CHAPTER 22

Tobacco Control

During the past six years, the government has discouraged tobacco use through public education, support for smoking cessation programmes, and legislation. Taxation has been a key tobacco control measure. Steep tax increases have simultaneously reduced cigarette consumption and increased government excise revenues. Overall, tobacco use has dropped dramatically in South Africa. The prevalence of cigarette smoking among adults has declined, from 34% in 1992 to 24% in 1998. About 42% of men and 11% of women smoke cigarettes. Among adolescents aged 15-19 years, 14% of boys and 6% of girls are current smokers.

The Tobacco Products Control Amendment Act No. 12 of 1999 came into effect on 1st October 2000. The Act prohibits all tobacco advertising, sponsorships and promotions; restricts smoking in enclosed public places to specially designated smoking areas; outlaws the free distribution by the trade of tobacco products; and sets maximum limits on the nicotine and tar yields of cigarettes. The Act provoked fierce attacks by the tobacco and allied industries. The industry used the same standard repertoire of arguments that it has used in other countries considering tobacco control legislation. Their arguments were no more successful in South Africa than they were elsewhere.

The shift in policy away from a sole focus on public education to creating supportive environments and social norms that discourage tobacco use, has been successful in South Africa. Opportunities for further reducing tobacco use are discussed.

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Introduction

Since 1994, the political ground has shifted in both the national and international debate over tobacco policy. Nationally, the long-standing neglect of tobacco in health policy development has been reversed. The new democratic government has shown real political commitment to tackling the issue with advances in policy formation, public education, and services for smokers. This has resulted in significant declines in tobacco consumption in South Africa. In August 2000, the Ministry of Health received the inaugural Luther L Terry award for "exemplary leadership by a government ministry" at the 11th World Conference on Tobacco or Health in recognition of these achievements

Internationally, the forced release through litigation of 35 million pages of internal tobacco industry documents have disclosed that the industry engaged in a decades-long effort to silence critics including the World Health Organisation (WHO), distort science, resist legislation, and avoid litigation.[1] These revelations have given rise to a fresh wave of law suits in the United States that could have worldwide repercussions.

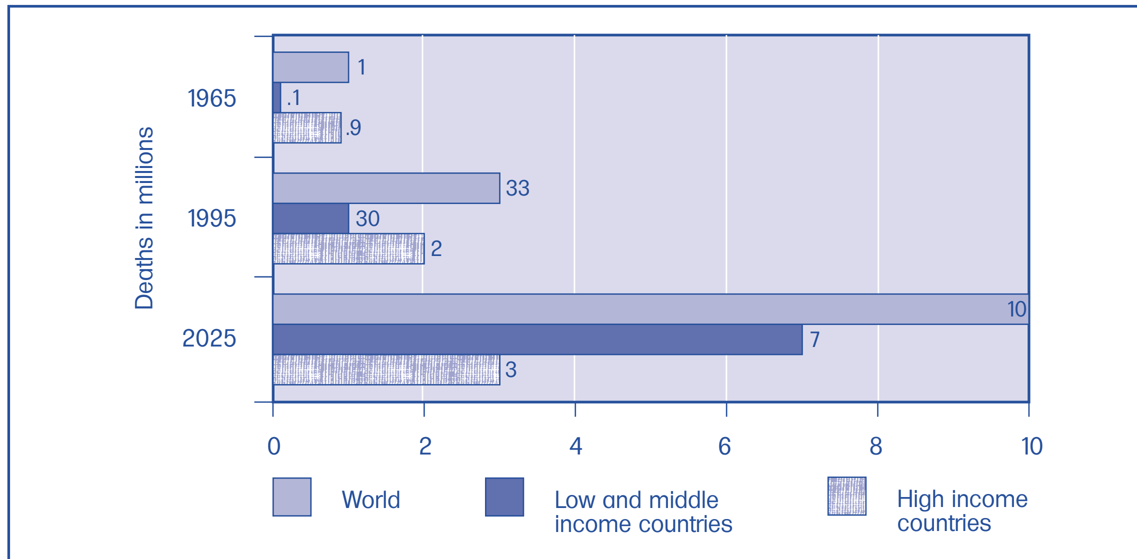
This chapter outlines recent developments in tobacco control in South Africa and looks ahead to future challenges and opportunities.

The Global Epidemic

The marketing strategies of the tobacco transnationals have led to the widespread use of tobacco, particularly cigarettes, in the last century. By 1998, 30% or 1 236 million adults smoked world-wide, with men (48%) four times more likely to smoke than women (12%).[2] The vast majority of smokers (900 million) now live in low and middle-income countries. The addiction has spread from men to women in high-income countries and then to men in low-income regions.[3] The future growth market for the industry is women in low-income countries.

According to the WHO, only two major global causes of death are increasing rapidly - deaths from AIDS and from tobacco. If unchecked, tobacco use will be the leading cause of premature death worldwide by 2030. At present, the WHO attributes about 4 million deaths a year to tobacco[4] and this is expected to rise to 8.4 million deaths annually by 2020.[5] Virtually all this future increase will occur in low-income and middle-income countries, which are most vulnerable to the tobacco industry and where tobacco control activism is rare (Figure 1).

Figure 1: Annual global deaths attributed to tobacco



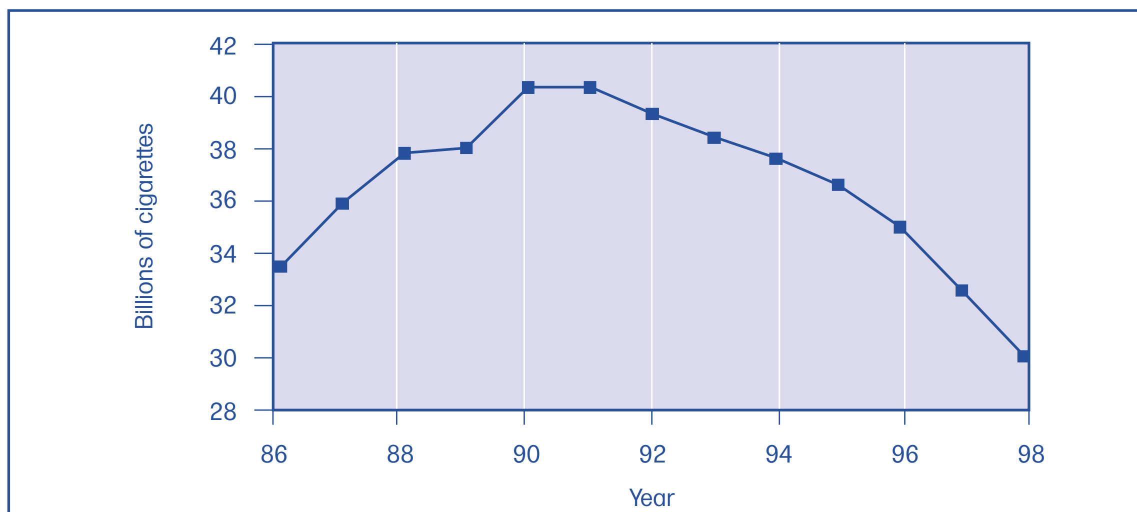
The long "incubation period" of the tobacco epidemic, however, leads many governments to seriously underestimate the dangers. After a population begins smoking it takes 30 to 40 years before tobacco death rates reach their maximum.[6] The fact that the health consequences of current levels of tobacco use are far removed in time, makes it easy to remain unconcerned and complacent. Moreover, health promotion and disease prevention in all counties of the world are traditionally given lower priority than treatment.

In sub-Saharan Africa the tobacco epidemic will peak towards the middle of this century. Rarely do we have the ability to predict an epidemic so far into the future and also the knowledge to prevent it now.

The South African situation

After increasing steadily from 1948 to a peak in 1990, tobacco consumption in South Africa has fallen for eight consecutive years since 1991. In 1998/99, over 30 billion cigarettes were released for consumption from bonded warehouses, down from 36 billion in 1993/94, a 17% decrease.[7]

Figure 2: Cigarette consumption in South Africa, 1986-98



There are currently about 5 million smokers in the country. The prevalence of smoking among adults has declined substantially, from 34% in 1992[8] to 24% in 1998.[9] About 42% of men and 11% of women smoke cigarettes.

Snuff use is more common among women than men (11% of women vs 0.9% of men) and as many women use snuff as smoke cigarettes. African women are twice as likely to use snuff daily (12%) as to smoke cigarettes daily (5%). Coloured women (52%) are ten times more likely to smoke cigarettes than African women.

Cigarette smoking prevalence rates are higher in urban than in rural settings, especially for women where the difference is two fold (13.2% urban vs 6.6% rural).

Youth smoking

National data on the prevalence of smoking among adolescents aged 15-19 years also became available for the first time in 1998.[9] Overall, about 14% of boys and 6% of girls were current smokers. Smoking prevalence increases with age; so while 4.1% of boys and 2.4% of girls smoked at age 15, this rate had increased to 22.4% and 9.5% respectively by age 19. The majority of people begin smoking before the age of 25 years, and it is only the rare individual who begins after this age.

About 2 out of 3 regular adolescent smokers had tried to stop smoking but only 27% actually succeeded in doing so. The transition from childhood through adolescence to adulthood is still accompanied by large numbers of teenagers becoming addicted to tobacco.[9]

The Health Impact

In 1992, the Medical Research Council estimated that 25 000 deaths a year in SA were attributable to tobacco-related diseases.[10] There has been no major update of the data since then.

A case control study at Garankuwa Hospital between 1993 and 1995, found that smoking was the most important risk factor for the development of lung cancer in the Northern Province.[11] Male smokers were ten times more likely to get lung cancer than male nonsmokers and women smokers had a five fold higher risk. This level of risk is similar to that found in high-income countries in the 1960s and 1970s, which suggests that the epidemic is still at an early stage and its full effect is yet to be felt in this province. The Northern Province, incidentally, has the lowest smoking prevalence rate in the country (29.2% of men and 1.8% of women smoke).

New data suggests that more deaths from smoking may be attributable to tuberculosis (TB) than to lung cancer in South Africa. An analysis of death certificate data found that smoking increases the risk of dying from TB by 60%.[a] Similar findings of an excess risk of mortality from pulmonary tuberculosis among smokers was also found in the UK and China.[a] TB causes over half-a-million deaths each year in sub-Saharan Africa, suggesting that smoking may contribute to more deaths in Africa than was previously supposed.

Public Awareness of the Dangers

A 1986 survey found that while there is widespread public awareness that smoking is harmful, there is little specific knowledge of the actual diseases caused by smoking. So although over

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a F Sitas, National Cancer Registry. Personal communication, 2000.

90% of the public believe that smoking is bad for one's health, only 70% knew that it causes cancer and fewer than 30%, that it causes heart disease.

Further, it is probable that people in South Africa greatly underestimate the risks from smoking as they do in many other countries. In the UK, for instance, about 4 000 people die each year from road accidents and 120 000 are killed by diseases caused by smoking, yet most Britons believe that more people die in road accidents than from smoking.

Tobacco Manufacturing and Growing

The South African cigarette market is a virtual monopoly with one company, British American Tobacco (BAT), controlling 95% of the market. BAT merged with previous market leader Rothmans International in 1999. BAT has two competitors, Japan Tobacco International (JTI) and Mastermind, which have about 2% and 1% market share respectively. JTI has no local manufacturing facilities and its brands for the South African market are produced by BAT.

Beyond the manufacturers there are 691 farmers. They produced 26.1 million kilograms of tobacco in 1997, while domestic consumption runs at approximately 34 million kilograms a year. The local tobacco-growing industry has been shrinking since 1985, when there were 1 883 farmers, because it is unable to satisfy the manufacturers' demand for high grade tobacco at competitive prices. Only about 50% to 60% of the tobacco in South African cigarettes is home grown. Substantial amounts of tobacco are imported from Zimbabwe and Malawi duty-free under existing trade agreements. This amounts to a government subsidy to the manufacturers.

Tobacco Control Measures

Measures to prevent disease have been described as falling into two categories: "popular prevention" and "unpopular prevention". "Popular" prevention involves low-key educational programmes like the production of posters and pamphlets, and other cosmetic but inconsequential activities. "Popular prevention" serves as a smokescreen for politicians afraid to take meaningful action but who want to be seen to be doing something. As such it is popular with governments, the tobacco and advertising industries and the media.

"Unpopular prevention" entails legislation, taking on major industries, and fighting political battles. It actually has some impact on the problem but it is unpopular because it involves making difficult decisions. "Unpopular" measures can become popular as they demonstrate their effectiveness and as attitudes change.

With one or two singular exceptions all the actions taken in South Africa until the 1990s were "popular". These measures never seriously threatened the market, or profitability of tobacco. The exceptions were the bans on smoking in cinemas and on domestic air flights.

The first Tobacco Products Control Act was passed in 1993 just before the country's inaugural democratic election. The Act was symbolic of the change that was taking place in the country at that time. The South African Medical Journal first called for a comprehensive tobacco control policy including a tobacco advertising ban, restrictions on smoking in public places and higher excise taxes as far back as in 1963.[12] This call was ignored for three decades. Instead, the domestic industry benefited from the apartheid government and was protected by it.[13]

The 1993 Act was modest in intent but it was nonetheless the first major dent in the solid wall of vested tobacco interest. It provided for:

- The control of smoking in enclosed public areas
- The labelling of tobacco packages and advertisements with health warnings and the nicotine and tar content; and
- The prohibition of sales to children under the age of 16.

Upon becoming Minister of Health in 1994, Dr Nkosazana Zuma immediately gave teeth to the Act. The Department of Health passed regulations that mandated strong, prominent, rotating health warnings on tobacco packaging and advertisements. The warnings were better than those in most other countries,[14] for in addition to warning people about the harms from tobacco it also stated the benefits of stopping and provided a telephone number which people could ring for further help and advice in quitting.

New Legislation

In March 1999, the Parliament passed the Tobacco Products Control Amendment Act. This Act came into effect on 1 October, 2000 and its main purposes are to:

(a) Reduce the pressure on young people to begin a lifelong addiction at age 15 and younger

(b) Protect the constitutional right of the non-smoking majority to a smoke free environment; and

(c) Attempt to reduce the harmfulness of cigarettes for those who cannot or will not stop smoking.

The Act did this by prohibiting all tobacco advertising, sponsorships and promotions. No advertisement may contain trade marks, logos, brand names or company names used on tobacco products. Nor may these marks be used in association with sporting, cultural or educational activities. This provision of the Act becomes effective in April, 2001.

With effect from 1 January, 2000 the Act also forbids smoking in all enclosed public places, including the workplace, except in specially designated smoking areas. The Act further permits the Minister to regulate the maximum amounts of nicotine, tar and other ingredients in cigarettes.

From 1 October, 2000 the law banned the free distribution by the trade of tobacco products. Awards or prizes to induce the purchase of tobacco products are also prohibited. Finally, the law requires that vending machines must be supervised so that children under 16 cannot gain access to cigarettes.

Advertising

A ban on tobacco promotions is an essential component of any strategy designed to reduce smoking among youth. Such a ban is advocated by both the World Bank and the World Health Organisation. Much of tobacco advertising is deliberately designed to exploit young people's social insecurities and the desire to be popular to get them to start smoking. For example, in its internal marketing documents a manufacturer specified that the aim of its advertising is to create "[T]he perception that Camel smokers are non-conformist, self-confident and project a cool attitude, which is admired by their peers".

Cigarettes are one of the most advertised products in South Africa. Spending on direct tobacco advertising has increased five-fold from R49 million in 1987 to R250 million in

1997. In that year, the industry also disbursed sponsorships amounting to R64 million to sports, arts and cultural organisations and spent about R163 million on advertising and promoting these events. In total the industry spent R477 million on advertising, sponsorships and promotions.

Since 1995, when the health warning regulations were enacted, the industry has greatly increased its sponsorship activities. Because of a loop-hole in the 1993 Act, sponsorship messages are not required to carry health warnings and could be aired on television, thus by-passing a ban on the broadcast of tobacco advertising.

Smoke Free Environments

The new regulations will contribute to a safer, healthier and cleaner indoor environment. There is an overwhelming consensus in the medical community that passive smoking causes disease in nonsmokers. This includes lung cancer and heart disease in adults, and lung disease, middle-ear infections and asthma attacks in children. Passive smoking also causes eye irritation, coughs, and headaches.

The regulations treat both nonsmokers and smokers fairly; making enclosed public places mostly smoke-free but allowing smoking in designated areas caters to both groups' needs and preferences. The South African public have long demanded the restriction by law of smoking in public places. Over 70% of both smokers and nonsmokers support this measure.

Less toxic cigarettes

Since the introduction of filters, the amount of nicotine and tar in cigarettes has been greatly reduced. By setting upper limits on the amount of nicotine and tar that a cigarette can yield, the government is formalising this trend. Smokers should, however, know that there is no safe cigarette and that the benefits, if any, of smoking low-tar cigarettes can be easily voided by either smoking more or inhaling more deeply on a cigarette.

Smoking Cessation Services

A nationwide telephone advice service, the Tobacco or Health Information Line, was launched in 1995. The service provides free advice to smokers who want to quit and counselling to those who are in the throes of withdrawal. Self-help smoking cessation material is available in association with the advisory service.

Tobacco Industry Reaction

Big business is in a powerful position to oppose pro-health policies and perpetuate unhealthy ones. The response of the industry to the 1998 Tobacco Bill was predictable. From Canada to Sri Lanka they have echoed the same standard arguments against legislation: The bill is draconian. They were inadequately consulted. Jobs will be lost. The Bill is an attack on "freedom". We are becoming a "nanny" state.

Large sections of the media, fearful of a loss of tobacco advertising revenues, adopted these arguments uncritically and mounted fierce partisan attacks on the Minister of Health and the Bill.

The industry attempted to delay the parliamentary debate on the Bill by seeking a High Court injunction requiring the Health Ministry to make available all the information it used in preparing the Bill and requesting time to study this information. The injunction was denied, and a subsequent appeal dismissed.

The industry also built alliances with other business groupings and labour unions. By opposing the Bill while claiming to be autonomous of the tobacco industry, these groups lent 'independent' credibility to the industry's views. A 'Freedom of Commercial Speech Trust' (FCST) was established in 1997 soon after Dr Zuma had announced her decision to regulate tobacco marketing. The Trust was financed by a levy on all advertising in South Africa and represents the media and marketing industries, the South African Chamber of Business, the American Chamber of Business and the Council of South African Banks.

The Food and Allied Workers Union, which represents workers employed in cigarette manufacturing, claimed that the Bill would result in a loss of 8 000 jobs in the industry. On the other hand, the tobacco companies stated that since an advertising ban would not reduce cigarette consumption, the Bill would not affect jobs in their industry. The contradiction between these claims clearly reflects the difference between the industry's public statements and the threats it was making in private to turn workers against the Bill.

The industry employed highly credentialed local and international 'experts' to give evidence to the Parliamentary Health Committee about the constitutionality of the bill, to question the science behind the Bill and to raise doubts about its effectiveness. Recipients of industry "philanthropy" such as sports organisations also testified about the contribution of the industry in developing sport and tourism in South Africa.

Many individuals, the larger health community, including physicians' and nurses' organisations, economists, academics and NGO's defended the Bill. The public remained sceptical of the tobacco industry's tactics and supported the legislation. A nationwide survey in August, 1998 revealed that 67% of the respondents agreed that smoking in public places and tobacco advertising should be banned. Eleven per cent were undecided on the issue and 22% disagreed with the restrictions.

Box 1: Some key debates around the Bill

1. Jobs will be lost

Since 1987, about 39 000 jobs have been lost in the tobacco sector. Yet, during this entire period South Africa consumed more tobacco than it produced. The job losses were caused because South African cigarette manufactures find it more profitable to buy tobacco leaf abroad instead of locally. The result has been an outflow of foreign exchange and South African tobacco farmers going out of business. The industry is silent about this fact.

Economists at the University of Cape Town predict that a reduction in tobacco consumption in South Africa will result in more jobs - not job losses. This is because people who stop smoking will spend their money on other goods and services resulting in an increase in employment in those sectors of the economy supplying these new consumer demands.

The main contribution of tobacco to the economy is not jobs and wealth but increased health costs and lost productivity. In 1988, 1.4 million working days were lost to South African industry due to absenteeism caused by smoking related diseases.[15] This was more than the number of days lost to industrial strikes in that year.

2. The Bill is an attack on freedom

Some people are concerned that a ban on tobacco advertising may be an attack on freedom of speech. Groupings like the FCST claim that in opposing such a ban they are not "protecting tobacco but free commercial speech". Almost every country in the world, including our own Constitution, permits restrictions on freedom to protect the public welfare. Many countries with excellent democratic traditions, including France, Australia and Norway, have banned tobacco advertising for just this reason.

Most societies accept many restrictions on their freedom: speed limits, prescription only medicines, no drinking and driving, gun laws, bans on child pornography. They do so because they believe these restrictions are for the common good. The freedom of children to grow up healthily, and free from harm and addiction is a common good worth protecting.

It is also important to remember that censorship assumes many forms, one of which is self-censorship. The latter is often more destructive than an outright ban because it is hidden. Surveys show that self-censorship on tobacco issues by sections of the South African media is common. Magazines, for instance, which carry cigarette advertising are considerably less likely to publish articles on the risks of smoking than are magazines without cigarette advertisements.

The millions the industry spends annually on advertising provides a formidable basis for influencing editorial policy, which the industry is not afraid of using. In November 1987, a Rembrandt Group company, R & R Tobacco, withdrew over R1 million of advertising from *The Star* newspaper in the wake of an editorial that supported the regulation of tobacco advertising. This was a clear warning to the newspaper that if it opposed the industry it would lose revenue.

Tobacco Taxes

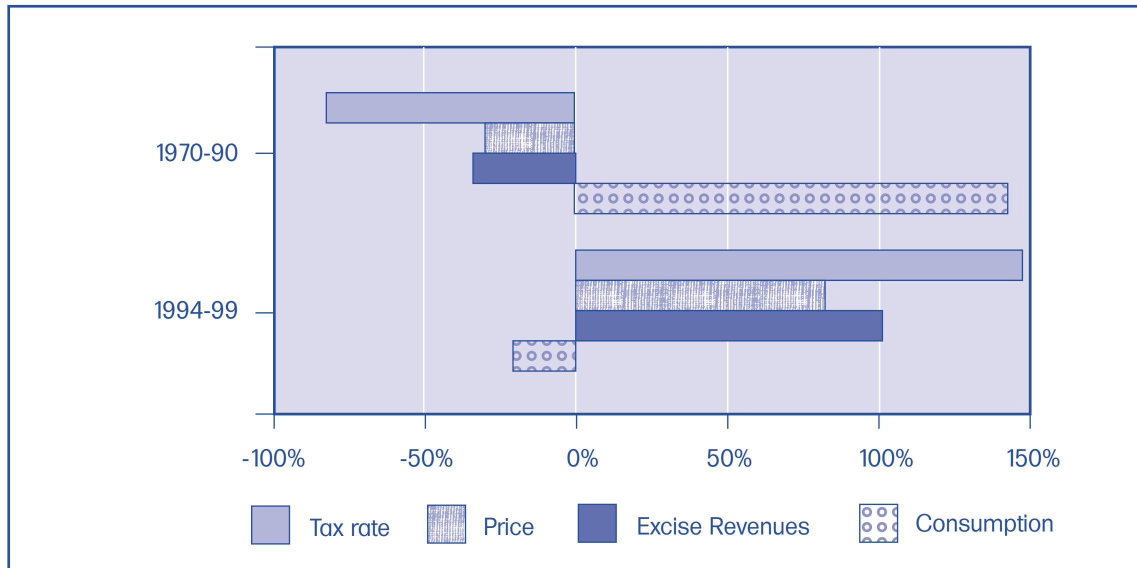
A basic law of economics states that the price of a commodity is the single largest short-term determinant of consumer demand for that product. Economists have consistently found that a fall in cigarette prices increases consumption and that price increases reduce consumption.

Tobacco taxes make up a large part of the retail price of tobacco products and so it is important to know how taxes are changing and the effects of this. If excise tax increases do not keep up with inflation, then prices may fall in real[b] terms and cigarette sales will increase. For example, between 1970 and 1990 there was an 82% fall in the real excise tax rate, accompanied by a 31% decrease in the retail cigarette price, while cigarette consumption increased by 139%. Not unexpectedly, real government excise revenues from cigarettes fell by 34%.

On the other hand, between 1994 and 1999, real excise taxes increased by 149%, real cigarette prices went up 81%, while consumption decreased by 21% and government revenues nearly doubled.

b To allow comparison of prices across different time periods, the 'real' price is calculated by adjusting the current price for inflation.

Figure 3: Changes in cigarette tax rate, price, excise revenues and consumption



In summary, tobacco tax and price changes are firm predictors of future smoking patterns. Since 1994, the State's fiscal policy has complemented its health policy, and achieved the double goal of not only promoting public health and saving lives but of increasing government revenues.

Moreover, making cigarettes less affordable is probably one of the best ways to ensure that children do not start smoking. Recent budgets have probably prevented more children from becoming addicted to cigarettes than the combined efforts of the medical profession.

Future Challenges

Key components of a comprehensive tobacco control policy have now been enacted in South Africa. There has already been a significant reduction in tobacco use and further progress can be expected once the regulations issued under the Tobacco Products Control Amendment Act No. 12 of 1999 come into effect.

The tobacco industry, however, has a remarkable capacity for adapting to legislative challenges and not only overcoming them but turning them to its advantage. Every effort to regulate has been met with attempts to evade. In South Africa, the industry overcame a ban on direct advertising of tobacco products on television by switching to sponsoring sports, so that sports stars became walking billboards for the industry.

The following still needs to be done:

- *Continued public education*. Although there is widespread general awareness that "smoking is bad" most people still grossly underestimate the real risks, perceiving tobacco to be less harmful than it really is. The public need to be provided with accurate, complete and relevant information on the health, economic and legal aspects of tobacco use. School-based programmes also need to be greatly strengthened.
- *Mobilising communities in support of the regulations*. It is necessary to build upon community support for tobacco control measures by creating mechanisms for the public to monitor, report and follow through on infringements of the law. Tobacco control laws are usually

self-policing but additional measures will be needed to increase compliance. Restrictions on smoking in public places, for instance, will require nonsmokers to stop being passive and become assertive of their right to clean air, if they are to be effective. Similarly, parents have a prime responsibility in ensuring that retailers do not sell cigarettes to their children.

- *Litigation.* Internal US tobacco industry documents reveal that the cigarette companies knew they were selling a defective product while publically denying that it was defective. The industry has belittled the health effects of smoking and addiction and even used fabricated science to dispute the truth. Litigation by individual smokers and by governments to recover tobacco attributable health costs is an important strategy - although unused in South Africa - to hold the industry accountable for its conduct. Unlike the US industry, the local industry has not yet come clean on what it knew about the harms of smoking, when it knew it, and what it did about it.
- *Research and monitoring.* To provide evidence-based support for tobacco control, on-going research will be required on consumer awareness and behaviour, and on the implementation and effectiveness of the legislation and its economic impact.
- *Supporting international tobacco control activities.* It would be a hollow victory if South Africa's success in reducing tobacco use resulted in the country exporting more cigarettes to neighbouring states. The government should take the lead in encouraging greater co-ordination and co-operation on tobacco control issues within the SADC region.

South Africa must also advocate for a rational, evidence-based, global treaty on tobacco control.

The WHO is currently negotiating its first public health treaty, the Framework Convention on Tobacco Control, which is expected to allow countries to share expertise, and to co-operate in dealing with national and international tobacco issues.