

# **Advocacy lessons applied to the waterpipe issue**

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# Disclaimers

- My own views, not necessarily FCA positions.
- I don't know much about waterpipe.
- I don't know as much as I should about the advocacy context in the Middle East.
- I hope I know something about advocacy.

## A reminder

- The EMR has suffered a rapid increase in tobacco consumption by women and children in recent years.
- The rise in female smokers can be attributed to the aggressive marketing employed by the tobacco industry, which has intentionally targeted women. For example, the use of shisha (tobacco smoked through a water pipe) is spreading more rapidly than ever among young women.

## FCA Message

Water-pipe products are, like other tobacco products, subject to the various demand- and supply-reduction measures of the FCTC. therefore, FCTC should be implemented on the water pipe also.



# Rules of advocacy (not just for NGOs!)

## *First Rule:*

***Choose a high-impact target with a reasonable chance of success***

- Counter-example #1: “Avoid inhaling” text message on cigarette packs.
- Counter-example #2: Specialized cessation clinic in low-income country.
- Counter-example #3: Complete ban on all tobacco products in country with 50% male smoking prevalence.

# Rules of advocacy (not just for NGOs!)

## ***Second Rule: Choose your opponents wisely***

- Counter-example #1: Running a campaign attacking smokers for being idiots or poisoning their family and friends.
- Counter-example #2: Publicly attacking the health minister for failing to act, when you know the problem is in the president's office.
- Counter-example #3: Propose an advertising ban for all unhealthy products, ensuring simultaneous opposition from many industries.

# Rules of advocacy (not just for NGOs!)

## ***Third Rule: Prepare to lose well***

- Most advocacy campaigns fail the first time round.
- A 'good' losing campaign shifts attitudes and prepares the ground for a victory later.
- Example: you push for an advertising ban, and the industry claims self-regulation is better and puts forward a formal marketing code. Document their violations!
- Counter-example: you push for a public smoking ban and face opposition from bar owners. You probably shouldn't attack them for promoting alcoholism.

# Rules of advocacy (not just for NGOs!)

## ***Fourth Rule: Evidence doesn't win (by itself)***

- Policy-makers don't sit around reading scientific journals. Like most citizens, they pay more attention to anecdotes and personal stories.
- In most countries, politicians are preoccupied by short-term crisis management, not tomorrow's abstract problems.
- Therefore, a key element in winning advocacy battles is to create a *personalized crisis*.
- <https://www.youtube.com/watch?v=4KPkpbU3G7k>



# Rules of advocacy (not just for NGOs!)

## ***Fifth Rule:***

***Regulation is not a goal in itself – it's a means to an end***

- Industry claims tobacco products are “heavily regulated”, implying that makes them safe/safer.
- EU Tobacco Products Directive has tar and nicotine limits, based on discredited ISO methods.
- Many things are illegal on paper, but rules not applied. Let's not add to the list!

# Applying rules of advocacy to waterpipe issues

## ***First Rule:***

***Choose a high-impact target with a reasonable chance of success***

- Cessation programmes for waterpipe users won't work if users don't think it's hazardous or addictive.
- Bans on smoking in public places won't work if second-hand smoke from waterpipes is not seen as dangerous.
- Warning labels not seen by users unlikely to work.
- Education campaigns directed at youth also not helpful. ("Too young to smoke" etc.)

# Applying rules of advocacy to waterpipe issues

## ***Second Rule: Choose your opponents wisely***

- Café owners have a significant interest in encouraging waterpipe use. (Or think they do.) Can they be beaten, for example in a debate about smoking bans?
- Advertising: is advertising by manufacturers or promotion by café owners the main vector?



# Applying rules of advocacy to waterpipe issues

## ***Third Rule: Prepare to lose well***

- Waterpipe use is clearly highly entrenched in many countries: a form of drug-taking that is perceived as largely harmless and important for social cohesion etc. Therefore, advocacy campaigns are likely to be unsuccessful the first time round.
- Important not to be stuck in the role of 'scold', insensitive foreigner, or fanatic trying to shut down small cafés etc.
- Best to lose on something that pits you against the industry/wealthy manufacturers?

# Applying rules of advocacy to waterpipe issues

## ***Fourth Rule: Evidence doesn't win (by itself)***

- Given misperceptions about risk of waterpipe, further evidence *is* really important.
- But people discount abstract risks from familiar things in their daily lives.
- Communication needs to focus on personalized risk (a waterpipe Heather Crowe?).

# Applying rules of advocacy to waterpipe issues

## ***Fifth Rule:***

***Regulation is not a goal in itself – it's a means  
to an end***

- Easy to spend *all* our energy on packaging, flavourings or ingredients/emissions disclosure.
- Manufacturers will mostly fight regulatory action on these points, so it may feel as if we've passed the 'scream' test.
- But would it be an efficient way to increase personalized awareness of risk, decrease adult use or prevent youth uptake?

# What about taxation?

## *Possible advantages:*

- You can start small and increase more when it's well established.
- General advantages of tobacco taxes (i.e. particularly effective at discouraging use amongst youth, poor).
- Enforcement can focus on manufacturers/wholesalers, not café owners.
- No banning involved – merely higher prices.
- As revenue goes up, Finance more interested in enforcement/regulation.

## What about taxation? (2)

### *Possible disadvantages:*

- Can't be done unless Finance can be convinced – not an easy lobbying target for health people.
- Easy to have fight exclusively on tobacco industry's turf – economic impact, alleged regressivity of tobacco taxes, risk of illicit trade.
- Doesn't necessarily close the knowledge gap about health risks (unless government can be convinced to present tax increases as a health measure).





# What does any of this have to do the FCTC?

*Global Strategy to Accelerate Tobacco Control, adopted at COP8:*  
Strategic Objective 1.1.

Give priority to enabling action to accelerate WHO FCTC implementation, including effective forms of technical and financial assistance to support Parties in the identified priority action areas

## Specific objectives

1.1.1. Parties develop, implement and regularly update comprehensive, costed national tobacco control strategies (WHO FCTC Article 5), focusing on multisectoral and cross-cutting policies and Articles most important in the national context.

## What does any of this have to do the FCTC? (cont.)

1.1.2. Parties implement price and tax measures (Article 6).

1.1.3. Parties implement time-bound measures (Articles 8, 11 and 13).



# What does any of this have to do the FCTC? (final)

In short:

- Parties have (re-)committed to a big reduction in prevalence by 2025 – which is tomorrow, in epidemiological terms.
- Parties have agreed to focus on having a comprehensive, whole-of-government approach (including Finance ministries).
- Article 6 (tax and price measures) is the first article mentioned in the strategic objectives – no accident!



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