helps existing smokers to switch brands or stick with a particular brand (ETCSA, 2001). Moreover, the TISA was allowed by the Health Department to make

representations on the proposed bill for the 1993 legislation, indicating the interests of tobacco industry were taken into consideration in the final legislation.

The industry and pro-tobacco groups were particularly influential under apartheid, but since 1994, with the support of the ANC government, anti-tobacco groups have been effective at deflecting the tobacco industry's assertions that comprehensive tobacco control policies affect national economic development (Interviews, 2007). For instance, a tobacco control project based at the University of Cape Town, the Economics of Tobacco Control in South Africa (ETCSA), published reports that investigated the relationship between reductions in tobacco consumption and its effects on the national economy. Apart from conclusions that have countered the arguments of the tobacco industry and lending support to the tobacco control policies of the government, these reports have also concluded that, the job losses resulting from restrictive tobacco control policies would not create unemployment, because the money used to buy tobacco products, would be used to purchase other products in other sectors of the economy and, thereby, lead to job creation (Malan and Leaver, 2003).

Anti-tobacco groups and international groups

One reason that has bolstered anti-tobacco campaigns of anti-tobacco groups is their collaboration with inter-governmental and non-governmental organizations. Interviews suggest that their collaboration with the World Health Organization (WHO), International Union against Cancer (IICC), World Conference on Tobacco or Health (WCTOH) and the World Heart Federation (WHF) has enabled them to study developments in tobacco control globally. At the 13th WCTOH held at Washington, DC in 2006, for instance, Dr. Yussuf Saloojee, a leading member of the anti-tobacco community in South Africa and executive director of the NCAS, was among key individuals who came up with strategies to address the global tobacco problem.

Moreover, by working with these organizations, according to interviewees, anti-tobacco groups became familiar with best practices prevalent in tobacco control policies in countries with best tobacco control policies and this enabled them to recommend those policies to the Ministry of Health. These best practices, such as banning smoking in public places and workplaces, have proven to be successful at addressing tobacco consumption in those jurisdictions and consequently, they became benchmarks for anti-tobacco groups in South Africa. Essentially, anti-tobacco groups in the country have been able to draw policy lessons from the international community and that has made South Africa a leader in this policy area. Generally, lesson drawing studies have observed how policies transfer from one country to another (Dolowitz and Marsh, 2000; Rose, 1993, 2005; Studlar, 2002) and in to-

bacco control particularly, numerous studies have concluded the importance of countries drawing policy lessons from other jurisdictions (Studlar, 2002, 2004, 2007; Farquharson, 2003; Shipan and Volden, 2006). Rose (2005) has noted that lesson drawing is a "distinctive type of program, because it draws on foreign experience to propose a program that can deal with a problem confronting national policy makers in their home environments".

DISCUSSION AND CONCLUSION

The adoption of restrictive tobacco control policies has made the South Africa a global leader in tobacco control. The role of anti-tobacco groups such as the NCAS, CANSA, HSFSA and the SAMRC cannot be overemphasized. Before the 1990s when the government was apathetic to tobacco control, these groups waged a campaign to protect not only smokers but also non-smokers. They provided policy-relevant information needed by policy makers in tobacco control legislation, based on widely accepted international benchmarks on tobacco control. This is similar to how anti-tobacco groups in the United Kingdom, such as Action on Smoking and Health (ASH) and the British Medical Association (BMA) have succeeded in pushing for legislations that have banned smoking in both public places and work places (Asare, 2007). Anti-tobacco groups' promotion of legislation to proscribe smoking in public places and work places has put a stigma on smoking as a socially unacceptable behavior (Van Walbeek, 2003; Interviews, 2007).

Respondents were unanimous in their submission that they are satisfied with the direction of the tobacco control policy in the country (Interviews, 2007). This success can be explicated by their commitment to research and publications on best practices in tobacco control policy, advocacy and public education programs, collaboration with inter-governmental and non-governmental organizations, and a supportive ANC government. It must especially be stressed that political will can stimulate the activities of interest groups. The coming into office of the ANC government in 1994, which showed commitment to tobacco control, empowered the anti-tobacco community to lobby policy makers to be stringent on tobacco use. Without this commitment, the successes that have been accomplished currently might be impossible at best. Essentially, in controlling a public health problem such as tobacco consumption, an enabling political environment allowed advocates of public health and tobacco control to undermine the arcane theories used by the tobacco lobby groups and companies to justify the positive effects of tobacco use on the economy.

As one of the few countries that have comprehensive tobacco control policies in the developing world, public health groups in Africa can learn from the experiences, successes and perhaps failures of anti-tobacco groups in South Africa for the adoption of policies to address nume-

rous public health problems in the continent. Governments and tobacco control advocates across Africa and the global south can emulate what has been done in South Africa and propose changes to their tobacco control policies. South Africa is a destination for best practices in tobacco control policy. Moreover, with the rate at which HIV/AIDS and malaria are killing many sub-Saharan Africans, public health groups in various countries can borrow or copy a lot of lessons from anti-tobacco groups in South Africa. In this way, they can work in tandem to put pressure on chief executives in various countries to adopt policies that have proven to be effective at addressing these epidemics. Overall, anti-tobacco groups in South Africa have shown that like interest groups in the global north, groups outside government when properly organized, can be a force for human and national development in Africa.

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