

Political economy of tobacco control in Thailand

Sombat Chantornvong, Duncan McCargo

Abstract

Thailand has some of the world's strongest anti-tobacco legislation. This paper examines the political economy of tobacco control in Thailand, emphasising the identification of forces which have supported and opposed the passage of strong anti-tobacco measures. It argues that while a powerful tobacco control coalition was created in the late 1980s, the gains won by this coalition are now under threat from systematic attempts by transnational tobacco companies to strengthen their share of the Thai cigarette market. The possible privatisation of the Thailand Tobacco Monopoly could threaten the tobacco control cause, but the pro-control alliance is fighting back with a proposed Health Promotion Act which would challenge the tobacco industry with a hypothecated excise tax dedicated to health awareness campaigns.

(*Tobacco Control* 2001;10:48-54)

Keywords: anti-tobacco legislation; political economy; Thailand; transnational tobacco companies

Thailand is a constitutional monarchy. The military and the bureaucracy have traditionally held considerable power, but recently political parties and elected parliamentarians have become the leading political actors.¹ The Thai political process is characterised by vote buying and other illegal electoral practices that undermine the integrity of the political order. However, a new and more liberal constitution was inaugurated in 1997 to combat flaws in the electoral system. The result is a heady mix of pluralism and structural corruption, leading to a remarkably open but somewhat dysfunctional system.

These general characteristics are also evident in Thai tobacco control. As in other areas of public policy, public health issues are driven by constantly changing coalitions of support formed by competing interest groups.² Thailand constitutes an important case study, given the potential implications of its tobacco control successes for other developing countries seeking to curb tobacco consumption.³

The Chatichai government and the tobacco issue

The 1988-91 Chatichai Choonavan government saw apparently contradictory developments on tobacco control: the Thai cigarette market was opened to foreign competition, yet tobacco control legislation was also approved in principle. It was during this time that transnational tobacco companies (TTCs) made their first move to penetrate the Thai cigarette market. Despite the existence of a

total ban on foreign cigarette sales (the Thailand Tobacco Monopoly (TTM) enjoyed a monopoly on cigarette manufacture and sales), during the period from January 1988 to February 1989 the TTCs reportedly spent well over 17 085 100 baht on advertising in Thailand, in order to generate a demand for their products and thus a favourable climate for the opening of the Thai market.

Emergence of the tobacco control movement

By 1988, an anti-smoking movement spearheaded by non-governmental organisations (NGOs) such as the Thai Anti-Smoking Campaign Project (better known as ASH Thailand)—founded in 1986—was already making its impact felt throughout the country.⁴ Through active social marketing, activities using media specialists and involving key figures from just about every walk of life, NGOs turned the anti-smoking movement into a form of social mobilisation which had a lasting impact on the consciousness of the whole society concerning the subject matter of smoking control. The pay-off in terms of anti-smoking measures was considerable. In 1988 the cabinet first issued an executive decree banning TTM from advertising, and a total ban was imposed on all forms of foreign cigarette advertising, both direct and indirect. In 1989 tobacco products were placed under the category of “harmful products” making this cabinet decree a fully fledged law. In the same year the National Committee for Control of Tobacco Use (NCCTU) was established, with the task of formulating official policies on the tobacco industry

US pressures to open the Thai market

Late in 1988, the US government began to increase pressure on Thailand to open up the domestic tobacco market. The pro-entry alliance comprised TTCs, the US government and embassy, the Finance Ministry, sympathetic politicians (especially from the Social Action Party), and TTC agents and surrogates. The anti-entry alliance was composed of: ASH and health activists, sections of the media (especially newspapers), NCCTU, (part of the Ministry of Public Health), sympathetic politicians, mainly from the Democrat Party, health minister Chuan Leekpai, urban voters, TTM, the TTM union, the Tobacco Growers' Association, and small farmers' groups.

By siding with organised anti-smoking campaign groups and seizing the moral high ground on the tobacco issue, Chuan and his party received the spotlight of media attention, and so stood to reap considerable political benefits, no matter what the outcome. The

Faculty of Political Science, Thammasat University, Bangkok 10200, Thailand
S Chantornvong

Institute for Politics and International Studies, University of Leeds, Leeds LS2 9JT, UK
D McCargo

Correspondence to:
Dr McCargo
d.j.mccargo@leeds.ac.uk

Received 24 March 2000 and in revised form
23 August 2000. Accepted
27 October 2000

public outcry heard through all channels of the mass media forced the finance minister grudgingly to back down on its strong support for opening the tobacco market. Prime minister Chatichai (using his constant catch phrase “no problem”) typically played down the issue, commenting that it was not especially important. Government policy on tobacco was apparently not to have any definite policy.

Threat of US trade sanctions

In April 1989, the TTCs called upon the US Trade Representative to impose trade sanctions under section 301 of the 1974 US Trade Act, if Thailand continued to disallow market access to American cigarettes. The TTCs accused Thailand of using unfair trade practices against them, and demanded a completely free and open market, freedom to establish their own marketing and distribution system, abolition of the high tax regimen and discriminatory taxation, complete freedom to advertise and promote cigarettes through the press, radio and television, and the right to sponsor sports and other events.

The US Trade Representative then initiated an investigation to determine whether or not Thailand was engaged in unfair trading practices. The strategy of the anti-smoking coalition was not to allow the US–Thai cigarette dispute to be viewed simply as a trade conflict. The two most prominent Thai anti-smoking activists—Dr Hatai Chitanondh and Dr Prakrit Vateesatokit—joined the three member Thai delegation to the US Trade Representative hearings, and sought maximum media publicity for their cause. The Thai case was supported by US, Asian, and international health activists and NGOs, and the anti-tobacco coalition recruited leading public figures and senior monks to support their cause. However, Thai exporters came out in strong support of the Ministry of Commerce’s position that import of foreign cigarettes should be allowed.⁵

GATT adjudication

In late 1990, with the outcome of the bilateral talks between Thailand and the USA still inconclusive, the USA took the dispute to the General Agreement on Tariffs and Trade (GATT).⁶ The USA petitioned GATT, arguing that Thailand’s import ban and excise tax system were inconsistent with GATT rules. The US position was that the dispute was a “national treatment issue, not a health issue”. Therefore, Thailand should be ordered to remove unfair and discriminatory trade barriers that made it difficult for US products to compete with domestic products. Thailand’s position was based on the health consequences of the market opening for cigarettes. Health personnel were present in the Thai party but not the US team. The Thai delegation persuaded the GATT panel to consult the World Health Organization. The WHO team supported Thailand, arguing that foreign cigarette imports would have severe adverse health consequences.⁷

The GATT panel subsequently ruled that although Thailand’s taxes on cigarettes were consistent with GATT, the import ban was nevertheless illegal. However, GATT also ruled that the ban on cigarette advertising was legal, and that Thailand could impose strict non-discriminatory labelling and ingredient disclosure regulations on cigarettes.

Drafting the tobacco control legislation

Tobacco control advocates had successfully mobilised health concerns about cigarette imports, drafted wide support from different sections of the community, and made the issue of foreign cigarette imports a matter of national pride and “face”. Thus when Thailand was forced by GATT to open up the cigarette market, the anti-tobacco coalition was able to push for various measures as a *quid pro quo*. A very tough tobacco control bill based on the Canadian Tobacco Products Control Act was drafted, and the Office for Tobacco Consumption Control (OTCC) was established within the Ministry of Public Health, with a 32 million baht budget (US\$1.28 million updated to current rate) for its first year. Ensuring that draft legislation makes its way onto the statute books in Thailand is no easy matter; parliamentary sessions are short, legislative procedures are cumbersome, and the Thai political process is characterised by structural corruption. It is highly questionable whether or not under normal circumstances the Tobacco Products Control Bill would have become law.

The 1991 coup and the fate of anti-tobacco legislation

A military coup in February 1991 saw the Chatichai government replaced by an unelected government, with a cabinet of technocrats led by former diplomat Anand Panyarachun. In this new political scenario, anti-tobacco groups had direct access to deputy health minister Athasit Vejajiva, one of the founders of ASH. Athasit and other health advocates had direct access to leading power holders, including *de facto* coup leader general Suchinda Kraprayoon.⁸ Suspension of the normal political process curtailed TTC capacity to derail the legislative process. At the same time, the anti-tobacco lobby could play on nationalist sentiments among cabinet members and the military to press forward on tobacco control. At one point, two of the most important sections of the bill (a ban on advertising and the mandatory disclosure of ingredients) were almost removed. Evidence that similar measures had been adopted in the USA and Canada was crucial in swaying the government to retain these provisions.⁹ Guilt feelings or anxieties by cabinet members concerning the doubtful legitimacy of their government may have spurred them to support “good” legislative measures.¹⁰ The National Assembly passed both the Tobacco Products Control Act and the Non-Smokers’ Health Protection Act without any amendment on 13 March 1992, two weeks before the end of the Anand government’s term in office.

The Tobacco Products Control Acts bans all forms of cigarette advertising, cigarette promotions and free samples, advertising of other products where a brand of cigarettes is part of the logo, sales of cigarettes to under 18s, and cigarette vending machines. Cigarette manufacturers are further required to devote at least 25% of total package space to printing a health warning in black and white. Manufacturers and importers of tobacco products are also obliged to inform the Ministry of Public Health of the composition of their products before they can be sold. The Non-Smokers' Health Protection Act essentially bans smoking in public buildings. Technically speaking, the victory seemed a complete one.

Continuing contestation: obfuscation and delay

With each new government following the end of the Anand government in March 1992, the tobacco multinationals sought to win back lost territory. They appeared to be best placed when dealing with the elected politicians who took turns assuming control of the Ministry of Public Health, typically seeking to delay or water down regulations. Late in 1992, the cigarette companies narrowly failed to reduce the size of the health warning.

The tobacco lobby did win some battles. Dr Hatai was removed from his key position as the secretary of the NCCTU in 1993, a move he attributes to press leaks claiming that a key minister had received bribes from the tobacco industry.¹¹ Successive cuts were made in the budget of OTCC (later the Institute for Tobacco Consumption Control (ITCC)), from 32 million baht in 1992 to only 15 million baht in 1999,¹² which was followed by the transfer of ITCC from the centrally placed office of the permanent secretary of the Ministry of Public Health to the Department of Medical Science.

The TTCs' biggest fight against the anti-smoking groups in Thailand, however, centred around the requirement stated in article 11 of the Tobacco Products Control Act that cigarette firms must disclose the ingredients of their products. TTCs sought to obstruct or delay its implementation by all possible means. After years of delay, the TTCs finally gave in, and the ingredient disclosure law came into effect in late 1998. However, the law only requires that the Ministry of Public Health is informed of the ingredients, not consumers.

Tax policy and tobacco control

The US Trade Representative continued to press the Thai government for a reduction in cigarette taxes, and the Ministry of Finance consistently argued that a tax increase would force cigarette traders to raise their prices, leading to more smuggling as the gap between legal imports and contraband became wider. The NCCTU, chaired by the minister of public health, had always advocated increasing excise taxes on tobacco products, but most politicians were not very enthusiastic about the plan, fearing that the idea might antagonise

smokers,¹³ not to mention fellow politicians in charge of the Ministry of Finance.

Despite strong objections from the deputy minister of finance in charge of the TTM, new health minister Dr Arthit Urairat managed to convince the cabinet to approve raising the excise tax from 55% to 60% in mid 1993. Subsequently, sales of TTM cigarettes declined by 2.8%, while sales of imported cigarettes continued to grow by 7.24%. Yet while revenue from the sales of cigarettes went down, the excise tax actually brought more net income to the government. It has been estimated that increases in excise tax may have caused up to 200 000 young smokers to quit.¹⁴ There have been regular subsequent increases in cigarette excise taxes, most recently on 12 October 1999 (when taxes were raised to 71.5%), and as smoking has become less and less socially acceptable in Thailand, increasing cigarette taxes has become an increasingly easy option in political terms.

Cigarette smuggling remains a serious problem in Thailand; especially in Chinatown and parts of central Bangkok, foreign cigarettes bearing neither excise stamps nor health warnings are freely available. Large scale and open illegal sales of this kind could suggest the collusion or participation of law enforcement agencies. Nevertheless, despite predictions from the tobacco lobby that increased taxes would lead to a growth in smuggling, legitimate sales seem now to be substantially outstripping sales of smuggled products, and there is evidence that both the profitability and volume of cigarette smuggling has peaked. Reasons for this include¹⁵: the continuing robust growth in sales of legitimate duty paid foreign cigarettes; the impact of the economic crisis; the transformation of retail outlets away from small family stores and towards large chains; some improvement in law enforcement; and a decline in the prevalence of smoking. The most important reason appears to be the first one—TTCs have pursued a strategy of price cutting, bringing prices of their legally sold products quite close to the price of TTM products.

Political economy of TTC activity in Thailand

Transportation costs and tax increases ought to hurt the TTCs very badly. TTCs have acted by relocating their production to countries near Thailand, thereby cutting down on the crucial cost insurance freight price of cigarettes. Most foreign brands are produced in Malaysia. Malaysian produced cigarettes enjoy preferential tariffs under the ASEAN free trade agreement of only 22% compared with tariffs as high as 60% for those imported from outside ASEAN (Association of South East Asian Nations).⁶ The prices of these imported cigarettes—even after all tariffs and taxes are applied—become competitive with TTM's brands. TTCs offer greater profit margins to their sales agents than TTM, a factor which has contributed to their steady increase in market share. Thanks to policies of price cutting and use of retailer incentive programmes, TTC

market share reached 15.4% by the end of 1999, as earlier predicted by TTM.¹⁶

TTM's responses have included offering higher profit margins to its own agents, and launching its own low cost brand of American blend cigarette. The situation may become even worse if in the future producers of international brands should decide to move manufacturing facilities from Malaysia to cheaper cost countries like Indonesia or the Philippines. Then the lower cost of production would allow the TTCs to reduce prices, and the TTM would eventually lose its present competitiveness.

Advertising and marketing restrictions

TTC activity in Thailand has been greatly curtailed by the extensive advertising and marketing restrictions, and TTCs continue to press for "the real opening". Having failed to gain the right to advertise, foreign cigarette companies have since tried instead to circumvent the law. Various forms of "indirect" advertisements of foreign cigarettes continue.¹⁷ Camel Trophy and Marlboro Classic goods, as well as bumper stickers with foreign cigarette logos, are widely available. Though illegal, point-of-sale advertising of foreign brands is widespread, and despite some of the strictest tobacco control laws in the world, the implementation is spotty. More often than not, it is the tobacco control groups and the media that help keep the TTCs in check. A 1996 purchase survey showed that 97% of 15 year olds who had tried to purchase cigarettes had been successful. In 1997 it was reported that during the past five years there was no record of anyone being fined for smoking in prohibited areas. TTCs are also engaging in "nicophilanthropy" by sponsoring arts, sport, and cultural activities wherever possible. In 1992, the TTCs offered technical and financial assistance to the Ministry of Public Health for an anti-smoking campaign.¹⁸ TTCs have won significant support from sports writers who favour tobacco sponsorship. In 1994 Philip Morris even obtained an audience with the King of Thailand by donating a substantial sum of money to one of his charitable foundations; the same company has provided support for scientific research, including recruiting a leading Thai doctor and former president of the Asian Association for Occupational Health to work on research on indoor air pollution.¹⁹

The government often lacks a clear position on the whole tobacco issue. This was graphically illustrated when Metha Ua-apinyakul, an MP from Phrae, himself a prominent tobacco producer, was appointed to the committee of the NCCTU in 1994.²⁰

Future of TTM: privatisation?

The uncertain future of TTM as a state owned enterprise presents new opportunities to the TTCs. When Thailand's economy crashed following the calamitous currency devaluation of 2 July 1997, the country was forced to ask the International Monetary Fund to bail it out. In order to obtain much needed loans, the Thai government pledged to privatise state owned

enterprises, including TTM. Health groups, led by Dr Hatai,²¹ have strongly opposed the idea, arguing that TTM privatisation would allow foreign tobacco firms to market their products more aggressively, thus resulting in an increase in smoking rates among women and the young, and paving the way for TTCs to set up manufacturing bases in Thailand for export to its neighbours. TTM executives, on the other hand, appear to be very receptive to the idea of some form of joint venture, arguing that a partnership would be necessary to make TTM more competitive. After all, competition from foreign products will be even more intense after 2003 when ASEAN cuts import taxes to between 0–5%.

Until very recently the TTM State Enterprise Employees' Association joined forces with health groups in opposing privatisation, fearing that it would result in at least half of the association's members losing their jobs. Lately, however, it appears that TTM executives have succeeded in persuading leaders of the employees's association to agree with them.

Various TTCs have showed keen interest in securing licensing arrangements with TTM to sell foreign brand name cigarettes, and in establishing cigarette making joint ventures with TTM. For TTCs, a deal with TTM could offer an ideal way to build sales, and a means to avoid import duties, making their products even more attractive in the market. Nevertheless, prospective buyers and joint venture partners who have explored deals with TTM remain extremely wary, because of the monopoly's outdated equipment, questionable management practices, well organised workers, and chronic overstaffing. These factors combine to make TTM unattractive, certainly in the short term. Whether TTCs will be able to establish successful joint ventures with TTM, or whether an ad hoc anti-privatisation coalition led by anti-tobacco groups will be able to block a viable deal, remains unclear.

Lessons of the past

Prakit identified eight main practical "lessons" learned from the Thai case.²² These included the importance of stressing to policy makers that the objective of tax increases was preventing children from taking up smoking. Another lesson was that gaining Ministry of Finance cooperation in using taxation as a tobacco control measure relied on convincing officials that revenues would thereby increase.

To Prakit's list might be added some more down-to-earth, political observations based on the Thai case:

- nationalist, populist, and culturalist sentiments can sometimes be usefully employed to counter the image building efforts of TTCs;
- unlikely allies may be useful in countering TTC activity, including tobacco producers and other powerful vested interests;
- in order to ensure that anti-tobacco policies are adopted, it may be desirable to allow bureaucrats and politicians to claim credit for new initiatives;

- personal connections may be invaluable in helping secure desired policy outcomes;
- aim to pass legislation wherever possible—governments come and go, but repealing or revising already enacted legislation is time consuming and costly.

A striking feature of the Thai case has been the success of anti-tobacco campaigns led by doctors. In the Thai context, many prominent doctors are able to present themselves as government officials, academics and/or NGO activists, depending on the situation (it should be noted that doctors in public hospitals and lecturers in state universities are civil servants in Thailand). This flexibility of approach—a reflection of the pluralism and relative openness of Thai society—is often crucial for the purpose of alliance building, since leading doctors are able to command respect and support from a wide range of organisations and social groups. Tobacco control advocates have often enjoyed a creative tension in their relations with government, working in close partnership with the state, while also publicly denouncing government actions at crucial junctures.²³

Current positions of the main players

DOMESTIC TOBACCO PRODUCERS

Those involved in the production of tobacco and the manufacture of cigarettes in Thailand are currently in some disarray. Whereas during the early 1990s they formed a tacit alliance with the health lobby to oppose foreign penetration of the Thai market, the producers are now somewhat demoralised and their position lacks coherence. Some tobacco growers continue to oppose privatisation of TTM, believing that any joint venture between TTM and foreign companies will ultimately weaken the system of high price tobacco quotas which provides them with significant income. Meanwhile, it appears that members of the TTM board and even leaders of the labour union have accommodated themselves to the possibility of privatisation taking place at the state monopoly, arguing that TTM cannot continue in its present form in a globalised economic order. While some elements of the tobacco production lobby could still form tactical alliances with the anti-tobacco movement, the scope for substantive collaboration now seems limited. The emergence of an alliance between any TTC and TTM would pose a serious challenge to the Thai anti-tobacco coalition.

TRANSNATIONAL TOBACCO COMPANIES

The TTCs would like to portray themselves as good corporate citizens, misunderstood and unfairly pilloried by the anti-tobacco lobby in Thailand. They claim that they are working according to the spirit as well as the letter of the law, and face numerous difficulties—particularly the comprehensive advertising and marketing restrictions that are in force. Indeed, it could well be argued that Thailand (or at least Bangkok) has become an anti-smoking society, and a generally hostile environment for TTCs. The economic crisis has triggered a rise

in populist nationalist sentiment, creating a difficult business environment for US tobacco companies in particular.

At the same time, TTCs are able to use their considerable financial resources to build up increased political leverage. There is anecdotal evidence that TTCs or their distributors regularly shower government officials with generous hospitality, including sponsored “study tours” abroad. Internal TTC documents talk of the need for “alliance building” in target markets such as Thailand. Minnesota archive documents show that as early as 1984, Philip Morris made an attempt to lobby then supreme commander general Arthit Kamlang-ek. Most recently, the same company has started a tobacco cultivation venture with the politically powerful Wongwan family. Aware of the fact that the anti-tobacco movement has formed strong ties with the media, TTCs are seeking to create their own parallel networks of sympathetic reporters and columnists, partly by sending them on junkets to overseas factories in the USA and Malaysia. While TTCs have yet to make really big inroads into the Thai cigarette market, they are taking a softly softly, long term approach, slowly increasing market share and making friends in high and low places. They are dedicated to eliminating all obstacles to their business activities. The key to this goal is clearly a strategy of localisation: by becoming “Thai” rather than foreign, TTCs can seek to work within the local system. Localisation is a comprehensive strategy, which could include: placing highly credible Thai nationals in key positions; forming alliances with influential and powerful Thais; sponsoring high profile events and activities; sourcing more tobacco from within Thailand; and establishing joint ventures with TTM. The more effectively they can localise, the more effectively TTCs will be able to weaken and block the regulation and control of tobacco. TTCs have already achieved a considerable degree of success in gradually increasing market share, and clearly pose a very substantial threat to the gains made in terms of tobacco control over the past decade in Thailand.

GOVERNMENT

Factionalism and clientelism underlie the actions and behaviour both of Thai bureaucrats and their political masters. The system of unruly coalition administrations, in which competing parties control rival ministries and vie openly for the spoils of office, makes for a messy process of policy formation. Identifying the government’s policy stance on a particular issue at any given moment is no easy matter. Tobacco control cuts across the interests of various departments, including the Ministry of Public Health, the Ministry of Finance, the Ministry of Commerce, and the prime minister’s office.

While bureaucrats often seem primarily concerned to defend turf, politicians rarely spend more than a couple of years in any ministerial post (often less), and so typically have a minimal grasp of complex policy issues such as

tobacco control. Ministers in Thailand are therefore particularly susceptible to lobbying of all kinds, ranging from media savvy health campaigns to straightforward financial inducements. The tobacco control victories of the Chatchai, Anand, and Chuan governments generally reflect a combination of sympathetic ministers (Chuan, Athasit, Arthit), progressive, liberal and resourceful enclaves within officialdom (Hatai, Prakrit), external lobbying by “NGOs” actually run by civil servants, strong media support, and providing useful opportunities for political grandstanding. By seizing the moral high ground, the anti-tobacco movement offered an excellent platform from which politicians could score points at the expense of their rivals. Support for increased tobacco taxes in the 1990s also reflected an accurate assessment by the Ministry of Finance that higher taxes would increase government revenues.

Nevertheless, government support for anti-tobacco measures in Thailand is not particularly robust. Even the present Thai government can scarcely be said to have any clear policies on anything; in any case, Thailand in 2001 is on its ninth government since 1991. Government in the Thai context is simply not a reliable or consistent factor, and there is no certainty whatever that future administrations will continue to support tobacco control measures.

ANTI-TOBACCO MOVEMENT

The anti-tobacco movement in Thailand is relatively small, yet highly effective. One of the key figures behind the movement is Dr Prawase Wasi, who enjoys extraordinary influence as a “senior citizen” with a hotline to virtually every governmental and non-governmental sector in Thailand. Other key figures are former deputy health minister and Mahidol University rector Dr Athasit Vejjajiva, former deputy secretary general of the Ministry of Public Health, Dr Hatai Chitanondh, and Mahidol medical faculty dean Dr Prakrit Vateesatokit. It is striking that all these key figures are senior physicians whose main careers have been within government service, but who have also established NGOs to lobby the bureaucracy from without. Thus the anti-tobacco movement currently has three main components, neatly straddling the governmental/NGO divide: ASH (Action on Smoking and Health Foundation), the Institute for the Promotion of Thai Health, and two closely linked bodies operating under the umbrella of the ministry—the Institute for Tobacco Consumption Control (ICCT), and the NCCTU.

ASH is an NGO established in 1986 under the auspices of the Rural Doctors’ Association (but has been independent since 1996), and partly at the instigation of Dr Prawase. Dr Prakrit serves as executive secretary, while Dr Athasit was until recently chairman. ASH has around 12 full time staff, and an annual budget of roughly \$100 000 a year, which derives from public donations.²⁴ The main strategy of ASH is networking through the media to promote

anti-smoking messages, and to campaign in support of tobacco control measures.

The operations of the Institute for Promotion of Thai Health are much smaller, and embrace other issues besides tobacco control: at the same time, it seems fair to say that tobacco control is its principal policy goal. Dr Hatai Chitanondh, who heads the NGO, works through his media and bureaucratic connections to highlight critical issues, and is particularly concerned to discredit initiatives by TTCs to counter or undermine tobacco control measures.

The ICCT acts as secretariat to the NCTTU, and carries out various functions in support of anti-tobacco legislation. However, in recent years tobacco producers have gained entry on to the NCTTU, and the budget of the ICCT has been cut, thereby limiting its effectiveness. The ITCC is now only a small unit with a staff of seven, including the director herself. In the eyes of some, the ITCC has since been completely “neutralised” by questionable politicians and inept bureaucrats, and so can no longer readily play the leading role it previously assumed.²⁵

The anti-tobacco movement in Thailand emphasises networking and collaboration with the media; these form key aspects of the work of the NGO sector. The movement also receives support from international NGOs and external actors such as WHO. Despite limited resources, the movement has built up very considerable public sympathy and support through exceptionally effective alliance building. At the same time, the anti-tobacco movement relies heavily on advertising and marketing restrictions in order to ensure that it remains a dominant voice in the Thai media. If these restrictions were successfully undermined by TTCs, the anti-tobacco coalition would be dramatically weakened.

Future agenda: the proposed Health Promotion Act

At present much of the agenda for the future for anti-smoking advocates still centres around familiar themes: intensifying the campaign on the danger of smoking, enforcing both the 1992 Act on controlling tobacco products and the 1992 Act on health protection for non-smokers.

Since 1999, considerable effort has been invested in ensuring that the Health Promotion Fund Bill becomes law. This bill, which was approved by the cabinet on 19 October 1999, proposes the creation of a new public fund with the aim of discouraging the consumption of alcoholic beverages, cigarettes, and tobacco products, and of promoting good health among the people; it is to be managed by a public organisation under the prime minister’s office, and to be financed by an extra 2% of taxes collected from producers and importers of alcoholic drinks and cigarettes. It has been estimated that such a law will bring in 1400 million baht a year—enough to focus more resources on the prevention of health problems, rather than their cure.

But the Health Promotion Fund Bill is currently only a piece of draft legislation, and will be strongly opposed by the TTCs and their allies, who include leading cigarette importers and distributors, around 300 000 cigarette retailers nationally (80 000 in Bangkok alone), and the liquor importers, distributors, and retailers. For their part, public health groups seek alliances with the media, international health organisations such as WHO, international health and anti-tobacco NGOs, and public opinion in order to press for the passage of the bill. Little has been heard about the measure since it was approved in principle.

The stance of TTM stakeholders—both the executives and the workers as well as local tobacco growers—remains unclear. How these players will act may depend on the situation at the moment—for example, whether or not TTM has already made a deal with the TTCs. Prospects for the passage of the bill remain unclear, and various objections have been raised in cabinet. The health minister has called for the fund to be supervised by Ministry of Public Health. Others argue that the fund will be duplicating the anti-drug campaign run by the Ministry of Education; it still remains unclear how far key officials at the Ministry of Public Health will welcome the birth of this new and independent body whose responsibilities seemingly duplicate those of their ministry.

In a way, the status of the Health Promotion Fund Bill and the situation facing these doctors and their allies today closely resembles that of the smoking control legislation and its supporters back in 1992. It remains to be seen if the anti-tobacco movement can cap earlier legislative breakthroughs, which were described at the time as “something just short of a miracle”.

This study forms part of a WHO funded project entitled “Global analysis of the political economy of tobacco control in lower and middle income countries, phase II: case studies in Thailand and Zimbabwe”, administered by the London School of Hygiene and Tropical Medicine. The authors would like to thank fellow team members for all their support: Jeff Collin, Richard Dodgson, Kelley Lee, David Seddon, Patrick Vaughan, and Godfrey Woelk. In particular, Jeff Collin spent many hours patiently editing the report version of the study. We would like

to thank all those people in Thailand who helped provide information for this study, especially Dr Hatai Chitanondh, Dr Prakrit Vateesatokit, Dr Varabhorn Bhumisawasdi, and Bung-orn Rittiphakdee. We are also very grateful for the research assistance provided by Vikit Suksamran, Sunee Sarakkhot, and Narumon Thirawat. We are pleased to acknowledge the support and funding that the study received from the Tobacco Free Initiative of the World Health Organisation, Geneva, and we warmly acknowledge the personal support given by Derek Yach, Douglas Betcher, and Roberta Walburn. However, the views expressed here are the sole responsibility of the authors and do not necessarily represent those of WHO.

- 1 Phongpaichit P, Baker C. *Thailand: economy and politics*. Singapore: Oxford University Press, 1995.
- 2 Green A. Reforming the health sector in Thailand: the role of policy actors on the policy stage. *Int J Health Plann Mgmt* 2000;15:39–59.
- 3 Global Analysis Project Team. Political economy of tobacco control in low-income and middle-income countries: lessons from Thailand and Zimbabwe. *Bull World Health Organ* 2000;78:913–19.
- 4 Supawongse C, Buasai S. *Evolution of tobacco consumption control in Thailand* (in Thai). Bangkok: Department of Health, Ministry of Public Health, 1997:18.
- 5 Chitanondh H. *The privatization of TTM* (in Thai). Nonthaburi: Thailand Health Promotion Institute, 1999:137.
- 6 Vateesaokit P, Hughes B, Rittiphakdee B. Thailand: winning battles but the war's far from over. *Tobacco Control* 2000;9:123.
- 7 Chitanondh H. *The privatization of TTM* (in Thai). Nonthaburi: Thailand Health Promotion Institute, 1999:147.
- 8 Interview with Dr Prakrit Vateesatokit, 15 September 1999.
- 9 Chitanondh H. Foreword. *Thailand's tobacco control laws*, Bangkok: Health Systems Research Institute, 1995: 2.
- 10 Interview with Dr Athasit Vejajiva, former deputy health minister, 18 October 1999.
- 11 Interview with Dr Hatai Chitanondh, 16 September 1999.
- 12 Interview with Dr. Varabhorn Bhumisawasdi, Director of the Institute for Tobacco Consumption Control, 7 October 1999.
- 13 Interview with Dr Prakrit Vateesatokit, 13 October 1999.
- 14 Supawongse C, Buasai S. *Evolution of tobacco consumption control in Thailand* (in Thai). Bangkok: Department of Health, Ministry of Public Health, 1997:32–3.
- 15 Poopat T. Cigarette smuggling in Thailand. Unpublished report for ASH Thailand, Bangkok: September 1999:1.
- 16 Interview with General Ong-Ard Champoonta, director of TTM, 7 October 1999.
- 17 Interview with Dr Hatai Chitanondh, 6 October 1999.
- 18 Bangkok Post, July 27, 1992.
- 19 Asia ETS Consultant Status Report, 1990. PM 25000–48976, www.tobaccodocuments.org
- 20 Hammond R. Focus on Thailand. In: *Big Tobacco's overseas expansion*. San Francisco: San Francisco Tobacco Free Project, 1998.
- 21 Chitanondh H. *The privatization of TTM* (in Thai). Nonthaburi: Thailand Health Promotion Institute, 1999.
- 22 Vateesatokit P. Tobacco control in Thailand. *Mahidol Journal* 1997;4:81.
- 23 Chitanondh, H. Foreword. *Thailand's tobacco control laws*. Bangkok: Health Systems Research Institute, 1995:3.
- 24 Interview with Bung On Rittiphakdee, Director, ASH Thailand, 14 October 1999.
- 25 Supawongse C, Buasai S. *Evolution of tobacco consumption control in Thailand* (in Thai). Bangkok: Department of Health, Ministry of Public Health, 1997:25–6.