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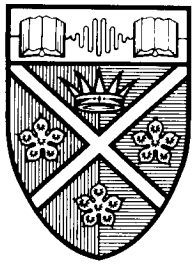

HEALTH V. WEALTH:

The Politics of Smoking in Norway and the UK

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HEALTH V. WEALTH : THE POLITICS OF SMOKING IN NORWAY AND THE UK

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Abstract

Smoking is a major cause of ill-health. It is also a considerable source of commercial wealth and other economic benefits. Different countries have tried to resolve this conflict between health and wealth in various ways. This article compares the policies adopted by the UK and Norwegian Governments, and seeks to explain why each has taken its own particular course. The main intention is to establish the extent to which a range of political factors have shaped these alternative approaches to smoking control.

Introduction

Smoking is generally regarded as one of the main causes of preventable illness in the modern world.(1) At the same time it is also recognised that the production, sale and consumption of tobacco is a considerable source of prosperity. One way of resolving this conflict between health and wealth, is to have a minimal role for the state, allowing 'the market' to determine priorities.(2) This approach assumes however that consumers are fully informed about the health consequences of smoking, and are largely free to make decisions about whether to smoke or not .

In practice there are several difficulties with this laissez-faire approach. First, the consumer's ability to make an informed choice is hampered by the extensive advertising and promotional activities of the tobacco industry. Secondly, since tobacco contains an addictive drug (nicotine), the rationality and freedom of consumer choice is open to question. In view of the difficulties associated with a non-interventionist approach, most governments have sought to actively discourage smoking in an attempt to protect public health. Some have gone further than others in this respect. A number, such as

Norway for example, have adopted comprehensive legislation on smoking and the tobacco industry. Others, including the UK, have preferred a 'piecemeal' approach, which is based less on legislation and more on informal cooperation with the tobacco industry. (3)

Why have countries differed in their approach to smoking and health ? In this paper we shall compare the response of the British and Norwegian Governments to the conflict between health and wealth, raised by this issue. In particular we shall focus upon a range of political factors which have shaped smoking and health policy in each country, in an attempt to explain the different approaches taken.

Smoking Control in Norway and the UK

The Norwegian Tobacco Act, passed by the Storting (Parliament) in 1973, is a comprehensive legislative instrument which provides a firm statutory basis for the regulation of the tobacco industry and its products. The Act itself contains four main provisions: a total ban on tobacco advertising; a statutory health warning on tobacco products, a prohibition on tobacco sales to children; and an

enabling clause allowing the government to directly regulate the content of tobacco products.

The Tobacco Act therefore gives the Norwegian Government strong interventionist powers over the market and the industry. In contrast, the British Government has adopted what appears to be a weaker and more piecemeal approach. There are however a number of statutory rules in force in the UK: for example it is illegal to advertise cigarettes on radio and TV, and to sell tobacco products to children. But the key point is that these measures are quite specific and do not give the government comprehensive statutory powers as in Norway.

Successive British Governments have instead preferred to rely more on voluntary agreements with the tobacco industry as a means of regulation.(4) Beginning in the sixties, with an agreement covering non-broadcast media advertising, voluntary agreements now cover other forms of marketing (such as sports sponsorship), the placing of health warnings on cigarette packets, and the content and modification of tobacco products. Recent agreements have also limited the total amount of promotional expenditure which can be spent by tobacco firms over a certain period.

So, although British government policy on smoking has covered much the same ground as the Norwegian legislation - restricting advertising and promotion, prohibiting sales to children, regulating the content of tobacco products and so on - it has taken a very different form. The crucial difference being that for the most part the British approach does not have statutory backing.

This is not to say that, as a policy instrument, voluntary agreements will always be inferior to statutory powers. On the contrary their use can in certain circumstances confer important benefits upon regulators, particularly in terms of cost and flexibility.(5) But voluntary agreements also give the regulated considerable influence over policy , and this is why, as we see later, the tobacco industry prefers voluntary agreements to statutory regulation.

It should be noted that prior to the Tobacco Act coming into force, the Norwegian Government also maintained a voluntary agreement with the industry, regulating the advertising of tobacco products . But a clear decision was made to replace this arrangement with a comprehensive statutory measure banning tobacco advertising outright. Whilst on the other hand, British governments have on an number of occasions

considered replacing voluntary agreements with comprehensive legislation, but have in the end decided to maintain the current policy.

How can we explain the different approaches taken by each government, and the rejection of alternative approaches? One obvious method would be to examine the balance of pressure group power on the smoking and health issue in the two countries.(6) One might ask questions like: has the Norwegian anti-smoking campaign been better organised than its British counterpart? Has it possessed greater political leverage? Or, on the other hand, has the countervailing pressure against intervention been more powerful in Britain than in Norway? Is, for example, the British tobacco industry more influential than its Norwegian counterpart ?

A second method might focus upon the importance of politicians and political parties in the policy formation process. In line with this approach one could ask if the Norwegian parties had been more active than their British counterparts in getting the smoking and health issue on to the political agenda. And if they have been more active, one would need to look at the extent to which this had been forced upon them by ideological and/or electoral pressures. Also

in this context, one might also look at the role of Parliament in the formulation or obstruction of policy.

A third possibility would be to construct an explanation in terms of administrative or policy style (7). This would involve an analysis of the relationship between pressure groups and the government, and the consequences of this relationship for policy choices. One may also need to examine the distribution of functions within each governmental structure in relation to the smoking and health issue, and the relative standing of the departments concerned, since these factors could also have favoured certain policies whilst inhibiting others.

Pressures For Intervention

In the UK the principal force behind government intervention in the tobacco industry has been the medical profession. The Royal College of Physicians in particular has been strongly in favour of government intervention since the evidence linking smoking and ill- health came to light during the fifties. It has, for example, urged government to adopt a comprehensive ban on cigarette advertising and promotion, and also supports the prohibitive taxation

of tobacco products as a means of discouraging smoking.

The Royal College of Physicians has presented the case for intervention in a series of reports on smoking and health. The first was published in 1962; subsequent editions followed in 1971, 1977 and 1983.(8) As an elite professional body, the Royal College has considerable status and political leverage, particularly in its dealings with the Department of Health and Social Security (DHSS), and the other UK Health Departments. Not surprisingly the Royal College's arguments have been strongly supported by the Health Departments' medical officers. They have accordingly advised Ministers to take a strong line on smoking. The non-medical civil servants within the Health Departments have also broadly agreed with this position although, as we shall see later, the likely impact of a reduction in smoking on social security costs and the economic arguments of other ministries has in the past led to an apparent confusion of objectives within the DHSS.

The medical profession has also tried to influence Parliamentary opinion. Because, smoking and health is basically a non-party issue in Britain , the need to influence individual MPs has been particularly

important. The support of some, such as those MPs having a medical background, can usually be relied upon. In the 1974-5 Parliament there were nine such MPs (including three ministers). The 1979-83 Parliament contained eight medical MPs (one minister).(9)

Partly in an attempt to influence a wider range of MPs, the Royal College of Physicians established a small campaigning organisation, Action on Smoking and Health (ASH), in 1971. An important feature of the relationship between ASH and Parliament is an All Party Committee of MPs, which provides a forum for the discussion of future campaigning strategy, and the tabling of Parliamentary Questions and Debates. This committee has around 100 members and is serviced by ASH officials. It is also worth noting that the DHSS funds ASH to the tune of £170,000 per annum, an indication of the department's overall support for the anti-smoking campaign.(10)

As well as lobbying Parliament on smoking and health issues, ASH also tries to persuade the public of the need for stronger anti-smoking measures. The main intention is to convert public opposition and hostility into support for these measures. This process has been further assisted by the publicity

given to the Royal College of Physicians' reports, mentioned above, and the activities of the government's Health Education Council (which has recently been disbanded)

The persistence and vigour of the anti-smoking lobby in Britain has been mainly responsible for the gradual extension of government regulation over the tobacco industry. But could the campaign have been better organised or more forceful ? One notes that until quite recently the British Medical Association (BMA), the doctors' representative organisation, was not heavily involved in this campaign. According to one insider 'until 1984, the BMA had tended to do no more than try and persuade individual smokers to give up the habit .'(11) This however is not strictly true, since the BMA was closely involved with the campaign to ban cigarette advertisements on TV during the sixties. Moreover one should note that successive BMA Annual Conferences prior to 1984 exhibited overwhelming support from the rank and file members for a total ban on tobacco advertising. But it is nevertheless fair to say that, particularly during the seventies, the BMA leadership appeared to be quite reluctant to undertake a high profile campaign on smoking.

In the eighties however the BMA has become much more involved in the anti-smoking campaign. In May 1985 Lord Pitt, a medically qualified peer and President Elect of the BMA, introduced a bill to ban tobacco advertising. Although this measure failed to attract the government's support and was therefore not given adequate Parliamentary time, its introduction, firmly supported by the Royal College of Physicians, ASH and the BMA, demonstrated a much higher degree of integration and coordination within the ranks of the anti-smoking lobby than had been seen before.

In Norway, the anti-smoking campaign has been strong and well coordinated for some time. Three main groups have been involved in this campaign: the Norwegian Medical Association (NMA), the National Association for Smoking and Health (NASH), and the Norwegian Cancer Society (NCS). The NMA is the Norwegian doctors' representative body. Like the BMA and the Royal College of Physicians it has considerable leverage in view of its elite professional membership.

NASH, appears at first sight to be the Norwegian equivalent of ASH. But there are important differences. First NASH has a much longer history, it was formed in 1916 almost seventy years before ASH.

Secondly ASH was created by the medical profession; whereas NASH emerged out of a multi-disciplinary effort. Indeed these contrasting origins are reflected today in the fact that the ASH executive committee is dominated by the medical profession, whereas the NASH executive board has a much wider membership and includes other professionals, such as teachers for example.

As smoking is a major cause of lung and other cancers, it is perhaps not surprising that the NCS should be involved in the campaign against smoking. But one notes that the major cancer societies in the UK have by and large steered clear of the smoking and health issue, partly because of the charity laws which operate against political activity and campaigning. However, it should be pointed out that such considerations have not prevented ASH, which is itself a registered charity, from campaigning against the tobacco industry.

Like their British counterparts, the Norwegian anti-smoking organisations maintain contact with the government department responsible for health, the Ministry of Social Affairs (MSA). A close relationship is also maintained with the government's advisory body on smoking, the National Council for Smoking and

Health.(NCSH). This body was established in 1971 to prepare, propose, coordinate, and supervise government measures against smoking, following pressure from the anti-smoking lobby. There is no equivalent to the NCSH in the British context, although the UK Government is advised by an Independent Scientific Committee on Smoking (ISCS). Unlike the NCSH, the ISCS does not have a role in coordinating or formulating anti-smoking policies, but merely acts as an advisor on scientific aspects of tobacco use. For example in the seventies it advised government on the safety of tobacco substitutes. It should also be noted that in contrast with the NCSH, the ISCS does not act as a focal point for the anti-smoking campaign.

As in Britain, parliamentary contacts are quite important for the Norwegian anti-smoking lobby. NASH for example currently has a member of the Storting on its executive board. Parliamentary sympathy for the anti-smoking cause was particularly important in the sixties when the government was persuaded by MPs to take action. Indeed it was in response to a debate in the Storting in 1964, initiated by a senior MP (Kjell Bondevik, the leader of the Christian Party), that the government set up a committee of enquiry.(12) The Committee for Research into Smoking Habits (CRSH), as

the enquiry was later named, was asked 'to submit a report .....as to what measures can be implemented to counteract the adoption of smoking habits and encourage the discontinuance of smoking or the reduction of tobacco consumption...'. As we shall see later its recommendations were subsequently incorporated in the Tobacco Act of 1973.

A comparison of the two anti-smoking lobbies reveals few significant differences in terms of organisation, tactics and resources. Both appear to be well organised and possess considerable leverage, the latter being largely due to the support of the medical profession, an elite group. Nevertheless, the limited contribution of the BMA to the anti-smoking campaign during the seventies, and the failure of the British cancer charities to engage in lobbying, seem to suggest that the pressure on government in Britain may have been weaker than in Norway.

Yet it must be stressed that the similarities are more striking than the differences. In both countries the anti-smoking lobby has maintained good contact with, and has attracted support from, the government department responsible for health. Both lobbies have established Parliamentary contacts and have used these in the past in an attempt to influence MPs, and

indirectly, the government. In short the British government's refusal to adopt comprehensive tobacco legislation does not appear to have been due to a lack of pressure from the anti-smoking lobby. So has the countervailing pressure against comprehensive legislation been stronger in the UK compared with Norway ?

Resistance by the Industry

The tobacco industry, as we earlier suggested, tends to prefer a voluntary rather than a statutory approach to regulation . This is mainly because the industry believes that the former approach confers upon it a clear right to negotiate with government, and that this in turn enables the industry to exert more influence over policy than if it were regulated by statutory controls.(13) This is why both the British and the Norwegian tobacco industries have fought against the imposition of legal controls.

The British tobacco industry's opposition to statutory regulation has been backed up by its considerable economic leverage. The top four tobacco companies are placed respectively third, eleventh, sixteenth and twenty-second in the league table of top British firms.(14) In 1984 these four firms made

combined pre-tax profits of £1.89 bn, just over half of which represented the operating profit from tobacco. The UK is also the base for three of the seven largest tobacco multinationals in the world- a factor which has added to their political leverage in this country. (15) The economic contribution of the industry is further indicated by the size of its workforce (27,000, many in depressed economic regions). (16) Finally one should not forget that tobacco makes a significant contribution to government revenue, currently providing 12.4% of the yield from indirect taxation and 4% of government current account receipts. In 1984 tobacco taxes totalled £4.9 bn. (17)

The economic leverage of the tobacco industry in the UK is reinforced by its strong political organisation. The tobacco industry is organised by the the tobacco manufacturers' trade association, the Tobacco Advisory Council (TAC). The TAC is a remnant of the Tobacco Advisory Committee which was ironically established by the government during the second world war, to advise on tobacco supplies to civilians and troops. Tobacco workers, retailers and consumers have their own representative organisations. The Tobacco Workers Union and the Association of Scientific

Technical and Managerial Staff (ASTMS) are the main labour unions involved in the industry. Retailers are represented by the British Retailers Association or by the Retail Confectioners and Newsagents Association, depending on the scale of their operations. Whilst smokers can join an organisation called FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco), an industry-sponsored body which organises consumer opposition to the imposition of further controls on smoking.

The existence of separate organisations gives the tobacco lobby the appearance of a broad constituency of support. This has obvious political advantages. But it also raises the threat of fragmentation. In an attempt to avoid this the TAC effectively coordinates the opposition to anti-smoking measures by acting as a kind of 'proxy' for these other organisations. Indeed it frequently claims to speak for the domestic industry as a whole, not just for the manufacturers. The TAC does not however claim to speak on behalf of the tobacco importers. Their interests are represented by a further organisation, the Imported Tobacco Products Advisory Committee (ITPAC).

The TAC has considerable potential to influence government policy. It is in contact with over half

the departments in central government on a wide range of issues affecting the industry. (18) Of particular importance is the relationship it has built up with the DHSS through the regular renegotiation of the voluntary agreements on tobacco advertising and product modification. The other agreement, on sports sponsorship, is negotiated with the Department of the Environment in view of its responsibility for sport. The TAC also regularly discusses taxation matters with Customs and Excise and with the Treasury. But perhaps the closest contact is with the industry's sponsoring department, the Department of Trade and Industry which ensures that the tobacco industry's viewpoint is taken into account when the issue of smoking and health is raised within Whitehall.

Like the health lobby, the tobacco industry seeks to influence policy through contacts with Parliament as well as through its relationships with government departments. Estimates vary, but it is believed that the tobacco industry can count on the support of around 100 MPs in the House of Commons. (19) Some MPs have a constituency interest in the industry, such as those representing Bristol, Nottingham and Glasgow. Whilst others are retained as political consultants by the industry. For example, until his retirement at

the 1987 General Election, Sir Anthony Kershaw was employed in such a capacity by British American Tobacco Ltd. It should also be noted that a number of MPs have rather more indirect and tenuous links with the industry. For example Tim Eggar MP was formerly a parliamentary adviser to Hill and Knowlton, a PR company whose clients include the TAC.

Parliamentary contacts have been invaluable in the past as a means of defending the industry against hostile legislation in the form of private members' bills. The BMA-backed bill, mentioned earlier, was the latest in a series of anti-smoking bills introduced into Parliament over the last two decades. The tobacco industry has usually managed in the first instance to persuade government to block such bills, through its control of the Parliamentary timetable. But on the rare occasion when the government has adopted a position of benign neutrality, allowing debate to take place, the industry has been able to mobilise its supporters in Parliament. In 1981, for example, a number of MPs connected with the industry prevented debate on an anti-smoking measure by tabling a large number of amendments to the bill which immediately preceded it.(20)

The British tobacco industry has had other useful allies in its fight against legislation. The advertising industry, sections of the press, and a number of sporting bodies who receive tobacco sponsorship, have joined in the opposition to a Norwegian- style ban on advertising and promotion. The Advertising Association in particular has campaigned strongly against tobacco legislation , partly because it fears a loss in revenue, and partly because a ban on tobacco advertising is seen by the industry as the beginning of a possible 'domino effect', which could lead to further restrictions on advertising. (21) Together with the tobacco industry, such groups have formed a fairly powerful coalition against anti-smoking legislation.

Not surprisingly, the Norwegian Tobacco Act faced similar opponents. The tobacco industry's fight against legislation was supported by the Federation of Norwegian Marketing and Advertising Associations and by a section of the press.(22) But there are indications that this opposition was not as strong as in the UK. Indeed as Taylor has noted, it seems that Norway and other Scandanavian countries such as Finland have been 'able to legislate in the face of a relatively weak tobacco industry' (23).

The relative weakness of the Norwegian tobacco industry can be attributed to two things: its weaker economic leverage; and its less effective organisation and political contacts.

Tobacco appears to have been less important to the Norwegian than to the British economy. This is clearly illustrated by the comparative industrial statistics, shown on the next page. These figures relate to 1971, this year being chosen as a basis for comparison because it gives a more accurate picture of the relative economic importance of the tobacco industries around the time when, as we shall see later, both governments were considering anti-smoking legislation.

It can be seen from the table that the British tobacco market in 1971 was greater both relative to total consumer spending and in absolute terms. Indeed the British market was around twenty times the size of the Norwegian market. Perhaps not surprisingly in view of the difference in the size of each market, the British tobacco industry is much larger than its Norwegian counterpart. This is clearly indicated by the industrial output figures also shown in the table. The Norwegian tobacco industry also contributes less towards total output and employment.

The Economic Importance of the Tobacco Industry

	UK	Norway
Sales of Tobacco	$ 4094m	$ 176m
Percentage of Total Consumer Spending	4.9	2.6
Value of Output of Domestic Tobacco Industry	$ 1108m	$ 24.8
Percentage of Manufacturing Output	1.0	0.3
Number of Manufacturing Establishments	41	7
Percentage of Manufacturing Employment	0.5	0.4
Imports as Percentage of Domestic Tobacco Market	2.3	25

Sources: OECD, United Nations. (24)

The relatively lower economic contribution of the Norwegian industry can be further explained by the higher level of imported tobacco manufactures in Norway, which has meant essentially that the industry has had a smaller share of a smaller market. The greater level of import penetration in Norway (which is particularly high in the market for manufactured cigarettes, where imports account for around 60% of the tobacco sold by weight) also appears to have weakened the industry's political position. In particular the Norwegian Government appears to have recognised that the level of import penetration has effectively reduced the domestic economic effects of a shrinking tobacco market, thus making it politically easier to adopt a strong anti-smoking policy.

In the UK however domestic producers have dominated the tobacco market, and in particular the market for manufactured cigarettes. The British Government has therefore operated under the assumption that the costs of a tough anti-smoking policy would fall almost wholly on domestic producers. This, in contrast with Norway, has made it more difficult to adopt such a policy.

This was certainly true in the sixties and seventies, but it should be noted that more recently

the domestic producers' position in the British market has been seriously challenged. Since 1980, cheap cigarette imports have effectively penetrated the British market, so that they now account for around 10% of sales.(25) The declining market share of the domestic producers in Britain may therefore partly explain changes in Government policy on smoking in recent years, a point we shall return to later.

Recent developments do not however deflect us from the conclusion that the Norwegian industry has been much less powerful in economic terms than its British counterpart. The Norwegian industry's second major weakness however lies in the inferiority of its political organisation. In particular the large role which importers play in the domestic market has fragmented the tobacco industry making it more difficult to organise a coherent campaign against the anti-smoking lobby. Even so it should be pointed out that the tobacco industry did make a clear attempt fight the Tobacco Act, through a campaign coordinated by the industry's joint office (which represents importers and domestic producers).

The campaign against the Tobacco Act was of course unsuccessful. Although it should be noted that during the parliamentary debates which preceded the

tobacco legislation, several members of the Storting spoke in the industry's favour. They pointed out the problems facing the domestic industry in the event of a total ban on advertising, and went on to stress the economic contribution of the industry. (26) But these speakers were in a minority and could neither prevent nor amend the legislation.

The industry appeared to have a little more success when it presented its views to the government departments involved. Although the Trade Ministry did not oppose the legislation (27), the industry did extract some minor concessions from the Ministry of Social Affairs. But these concessions, as we shall see in the next section, were later withdrawn following pressure from the Storting.

The Norwegian tobacco industry, unlike its British counterpart, was therefore unable to prevent the introduction of anti-smoking legislation. Neither was it successful in changing the details of this legislation. Its lack of success can be traced directly to its weak economic leverage and its relatively poor political organisation. In contrast the strong economic and political leverage of the British tobacco industry has been a major asset in its fight against similar measures.

Tobacco, Politicians, and the Political Agenda

As we have seen, both the pro- and anti-smoking lobbies in Norway and in the UK have appreciated the value of parliamentary support. Indeed, Parliament has had a significant role in the determination of smoking and health policy in both countries.

In the Storting, the balance of opinion appears to have been favourably disposed towards legislative action. Pressure from the Storting in 1964, it will be remembered, led the government to appoint a committee of inquiry - the Committee for Research into Smoking Habits (CRSH).(28) The Committee reported in 1967 and recommended amongst other things a ban on tobacco advertising, a compulsory health warning on tobacco products, and a permanent advisory council to assist in the coordination of anti-smoking policy. (29) The Ministry of Social Affairs, following consultation with all interested parties, including the tobacco industry, then put forward its proposals to the Storting in April 1969 (30).

Though broadly in agreement with the CRSH, the Ministry departed from its report on two points. First of all it wished to confine an advertising ban to cigarettes only, believing that the advertising of 'less dangerous' products like cigars and pipe

tobacco should be permitted. This was widely seen as a concession to the tobacco industry. Secondly, the Ministry opposed the establishment of a permanent advisory council on smoking as recommended by CRSH. The Storting meanwhile made clear its support for the original CRSH recommendations. In 1970, the Standing Committee on Social Affairs, the Ministry's 'shadow' in the Storting, unanimously endorsed action along the lines proposed by the CRSH.(31) Following a debate in the Storting, which reflected a strong opinion in favour of tougher restrictions on smoking and the tobacco industry, the Ministry backed down from its previous position.(32) From then on the drafting, processing and implementation of the Tobacco Act was largely a formality, and the industry and its allies conceded defeat.

The anti-smoking lobby in the British Parliament has in contrast been unable to succesfully promote legislation along the same lines. Could this be because the British Parliament generally has a more limited policy making role than the Storting? In particular one notes that the House of Commons' Expenditure Sub-committee on Social Services, which before 1979 was the nearest British equivalent to the Storting Standing Committee on Social Affairs,

could not force the British Government to follow up its own recommendations for Norwegian-style restrictions on tobacco advertising. (33) Even so, most agree that in general the Storting does not have a significant policy-making role, independent of the government of the day. Andren for example has observed that the Norwegian Government has a virtual monopoly of initiative on legislation (34), as in Britain. More recently, Elder et. al. have described Scandanavian legislatures as reactive rather than pro-active, and this is again suggests more similarity than difference with the British experience.(35)

A more appropriate explanation for the failure of the British Parliament to legislate is that the British tobacco lobby has mobilised to prevent anti-smoking legislation much more effectively than its Norwegian counterpart. This is consistent with what we earlier concluded about the relative economic and political power of the two industrial lobbies. It would be untrue however to conclude that British governments have been unaffected by the anti-smoking lobby in Parliament. In the early sixties, for example, following the first report of the Royal College of Physicians on Smoking and Health, the government was under considerable pressure in

Parliament to take legislative action. The high profile of the issue at this time was indicated by the fact that the Prime Minister (Harold Macmillan), rather than the health, trade or home office ministers, became the focal point for MPs' Questions in the House of Commons. (36)

Although the then Conservative Government managed to stave off demands for a legal ban on tobacco advertisements on TV, the Labour Opposition at this time, were convinced by that such action was necessary. Cigarette advertising was subsequently banned from television in 1965 by Labour Government's Postmaster General, Tony Benn, after an appeal by the Health Minister, Kenneth Robinson. Significantly this move did not require new primary legislation, and therefore effectively bypassed the usual Parliamentary procedures and thereby the 'guerilla tactics' of the tobacco lobby. (37)

Parliamentary pressure on smoking was also apparent in the early seventies when, following the second report on smoking by the Royal College of Physicians in 1971, many MPs called for legislative action. (38) On this occasion MPs united behind Sir Gerald Nabarro who had introduced a private member's bill on the subject. Nabarro's bill provided for a

ban on all forms of tobacco advertising and sought to introduce a health warning on cigarette packets. The government, partly in response to the arguments of the medical profession, partly in response to pressure from Parliament, arranged talks with the tobacco industry with a view to securing voluntary action on advertising and health warnings. Interestingly, the backbench bill was given sufficient Parliamentary time so as to force the industry into a negotiating position. An agreement was quickly reached between the government (represented by the DHSS) and the industry. Rather than be regulated by legislation, the industry conceded to the health minister's demands, preferring voluntary agreements to legislation.

Some, including Nabarro, the sponsor of the backbench bill, were not satisfied with this arrangement. They believed that the regulation of tobacco required a statutory foundation. Also the voluntary restrictions, unlike the bill, did not allow for an advertising ban. Nabarro and his supporters therefore persisted with their efforts, only to be defeated by the government's refusal to permit further Parliamentary time for debating the measure.

These instances suggest that the anti-smoking lobby in Parliament has been effective, particularly

in getting the issue onto the political agenda. Although the countervailing influence of the tobacco lobby has on many occasions tended to cancel it out. As a result the smoking and health issue in the UK has tended to float on and off the agenda over the last thirty or so years. In Norway, by contrast, the issue remained constantly on the agenda from 1962, when the pressure in the Storting intensified, until the passage of the Tobacco Act in 1973.

The relative weakness of the tobacco lobby in Norway and its failure to neutralise the anti-smoking lobby's pressure was undoubtedly a key factor which kept the issue on the agenda there. But there were two other related factors at work: the state of public opinion on the issue; and the attitude of the major parties towards legislation on tobacco.

Public Opinion and Party Politics

Surveys of opinion show that the British public have generally been more reluctant than the Norwegians to support anti-smoking measures. Although recent polls indicate that British attitudes have softened since the early seventies, and there now appears to be a small majority in favour of a legal ban on tobacco advertising.(39) This perhaps reflects the

gradual decline in smoking which has taken place over the last two decades. Even so, the level of public support in Britain for a comprehensive advertising ban has yet to reach the levels found in Norway. Since the mid-sixties, opinion polls there have suggested that around 80% of the population favour such a policy. (40) This degree of public support at the very least helped maintain smoking and health issue on the political agenda.

The contrasting levels of public support for comprehensive tobacco legislation in the two countries has also been reflected in party politics. In the UK, smoking and health has never been an election issue and has had litle significance in terms of party politics. Until 1987 none of the major party manifestos had included proposals on smoking and health, and even then the SDP/Liberal Alliance stood alone with its manifesto commitment to ban tobacco advertising. (41) But whilst the Labour manifesto has never supported legislative action on tobacco, one notes that 'the prohibition of tobacco advertising and the encouragement of smoke free areas' is currently official party policy. (42) This commitment was first outlined in Labour's Programme of 1982 (43), but electoral reasons led to its withdrawal from

Labour's draft manifesto shortly before the 1983 election. (44)

Both Labour and Conservative Governments have threatened to adopt legislative powers against smoking when in office. For example, as we noted earlier, it was a Labour Government which imposed the ban on cigarette advertising on TV during the sixties. In the seventies Labour Ministers again threatened legislation following the breakdown of negotiations with the industry over a new voluntary agreement. (45) Conservative Ministers too have on occasion threatened to pass anti-smoking legislation, even though the party has never made an official commitment to such a policy. Moreover, despite the Thatcher Government's non-interventionist stance, its Health Ministers have taken a fairly hard line with the tobacco industry. In particular one notes the efforts of Patrick Jenkin, Secretary of State at the DHSS between 1979 and 1981, and his Under Secretary, Sir George Young, who tried in vain on two occasions to obtain statutory powers over tobacco. (44)

Although British governments of various political colours have on occasion threatened legislative action on smoking, these instances have been a greater reflection of the personal initiatives of the

Ministers in charge at the Health Department than of party political factors. The smoking and health issue in Britain is a cross party issue and does not appear to have excited partisan sentiment. It is also a non-party issue, by and large, with British politicians tending to see anti-smoking policies as a vote loser rather than a vote winner.

In contrast, the smoking and health issue in Norway has achieved a much higher party political status. This was very much in evidence at the September 1969 Election in Norway, where no less than four of the five major parties (Labour Party, the Centre Party, the Christian Party, and the Liberals) included a commitment to ban tobacco advertising in their election programmes. (45) These parties felt confident enough to do this because they perceived anti-smoking measures as a vote winner. Following the election, three of the parties - the Centre Party, the Liberals, and the Christian Party - formed a coalition government with the other main party , the Conservative Party, which had not committed itself to legislation.

The fact that the Conservative Party was the major partner in the coalition, in terms of its seats in the Storting and in the Cabinet, did not prevent the

emergence of anti-smoking legislation. Indeed many Conservative members of parliament supported such measures. A few months after the election, the Storting approved the recommendation of the Standing Committee on Social Affairs, which, it will be remembered, urged the introduction of comprehensive anti-smoking legislation.

Party support was crucial in maintaining the issue on the political agenda. As one observer has commented 'the legislation would not have had emerged without support both from party leaders and the grassroot members'(48) Even so, the policy formation process was already in motion well before the September elections. The Ministry of Social Affairs had earlier reported to the Storting in April 1969 stating its general support for anti-smoking legislation. So the Norwegian Government had apparently already decided to adopt such a policy before smoking and health became an election issue. Party support was not therefore directly responsible for originating these initiatives, although it did play a key role in ensuring that they were followed through.

Administrative Politics and Policy Style

Finally we turn to examine more closely the role of central government in the formation and development of smoking and health policy. There have been two crucial differences between the Norwegian and the British Government's handling of the smoking and health issue. First of all there has been a considerable difference in the way in which the central health department in each country has been able to influence the policy making process. Secondly, the tobacco industry's ability to influence central government departments also varied considerably.

In Norway the decision-making process has been tightly controlled by the Ministry responsible for health, the Ministry of Social Affairs. As we have already seen the Ministry began this process by establishing a committee of inquiry (the CRSH) in 1965. It then followed up most of the committee's recommendations by supporting anti-smoking legislation in 1969. Following the Storting's approval in 1970, the Ministry appointed yet another committee, this time to draft the legislation. (49)

In contrast the UK Health Departments, although formally responsible for smoking and health policy, have been unable to control the policy making process

in the same way. Instead the most important decisions over the years have been made by indepartmental committees of civil servants and by ministerial cabinet committees. For example in 1954, when evidence linking smoking and lung cancer came to light, the Government's Actuary reported to the Home Affairs Cabinet Committee on the possible courses of action. Yet the Health Minister's support for government action was overruled by other ministers. The Treasury Ministers in particular were worried about possible losses in tax revenue resulting from an anti-smoking policy. (50)

Then in 1962, following the first report of the Royal College of Physicians, the government once again set up an interdepartmental committee to consider a response. (51) Again the health arguments were dominated by other considerations such as revenue, employment and trade. Anti-smoking legislation was susequently blocked several times in the Future Legislation Cabinet Committee during the sixties. (52) Then, following the Royal College's second report in 1971, yet another interdepartmental committee of officials was established. This committee recommended that in view of the economic costs involved, a hard line on smoking should be avoided.

Anti-smoking legislation was accordingly rejected by Ministers.

Departments other than those concerned with health have been unconvinced of the need for legislation. But could this be because of some weakness on the part of the Health Departments within Whitehall? Indeed the following comment by a DHSS civil servant in his evidence to the House of Commons Select Committee on Expenditure in 1976, suggests that the economic arguments voiced by other departments have influenced DHSS thinking to a considerable degree:

'From the department's angle, purely DHSS, the health costs which would be saved if people ceased to smoke are not as great as the benefit costs which arise if they go on living longer because they have not smoked.'(53)

In other words the social security and pension costs of a healthy population outweigh the public health costs. This in fact was one of the main conclusion of the 1971 interdepartmental commitee on smoking, mentioned above. This statement at the very least suggest some confusion of objectives within the DHSS -- a major weakness when interdepartmental negotiations are being conducted.

In contrast the Norwegian Ministry of Social Affairs appears to have been clearer about its objectives. But there are some indications that it has been open to some influence from other ministries on the smoking and health issue. This could possibly explain why, as we saw earlier, the Ministry initially adopted a more conciliatory position towards the tobacco industry in the sixties. Even so it will be remembered that the Ministry eventually agreed with the stronger line taken by the Storting, and withdrew the concessions it had earlier made to the industry

This brings us on to the second major difference between the central decision making processes. In Norway decisions about smoking and health have been heavily loaded against the tobacco industry, whereas in the UK the industry has enjoyed almost a veto power over policy. It is significant that the decision in 1965 by the Ministry of Social Affairs to appoint a committee of inquiry on smoking and health (the CRSH), departed from the normal policy making procedure. Usually in Norway a public committee, representative of all interests, would have examined the issue. Instead the Ministry approached the Norwegian Cancer Society and asked it to appoint the

committee members. As a result, the CRSH included a wide range of professionals and experts concerned with the causes and effects of smoking- doctors, educationalists, psychologists. sociologists and economists.

After the committee's report had been completed, the Ministry of Social Affairs did at this stage consult widely. The tobacco industry and other departments were then asked for their views. But the mould had to a large extent already been set and tobacco interests had been excluded at a vital stage.

In contrast the UK tobacco industry has been closely involved in the policy making process. This is partly because of the government's preference for a policy based mainly on voluntary agreements and compromise. The industry, represented by the Tobacco Advisory Council (TAC) is involved in the renegotiation and implementation of these agreements. Until recently the TAC also had a joint responsibility with departments involved, to monitor the agreements. This arrangement has since been replaced by an independent monitoring committee. Even so the industry is still in regular contact with the relevant departments on a wide range of regulatory matters.

It is clear that the British government's policy on smoking control has involved a process of consultation which has in turn embodied a principle of including rather than excluding tobacco interests. This accordingly makes it difficult, though not impossible, for government to adopt an alternative approach in view of the industry's current role in policy formation and implementation.

The dominant policy style (that is the style of policy making most commonly found across all issue-areas) in both Norway and the UK emphasises bargaining, compromise, and the accommodation of interests.(54) As we have seen, smoking and health policy in Norway provides an exception to this general rule, since tobacco interests have been largely excluded from the policy making process. Yet in the UK the style of policy making in this issue-area has not deviated much from the dominant policy making style. Moreover, despite the 'anti-corporatist' stance of the present British Government, there is no evidence that this situation has changed significantly in recent years. Although there have been a number of other developments which have of late weakened the position of the British tobacco industry, and we shall consider these in the final section.

Conclusions and the Prospects for Policy Change

It is clear that the Norwegian Government, by introducing comprehensive legislation, has taken up a strong stance on smoking and the tobacco industry. The British Government, in contrast, has pursued a line more acceptable to the tobacco industry, and has accordingly spurned comprehensive legislation. Our inquiry has suggested that the adoption of these different approaches can be explained by two main factors.

First of all, the domestic tobacco industry in Norway has been less able than its British counterpart to resist comprehensive legislation. This is partly because it has had relatively less political and economic power. But it is also the result of the Norwegian Government's decision to largely exclude the industry from the policy making process. The standard consultative procedures which are found in most areas of Norwegian policy making were not followed, and this reduced the industry's ability to influence policy as an 'insider group'.

Secondly, the Norwegian government felt much more confident to legislate because of the public's general acceptance of the need for such measures. More specifically, widespread public support enabled the

political parties to support strong anti-smoking measures. Whereas in the UK, parties and politicians have tended to see the issue as a vote loser. Consequently the political will to adopt a comprehensive anti-smoking policy has been generally weaker than in Norway.

Today the British Government remains opposed to comprehensive legislation on tobacco. In the light of our conclusions above, a significant reduction in the economic and political power of the industry, coupled with a considerable strengthening of public and party support for strong anti-smoking measures would be needed before one could expect the emergence of a Norwegian-style policy in the UK.

Even so, there has in recent years been a definite hardening of the official stance on smoking and health in the UK. The voluntary advertising and sponsorship controls have become more restrictive. For example the latest agreement between the government and the industry provides for a cut in expenditure on these forms of promotion. Government health warnings about the consequences of smoking have become stronger. Taxation has for the first time been explicitly used to discourage smoking; in both the 1984 and 1986 Budgets, the Chancellor of the

Exchequer explicitly mentioned health considerations when imposing higher taxes on cigarettes. (55) Finally the government recently gave a smooth passage to a private members bill which tightened up the law on tobacco sales to children. (56)

These measures suggest an underlying change in the politics of tobacco in Britain, and can be attributed to four main factors. First, the BMA's decision to campaign more actively against tobacco has added to the pressure on the British Government in recent years to strengthen its anti-smoking policy. Second, the Conservative Government's overall fiscal policy since 1979 , with its emphasis on indirect taxation, has helped convert the Treasury to higher tobacco taxes. A third recent development has been the rise of tobacco imports in Britain. Before 1980, as we earlier stated, tobacco imports represented a very small proportion of sales. But now the market share taken by imports has risen considerably. This has tended to undermine the economic leverage of the domestic tobacco industry in Britain, and, particularly in the longer term, may make it easier for the government to take action on smoking, since a greater burden of the costs of such a policy will fall on foreigners.

Finally, and perhaps most important of all, the decline in the smoking population, a trend which has developed over the last two decades or so, has made it politically easier to adopt anti-smoking measures. According to an OPCS survey in 1985, smoking is now a minority habit, with 36% of men and 32% of women being active smokers.(57) Ironically, it appears that the chances of a tougher anti-smoking policy in the UK will greatly increase the less widespread and socially acceptable the habit becomes.

REFERENCES

1. Department of Health and Social Security The Annual Report of the Chief Medical Officer: On the State of the Public Health 1983 London HMSO 1985 p122
World Health Organisation Smoking and its Effect on Health Report of a WHO Expert Committee Technical Report Series 568 Geneva WHO 1975

2. S. Littlechild and J. Wiseman Principles of Public Policy Relevant to Smoking Policy Studies 1984 4:3 p54-67

3. L. Marks Politics and Postures in Smoking Control British Medical Journal 1982 284 p291-5

4. R. Baggott By Voluntary Agreement: the Politics of Instrument Selection Public Administration 1986 64:1 p51-67
R. Baggott Government-Industry Relations in Britain: The Regulation of the Tobacco Industry
Policy and Politics 1987 15:3 p137-46

R. E. Goodin The Principle of Voluntary Agreement Public Administration 1986 64:4 p435-444

5. Baggott op.cit. 1986 p58 and 62

6. See for example two recent texts, for this approach:

G. Alderman Pressure Groups and Government in Great Britain London Longman 1984

M. Davies The Politics of Pressure: The Art of Lobbying London BBC 1985

7. J.J.Richardson (Ed) Policy Styles in Western Europe London Allen and Unwin 1982

8. Royal College of Physicians Smoking and Health London Pitman 1962

Royal College of Physicians Smoking and Health Now London Pitman 1971

Royal College of Physicians Smoking or Health? London Pitman 1977

Royal College of Physicians Health or Smoking? London Pitman 1983

9. A Roth The Business Background of MPs
London Parliamentary Profiles 1981

10. Information provided by Action on Smoking and Health

11. British Medical Association Smoking Out the Barons: The Campaign Against the Tobacco Industry Chichester Wiley 1986 p1

12. Proceedings in the Storting Session 1963/4 p 1819 3 February 1964

13. R. Baggott op. cit 1987
M. Calnan The Politics of Health: The Case of Smoking Control Journal of Social Policy 1984 13:3 p278-96
G.T. Popham Government and Smoking: Policy Making and Pressure Groups Policy and Politics 1981 9:3 p331-47
P. Taylor Smoke Ring: The Politics of Tobacco
London Bodley Head 1984

14. The Times The Times 1000: 1984-5 London Times 1985

15. Calnan op. cit. p285

16. Department of Employment Empoyment Gazette
London HMSO 1984

17. Central Statistical Office National Income and Expenditure London HMSO 1985

18. Baggott op.cit 1987

19. The Times 17 May 1981 p2

20. P. Taylor op.cit. p142-7

21. The Times 25 April 1981 p2

22. K. Bjartveit The Norwegian Tobacco Act Health Education Journal 1977 36 p3-10

23. P.Taylor op. cit p279

24. Organisation for Economic Cooperation and Development (OECD) National Accounts Paris OECD 1986
OECD Trade in Commodities: Imports Vol I 1971
Paris 1971
United Nations Statistical Yearbook 1972
New York UN 1978

UN Yearbook of National Accounts and Statistics 1972 Vol 2 New York 1975

UN Growth of World Industry 1972 Vol 1 General Industrial Statistics 1962-71 New York 1974

25. Department of Trade and Industry Overseas Trade Statisics of the UK London HMSO 1986

26. Proceedings in the Storting Session 1969/70 p2259-2281 7 April 1970

27. Correspondence with the Norwegian National Council for Smoking and Health

28. See above p15-16

29. Ministry of Social Affairs Committee for Research into Smoking Habits (CRSH) Influencing Smoking Behaviour 1967

30. Ministry of Social Affairs Report to the Storting No.62. Session 1968-9 10 April 1969

31. Storting Standing Committee on Social Affairs Recommendation to the Storting No.143 Session 1969/7 6 March 1970

32. Proceedings in the Storting Session 1969/70 p2259-2281 7 April 1970

33. House of Commons First Report of the Select Committee on Expenditure, Employment and Social Services Sub-Committee on Preventive Medicine Session 1976/7 London HMSO 1977

34. N. Andren Government and Politics in the Nordic Countries Stockholm Almquist and Wiksell 1964 p125

35. N. Elder A. H. Thomas and D Arter The Consensual Democracies; The Government and Politics of the Scandanavian States Oxford Martin Robertson 1982 p125

36. House of Commons Official Report 17 May 1962 Vol.659 Col.1524

37. P. Taylor op. cit. p83

38. G.T. Popham op. cit. p336-7

39. G.H.Gallup The Gallup International Opinion Polls: Great Britain 1937-75 New York Random House 1977 p 727, 798, 1127,1246

40. K. Bjartveit op. cit

41. SDP-Liberal Alliance Programme for Government 1987: Britain United-The Time Has Come.

42. Labour Party Policy Directorate Background Briefing 24 March 1987 p2-3

43. Labour Party Labour's Programme 1982

44. The Times 7 March 1983 p2

45. G.T. Popham op.cit p339
P.Taylor op. cit. p87-95

46. P.Taylor op.cit. p140-8

47. K Bjartveit op. cit. and correspondence with the Norwegian National Council on Smoking and Health.

48. Correspondence with the Norwegian National Council on Smoking and Health.

49. Ministry of Social Affairs Recommendation Concerning the Tobacco Act 1971

50. The Times 7 January 1985 p3

51. House of Commons Official Report 1 May 1962 Vol.658 Col.812-3

52. P.Taylor op.cit. p84-5

53. House of Commons First Report of the Select Committee on Expenditure, Employment and Social Services Sub-Committee on Preventive Medicine Session 1976/7 London HMSO 1977
Minutes of Evidence p430

54. J. Olsen , P.Roness, H Saetren 'Norway: Still Peaceful Coexistence and Revolution in Slow Motion' in J.J.Richardson (Ed) Policy Styles in Western Europe London Allen and Unwin 1982

J. P. Olsen 'Governing Norway: Segmentation, Anticipation, and Consensus Formation' in R. Rose and E Suleiman (ed) Presidents and Prime Ministers Washington American Institute for Public Policy Research 1981

J.J.Richardson and A.G. Jordan 'The British Policy Style or the Logic of Negotiation' in J.J.Richardson (Ed) Policy Styles in Western Europe London Allen and Unwin 1982

55. House of Commons Official Report 1984 Volume 56 Column 301
House of Commons Official Report 18 March 1986 Volume 94 Column 180

56. The Protection of Children (Tobacco) Act 1986

57. Office of Population Censuses and Surveys (OPCS) Monitor GHS 85/2 Cigarette Smoking: 1972-4 London OPCS 1985