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Tailoring Tobacco Control Efforts to the Country: The Example of Thailand

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The need for tobacco control in Thailand is evident in the statistics. Among Thailand's 62 million inhabitants, fewer than 5 percent of females smoke, but 39 percent of males do (National Statistics Office 1999). Although the recent economic downturn and increases in cigarette taxes contributed to a decline in consumption from 48 billion cigarettes in 1997 to 37 billion in 2001, the toll from tobacco use is still heavy. It has been estimated that in 1993, 42,000 Thais died of tobacco-attributable disease (Ekplakorn, Wongkraisrithong, and Tangchareonsin 1991). Lung cancer is the number one cancer in Thai males except in the northeastern region, where endemic liver fluke disease makes liver cancer more common (Deerasamee and others 1999).

Understanding Thailand's efforts to work toward successful tobacco control requires an appreciation of the complex sociocultural, political, and even personal dynamics that interact to shape Thai thinking and policymaking. These dynamics cannot be captured in a short case study and are not fully described in this deeply personal account, in which the political, social, and human factors are intimately entwined.

The narrative shows that while similarities exist between the Thai experience and that of other countries, the success of tobacco control in Thailand must also be attributed to a unique historical struggle set in the rich context of Thai politics and culture (Muscat 1992). Furthermore, it is a story grounded in the rational, iterative world of medical investigation and the sometimes chaotic world of political process. Combined, these ingredients make for a fascinating story.

The Story Begins: Small Steps Forward

The best-known incident in tobacco control in Thailand is the well-publicized case in the late 1980s when the U.S. tobacco industry used

international trade treaty provisions to force open Asian markets to foreign cigarettes. But the struggle for tobacco control in Thailand began long before that, as early as the mid-1970s. In 1974 the Thai Medical Association successfully petitioned the government to print health warnings on cigarette packages. In 1976 the National Statistics Office carried out the first national survey of smoking prevalence (now conducted every two to three years as part of the National Health and Welfare Survey), and the Bangkok Metropolitan Administration issued an ordinance banning smoking in movie theatres and buses in the city. When the World Health Organization (WHO) designated 1980 the Year of the No Smoking Campaign, the event was supported by the Thai Ministry of Public Health (MOPH), the Thai Thoracic Association, the Thai Anti-Tuberculosis Association, and the Thai Heart Association. A series of public health education programs on the dangers of smoking was carried out, and the Thai Tobacco Monopoly (TTM) was successfully lobbied to strengthen the health warning on cigarette packages.

Other sporadic activities and campaigns were undertaken in the 1980s, with mixed results. In 1982 the MOPH and the WHO held the First National Conference on Tobacco or Health. Subsequently, an expert committee was established to implement an ongoing campaign to reduce smoking, but because there was no secretariat or organizational support, the committee met infrequently, and little was accomplished. The National Cancer Institute listed cigarettes as a cause of cancer and carried out public education seminars. Tobacco was also included as a health issue of the noncommunicable disease division in the MOPH's Department of Medical Services. But without continuous, sustained momentum, these efforts had only limited outcomes (Supawongse 1999). When the Thai Anti-Smoking Campaign Project (TASCP) was formed in 1986, the media commented that they hoped it would not be just another "flash in the pan" that would die away (TASCP 1986).

In a parallel development, in the 1980s health professionals, perceiving a need to improve the level of health advocacy in the country, established the Folk Doctors Foundation (FDF). The FDF focused on self-care, used public advocacy, and disseminated information through educational materials and the media to foster a social movement supporting care for the health of the Thai population. These efforts were early examples of the potential role of a nongovernmental organization (NGO) in tobacco control.

In early 1986 Dr. Pravase Wasi, an FDF board member, respected university professor, and opinion leader, gave a presentation to the Dusit Rotary Club on tobacco and health. This presentation resulted in a contribution of 60,000 baht (US$2,255) for tobacco control efforts. Initially, Wasi had intended to give the money to those in the MOPH who were working on tobacco control. At the time, however, no special office existed for

this type of activity, so he decided it would be more efficient to turn the money over to the FDF to support a specific project on tobacco control.

With this fund, in October 1986 Wasi launched the TASCP at Ramathibodi Hospital, along with another FDF board member, Prof. Athasit Vejjajiva, who had just become dean at Ramathibodi Hospital, Faculty of Medicine, Mahidol University. Dr. Paibul Suriyawongpaisal of the Department of Community Medicine was appointed secretary of the project. The author, who was the chairman of the Department of Medicine, was asked to take part in the launch by helping to organize a press conference on the harm caused by tobacco use. Four patients with chronic obstructive lung disease were asked to speak about their suffering, showing the "human face" of the epidemic. This proved very successful in attracting press coverage.

As a result, the author was recruited to join the TASCP, which would serve as a focal point and pressure group in the lobby for tobacco control policy. One of the first tasks was to work with Dr. Somkiat Onvimol and Laddawan Wongsriwong to produce a three-minute spot documenting the life of a patient who suffered from emphysema and was receiving home oxygen therapy. This documentary was aired several times in 1987 and inspired several young doctors from another NGO, the Rural Doctors' Association (RDA), to organize a run in support of the antismoking cause. Dr. Choochai Supawongse, RDA chair, first developed the idea of the nationwide run with support from the MOPH and other funding organizations. The 250 physicians and paramedics who participated ran a total of over 3,000 kilometers in the span of a week. The campaign collected over 6 million signatures of townspeople along the way, all urging Parliament to legislate tobacco control.

The organized run was another example of sporadic, uncoordinated, but genuine and sometimes dramatic efforts by various professional groups that arose out of their personal commitment to reducing harm from tobacco. Many doctors who are now senior officials trace their strong commitment to tobacco control to this event (Supawongse 1999).

Building Support: The TASCP's Formative Years

Those working for tobacco control in the early years did not fully appreciate the importance of having a comprehensive and coherent strategy until 1987, when the Sixth World Conference on Tobacco or Health was held in Japan. That conference was an eye-opener and provided additional impetus to the TASCP. Dr. Halfdan Mahler, then director general of the WHO, delivered a provocative speech about smoking mortality, describing it as equivalent to 20 jumbo jets crashing each day, or 2 million deaths per year. The diversity of the audience of epidemiologists, public

health workers, activists, and media advocates reflected the broad implications of the issue. It became clear at the conference that the epidemic would not disappear soon or on its own: a policy response was essential.

As a direct result of the conference, the TASCP developed its first educational poster. At the conference, Dr. Jureerut Bornvornwattanuvongs, a pulmonary disease specialist at Chonburi provincial hospital, presented a research paper reporting smoking rates for doctors, teachers, and Buddhist monks—all influential opinion leaders in Thai society. The TASCP used this research information to focus on a campaign to change the regular practice of offering cigarettes to monks. Posters reading "Offering cigarettes to monks is a sin" were printed and distributed, as well as "Smoke-free zone" and "Thank you for not smoking" stickers. The TASCP's approach was to remain positive—not to condemn smokers, but to oppose pushing cigarettes on others.

Subsequently, in 1988, the TASCP took advantage of a clinical epidemiology conference in Thailand, where Dr. Richard Peto, an epidemiologist and statistician from Oxford University, was the featured speaker. Peto later proved to be a very helpful resource in Thailand's tobacco control struggle. The TASCP used the opportunity of the conference to call for action to prevent 1 million Thai children from dying from cigarette smoking, as had been projected by Peto (TASCP 1988).

All of these efforts and early successes set the stage for Thailand's later determination to fight the U.S. trade sanctions.

Challenges from Beyond: Tobacco Trade Wars

In the late 1980s Thailand was suddenly awash with cigarette advertisements. The Thai Tobacco Monopoly (TTM) began promoting its product in response to the sudden appearance of advertisements for foreign cigarette brands. Until then, the TTM had seen no reason to advertise, since it was a monopoly and foreign cigarette brands were available only illegally or through airport duty-free shops in Bangkok. In the words of the U.S. Tobacco Merchants Association, the Thai state-run tobacco industry, which had come into existence to displace British American Tobacco after World War II, was "fat and extremely uncompetitive" (Tobacco Merchants Association 1988). But now the TTM faced an advertising war with foreign producers (Frankel 1996). Meanwhile, the TASCP, concerned that the foreign companies were advertising in an effort to launch their brands in Thailand, urged the government to ban all advertising, both domestic and foreign.

In January 1988 the TTM applied to the cabinet for funds to build a new, more productive, and more efficient tobacco factory. Although the project was initially approved, the decision was soon reversed because of

media protests fueled by the TASCP. General Prem—a respected career soldier who was invited to be prime minister for eight years by the elected coalition parties, even though he had not run for election—was responsive to tobacco control advocates. He said at the time that it was not right for the government to obtain income from such an inappropriate source. He did allocate some funds for new machinery for the TTM's existing factory, but at the same time the cabinet instructed the MOPH to draft a plan for tobacco control.

In April 1988 the MOPH presented a tobacco control plan that was approved by the cabinet in its entirety. Dr. Hatai Chitanondh, deputy director general of the ministry's Department of Medical Services, was responsible for drafting the comprehensive plan. One of the components was an advertising ban, which the TTM did not object to, since it knew it could never match the huge resources of the international tobacco companies.

In December 1988, however, when the international tobacco companies were still advertising (claiming that the prohibition by the cabinet was an executive order, not a law, and therefore did not have to be followed by the private sector), the TTM protested to the government. The cabinet directed the Consumer Protection Board, a government agency operating under the auspices of the Prime Minister's Office, to find a means of stopping cigarette advertising by law. In February 1989 the board added tobacco to the list of regulated products that could not be advertised under the 1979 Consumer Protection Act. The international companies were given one month to dismantle and remove all their billboards and advertisements. (They refused to comply for nine months.)

In February 1989 the cabinet appointed the National Committee for the Control of Tobacco Use (NCCTU), as specified in the tobacco control plan. The committee was chaired by Chuan Leekpai, minister of public health, and included members from the TASCP and the press. Chitanondh served as secretary. It was clear then that the committee would have to formulate and coordinate a comprehensive tobacco control policy.

In March 1989, when the Ministry of Finance proposed opening the market to foreign cigarettes, the author, as the TASCP's executive secretary, personally handed a letter to Major General Chunhawan, the new prime minister, opposing the move. The NCCTU followed up with another letter to the cabinet. In response, the ministry withdrew the market-opening proposal, and the matter was believed to be settled. It came as a shock when, only two months later, it was learned that the U.S. Trade Office had accepted the U.S. Cigarette Export Association's petition to investigate Thailand under Section 301 of the 1974 U.S. Trade Act. No one had thought that Thailand could be forced to open the market (Vateesatokit 1996), and the strength of the U.S. tobacco lobby had certainly been underestimated.

Minister of Public Health Leekpai immediately expressed his opposition to the U.S. use of the Trade Act against Thailand, and within a month international support was growing for the country's stand. In June the John Tung Foundation, an NGO in Taipei, Taiwan (China), that concentrates on tobacco control, invited the author to represent Thailand at a meeting to discuss, plan, and lay out a strategy. The foundation feared that Thailand was just a step toward opening the whole Asian market. About two dozen people attended the conference. Among them were Ted Chen, representing the American Public Health Association, Greg Connolly from the Massachusetts Department of Health, Richard Daynard from Northeastern University in Boston, and Terry Pechacek from the U.S. National Cancer Institute. Others at the meeting included tobacco control advocates from Japan, the Republic of Korea, and Taiwan (China), all of which had reluctantly given in to U.S. pressure on cigarette trade under Section 301. It was hoped that Thailand would take a strong stand and avoid the same problem. At the conclusion of the meeting, the Asia-Pacific Association for the Control of Tobacco (APACT) was established. The conference resolution called for U.S. president George H. W. Bush to exclude tobacco from the Section 301 trade items and for APACT to coordinate tobacco control activities in the region. Thailand would be the test case (Chen and Elaimy 1994).

Point–Counterpoint: Trade versus Health

At the APACT meeting, Connolly strongly suggested negotiating the tobacco control issue with the U.S. Trade Office from the perspective of health rather than trade. Initially Thailand had no health representative in its delegation, and there was some resistance to the author's participation for fear of irritating the Trade Office. The author did manage to work himself onto the delegation and, along with Dr. Surin Pitsuwan, a Harvard-educated Democrat member of Parliament, asked for a public hearing to present Thailand's case. The two also lobbied health organizations and made presentations at international conferences describing the threat to Thailand.

In a short space of time in 1990 the author attended several complementary events to gain support for Thailand. First was the American Cancer Society's "Trade for Life Campaign" summit in Washington, D.C., attended by world tobacco control leaders, where the GLOBALink computer network to speed tobacco control communications was launched. Next was the Seventh World Conference on Tobacco or Health, in Perth, Australia. There Connolly and the author worked on strategies for negotiations with the U.S. Trade Office and for the U.S. congressional hearings scheduled for May (Vateesatokit 1990b). Along with William Foege, who was then executive

director of the Carter Center, they testified before the U.S. Senate Committee on Labor and Human Resources, chaired by Sen. Edward Kennedy.[1] Following that, Dr. Judith Mackay of the Asian Tobacco Consultancy, John Seffrin of the American Cancer Society, Carlos Alvarez Herrera, from Argentina and chairman of the Latin American Coordinating Committee on Smoking and Health, and the author testified before the House Committee on Energy and Commerce, Subcommittee on Health and the Environment, chaired by Rep. Henry Waxman. At the 15th International Cancer Conference, held in August 1990 in Hamburg, Germany, with support from the American Cancer Society, the author presented the Thai case in a last effort to build support (Vateesatokit 1990a).

After two inconclusive rounds of negotiations with the Thai government, the U.S. Trade Office referred the dispute to a General Agreement on Tariffs and Trade (GATT) panel. Several rounds of testimony before the panel were held in 1990, with the WHO supporting Thailand and the European Union supporting the United States. Finally, the GATT ruled that Thailand's import ban was contrary to trade provisions but that Thailand could maintain and introduce tobacco control measures as long as they applied to both domestic and foreign products (GATT 1990; for the details of the GATT adjudication, see Chitanondh 2001).

Toward the end, when the GATT decision was known but not yet announced, the U.S. Trade Office made one last unsuccessful attempt to gain victory by obtaining Thailand's signature on an agreement that would have allowed point-of-sale promotion—something that is prohibited under Thailand's tobacco control law of 1989. The Thai cabinet moved quickly to declare the market open and notified the U.S. Trade Office that they had done so, thus precluding any further negotiations or the need to sign any agreements. With that, the dispute with the U.S. Trade Office was over—but the struggle with the international tobacco companies had barely begun.

The Section 301 trade dispute occurred under General Chunhawan's coalition government. Although the Chart Thai Party was the core of the government, Chuan Leekpai's Democrat Party played a major role. Leekpai, who was then deputy prime minister, is an honest, respected politician with close links to the TASCP. In the coalition government, Leekpai's party was in charge of the MOPH and took a strong stand in the negotiations with the U.S. Trade Office, arguing the health and moral aspects of tobacco trade. The prolonged negotiations provided considerable opportunities for antismoking advocates to keep the issue before the public.

1. The Carter Center is an NGO based in Atlanta, Ga., and headed by former U.S. president Jimmy Carter. It is active on a number of international issues.

This enhanced the advocates' bargaining power and ensured the accountability of the government (Chitanondh 2001).

The Ministry of Finance adopted a low-key approach in the tobacco policy debate, primarily providing information on the TTM's operations. Although the Trade Ministry was the accused party in the dispute, it let the health representatives argue Thailand's case for the import ban. In response to the U.S. complaint to the GATT regarding a discriminatory internal excise tax, the tax was adjusted to a single flat rate. The Trade Ministry acknowledged early on that smoking is hazardous to health and did not oppose the Consumer Protection Board's new regulation for warning labels on the front of cigarette packs; thus, it showed that it would comply with the government's tobacco control policy.

By contrast, the Ministry of Commerce was initially uncomfortable with the role of health groups in the negotiating process. As head of the negotiating team, the Commerce Ministry was keenly aware of the many other trade issues at stake and feared that the MOPH representatives would take an uncompromising stand that could lead to trade retaliation. After a few rounds of talks, however, the ministry began to see the importance of using health issues to argue the case and agreed to include MOPH representatives (Hatai Chitanondh and the author) in its official delegation when the case went to the GATT. Meanwhile, the U.S. Trade Office continued to insist that the issue was one of trade only, and it did not include a health representative in its delegation.

The Ministry of Public Health assured the Ministry of Commerce that it would take the strongest stand possible up to the last minute in order to increase Thailand's bargaining power but that it would not be unreasonable if time ran out, since it wanted to avoid trade retaliation. With this assurance, the Ministry of Commerce seemed much more at ease with the MOPH and worked together with it until the GATT ruling. The cooperation was so successful that the permanent secretary of the Ministry of Commerce suggested that it was an opportune time to reorient Thailand's tobacco control policy in response to the government's embarrassment over the forced opening of the Thai market. With that encouragement, the MOPH proposed to the cabinet a Tobacco Product Control bill and the establishment of the Tobacco Consumption Control Office (TCCO). Both were approved.

Interestingly, proof of health damage from tobacco did not come from Thai research. Thailand has not systematically carried out research on tobacco control issues, and studies from other countries and WHO recommendations were used in lobbying for policy and legislation. For example, data from the U.S. Environmental Protection Agency, as well as the U.S. Surgeon General's report (USDHHS 1986), were used to lobby for the law banning smoking in public places. In 1988 Richard Peto recommended that

Thailand undertake several tobacco-related research studies for tobacco control. When Peto returned to Thailand in 2001 to receive the prestigious Prince Mahidol Award for his contributions to public health, the author apologized to him for not carrying out the research he had recommended. Peto replied, "Never mind, you got the job done. Two million Thais have quit smoking and the smoking rate is down. That's what matters." In his press briefing, Peto said, "Thailand is really unique among developing countries. It has managed to get a significant reduction in men who smoke. A quarter of middle-aged men in Thailand have stopped smoking, which is quite different from China and India, where there has been little change in smoking patterns" (*Bangkok Post* 2001).

Thailand has been able to move tobacco control forward using credible evidence from research in other countries, but its success has come in large part because of the role of organizations such as Mahidol University and the efforts of credible spokespersons. Research is still needed, but if action is delayed by demands for country-specific proof, many countries may never be able to make speedy progress in tobacco control. It is not uncommon for some politicians to request evidence from research as a pretext to block or delay tobacco control measures.

The Sometimes Fine Art of Raising Tobacco Taxes

Increasing the tobacco tax was an idea that had first been considered in 1988 as part of the package of tobacco control measures proposed by the MOPH to the cabinet, but it never moved forward. In 1989, during the trade negotiations with the United States, the TASCP and the NCCTU proposed a tax increase, but that too went nowhere because the government did not want to anger the U.S. Trade Office. The minister of public health said that he did not wish to propose a tax, arguing that it was a matter for the minister of finance. In turn, the minister of finance claimed that he did not need additional revenues at the time. The impasse was typical of Thai politicians, who hate to lose popularity, especially among the many voters who smoke. (In fact, surveys in country after country find that most people, including a majority of smokers, support increases in tobacco taxes; see, for example, Environics Research Group 2001.)

In 1993 Supakorn Buasai of the Health Systems Research Institute (HSRI), Neil Collishaw of the WHO tobacco control program, and the author, as secretary to the NCCTU, urged the minister of public health, Arthit Ourairat, to raise the excise tax on cigarettes (Buasai 1993; Collishaw 1993). On the advice of David Sweanor of Canada's Non-Smokers' Rights Association, the group decided to argue in favor of taxation as a means of preventing children from smoking. "You just tell them how many children will be prevented [from smoking] and walk away," said

Sweanor. No request for money for tobacco control was made, so no accusations of self-interest could be claimed.

Judith Mackay, a recognized authority in Asian tobacco control who was in town at the time, joined in at a dinner with Minister Ourairat to lobby for the tax increase. The argument was put forth that since Thailand had a government-owned tobacco monopoly, there were only two policy options for generating tobacco revenues. The first was to let the tax stay low and sell more cigarettes. The second was to increase the tax, which would decrease cigarette sales and the number of people who smoked while increasing government revenue—a win-win situation. To avoid public criticism, the MOPH would propose the tax increase, allowing the Ministry of Finance to appear to play a neutral role. To get the tax approved, however, there had to be at least tacit approval by the minister of finance, since he was from the Democrat Party, while Ourairat was from the Seritham Party.

During the lobbying of the cabinet members, Paibul Suriyawongpaisal, a faculty member at Ramathibodi Hospital, conducted a public opinion poll to highlight the level of support for a tobacco tax increase (Suriyawongpaisal 1993). Of the 1,000 Bangkok residents polled, 70 percent, including 60 percent of the smokers, favored the tax increase. These results were released to the press a few days before the cabinet meeting. The TTM strongly opposed the tax, arguing that the country would lose money and that the tax would worsen the already bad smuggling problem. Despite the great pressure on Ourairat to give up the tax increase plan, he eventually won. He emerged from the cabinet meeting saying, "Well, you have the tax increase. It was either that or finding a new public health minister."

This first tax increase in 1993 was from 55 to 60 percent, with a provision to adjust the tax for inflation. In 1994, according to the Excise Department (Ministry of Finance 2001), revenue from cigarette excise taxes jumped from 15 billion baht (US$0.576 billion) to 20 billion baht (US$0.769 billion). Since then, the tax has been increased six times and currently stands at 75 percent of the retail price.

Politicians in many countries are reluctant to take tobacco control measures, fearing harm to the economy. But their fears usually turn out not to fit the facts. Higher taxes raise revenues, and declines in sales of tobacco products may create many more new jobs in industries to which people switch their consumption than are lost in the tobacco industry as a result of lower sales. The World Bank regards tobacco control as a good investment. *World Development Report 1993* noted, "Tax policies on tobacco and alcohol have reduced consumption, especially by discouraging use by young adults before they become addicted" (p. 87), and a 1999 report on tobacco control stated, "For governments intent on improving health within the

framework of sound economic policies, action to control tobacco represents an unusually attractive choice" (p. x). Thailand's experience demonstrates that increased tobacco taxation is good for both public health and the economy. The Thai government has gained over 40 billion baht (US$1 billion) in additional revenues through cigarette tax increases, while smoking prevalence fell from 26.3 percent in 1992 to 20.5 percent in 1999 (National Statistics Office 1999; Ministry of Finance 2001).

Toward a Dedicated Tax for Health Promotion

A decade after its formation, the TASCP changed its name to Action on Smoking and Health (ASH) and became independent of the Folk Doctors Foundation. The organization had gained credibility largely because of its role in the Thai–U.S. trade dispute and the tobacco excise tax struggle. That credibility helped the group continue its advocacy for tobacco control when, in 1996, the Ministry of Finance organized a workshop on fiscal policy for social development as part of the government's decentralization policy. Out of that workshop emerged the idea of using tax revenues for a health insurance scheme and for health promotion.

Coincidentally, at the same time the Health Systems Research Institute held a conference in Bangkok on organizational structures for health promotion in developing countries. Rhonda Galbally, chief executive officer of the Victorian Health Promotion Foundation (VicHealth), Australia, was one of the keynote speakers. VicHealth is a statutory autonomous organization that has been funded by a dedicated tobacco tax since 1987. The WHO had recommended that member countries adopt the VicHealth model for health promotion (Galbally 1997). Supakorn Buasai, deputy director of the HSRI, and the author took advantage of Galbally's presence and, after the conference, accompanied her to meet with the minister of finance, Dr. Surakiat Steinthai, who seemed open to the idea of investing in health promotion. After that meeting, at the request of the minister, a small Thai delegation went to Australia and New Zealand to examine how VicHealth used a dedicated tax to promote health.

The delegation worked on proposed legislation that would set up a Health Promotion Office as an autonomous agency within the Prime Minister's Office. It recommended a dedicated tax of 2.5 to 3 percent of the tobacco tax, or about 700 million baht (US$27 million) per year, to fund the office. The sum would be equivalent to about 1 percent of the MOPH's yearly budget. The permanent secretary of the Ministry of Finance opposed the idea of a dedicated tax, but the final decision was to let the cabinet determine the source of the funds.

Progress on this matter halted in July 1997, when the Asian financial crisis hit Thailand. Work on the health promotion bill did not resurface

until 1999. During this period, Dr. Phisit Leeartham, a banker who was invited by the Democrat Party to be deputy minister of finance during the economic crisis, was admitted to Ramathibodi Hospital as a patient. When the author, in his capacity as dean of the university hospital, visited Leeartham, the deputy minister promised to help move the health promotion bill forward.

Two months later, the MOPH called a meeting to consider a bill, drafted by the Excise Department, to reduce alcohol and tobacco consumption. A proposal was made to fund the program with a 2 percent dedicated tax on alcohol and tobacco. This came as a big surprise in light of previous resistance to a dedicated tax. The proposed Health Promotion Office bill had a good structure but no funding source; the new bill from the Excise Department had specific funding provisions but few administrative details (HSRI 1997).

After this meeting, Leeartham (who gave the green light for the dedicated tax) suggested that health promotion be added throughout the alcohol and tobacco bill and the name changed to "A Bill to Set up a Fund for a Campaign to Reduce Alcohol and Tobacco Consumption and for Health Promotion." He also suggested that the Health Promotion Office bill and the new bill to fund the campaign not be combined, since that would be too time consuming (a concern, as the government's popularity was waning). Rather, he proposed that the two bills be submitted to the cabinet at the same time. The idea was to set up a Health Promotion Office and start carrying out health promotion activities with an initial budget while waiting for the funding bill to make its way through Parliament.

The cabinet spent over two hours debating whether the Health Promotion Office should be supervised by the minister of health or should be an autonomous organization under the Prime Minister's Office. Prime Minister Leekpai finally agreed to the latter. The minister of public health, who represented a different political party, was unhappy with this decision, and the MOPH had a limited role during the rest of the bill's journey into law.

In October 1999 the cabinet approved both bills and sent them to be reviewed by the Council of State. (It should be noted that the prime minister showed a keen interest in solving alcohol-related problems. His support of the lobby made things easier, since the Democrat Party controlled the cabinet as well as the House of Representatives.) The bill for the Health Promotion Office was approved first, and 152 million baht (about US$3.5 million) was allocated for the office's first year of operation. Meanwhile, a lobby began in favor of naming Athasit Vejjajiva, a politically influential figure, as the office's first chairperson. The aim was to strengthen the political status of the bill by appointing someone who was politically astute and trustworthy.

Clearing the alcohol and tobacco use reduction and health promotion bill through the Council of State was more difficult because of the provision for the dedicated tax. To help push it along, it was moved to a different committee of the council, and its name was changed to "A Bill to Set up Funding for Health Promotion." Eventually, it was steered through three readings in the Lower House and finally to passage in the last session of the Parliament. Unfortunately, the bill did not get through the Senate in the last two days of the parliamentary session. This meant that it would have to be approved by the newly elected government before being taken up again in the Senate. Luckily the new government's health policy included universal health coverage, and it was easily convinced that health promotion fit well into its agenda. The government endorsed the bill's introduction in the Senate—one among only 27 of the 45 bills remaining from the previous government that were reintroduced.

But the challenges did not end there. Under the new constitution, the Senate was elected, not appointed, making it more difficult to steer the bill through. In what seemed to be an effort to increase their own popularity and visibility, some senators seemed delighted to highlight objections to the bill, claiming that it was unnecessary, or that it set a bad precedent, or that there should not be an autonomous organization. Interestingly, those who objected the most were doctors who were former bureaucrats in the MOPH.

The bill finally passed in the Senate on September 26, 2001. It was signed by the king on October 27 and published in the *Royal Gazette* in early November, thus becoming law. The Health Promotion Office was already in operation, and the passage of the funding bill secured its future. The Senate, however, specified in a footnote to the bill that a dedicated tax would be allowed this time only and that future governments should not propose a law of this kind again. Much concern was expressed about the appropriate use of the relatively high budget of the Health Promotion Office (14 billion baht, or US$35 million per year, compared with 12 million baht, or US$300,000 per year, for the MOPH's Tobacco Consumption Control Office). Under Vejjajiva's chairmanship of the board of the Thai Health Promotion Office, tobacco control efforts have grown dramatically from the initial allocation of 60,000 baht (US$2,255) for a project in 1986 to its current budget and a range of activities that includes health promotion as well as reduction of tobacco and alcohol use.

Continuing Opposition from the Tobacco Companies

Let it not be thought that the international tobacco industry was inattentive or inactive in blocking, delaying, or seeking to weaken tobacco policy in Thailand. The industry's successful petition to the U.S. administration to use Section 301 against Thailand clearly showed its intentions. Its lob-

bying to repeal the sports sponsorship ban early on demonstrated its understanding of the tools that could be used to change the marketing environment quickly.

One of the early challenges following the GATT decision was the issue of sports sponsorship. The tobacco industry worked closely with sports associations, sportswriters, and even government sports officials to lobby the government to repeal the advertising ban and allow sports sponsorship. One association after another explicitly or tacitly succumbed to the industry, and the press reported growing support for tobacco sports sponsorship.

The TASCP worked closely with Chitanondh in opposing this trend. Several strategies were pursued: launching a counterattack in the media by having an ex-smoker sportswriter voice support for the sponsorship ban; producing a report explaining why cigarette companies should not sponsor sports and referring to the Olympic Charter banning cigarette sponsorship; and proposing a sports fund funded by a tobacco tax like the one in Australia. In 1991 Privy Council Member Prem Tinsulanonda (the former prime minister whose cabinet had issued the ministerial regulation banning tobacco advertising and sponsorship) made a strong statement that sports sponsorship by tobacco companies was inappropriate, and the matter was laid to rest.

This struggle is just one illustration of how the tobacco industry operates. In fact, recently released tobacco industry documents show that the industry views tobacco control advocates as competitors for their market (Philip Morris 1994).

Even after the advertising ban, tobacco companies found ways to promote their products. Philip Morris soon announced a program of art sponsorship in Southeast Asia, and it now holds an annual Association of Southeast Asian Nations (ASEAN) arts contest in a different ASEAN country each year. The international tobacco companies have also taken full advantage of the ASEAN Free Trade Agreement (AFTA) by moving their production facilities to ASEAN countries so that their products are subject to lower tariffs and are much more competitive with local brands (Vateesatokit, Hughes, and Ritthphakdee 2000). Now the most popular foreign brand, L&M, is cheaper than the most popular Thai brand, Krong Thip.

The AFTA tariff reduction has resulted in a marked increase in foreign brands' market share since 1999. In 2001 foreign brands accounted for 15 percent of the legal market and an unknown (but likely very high) portion of the illegal market. Internal tobacco industry documents strongly suggest that illegal sales and price fixing have been used in Thailand to systematically build brand popularity (*Economist* 2001). The industry was also keen to obtain some form of joint venture with the TTM (Hammond 1999).

The international tobacco companies have continued to use indirect advertising and point-of-sale promotions, in violation of Thai law (ASH Thailand n.d.). To gain favor, they use corporate donations to fund high-profile projects and charitable organizations such as population and family planning associations, as well as the Bangkok Metropolitan Administration. They also introduced the "18-plus" project, putting up stickers in retail shops reminding consumers that selling cigarettes to people under age 18 is illegal. While this may seem like a step toward tobacco control, ASH has found that this project actually stimulates interest in smoking by young people.

In comparison with the international companies, the TTM has seemed rather benign, but it has slowly adopted some of the strategies of the internationals. It began using corporate image advertising and hired a private company to do market research aimed at modernizing its marketing approach. It also strongly opposed the introduction on Thai cigarette packaging of pictorial health warnings like those used in Canada.

The Role of the Nongovernmental Sector

When the TASCP was first formed, it had only two part-time staff: Bung-On Ritthphakdee and the author. Up to 1992, most efforts concentrated on the U.S.–Thai trade struggle and the two resulting Thai laws, but by 1994 there was a marked increase in activity. Several programs were operating by that time, ranging from tobacco industry surveillance to promoting smoke-free homes and schools. The number of programs has grown, and their scope has greatly expanded to include both regional and international cooperation and collaboration on many aspects of tobacco control. Currently, the TASCP's successor, ASH, has 10 full-time staff and derives funding from the MOPH, the WHO, corporate and private donations, and fund-raising activities.

Recently, ASH has added tobacco control research to its list of activities. In 1998 it received funding from the HSRI to be the tobacco information clearinghouse for Thailand and to develop and contract research proposals with university researchers on topics such as the social and economic causes of cigarette smoking, the role of health professionals in tobacco control, and women and tobacco. ASH has developed a strong working relationship with the National Office of Statistics and with other research institutes that gather useful policy-driven data on tobacco control.

In 2000 the Rockefeller Foundation funded ASH as the center for the Southeast Asia Tobacco Control Alliance. Several previous attempts by ASH to form a network or coalition of health groups against tobacco had been unsuccessful, partly because of lack of funding support, so this new

support was a huge boost. The main objective of the alliance is to train health professionals in research for tobacco control in the region, with assistance from the Institute for Global Tobacco Control, Johns Hopkins University in Baltimore, and the University of Illinois, Chicago. Potential topics for future research include smuggling; counteradvertising; international trade laws and their impact on tobacco consumption, global trade, and privatization; and smoking and drug abuse. Such research provides an important mechanism for recruiting health professionals and other academics to carry out tobacco control research, policy development, and program implementation.

The activities of ASH/TASCP represent the core of NGO actions in Thailand, but the government counterpart, the Tobacco Consumption Control Office (TCCO) of the MOPH, has also been important. This office was set up in 1991 to serve as secretariat to the NCCTU. Early on, the TASCP and the TCCO worked hand in hand, complementing each other in carrying forward tobacco control programs. The TASCP worked on advocacy and campaign activities, while the TCCO focused on law enforcement and policy formation. It was unfortunate that this complementary, productive relationship was later disrupted because of the frequent changes in government and some conflict as to approaches.

Ten years after the legal entry of international tobacco companies into the Thai market, the close consultation on tobacco control policy among the Ministries of Public Health, Finance, and Commerce no longer exists. The MOPH still has a strong policy on tobacco control, but it has not taken a tough stand with international companies on ingredient disclosure. In response to opposition from the tobacco companies, it has also delayed its proposal to revise the health warning to a pictorial format, as proposed by ASH.

Meanwhile, the Ministry of Commerce wants the MOPH to consult it on any future regulations affecting cigarette sales, to avoid friction with the U.S. Trade Office. And the Ministry of Finance quietly proceeded with the TTM's privatization plan to fulfill its obligation to the International Monetary Fund (IMF) to privatize state enterprises—a condition of the financial assistance package provided to Thailand during the 1997 economic crisis. The ministry backtracked at the last minute under pressure from tobacco control advocates, who oppose privatization of cigarette manufacturers because they believe it is likely to give multinational companies greater leverage and a stronger base from which to lobby against and undermine tobacco control.

Despite all this, the three ministries have been careful to appear supportive of tobacco control policy in light of the strong antismoking sentiment of the Thai public.

Spreading the Message: Thai Women Do Not Smoke

Thailand has long felt that preventing women from smoking is a neglected area in tobacco control programs and research worldwide. The Kobe Declaration of the 1999 WHO International Conference on Tobacco or Health states, "It is urgent that we find comprehensive solutions to the danger of tobacco use and address the epidemic among women and girls" (Ernster and others 2000).

Smoking among Thai women is not widely accepted culturally, and fewer than 5 percent of them smoke. But over the years there have been efforts by the tobacco industry to capture the female market. Before the opening of the Thai tobacco market to foreign cigarettes, the TTM tried marketing a cigarette specifically to females—fortunately, without success. But there was concern that when the market did open, the targeted advertising and marketing of international companies would succeed in attracting women to smoke. That certainly was the experience in Japan and Taiwan (China), where the number of women smoking increased dramatically after the markets opened (Chaloupka and Laixuthai 1996).

Following the GATT decision, Greg Connolly suggested lobbying the Thai government to restrict the introduction of brands targeting women, citing the low smoking rate among Thai females. These efforts failed because the head of the Thai negotiating team, Bajr Israsena, did not want any further trouble with the U.S. Trade Office and thought that the ban would be contrary to GATT provisions. As a result, Virginia Slims, a brand of cigarettes marketed to women, was soon introduced in Thailand.

Faced with the import of cigarettes targeted at women, the TASCP in 1994 set up the Thai Women Do Not Smoke Project, with the objective of preserving the nonsmoking norm among Thai women. The TASCP used research by Dr. Varanut Wangsuphachart and others (1995) showing that smoking was common only among women in certain occupations (47 percent of massage parlor workers, 10 percent of airline hostesses, and less than 10 percent of all other groups). The project was supported by Miss Thailand and a number of young movie and television stars, who acted as presenters for the program.

In 1996, five years after the opening of the market to foreign cigarettes, the TTM announced that it would begin marketing a brand of cigarette to women to compete with Virginia Slims. ASH mobilized influential Thai women to oppose this move. Women members of Parliament, celebrities, and writers all joined in the campaign. Kanjana Silap-acha, daughter of the prime minister at the time, Banharn Silap-acha, lobbied her father to ask the minister of finance to request the TTM to cancel introduction of the new brand. All these efforts resulted in the TTM's dropping its plans to introduce "women's" cigarettes.

Mackay (1999), using a mathematical model that extrapolates smoking trends, and incorporating data from other countries as well, has predicted that smoking by women could rise to about 15 percent in Thailand over the next 25 years, while smoking by men could drop to about 25 percent. Several recent research projects on smoking by girls and women seem to support this projection. They show increasing smoking rates by girls in secondary school, with uptake mostly of foreign brands of cigarettes. It is hoped that this trend can be prevented in Thailand, since social pressure against women's smoking is still very strong and the advertising ban prevents the tobacco industry from targeting females.

Successes and Challenges

Thailand's tobacco control efforts, by the government and by NGOs, have achieved much. For example,

- Currently Thailand has a strong, comprehensive tobacco control policy.
- At a meeting convened by the National Committee for the Control of Tobacco Use on September 20, 2001, two committees were set up to evaluate the Tobacco Product Control Act and the Nonsmokers' Health Protection Act of 1992 after 10 years of existence. These committees will consider upgrading the laws to close loopholes and to strengthen law enforcement processes.
- The regular tax increase policy is on course.
- The current health warnings, which occupy the upper third of the two largest areas of cigarette packages and which have been in use for four years, will be revised to have a pictorial format, as championed by Garfield Mahood in Canada.
- The government has indefinitely halted privatization of the TTM. It had seemed impossible to stop privatization because it was part of the IMF bailout package following the 1997 economic crisis. Work continued, however, even when the situation seemed hopeless, and eventually public health considerations prevailed.
- Thailand will continue to take a very strong position on international issues such as trade, duty-free sales, smuggling, and transboundary advertising and promotion.
- Tobacco control is and will be the main project for the new Thai Health Promotion Foundation.
- The Thai Women Do Not Smoke project is being funded by the Thai Health Promotion Foundation.

But success has not been won on every front. More work remains to be done.

Ingredient Disclosure

In 1989, at the public hearings in Washington, D.C., on the Section 301 case, David Sweanor of Canada's Non-Smokers' Rights Association stated that he did not think Thailand could win its trade case. He recommended trying to pass a law with a provision on ingredient disclosure, which would deter American manufacturers from exporting to Thailand, and he gave the Thai representatives a copy of the Canadian Tobacco Products Control Act of 1988. This document was used as a basis for Thailand's Tobacco Product Control Bill, which closely followed the Canadian law.

In 1990 the cabinet approved the law, including, in Article 11, the provision on ingredient disclosure. But in 1992, when the bill was presented to Parliament for the second reading, the international tobacco industry lobbied extensively for deletion of both Article 4 (a provision barring sales to minors under age 18) and Article 11. It was clear that the real intention was to get Article 11 deleted, since worldwide evidence showed that laws barring sales to minors are nearly impossible to enforce.

The lobby was so intense that Deputy Minister Vejjajiva informed the author that saving Article 11 appeared unlikely. Sensing the author's despair, Vejjajiva called General Suchinda Kraprayoon, who held the real power, having been the strongman in the 1991 coup in Thailand and having directed the formation of the interim administration and legislature. He gave the green light for the bill to sail through with Article 11 intact, which empowered the minister of public health to issue a ministerial regulation regarding ingredient disclosure.

Despite the passage of the law, the ministers of health in 1992 and 1993 took no action on drafting a regulation. Finally, in 1995, Minister Ourairat pushed it through in the last cabinet meeting of his government for the year. When the Council of State considered the regulation, the international tobacco companies tried to have a say but were turned down. Even then, it took two more years before the regulation was signed into law by Minister of Public Health Montree Pongpanich. The tobacco companies were given six months from the time of signing to comply with the regulation.

Still, the challenge did not end. When the government changed, the officials of the new MOPH refused to reveal to the public the list of ingredients submitted by the tobacco industry, on the grounds that doing so would interfere with the ability of the Ministry of Commerce to deal with international trade issues. The intensity of the tobacco industry's lobbying against this type of law in Thailand and the injunctive action against a similar regulation in the U.S. state of Massachusetts led to widespread suspicion of intervention by the international tobacco industry.

So, after all that, the attempt to use a disclosure regulation to prevent more harmful cigarettes from entering the market and to keep out foreign

cigarettes did not succeed. At present, the law is useless, but not forgotten. Perhaps another opportunity will come.

Other Challenges

There are two other areas in which success has not been achieved: removing cigarettes from the duty-free list, and removing them from the AFTA free trade zone. Cigarettes remain duty-free because government officials fear that a change would affect Thailand's profitable tourist industry. Thailand was unable to persuade other ASEAN countries to drop cigarettes from the AFTA list of free trade items. It is hoped that the Framework Convention on Tobacco Control will assist countries like Thailand to take the strongest stand possible regarding international trade and other issues and to do so effectively (Framework Convention Alliance 2001).

Lessons Learned

Lessons can be drawn from both the successes and the frustrations of the struggle for tobacco control. Some of these are specific to the Thai context, but many are more widely applicable.

Working with Legislators and Regulators

- Regulators often have very specific opinions on the proposals before them, and even with the best evidence, they are not always prepared to change their minds (Pertschuk 2001). The Thai experience shows that when key people oppose proposals and support other interests, it is important to wait until more favorable views surface, perhaps after a change of leadership, and to seize favorable opportunities when they arise. Between 1989 and 2001, Thailand had 9 governments and 11 ministers of health, and progress on tobacco control often stalled. At least one minister of health during this time was referred to in tobacco industry documents as "our friend in MOPH" (Le Gresley n.d.). Other ministers, however, have been highly supportive of tobacco control.
- Those with opposing views and interests are well aware that tobacco control advocates will guard and protect hard-earned gains. By maintaining dialogue with key individuals and agencies, the tobacco control lobby was able to gain a clearer idea of how to proceed.
- When lobbying for tax increases and for legislation, it could be a good strategy to make clear to policymakers that the objective is to prevent children from smoking and becoming addicted to nicotine.

Most people support this goal unequivocally, even if they waver with respect to actions aimed at persuading adult smokers to quit.
- The effort to pass tobacco control legislation wherever possible should be sustained, since governments come and go but repealing or revising already-enacted legislation is time consuming and costly.

Working with Politicians

- Ultimate goals have to be balanced against reasonable expectations. In Thailand the ultimate goal was to prevent the government from opening the tobacco market to imports, but the lobbying group settled on passing the Tobacco Product Control Bill and setting up the Tobacco Consumption Control Office. Politicians recognized that they had a responsibility to the public to do something to decrease the health risks of smoking. Using a moral argument was particularly useful in Thailand's government system.
- In Thailand there appears to be a difference between the "technocrat turned politician" and the "career politician." Most of the achievements in tobacco control policy and legislation in Thailand resulted from working with technocrats who seemed to decide policy on the basis of objectivity and the value of the issue itself. Most career politicians (perhaps with the exceptions of Chuan Leekpai and Surin Pitsuwan) seemed to be more concerned with balancing vested interests against their own popularity, and they would often avoid making decisions on controversial issues. By contrast, Athasit Vejjajiva, a technocrat minister, was a key figure in moving the two tobacco control bills forward through the cabinet and eventually to Parliament, and Arthit Ourairat, a technocrat turned politician, supported the tax for health policy in 1993. Phisit Leeartham, another technocrat, was the central strategist in moving the Health Promotion Bill, with the dedicated tax, which may go down in Thai history as the only one of its kind. It is not clear whether these milestones would have been achieved by relying on career politicians only.
- It is important to be direct, clear, and ready with realistic proposals to offer politicians. At times, seemingly controversial political personalities, shunned by others, were found to be most supportive.
- In order to ensure that antitobacco policies are adopted, it may help to allow bureaucrats and politicians to claim credit for new initiatives.
- Personal connections are often invaluable in helping to secure desired policy outcomes.
- A politician's support should never be taken for granted. Showing appreciation, along with hard work and good evidence, is key to moving tobacco control onto the agenda of politicians.

The Importance of Organizational Understanding and Collaboration

- It is essential to have a lead organization to push for tobacco control in both the nongovernmental and governmental sectors. Ideally, collaboration between the two sectors should enhance each other's work.
- Networking and coalition building, both domestically and internationally, are crucial to increasing the lobbying power of tobacco control advocates.

The Importance of Well-Prepared Evidence and Good Cultural Understanding

- Health education is important but is insufficient by itself for effective tobacco control.
- Policy-relevant research is very important in mobilizing public opinion and lobbying for government action.
- Gaining Ministry of Finance cooperation in using taxation as a control measure was easier once the evidence about the health care costs of smoking and the potential increase in revenues was presented.
- Nationalism and cultural values can sometimes be successfully employed to counter tobacco promotion by international tobacco companies.
- Tobacco control advocates should seize opportunities to make timely counterclaims to arguments by pro-tobacco lobbyists.

Appendix: Chronological Summary of Tobacco Control Efforts in Thailand

World War II–1990: The Thai government owns the tobacco monopoly and has a closed market. The smoking rate is very high for males, with average annual per capita consumption of about 1,000 cigarettes.

1970s: The Thai Medical Association initiates tobacco control by printing health warnings, banning smoking in cinemas and on buses, and conducting a national survey of smoking prevalence.

1976–86: Sporadic smoking control activities are carried out by government agencies and nongovernmental organizations.

1986: The Thai Anti-Smoking Campaign Project (TASCP) is formed to serve as a focal point and pressure group in lobbying for tobacco control policy.

1989: The U.S. Trade Representative, using Section 301 of the U.S. Trade Act, brings the issue of tobacco control to national and international attention, culminating in the GATT adjudication, the eventual market opening, and the Thai government's approval of the Tobacco Product Control Bill.

1992: The National Legislative Assembly enacts the Tobacco Product Control Bill and the Nonsmokers' Health Protection Bill despite heavy lobbying by the tobacco industry.
1993: Health advocates successfully lobby for the tax for health policy; the Thai government gains huge revenue increases, and per capita consumption of cigarettes is curbed.
1994: The TASCP organizes the Thai Women Do Not Smoke Project to discourage Thai women from taking up smoking.
1996: The TASCP, renamed Action on Smoking and Health (ASH), successfully lobbies the Thai government to call off the Thai Tobacco Monopoly's plan to market a cigarette brand targeted to women.
1998: The ingredient disclosure regulation of the Tobacco Product Control Act is passed into law, but the Ministry of Public Health is unwilling to reveal the ingredient list to the public, thus defeating any potential benefit.
2001: The Health Promotion Bill, funded by a dedicated alcohol and tobacco tax, is finally enacted in September, after five years of lobbying.
2002: Plans for privatization of the Thai Tobacco Monopoly are put on "indefinite hold," after seeming to be unstoppable.

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