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Stakeholder engagement in European health policy

A network analysis of the development
of the European Council Recommendation on smoke-free
environments

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Thesis submitted for the degree of PhD in Population Health Sciences

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Declaration

I, Heide Beatrix Weishaar, declare that the following thesis has been composed by me. The work is my own and has not been submitted for any other degree or professional qualification.

Date

Signature

Abstract

Background: With almost 80,000 Europeans estimated to die annually from the consequences of exposure to second-hand smoke (SHS) and over a quarter of all Europeans being exposed to the toxins of cigarette smoke at work on a daily basis, SHS is a major European public health problem. Smoke-free policies, i.e. policies which ban smoking in public places and workplaces, are an effective way to reduce exposure. Policy options to reduce public exposure to SHS were negotiated by European Union (EU) decision makers between 2006 and 2009, resulting in the European Council Recommendation on smoke-free environments. A variety of stakeholders communicated their interests prior to the adoption of the policy. This thesis aims to analyse the engagement and collaboration of organisational stakeholders in the development of the Council Recommendation on smoke-free environments.

Methods: The case study employs a mixed method approach to analyse data from policy documents, consultation submissions and qualitative interviews. Data from 176 consultation submissions serve as a basis to analyse the structure of the policy network using quantitative network analysis. In addition, data from these submissions, selected documents of relevance to the policy process and 35 in-depth interviews with European decision makers and stakeholders are thematically analysed to explore the content of the network and the engagement of and interaction between political actors.

Results: The analysis identified a sharply polarised network which was largely divided into two adversarial advocacy coalitions. The two coalitions took clearly opposing positions on the policy initiative, with one coalition supporting and the other opposing comprehensive European smoke-free policy. The Supporters' Alliance, although consisting of diverse stakeholders, including public health advocacy organisations, professional organisations, scientific institutions and pharmaceutical companies, was largely united by its members' desire to protect Europeans from the harms caused by SHS and campaign for comprehensive European tobacco control policy. Seemingly coordinated and guided by an informal group of key individuals, alliance members made strategic decisions to collaborate and build a strong, cohesive force against the tobacco industry. The Opponents' Alliance consisted almost exclusively of tobacco manufacturers' organisations which employed a strategy of damage limitation and other tactics, including challenging the scientific evidence,

critiquing the policy process and advancing discussions on harm reduction, to counter the development of effective tobacco control measures. The data show that the extent of tobacco company engagement was narrowed by the limited importance that industry representatives attached to opposing non-binding EU policy and by the companies' struggle to overcome low credibility and isolation.

Discussion: This study is the first that applies social network analysis to the investigation of EU public health policy and systematically analyses and graphically depicts a policy network in European tobacco control. The analysis corroborates literature which highlights the polarised nature of tobacco control policy and draws attention to the complex processes of information exchange, consensus-seeking and decision making which are integral to the development of European public health policy. The study identifies the European Union's limited competence as a key factor shaping stakeholder engagement at the European level and presents the Council Recommendation on smoke-free environments as an example of the European Commission's successful management of the policy process. An increased understanding of the policy network and the factors influencing the successful development of comprehensive European smoke-free policy can help to guide policymaking and public health advocacy in current European tobacco control debates and other areas of public health.

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Acronyms and abbreviations

| | |
|-----------|---|
| ACF: | Advocacy Coalition Framework |
| ARESP: | Associação da Restauração e Similares de Portugal |
| ASH: | Action on Smoking or Health |
| BASP: | Bureau for Action on Smoking Prevention |
| BAT: | British American Tobacco |
| BDA: | Confederation of German Employer Organisations/Bundesvereinigung der deutschen Arbeitgeberverbände |
| CAP: | Common Agricultural Policy |
| CECCM: | Confederation of European Community Cigarette Manufacturers |
| CEDT: | European Confederation of Tobacco Retailers |
| cf.: | compare |
| COP: | Conference of the Parties |
| COREPER: | Committee of Permanent Representatives |
| CRUK: | Cancer Research UK |
| DG: | Directorate General |
| DG EMPL: | European Commission Directorate General for Employment, Social Affairs and Inclusion |
| DG SANCO: | European Commission Directorate General for Health and Consumers |
| DG TAXUD: | European Commission Taxation and Customs Union |
| DKFZ: | German Cancer Research Centre |
| EACP: | Europe Against Cancer Programme |
| EATNP: | European Alliance For Technical Non-Smoker Protection |
| EC: | European Commission |
| ECJ: | European Court of Justice |
| ECL: | Association of European Cancer Leagues |
| ECMA: | European Cigar Manufacturers Association |
| EESC: | European Economic and Social Committee |
| EFFAT: | European Federation of Food, Agriculture and Tourism Trade Unions |
| e.g.: | for example |
| EHN: | European Heart Network |
| ENSP: | European Network for Smoking and Tobacco Prevention, formerly European Network for Smoking Prevention |

| | |
|---------------|--|
| ENQ: | European Network of Quitlines |
| ENVI: | European Parliament Committee on the Environment, Public Health and Food Safety |
| EP: | European Parliament |
| EPHA: | European Public Health Alliance |
| EPSA: | European Pharmaceutical Students' Association |
| ERS: | European Respiratory Society |
| ESTA: | European Smoking Tobacco Association |
| ESTOC: | European Smokeless Tobacco Council |
| etc. | et cetera |
| ETV: | European Tobacco Wholesalers Association |
| EU: | European Union |
| FCA: | Framework Convention Alliance |
| FCTC: | World Health Organisation Framework Convention on Tobacco Control |
| FOREST: | Freedom Organisation for the Right to Enjoy Smoking Tobacco |
| GITES: | Groupement des Industries Européennes du Tabac |
| GSP: | Global Smokefree Partnership |
| HORECA: | European Confederation of National Associations of Hotels, Restaurants, Cafés and Similar Establishments |
| HOTREC: | European trade association representing hotels, restaurants, cafés and similar establishments in Europe |
| IA: | Impact Assessment |
| IARC: | International Agency for Research on Cancer |
| INB: | International Negotiating Body |
| INWAT Europe: | International Network of Women Against Tobacco Europe |
| ISSG: | Inter-Service Steering Group |
| ISTC: | International Smokeless Tobacco Company Inc. |
| ITG: | Imperial Tobacco Group |
| ITPAC UK: | Imported Tobacco Products Advisory Council UK |
| JTI: | Japan Tobacco International |
| NGO: | Non-governmental organisation |
| PMI: | Philip Morris International |
| SFP: | Smokefree Partnership |

| | |
|---------|---|
| SHS: | Second-hand smoke |
| SLTA: | Scottish Licensed Trade Association |
| SNA: | Social Network Analysis |
| TAN: | Transnational Advocacy Network |
| TCS: | European Tobacco Control Scale |
| TMA: | Tobacco Manufacturers Association |
| TPD: | Tobacco Products Directive |
| UEAPME: | European Association of Craft, Small and Medium-Sized Enterprises |
| UK: | United Kingdom |
| WHO: | World Health Organization |

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1 Introduction

In October 2012, the world of European tobacco control policy was one of political intrigue. It was in the run up to the European Commission Directorate General for Health and Consumers (DG SANCO) releasing a proposal which would revise the European tobacco products directive (TPD). Constituting a key public health policy aimed at reducing the harms caused by tobacco across the European Union (EU), the TPD regulates the manufacture, presentation and sale of tobacco (European Union, 2001a). In autumn 2012, a decade after its adoption in 2001, it was undergoing review by DG SANCO. As suggestions for stronger tobacco products regulation were about to be published, John Dalli, then Commissioner of DG SANCO, was accused of knowing of the actions of a fellow Maltese, Silvio Zammit. Zammit had allegedly offered tobacco producer Swedish Match to make use of his contacts with Dalli to exert influence on the European policy process (European Voice, 2012). Following an inquiry by the EU's anti-fraud office OLAF, Dalli resigned from his post as Commissioner of DG SANCO on 16 October 2012 (European Voice, 2012). The Commissioner claimed that he had been forced out of office by European Commission (EC) President Manuel Barroso (Keating, 2012). Within 48 hours of Dalli's resignation, a number of Brussels offices of tobacco control and public health organisations were burgled (McKee, Belcher, & Kosinska, 2012). Allegedly, the thieves entered the office block through the roof, abseiled down the face of the building and entered the offices via the balconies. They then stole strategy papers and laptops which belonged to advocates who worked on the revision of the TPD (McKee, et al., 2012). The events reminded supporters of tobacco products regulation of tobacco industry efforts to counter the original directive and were considered to be part of an industry plot to remove one of the key supporters of European tobacco control and derail the policy proposal (Boseley, 2012).

While the case is yet to be resolved, it illustrates the highly politicised and contentious nature of tobacco control in EU politics and the potential value of investigating what goes on "behind the scenes" of Brussels policymaking. EU tobacco control policy has long been a controversial area in which stakeholders fight fiercely against each other and for the assertion of their interests (cf. Mandal et al., 2009; Neuman, Bitton, & Glantz, 2002). The above account highlights that the actions of those with an interest in EU tobacco control policy can considerably hamper the development of effective public health policy, frequently lack transparency and thus call for careful investigation. Aiming to understand the intricacies of negotiating EU tobacco control policy and the battles between different

stakeholders, this thesis uses the development of the EU Council Recommendation on smoke-free environments from 2006 until 2009 as a case study to investigate a European policy network. Combining quantitative and qualitative network analysis, it explores why actors with an interest in EU smoke-free policy engaged in the policy process, their positions on tobacco control and attitudes towards each other, their actions and interactions and the consequences of their involvement. By critically examining stakeholder engagement in the development of smoke-free policy, the study provides insight into the complexity of EU policymaking and contributes to broader debates on European governance in public health.

The following two chapters outline the background to the study. By critically reviewing the literature on the health effects of exposure to second-hand smoke (SHS) and the evidence on the effectiveness of smoke-free policies, chapter two demonstrates why SHS is a public health problem of political significance. Chapter three starts by presenting a historical outline of EU tobacco control policy and considering the role of the EU in public health. In order to provide an analytical framework for the research project, the chapter critically engages with concepts of stakeholder engagement, policy networks and political coalition-building. The final part of the chapter analyses previous literature on stakeholder engagement in tobacco control policy in order to highlight the relevance of related concepts for the topic of this thesis.

Chapter four summarises the main research questions, reflects on the strengths and challenges of choosing a case study approach, provides an introduction to the case of EU smoke-free policy and a synopsis of key events between 2006 and November 2009 and explains the aims and objectives of the study.

The reader is then introduced to social network analysis (SNA), the methodological approach used in the study. Chapter five assesses the two data sources (documentary data and semi-structured, narrative interviews) that were used in the study and the quantitative and qualitative methods that were employed to gain a comprehensive insight into the policy network in EU smoke-free policy. In order to give a detailed account of the quantitative network analysis, section 5.3 describes how the network was specified and data were collected, converted, analysed and graphically depicted. Split into two sections which focus on the analysis of documentary data and interview data, section 5.4 explains the qualitative network analysis. The chapter closes with reflections on the methodology used and on my value position as a public health researcher.

The three results chapters of the thesis (chapters six, seven and eight) present an analysis of the network of stakeholders involved in the development of the Council Recommendation on smoke-free environments. All chapters draw on both the quantitative analysis to analyse the structure of the policy network and on interview and documentary data to develop an in-depth insight into the content and the inner workings of the network. Chapter six maps and analyses the overall policy network, assesses the stark polarity between two distinct alliances, i.e. supporters of and opponents to comprehensive EU smoke-free policy, and elaborates on the reasons for the division. It also examines the position of decision makers within the network and controversies on stakeholdership and tobacco industry¹ engagement in EU smoke-free policy.

Reflecting the division of the overall policy network into those who supported and those who opposed the policy, the next two results chapters present a separate analysis for each group of actors. Chapter seven investigates and discusses the composition of the Supporters' Alliance, its position on EU smoke-free policy and collaboration and leadership among alliance members. Chapter eight examines the Opponents' Alliance, its attempts to counter the policy initiative and the role of tobacco industry representatives in the political debates.

While each results chapter includes a separate discussion, chapter nine provides an overall discussion of the findings. After summarising the main results, the chapter reflects on the strengths of the study and its contributions to methodological debates, tobacco control policy research and research on European tobacco control governance. The limitations of the project are also critically examined. Highlighting the relevance of the study for recent developments in EU tobacco control policy, the thesis closes by outlining implications for policy, advocacy and future research.

¹ According to the WHO's definition of the "tobacco industry" as including tobacco manufacturers, wholesale distributors and importers of tobacco products (World Health Organization, 2003, p. 4) and its call for FCTC article 5.3 to extend beyond the tobacco industry to "organizations and individuals that work to further the interests of the tobacco industry" (World Health Organization, 2009b, p. 4), this thesis uses the term "tobacco industry" to refer to the representatives of tobacco manufacturers, their trade associations, companies which rely on the consumption and sale of tobacco and any other organisations which, openly or covertly, advance the interests of these organisations.

2 Second-hand smoke – a public health issue of political significance

As the first of two chapters which outline the literature of relevance to the research project, this chapter sheds light on SHS as a topic of public health and political significance. Focusing on the epidemiological background to the study, the chapter starts by presenting the results of a literature review on the health effects of SHS and data about exposure to SHS in the EU. It then outlines the policy response to the problem and the ways in which smoke-free policies² can effectively reduce the health burden caused by SHS. By summarising the content of the guidelines for implementation of article 8 of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) on protection from exposure to tobacco smoke, the chapter introduces the reader to what can be considered as international best practice regarding smoke-free policy. It then provides an overview of smoke-free policies in Europe and reviews the evidence on the impact of, public support for, and compliance with smoke-free policies.

The literature that is drawn on in this chapter was mainly identified through a systematic review. Section 2.1, which presents data on the health effects of SHS and exposure to SHS in the EU, and the majority of section 2.2, which outlines the impact of smoke-free policies, are based on a systematic review which was undertaken between November 2009 and January 2010. The search terms “second hand smoke AND expos*”, “second-hand smoke AND expos*”, “SHS AND expos*”, “passive smok* AND expos*” and “environmental tobacco smoke AND expos*” were used to identify relevant studies on exposure to SHS in the workplace, public places and the home in the literature database Medline and in the search engine Google. 15 relevant studies were identified. Data were compiled on the date of the study, the study design, the sample size, the population studied, the location of the study, the measure of exposure to SHS and the degree of exposure. Through this process, a review by the International Agency for Research on Cancer (IARC) (International Agency for Research on Cancer of the World Health Organization, 2009) and the EC’s Eurobarometer surveys (Directorate General Health and Consumers, 2006, 2007a, 2009c) were identified as providing the most relevant information for the background chapter. Information from later Eurobarometer surveys (Directorate General Health and

²I use the term “policy” to refer to an objective, guiding principle or course of action that a government or governing body declares to achieve. While policies can be binding and non-binding, I use the term “legislation” when I clearly refer to binding policy.

Consumers, 2010b, 2012b) and a Cochrane review published in 2010 (Callinan, Clarke, Doherty, & Kelleher, 2010) were subsequently incorporated into the section on SHS. The IARC (International Agency for Research on Cancer of the World Health Organization, 2009) and Cochrane (Callinan, et al., 2010) reviews were further drawn on to summarise the literature on the health (section 2.2.3) and economic (section 2.2.4) impact of and compliance and public support (section 2.2.5) for smoke-free policies. Due to the changing nature of the topic and for lack of published, up-to-date literature on the current situation and coverage of smoke-free policies in the EU, section 2.2.2 largely draws on grey literature and data published on the EC's website (Directorate General Health and Consumers, 2010a), the Smokefree Partnership's (SFP) website (Smokefree Partnership, 2011) and the status report on article 8 published by the Global Smokefree Partnership (2010).

2.1 Second-hand smoke

While active smoking is the primary problem in tobacco control, over the last decades, increasing attention has been paid to the harm caused by SHS. If smoking is allowed in places where non-smokers have no choice whether to spend time or not, for example in workplaces or enclosed public places, non-smokers have no opportunity to avoid exposure to SHS. The issue of SHS thus adds a broader dimension to the tobacco control debate as it highlights that smoking impinges not only on the health of the smoker but also on the health of those who are – often involuntarily – exposed to someone else's smoke.

2.1.1 The health effects of second-hand smoke

SHS³ or “environmental tobacco smoke” (ETS), as it is sometimes called, is “the mixture of sidestream smoke released by the smouldering cigarette and the mainstream smoke that is exhaled by the smoker” (US Department of Health and Human Services, 2006, p.9). More than 50 carcinogens have been identified in SHS and its carcinogenicity has been proven in laboratory animals (US Department of Health and Human Services, 2006). Research has established that there is no risk-free level of exposure to SHS (US Department of Health and Human Services, 2006). Pollution levels in indoor places that allow smoking can reach levels

³ Throughout this thesis, the term “second-hand tobacco smoke” and its abbreviation SHS will be used. It is the term used in the World Health Organization Framework Convention on Tobacco Control (World Health Organization, 2003) and puts the focus on the non-smoker who is exposed to someone else's smoke (Chapman, 2003). In contrast to the term “environmental tobacco smoke”, a term which was coined and is commonly used by tobacco industry representatives, the term “second-hand smoke” is also perceived to better capture the involuntary nature of exposure (Chapman, 2003).

that are much higher than levels of other environmental toxins, including those deriving from cars and measured on busy roadways or in closed motor garages (World Health Organization, 2009a). Another problem is that SHS spreads across rooms even if doors are closed, is highly persistent and clings to rugs, curtains, hair, clothes and other material⁴ (World Health Organization, 2009a). Therefore, toxins can remain in a room for several months and even if the windows are opened or air ventilation is used (World Health Organization, 2009a).

Research indicating that SHS is harmful to health was first published in 1981 by Hirayama (1981) who investigated a sample of 90,000 Japanese non-smoking wives. He observed a dose-response relationship between exposure to SHS and lung cancer and reported that non-smoking wives of heavy smokers had a significantly higher risk of developing lung cancer and an increased likelihood of developing emphysema and asthma than non-smoking wives of occasional smokers or non-smokers (Hirayama, 1981). Three decades of research following Hirayama's study have provided convincing evidence of the serious harm that is associated with SHS and resulted in a review by the IARC which speaks of an "ever growing list of causal effects of SHS exposure" (International Agency for Research on Cancer of the World Health Organization, 2009, p. 58). Scientific reports by major health organisations, including the WHO (2009a, 2011), the US Surgeon General (2006) and the United Kingdom (UK) Scientific Committee on Tobacco and Health (2004), acknowledge that SHS is the cause of premature death and disease in adults and children who do not smoke.

In terms of physical harm caused by exposure to SHS in adults, evidence primarily points to effects on tumour-growth and the cardiovascular and respiratory system (US Department of Health and Human Services, 2006). With the risk of developing lung cancer being increased by 20-30% when living with a smoker, there is substantial evidence to infer a causal relationship between exposure to SHS and the disease among lifetime non-smokers (International Agency for Research on Cancer of the World Health Organization, 2002; McNeill, 2004; US Department of Health and Human Services, 2006). As a result, SHS has been classified by the IARC as carcinogenic to humans (International Agency for Research on Cancer of the World Health Organization, 2002). Sufficient evidence also exists to infer a causal relationship between exposure to SHS and an increased risk of morbidity and

⁴ The tobacco toxins that remain in materials have been referred to as "thirdhand smoke" (Winickoff et al., 2009).

mortality from coronary heart disease (McNeill, 2004; US Department of Health and Human Services, 2006). While not sufficient to infer a causal relationship, studies show associations between exposure to SHS and other cancers, cardiovascular, respiratory diseases, stroke, atherosclerosis, asthma, acute respiratory symptoms and allergic responses (Callinan, et al., 2010; US Department of Health and Human Services, 2006). Research suggests that the effect of even brief exposure to SHS on the cardiovascular system might be almost as large as the effects of continuous active smoking (Barnoya & Glantz, 2005). Exposure to SHS also appears to play a role in adult-onset asthma and can trigger an acute decline in lung function and a worsening of asthma control in asthmatics (US Department of Health and Human Services, 2006). Adults exposed to SHS are likely to complain about eye and nasal irritation (Callinan, et al., 2010).

Due to their small airways, lungs and increased frequency of breathing, children and young infants are particularly susceptible to SHS (Amos, Sanchez, Skar, & White, 2008). Research has shown that children who are exposed to SHS are at increased risk for sudden infant death syndrome, ear problems, more severe asthma and acute respiratory infections (McNeill, 2004; US Department of Health and Human Services, 2006; World Health Organization, 2009a). Exposure to SHS can further cause respiratory symptoms like cough, phlegm, wheeze and breathlessness, slows lung growth in children, seems to onset childhood asthma (US Department of Health and Human Services, 2006) and is associated with an increased likelihood of developmental disabilities and behavioural problems (World Health Organization, 2009a). A causal relationship has been concluded for maternal exposure to SHS during pregnancy and a small reduction in birth weight (Callinan, et al., 2010; McNeill, 2004; US Department of Health and Human Services, 2006; World Health Organization, 2009a). Women who are exposed to SHS during pregnancy are more likely to have preterm deliveries and children with persistent problems of lung function (McNeill, 2004; US Department of Health and Human Services, 2006; World Health Organization, 2009a). Evidence suggests that pre- and postnatal exposure to SHS can cause childhood cancer, including leukaemia, lymphomas and brain tumours (US Department of Health and Human Services, 2006).

Acknowledging that the burden of disease varies between populations due to different profiles of exposure to SHS and underlying rates of morbidity and mortality (International Agency for Research on Cancer of the World Health Organization, 2009), the WHO estimates that SHS exposure contributes to approximately 1% of the total global

disease burden (World Health Organization, 2009a). Exposure to SHS is associated with reduced health-related quality of life in people who have never smoked and estimated to cause about 600,000 premature deaths per year worldwide (Bridevaux et al., 2007). Assessing adult deaths from ischaemic heart disease, stroke, lung cancer and chronic pulmonary disease, Jamrozik (2006) concludes that exposure to SHS caused almost 20,000 deaths in non-smokers in the year 2002 in the then 25 EU member states (EU25), with the majority of deaths being caused by exposure to SHS in the home (Jamrozik, 2006). Jamrozik's (2006) calculations suggest that SHS exposure at home accounted for 16,600 deaths, whereas smoking at work caused 2,799 deaths of non-smokers. In order to account for the higher exposure of SHS among employees of the hospitality industry, Jamrozik (2006) separately estimates deaths from SHS exposure for this work sector and concludes that SHS killed 89 non-smoking hospitality employees. Jamrozik's figures are disputed due to the difficulties of estimating attributable deaths and have been criticised for being based on SHS exposure in only 25 EU member states and for being dated because a considerable number of member states have implemented smoke-free policies since their publication. They are, however, still widely cited in the scientific literature and referred to as a justification for smoke-free policies (Fathallah, Maurel-Donnarel, Baumstarck-Barrau, & Lehucher-Michel, 2012; Hyland et al., 2010; Origo & Lucifora, 2010).

2.1.2 Exposure to second-hand smoke in the EU

Information on the exposure of European citizens to SHS is patchy because comparable, comprehensive and up-to-date European data are difficult to obtain⁵ (Bogdanovica, Godfrey, McNeill, & Britton, 2010). The fact that no European survey exists which systematically and routinely collects data on exposure to SHS (Bogdanovica, et al., 2010) and that consecutive European surveys on tobacco often cover slightly different questions and topics (cf. Directorate General Health and Consumers, 2007a, 2009c, 2010b, 2012b) makes the assessment of trends in exposure to SHS in the EU difficult. Considering that exposure to SHS in the workplace and public places depends on a number of factors, including on the level of smoking restrictions (Callinan, et al., 2010; Directorate General Health and

⁵ The literature on exposure to SHS distinguishes between enclosed public places (e.g. shopping malls, public transport, restaurants, pubs and bars) and outdoor public places (e.g. outdoor seating areas, parks, playgrounds, beaches) (Chapman, 2007; Durham Regional Health Department, 2012; International Agency for Research on Cancer of the World Health Organization, 2009; Physicians for a Smoke-Free Canada, 2010). Given that almost all enclosed public places can be considered to be workplaces and almost no data are available on exposure to SHS in outdoor public places, the following section focuses on workplace exposure to SHS.

Consumers, 2009c; International Agency for Research on Cancer of the World Health Organization, 2009), reporting is complicated by the continuous introduction, implementation and reversal of smoke-free policies.

While such limitations make it difficult to estimate and measure exposure to SHS across the EU, the Eurobarometer surveys on tobacco, surveys coordinated by DG SANCO, apply identical survey methods across the EU and thus allow comparisons between EU member states. Given that the primary aim of the literature review is to understand public exposure to SHS among European citizens, the Eurobarometer surveys are used as a key data source for the following section. Data are primarily presented from three Eurobarometer surveys on tobacco, which were issued prior to 2010 (Directorate General Health and Consumers, 2006, 2007a, 2009c), and an additional two (Directorate General Health and Consumers, 2010b, 2012b), which were published during the course of this research project⁶. Where appropriate, the Eurobarometer data are complemented with data from individual studies.

2.1.2.1 Varying exposure across EU member states

Regarding exposure to SHS at work, recent data show that 28% of Europeans report at least occasional exposure (Directorate General Health and Consumers, 2012b). One of the most important points to note about exposure to SHS in workplaces and public places is that major differences exist between European countries (Directorate General Health and Consumers, 2012b) (figure 2.1). While, for example, 62% Romanian workers are at least occasionally exposed to SHS in their workplace, the same is true for only 7% of Swedish and 9% of British workers (Directorate General Health and Consumers, 2012b). Focusing on those who work in indoor workplaces and offices, who constitute the majority of European workers, national differences become apparent with the Irish being most likely to report to be never or almost never exposed to SHS (96%) and Greek workers being least likely to agree to the same statement (15%) (Directorate General Health and Consumers, 2007a). The Eurobarometer data are largely mirrored by national studies (Fong et al., 2006; Swedish National Institute of Public Health, 2007).

⁶ The most recent European-wide data on workplace exposure to SHS are provided in the Eurobarometer “Attitude of Europeans towards tobacco”, conducted by TNS Opinion & Social network and published by the EC in May 2012 (Directorate General Health and Consumers, 2012b). 26,751 respondents from 27 EU member states were interviewed face-to-face at home and in their mother tongue.

In addition to comparing overall occupational exposure, the 2009 Eurobarometer survey shows that substantial differences exist between EU member states regarding duration of exposure to SHS in the workplace (figure 2.1). With a 2009 EU average of 81% reporting to be never or hardly ever exposed to SHS at work, a great majority of citizens in Sweden (92%) and the UK (89%) report such low levels of exposure, while these figures are almost halved in Cyprus (55%) and Greece (41%) (Directorate General Health and Consumers, 2009c). Correspondingly, 29% of Greek respondents report to be exposed for more than five hours and proportions are also substantially higher than the EU average of 5% in Bulgaria (17%), Cyprus (15%) and Romania (13%).

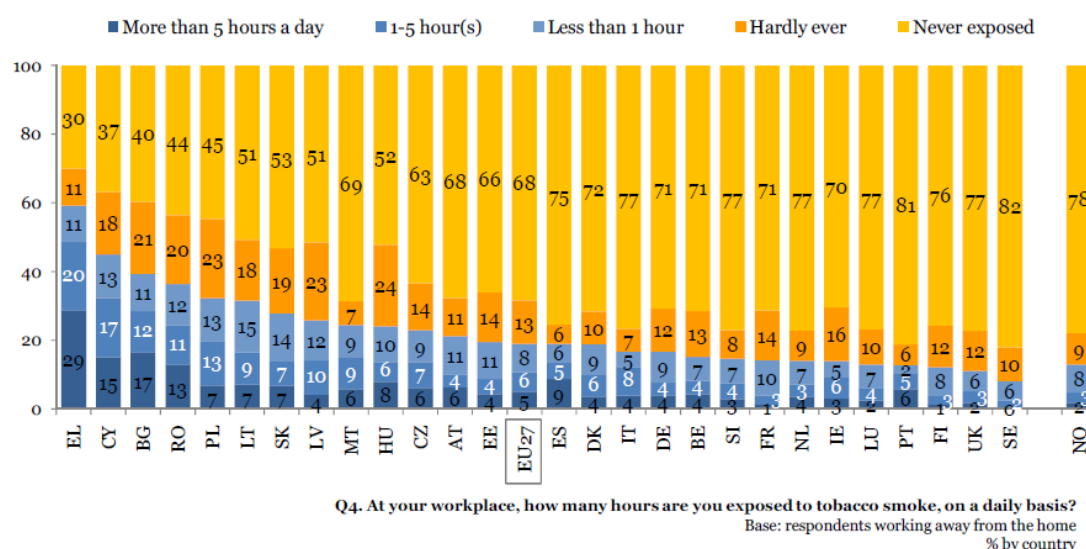


Figure 2.1: Daily duration and amount of exposure to SHS in the workplace, by EU member state
Data source: DG SANCO (2009c, p. 16)

Exposure to SHS in workplaces and public places is highly dependent on smoke-free policies and regulations that are in place in the respective member states (Directorate General Health and Consumers, 2009c; International Agency for Research on Cancer of the World Health Organization, 2009). A comparison of the 2009 Eurobarometer data about exposure to SHS in different EU member states (Directorate General Health and Consumers, 2009c) and the 2010 European Tobacco Control Scale (TCS), a regularly updated league table deriving from a survey and scoring system of tobacco control activity in 31 European countries constructed by Joossens and Raw (2011) shows a negative correlation between exposure to SHS in workplaces and public places and high TCS scores regarding smoke-free policies. While the

countries reporting the lowest exposure to SHS in the workplace, UK and Finland and Sweden (Directorate General Health and Consumers, 2009c), score relatively high on the TCS scale with regard to smoke-free policies (21, 17 and 15 out of 22, respectively), Bulgaria, Greece, Romania and Cyprus, the tail lights in the Eurobarometer survey, display low TCS scores (6, 7, 7 and 11 out of 22, respectively) (Joossens & Raw, 2011).

2.1.2.2 Exposure in different workplaces

The most comprehensive comparison of exposure to SHS in different workplaces was published in a special 2007 Eurobarometer survey (Directorate General Health and Consumers, 2007a). Investigating workers' exposure to SHS in different settings (indoor workplaces and offices; restaurants, pubs and bars; government facilities; healthcare facilities and education facilities), the survey reveals striking differences in exposure between different workplaces (Directorate General Health and Consumers, 2007a). Less than a quarter of those who work in education (13%), health care (19%) and government (22%) facilities declare that they were daily exposed to SHS at work, whereas the same is reported by almost three quarters (71%) of those working in restaurants, pubs and bars (figure 2.2) (Directorate General Health and Consumers, 2007a). EU citizens who work in indoor workplaces and offices are also considerably less likely to report daily exposure to SHS (33%) (Directorate General Health and Consumers, 2007a). Differences in exposure between different workplaces are confirmed by national data (Heloma & Jaakkola, 2003).

The 2007 Eurobarometer shows that two thirds of those who work in restaurants, pubs and bars are regularly exposed to SHS (Directorate General Health and Consumers, 2007a). The duration of exposure also appears to be considerably longer in the hospitality sector, with 33% reporting an exposure of over five hours (Directorate General Health and Consumers, 2007a). Long hours of SHS exposure (30-69 hours per week) among employees working in hospitality venues with no smoking policies are reported by Callinan et al. (2010).

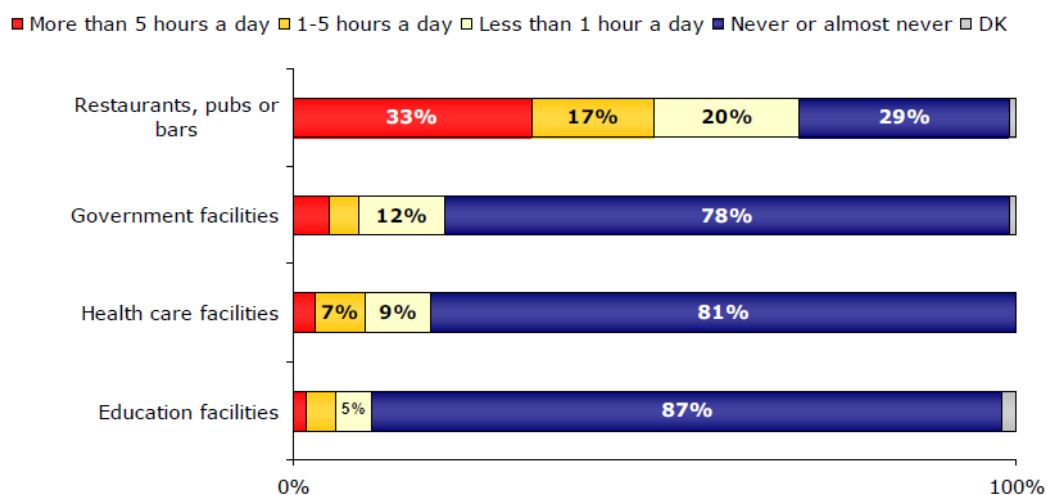


Figure 2.2: Daily duration and amount of exposure to SHS in the workplace, by workplace
Data source: DG SANCO (2007a, p. 26)

2.1.2.3 Socio-demographic differences in exposure

Regarding socio-demographic variables, studies find gender, age and socio-economic differences in exposure to SHS in the workplace. The 2012 Eurobarometer survey (Directorate General Health and Consumers, 2012b), which shows that women are less likely to be exposed to SHS at work than men, is confirmed by European (European Network for Smoking Prevention, 2001), German (Augustin, Metz, Heppekausen, & Kraus, 2005), Swedish (Swedish National Institute of Public Health, 2007) and UK (Office for National Statistics, 2007) statistics and by a 2005 study on working conditions in the EU (Burchell, Fagan, O'Brien, & Smith, 2007). Studies which indicate that women are more likely to be exposed to SHS at home suggest that the picture might be reversed with regard to SHS at home (Directorate General Health and Consumers, 2009c; Nebot et al., 2004; Twose, Schiaffino, García, Borrás, & Fernández, 2007).

Several studies, including the 2012 Eurobarometer (Directorate General Health and Consumers, 2012b), German (Deutsches Krebsforschungszentrum, 2006), Swedish (Swedish National Institute of Public Health, 2007) and Spanish (Twose, et al., 2007) surveys, find that young people are particularly likely to be exposed to SHS, with the latter suggesting that young Spaniards tend to be exposed to SHS for longer periods during leisure time.

The Eurobarometer surveys (Directorate General Health and Consumers, 2009c, 2012b) indicate that manual workers are most likely to be exposed to SHS at work, with exposure of manual workers (31%) being almost double in comparison to exposure of the

self-employed (18%) and employees (16%) (Directorate General Health and Consumers, 2009c). UK surveys report that workers of lower socio-economic status are less likely to be protected from SHS (British Medical Association, 2002; Office for National Statistics, 2007). Finally, smokers are more likely to be exposed to SHS at work than non-smokers (Directorate General Health and Consumers, 2012b). Overall, studies on socio-demographic differences in exposure to SHS suggest that those with the highest risk are men, young people, manual workers and those of low socio-economic status.

2.2 Responding to the problem: smoke-free policies

The literature provides unanimous evidence that policies which comprehensively ban smoking in workplaces and public places are effective means to protect workers and citizens from SHS (Callinan, et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009). Comprehensive policies reduce exposure to SHS (Callinan, et al., 2010; Fong, et al., 2006; Galán et al., 2007; International Agency for Research on Cancer of the World Health Organization, 2009; Mulcahy, Evans, Hammond, Repace, & Byrne, 2005), increase the health of populations (Callinan, et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009) and contribute to reducing health inequalities (Amos et al., 2011; Hopkins et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009). Smoke-free policies⁷ can be implemented at local, federal, national or, for example in the case of the EU, supranational level.

2.2.1 FCTC article 8 on protection from exposure to tobacco smoke

The Council Recommendation on smoke-free environments recommends that EU member states implement policies according to FCTC article 8, reiterates the article's wording and explicitly mentions that the guidelines for implementation of the article should guide the development of respective policies (Council of the European Union, 2009b). The reference to FCTC article 8 and acknowledgement of the legal obligation as a party to the FCTC⁸ to implement the guidelines, which is evident in the policy document (Council of the European Union, 2009b), emphasises that political decision makers drew on the FCTC when

⁷ Throughout this thesis, the terms "smoke-free policy/policies" will be used to refer to policies that aim at preventing people from exposure to SHS. In order to distinguish between different degrees of smoking restrictions, I distinguish between comprehensive and partial policies.

⁸ A party to the FCTC is a country or other political entity that has ratified or acceded to the treaty and is bound by it.

negotiating EU smoke-free policy. The following section provides a brief summary of the treaty and FCTC article 8.

The FCTC, the first global health treaty negotiated under the auspices of the WHO, was developed in response to the globalisation of the tobacco epidemic and the “explosive increase in tobacco use” (World Health Organization, 2003, p. V), which was seen as demanding action at the global level. Covering all areas of tobacco control and comprising measures to reduce both the demand for and the supply of tobacco, the FCTC represents the most significant tobacco control initiative of the last decade and an unparalleled example and remarkable achievement of global health governance (Collin & Lee, 2003; Collin & Lee, 2009). Initiated in 1999 and being negotiated for over four years, the FCTC was unanimously adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005 (World Health Organization, 2003). The EU emerged as an important negotiating partner in the course of the FCTC process (Faid & Gleicher, 2011). EU representatives were among the first to sign the FCTC on 16 June 2003 and subsequently ratified the treaty on 30 June 2005. The EU’s significance in the development of the FCTC is reflected in its exceptional status as the only signatory to the FCTC which is not a nation state (Faid & Gleicher, 2011). Like the EU, all EU member states have now ratified the treaty and are thus parties to the FCTC, which means that they agree to “develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with [the] convention and the protocols” (World Health Organization, 2003, p. 7).

FCTC article 8, one of 38 articles of the FCTC, advises parties to the treaty “to adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures” which increase protection from exposure to SHS (World Health Organization, 2009b, p. 8). The guidelines for implementation of FCTC article 8, which were adopted by the second Conference of the Parties (COP2) in Bangkok, Thailand, on 6 July 2007, were designed to identify the key elements of legislation necessary to effectively protect people from SHS and assist parties in meeting their obligations under article 8 of the convention (World Health Organization, 2009b). Drawing on the scientific evidence and best practice worldwide, the guidelines suggest that implementation of FCTC article 8 should follow seven principles (table 2.1) (World Health Organization, 2009b).

Table 2.1: Principles underlying protection from SHS to guide the implementation of FCTC article 8

| Principles | Content |
|---|--|
| 1: 100% Smoke-free environments | The parties to the FCTC are obliged to provide universal protection from SHS. Engineering approaches provide no viable alternatives and legislation has to be comprehensively implemented in all indoor workplaces and public places, including public transport. |
| 2: All people should be protected | All people should be protected through smoke-free policies in all indoor workplaces and public places. |
| 3: Legislation is necessary | Legislation is necessary and voluntary smoke-free policies are not effective. |
| 4: Good planning and resources are needed | Careful planning and resources are of crucial importance in the implementation and enforcement of smoke-free policies. Effective smoke-free legislation needs to impose legal responsibilities for compliance, provide penalties for violations and clearly identify the actions that the person in charge of the premises is required to take to enforce the law. Enforcement activities in the period immediately following the law's coming into force are critical to its success. The effectiveness of enforcement and monitoring is enhanced by community involvement. |
| 5: Role of civil society | Civil society has a central role in building support for and ensuring compliance with smoke-free policies and should be included when legislation is developed, implemented and enforced. Public awareness and support for smoke-free legislation is crucially important. Information campaigns among major stakeholders need to be implemented as flanking measures of smoke-free policies in order to disseminate key messages. |
| 6: Monitoring and evaluation | Continuous monitoring and evaluation measures are needed to increase political support, document successes and identify the efforts made by the tobacco industry to undermine implementation. |
| 7: Strengthening and expansion | If necessary, citizen protection from exposure to SHS should be expanded and strengthened beyond the scope of the guidelines. |

Data source: WHO (2009b)

2.2.2 Coverage of smoke-free policies

The 2011 MPOWER report⁹, which gives an overview of protection from SHS worldwide and assesses the implementation of smoke-free policies, states that 31 countries worldwide and 11% of the global population are covered by comprehensive national smoke-free laws (World Health Organization, 2011). Eurobarometer data show that two-thirds of all Europeans working in indoor workplaces report comprehensive smoke-free policies in their workplace and 17% say that smoking is only allowed in designated smoking rooms (Directorate General Health and Consumers, 2009c). Almost one fifth, on the other hand, report that there are no (8%) or only weak restrictions (9%) on smoking in their workplace (Directorate General Health and Consumers, 2009c). A 2009 WHO report evaluating

⁹ The MPOWER report is a WHO report on the status of global tobacco control policy implementation (World Health Organization, 2011).

protection from SHS highlights that smoke-free policies are inconsistently implemented across the EU, with member states having policies in all, some or none of the settings assessed¹⁰ (World Health Organization, 2009a). Eurobarometer data confirm that substantial differences exist between EU member states regarding smoke-free workplace policies. According to a 2009 survey, smoking seems to be most restricted in UK, French and Swedish workplaces (where more than 80% report that smoking is forbidden) and least restricted in Greece, Bulgaria and Lithuania (where 20%, 34% and 35%, respectively, agree to this statement) (Directorate General Health and Consumers, 2009c). The EC website reports that Ireland, the UK, Greece, Spain and Hungary have the strongest smoke-free legislation of all EU member states (Directorate General for Health and Consumers, 2013b). In contrast, the Association of European Cancer Leagues' (ECL) 2011 update of the TCS (Joossens & Raw, 2011), which compares tobacco control policies across 27 EU member states, Switzerland, Iceland, Norway and Turkey, reports that the UK and Ireland rank highest and Bulgaria and Hungary lowest with regard to protection from SHS. Differences between these reports might be due to differing rigour regarding enforcement in EU member states (World Health Organization, 2009a) and the fact that the TCS takes enforcement into account, whereas the European website does not account for the implementation of policies. Figure 2.3 provides a graphical illustration of smoke-free policies in EU member states.

¹⁰ The following eight settings were assessed by the report: health-care facilities, educational facilities other than universities, universities, government facilities, indoor offices, restaurants, pubs and bars and public transport (World Health Organization, 2009a).



Figure 2.3: Smoke-free policies in Europe, 2012

- 100% in accordance with Article 8. No exemptions.
- Closely in line with Article 8. Smoking rooms allowed but only under strict criteria.
- Does not provide 100% protection against the harmful effects of SHS due to exemptions allowed.
- Workers unprotected.

Data source: Smokefree Partnership¹¹

Information about smoke-free policies in Europe goes rapidly out of date. Mirroring recent increases in smoke-free policies worldwide (World Health Organization, 2011), the last decade has seen rapid progress on respective policies in the EU, with Ireland becoming the first European country to go completely smoke-free in March 2004 and several other countries following its example in subsequent years (Directorate General Health and Consumers, 2010a; Global Smokefree Partnership, 2009a). Appendix I provides a chronological timeline and figure 2.4 graphically illustrates the development of smoke-free policies across the EU.

¹¹ The map was kindly provided by Florence Berteletti-Kemp, director of the Smokefree Partnership.

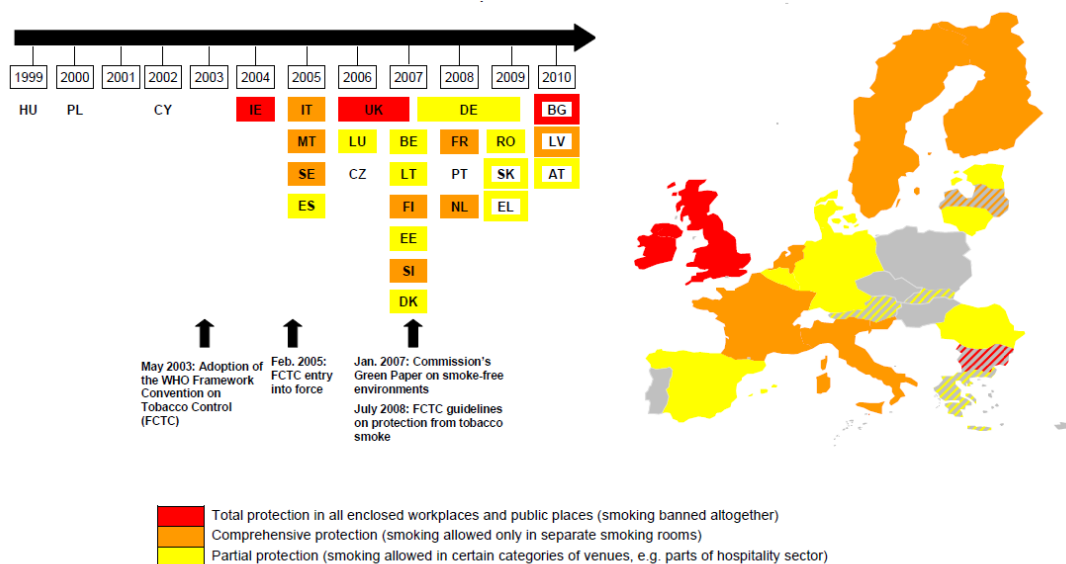


Figure 2.4: Implementation of smoke-free policies in Europe, 2009
Data source: DG SANCO (2009)

2.2.3 Health impact of smoke-free policies

Not least as a result of the continuous adoption and evaluation of smoke-free policies, evidence about the effects of respective policies has increased considerably over the last decade. The health impact of smoke-free policies is assessed in several ways. Given that the primary goal of smoke-free policies is to reduce the harm that non-smokers are exposed to as a result of other people smoking, it seems most logical to measure exposure as an immediate outcome. It is further assumed that smoke-free policies have an impact on overall tobacco consumption which means that active smoking rates serve as indirect outcome measures. Ultimately, effects on population health are assumed to result from decreased exposure to SHS and lower tobacco consumption. To account for immediate and more distant outcome measures, the following section first outlines evidence on the reductions in exposure to SHS, then evidence on changes in smoking behaviour and finally, evidence on effects on population health. The evidence presented below is taken from a number of literature reviews (Fichtenberg & Glantz, 2002; Hopkins, et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009), including a systematic review published by the Cochrane Collaboration in 2010 (Callinan, et al., 2010). The latter assesses studies which analyse the health impact of comprehensive or partial smoking policies implemented as a result of legislation at the national, state or community level (Callinan, et al., 2010).

Primary studies are only drawn on to compare the reviews with recent data not included in the reviews or to illustrate some of the points highlighted in the reviews.

2.2.3.1 Impact on exposure to second-hand smoke

Several methods have been developed to accurately assess exposure to SHS. Atmospheric markers, including airborne particulate matter, are often used to measure the level of SHS in particular settings (International Agency for Research on Cancer of the World Health Organization, 2009), whereas biomarkers that are used to detect smoking in smokers, including salivary, urinary and serum cotinine concentrations, can be used to assess exposure to SHS in non-smokers (International Agency for Research on Cancer of the World Health Organization, 2009). Finally, self-reported questionnaires can provide information about perceived exposure to SHS (International Agency for Research on Cancer of the World Health Organization, 2009).

Usually, studies assessing the impact of legislation on SHS exposure use cross-sectional study designs with population samples drawn before and after the implementation of legislation (International Agency for Research on Cancer of the World Health Organization, 2009). The major pitfall of such studies is the lack of allowance for time trends which means that these studies do not account for the potential impact of other tobacco control measures which might decrease exposure to SHS (International Agency for Research on Cancer of the World Health Organization, 2009). Despite these shortcomings, the evidence conclusively shows that the introduction of comprehensive legislation banning smoking has been associated with a substantial reduction in SHS exposure (Callinan, et al., 2010; Fong, et al., 2006; Galán, et al., 2007; International Agency for Research on Cancer of the World Health Organization, 2009; Mulcahy, et al., 2005). Studies show that comprehensive smoke-free policies are more effective in reducing exposure to SHS than partial policies and that partial restrictions provide, at best, partial protection from SHS (Cains, Cannata, Poulos, Ferson, & Stewart, 2004; Pickett, Schober, Brody, Curtin, & Giovino, 2006; World Health Organization, 2008b). Because of the extent of the changes and the consistency across different jurisdictions and populations, it is unlikely that findings are a result of chance or error (International Agency for Research on Cancer of the World Health Organization, 2009). While, due to the relatively recent introduction of comprehensive smoke-free policies, studies assessing the long-term effects of smoke-free policies are rare, follow-up data from California 10 years after the implementation of comprehensive smoke-

free legislation suggest that early, large reductions in exposure can be maintained (International Agency for Research on Cancer of the World Health Organization, 2009).

The majority of studies reporting reductions in SHS exposure after the introduction of smoke-free policies focus on exposure of workers in the hospitality sector (Callinan, et al., 2010). Reviews (International Agency for Research on Cancer of the World Health Organization, 2009; Ludbrook, Bird, & van Teijlingen, 2005) and individual studies from Canada (Bondy et al., 2009) and Ireland (Allwright et al., 2005) on SHS exposure in high-risk settings like bars, pubs and restaurants show that reductions reach 80-90% after the implementation of comprehensive smoke-free legislation. Given that pre-legislation exposure of hospitality workers is likely to be particularly high, decreases among this workforce might be particularly high and cannot be extrapolated to the general population or other workers. However, national evaluation studies show considerable reductions in exposure to SHS in other workplaces (Fong, et al., 2006; Galán, et al., 2007) and at the population level (Haw & Gruer, 2007).

While studies show that smoking restrictions in public places and workplaces have a considerable impact on occupational SHS exposure, they illustrate that allegedly comprehensive workplace policies are not able to totally prevent exposure to SHS (International Agency for Research on Cancer of the World Health Organization, 2009). Reasons for this might be that even comprehensive policies are not applied to all workplaces but often exempt prisons, long-term care establishments or specific hospitality venues (International Agency for Research on Cancer of the World Health Organization, 2009). Residual exposure could also be a result of insufficient implementation and enforcement or of SHS seeping from around the boundaries of a venue, designated smoking areas, doorways or patios (International Agency for Research on Cancer of the World Health Organization, 2009). Contrary to claims of opponents that smoke-free policies in public places increase exposure to SHS in private spaces (Harrison & Hurst, 2005), studies provide convincing evidence that workplace policies do not lead to increased exposure in the home (Callinan, et al., 2010; Fong, et al., 2006; Galán, et al., 2007; Haw & Gruer, 2007; International Agency for Research on Cancer of the World Health Organization, 2009; U.; Mons et al., 2012; Phillips, Amos, Ritchie, Cunningham-Burley, & Martin, 2007).

2.2.3.2 Impact on smoking behaviour and quit attempts

One of the reasons why exposure to SHS at home seems to be strongly correlated to exposure in the workplace (Directorate General Health and Consumers, 2009c) might be that smoke-free policies serve as a trigger to stop or cut down on smoking (Hackshaw, McEwen, West, & Bauld, 2010; International Agency for Research on Cancer of the World Health Organization, 2009; Mackay, Haw, & Pell, 2011; Szatkowski, Coleman, McNeill, & Lewis, 2011). While it needs to be acknowledged that a multitude of methodological problems makes the analysis of the impact of smoke-free policies on smoking behaviour and quit attempts difficult¹² (International Agency for Research on Cancer of the World Health Organization, 2009), a 2010 Cochrane review indicates that comprehensive smoke-free policies correlate with a drop in average consumption of tobacco (Callinan, et al., 2010). A systematic IARC review, which assesses the impact of workplace policies on smoking behaviour, concludes that smoke-free workplaces lead to a reduction of daily cigarette consumption (International Agency for Research on Cancer of the World Health Organization, 2009). A 2011 study by Bajoga and colleagues (2011), which analyses population-level smoking prevalence in 21 jurisdictions that implemented comprehensive smoke-free legislation, however, shows that the introduction of smoke-free policies had no measureable impact on existing trends in smoking prevalence in the majority of jurisdictions.

Some evidence suggests that reduced consumption in the short term can lead to increased cessation in the long term and that once quit, ex-smokers might find it easier to remain abstinent in a smoke-free environment (International Agency for Research on Cancer of the World Health Organization, 2009). A 2010 systematic review by Hopkins et al. (2010) analysing American and Canadian data conclude that smoke-free policies are associated

¹² Most importantly, the use of different study designs and methods to define smoking behaviour and categorise the degree of smoking restrictions makes comparison difficult (International Agency for Research on Cancer of the World Health Organization, 2009). Given that smoking behaviour changes constantly, control groups or multiple observation points before, during and after implementation are needed to conclude that observed changes are not due to population trends but can be attributed to the implementation of smoke-free policies (International Agency for Research on Cancer of the World Health Organization, 2009). Single cross-sectional surveys cannot establish causality but can only identify associations (International Agency for Research on Cancer of the World Health Organization, 2009). Cohort studies, which are aimed at comparing smoking among a specific cohort before and after the implementation of a law can also be problematic if those lost to follow-up differ in important aspects (e.g. are more likely to quit smoking or switch to a workplace where smoking is not restricted) from the group that is successfully followed up (International Agency for Research on Cancer of the World Health Organization, 2009). Finally, if smoke-free policies are implemented simultaneously with other tobacco control measures, changes in smoking behaviour cannot clearly be attributed to the smoke-free policy (International Agency for Research on Cancer of the World Health Organization, 2009).

with significant changes both in tobacco use and cessation. Increased quit attempts are confirmed by evaluations of England's (Hackshaw, et al., 2010; Szatkowski, et al., 2011) and Scotland's (Mackay, et al., 2011) smoke-free legislation which find a significant temporary increase in the percentage of smokers attempting to stop prior to and immediately after the introduction of the law.

Capitalising on the fact that different federal states implemented different levels of smoking policies, a study published by the German Institute for Economic Research finds larger reductions in tobacco consumption in states that enacted stricter policies (Anger, Kvasnicka, & Siedler, 2010). Proportionate effects of different levels of smoking restrictions on smoking behaviour are also confirmed by a literature review published by the IARC (International Agency for Research on Cancer of the World Health Organization, 2009).

While the data presented above indicate that the evidence regarding the impact of smoke-free policies on smoking prevalence is suggestive of reductions in tobacco consumption, a lack of insight into the causality of the process needs to be acknowledged (International Agency for Research on Cancer of the World Health Organization, 2009). It might be that workers who are not able to smoke whenever and wherever they want have less opportunities to smoke, experience less cues to smoke by others smoking and are thus less inclined to smoke (International Agency for Research on Cancer of the World Health Organization, 2009). Smoke-free policies are assumed to help de-normalise tobacco by communicating the idea that smoking is not acceptable in the presence of non-smokers and changing the image of smokers and might therefore stimulate thoughts and intentions about quitting (International Agency for Research on Cancer of the World Health Organization, 2009). Finally, given that pubs, bars and clubs are places where a major part of adolescents socialise, comprehensive policies might hinder smoking initiation and transition from experimental or intermittent smoking to daily smoking (Bajoga, et al., 2011; International Agency for Research on Cancer of the World Health Organization, 2009).

2.2.3.3 Impact on population health

Several studies and two systematic reviews (Callinan, et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009) have assessed the impact of smoke-free policies on population health, including respiratory symptoms and acute cardiovascular disease. Respective studies have several limitations including small sample sizes, samples being drawn from a limited number of locations, seasonal influences, high

attrition rates and a lack of control groups (International Agency for Research on Cancer of the World Health Organization, 2009). They are, however, the most appropriate way of measuring the impact on population health because respiratory and cardiovascular effects from smoking are largely reversible and because of the causal relationship between smoking and these conditions and the short time lag between exposure to SHS and onset of symptoms (International Agency for Research on Cancer of the World Health Organization, 2009).

In terms of respiratory health, there is a growing body of evidence that smoke-free policies have short-term benefits for hospitality employees (International Agency for Research on Cancer of the World Health Organization, 2009). According to a 2010 Cochrane review, the majority of studies report a significant reduction in respiratory symptoms, including cough, phlegm, wheezing and dyspnoea (Callinan, et al., 2010). Regarding the impact on cardiovascular health, the large majority of studies finds an immediate positive impact of smoke-free policies, marked by a uniform decrease of hospital admissions for acute myocardial infarction (Callinan, et al., 2010). Large studies from EU member states (Italy (Barone-Adesi, Vizzini, Merletti, & Richiardi, 2006; Cesaroni et al., 2008), Scotland (Pell et al., 2008) and England (Sims, Maxwell, Bauld, & Gilmore, 2010)) report medium to small decreases in myocardial infarction and acute coronary heart events. The differences between studies are likely to be due to a number of variables, including differences in study design, included symptoms and diseases, lengths of follow-up, co-existent tobacco control policies and levels of exposure to SHS prior to legislation (International Agency for Research on Cancer of the World Health Organization, 2009; Sims, et al., 2010). While reliance on routine data, inconsistencies in case definition and lack of information about the patients' smoking status and exposure to SHS make the attribution of hospital admissions to exposure to SHS difficult (International Agency for Research on Cancer of the World Health Organization, 2009), the available evidence suggests that the introduction of smoke-free legislation considerably reduces hospital admissions for acute cardiovascular symptoms. An IARC review concludes that comprehensive smoke-free policies can result in reductions of 10% to 20% in hospital admissions for acute coronary events (International Agency for Research on Cancer of the World Health Organization, 2009).

2.2.4 Economic impact of smoke-free policies

A variety of potential costs and benefits have to be taken into account when assessing the economic impact of smoke-free policies. Certain costs (e.g. insurance costs) and benefits (e.g. increased productivity and reduced absenteeism) have been calculated (Ludbrook, et al., 2005), but the scientific evidence base for other effects (e.g. costs for increased litter, lost productivity due to increased or longer smoking breaks for smoking employees, loss in alcohol sales) is sparse. The problem of economic evaluation studies is that estimates of economic effectiveness are based on several assumptions and on extrapolations from secondary data (Hopkins, et al., 2010).

While opponents claim that comprehensive smoke-free policies have detrimental economic effects (Global Smokefree Partnership, 2009a), such arguments have not been confirmed by economic evaluation studies. More than 160 studies and a number of systematic reviews (International Agency for Research on Cancer of the World Health Organization, 2009; Scollo, Lal, Hyland, & Glantz, 2003) provide plenty of evidence from various jurisdictions about the economic impact of smoke-free policies. Evidence suggests that smoke-free environments and workplaces are easy and cheap to implement and enforce, are cost-effective and have no negative impact on businesses but provide substantial savings to the employer (Hopkins, et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009; World Health Organization, 2009a). Due to costs for maintaining designated smoking areas, the remaining exposure and the greater need for enforcement of partial restrictions, the cost-effectiveness of partial restrictions is reported to be lower than that of comprehensive policies (International Agency for Research on Cancer of the World Health Organization, 2009).

One of the major arguments brought forward by opponents of comprehensive smoke-free policies concerns their economic impact on the tourist and hospitality sector (Dearlove, Bialous, & Glantz, 2002; Global Smokefree Partnership, 2009a). It has been argued that smoking patrons will relocate to other venues where smoking is allowed, cut their visits short or stay at home altogether (International Agency for Research on Cancer of the World Health Organization, 2009). A review published by the IARC assesses the economic impact of smoke-free policies on the hospitality sector (International Agency for Research on Cancer of the World Health Organization, 2009). The overwhelming majority of studies reports that smoke-free policies have no negative economic impact on restaurants, bars and other segments of the hospitality industry with many studies providing evidence that there might

be a small positive effect (International Agency for Research on Cancer of the World Health Organization, 2009). Studies that do not meet the criteria for methodologically sound evaluations, on the other hand, are mixed in their findings (International Agency for Research on Cancer of the World Health Organization, 2009). Scollo et al. (2003), who review the quality of studies on the economic effects of smoke-free policies on the hospitality industry, come to the conclusion that well-designed studies report no or a positive impact and that studies which detect a negative impact of smoke-free policies are often financially supported by the tobacco industry (94% of the tobacco industry-funded studies concluded a negative economic impact compared to none of the studies that did not receive industry funding). The reviewed evidence thus clearly point towards no adverse, and maybe even slight positive, economic effects of smoke-free policies on the hospitality industry.

2.2.5 Compliance and public support

European data show that compliance levels with smoking regulations are moderate to high and particularly high when comprehensive policies are implemented (World Health Organization, 2009a) and public education campaigns accompany the introduction of legislation (International Agency for Research on Cancer of the World Health Organization, 2009). Research from New York, Ireland, Norway and New Zealand shows high compliance, with 94% to 97% of all venues enforcing smoke-free policies (figure 2.5) (Jones & Muller, 2006).

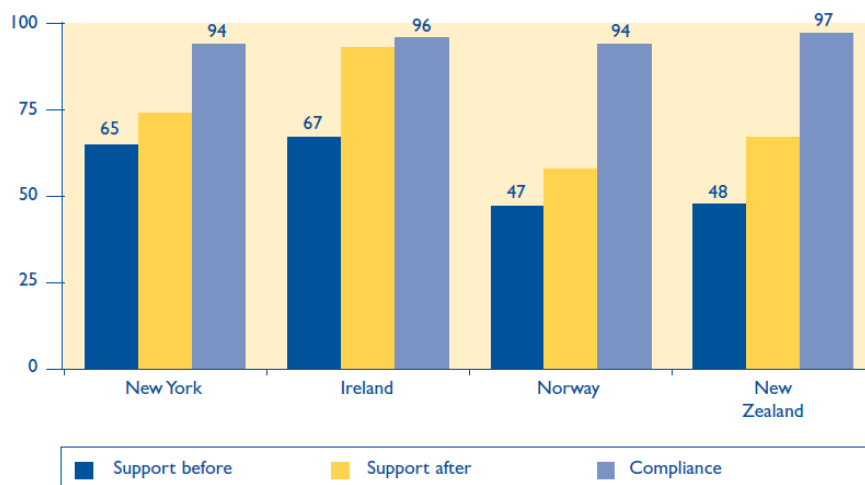


Figure 2.5: Support and compliance for smoke-free policies in New York, Ireland, Norway and New Zealand

Data source: Jones and Muller (2006, p. 99)

Public attitudes and support have been identified as key factors for the adoption, enforcement and success of smoke-free policies and for future policy development (International Agency for Research on Cancer of the World Health Organization, 2009; Jones & Muller, 2006). Although surveys and polls which assess support for smoke-free policies across Europe differ in scope, wording and style (Jones & Muller, 2006), the literature consistently shows that support for comprehensive smoke-free policies and restricting smoking in public places is high across the EU (Directorate General Health and Consumers, 2009c). An IARC review comes to the conclusion that the majority of citizens supports smoke-free workplaces, smoke-free hospitality settings and smoke-free policies in various other settings (International Agency for Research on Cancer of the World Health Organization, 2009). Data on different segments of the population reveal that public support for smoke-free policies is consistently higher among non-smokers (Callinan, et al., 2010; Directorate General Health and Consumers, 2009c; Lazuras et al., 2009), women (Directorate General Health and Consumers, 2009c), older respondents (Directorate General Health and Consumers, 2009c), those living in urban areas (Directorate General Health and Consumers, 2009c) and those aware of the health risks of passive smoking (Borland et al., 2006; Jones & Muller, 2006).

The most recent European data on support for smoke-free policies are provided by the 2009 Eurobarometer survey on 27 EU member states which indicates that most Europeans support smoke-free policies in most indoor workplaces (Directorate General Health and

Consumers, 2009c). 84% of European citizen report favouring smoke-free policies in offices and other indoor workplaces, but the same is only true for 79% when asked about smoke-free restaurants and 65% when asked about smoke-free bars, pubs and clubs (figure 2.6) (Directorate General Health and Consumers, 2009c). The figures clearly show that support for smoke-free policies in pubs, bars and clubs is lowest, a finding that suggests that many citizens do not always fully recognise these venues as workplaces (Jones & Muller, 2006).

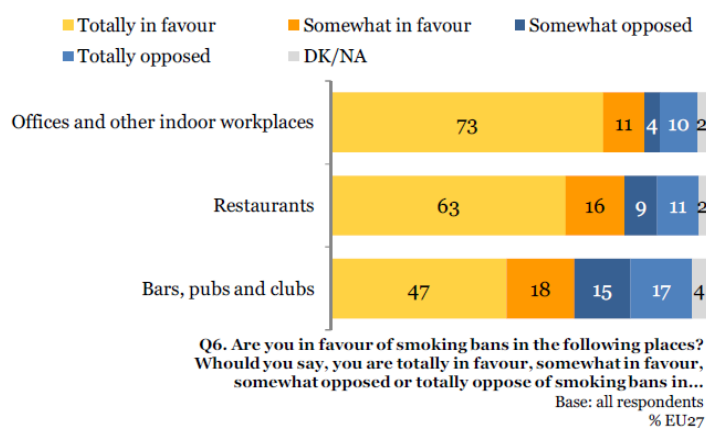


Figure 2.6: Attitudes towards smoke-free policies in offices and other indoor workplaces, restaurants, bars, pubs and clubs, 2008
 Data source: DG SANCO (2009c, p. 22)

Considerable variations exist regarding support in different EU member states, with 66% Cypriotes compared to 95% Italians supporting smoke-free policies in offices and other indoor workplaces (Directorate General Health and Consumers, 2009c). Support for smoke-free policies in restaurant varies from 62% in Austria to 95% in Italy (Directorate General Health and Consumers, 2009c). Support for smoke-free pubs, bars and clubs reaches relatively high levels in Italy (94%), Sweden (83%) and Ireland (80%) but drops to below 50% in Austria (47%), Germany (45%) and the Netherlands (44%) (Directorate General Health and Consumers, 2009c).

Data from several studies investigating changes in support of smoke-free legislation suggest that support for smoke-free policies increases after implementation (Borland, et al., 2006; Callinan, et al., 2010; International Agency for Research on Cancer of the World Health Organization, 2009; Jones & Muller, 2006; Ute Mons et al., 2012; Smokefree Partnership, 2006). The adoption of comprehensive smoke-free policies is usually widely supported by the public, with support growing during the build-up to their introduction and increasing further during their implementation (Asthma and Respiratory Foundation of New Zealand,

2005; 2006; International Agency for Research on Cancer of the World Health Organization, 2009; Jones & Muller, 2006; Office of Tobacco Control, 2005). In line with increasing support after the implementation of smoke-free policies, a time trend towards increasing support across the EU can be observed (Directorate General Health and Consumers, 2007a, 2009c). A comparison of data from the 2009 (Directorate General Health and Consumers, 2009c) and 2007 Eurobarometer (Directorate General Health and Consumers, 2007a) indicates rising levels of support for smoke-free policies in all sectors (73% vs. 70% in offices and other indoor workplaces, 63% vs. 55% in restaurants and 47% vs. 40% in pubs, bars and clubs).

2.3 Summary of the chapter

This chapter outlined the detrimental health effects of exposure to SHS in adults and children and highlighted SHS as an issue of considerable importance for public health and political science research. While showing that exposure to SHS varies across EU member states, workplaces and according to socio-demographic factors, the evidence clearly shows that SHS constitutes a major public health problem which affects a large number of European citizens. The chapter further drew attention to smoke-free policies as a solution to the problem. Comprehensive smoke-free policies have been proven to effectively protect people from SHS and have a considerable impact on population health. They are found to reduce exposure to SHS, tobacco consumption and respiratory and acute cardiovascular symptoms. Evaluation studies demonstrate that comprehensive smoke-free policies are cost-effective tobacco control measures, have no negative economic effects on the hospitality sector and meet with high compliance rates. Given the strong support among European citizens, comprehensive smoke-free policies seem to constitute a feasible and effective way of reducing the harms caused by SHS. The chapter further showed that FCTC article 8 provides a suitable and internationally recognised framework for the development of respective policies.

By providing evidence of the magnitude of SHS as a European public health problem and the political relevance of the issue, this chapter offered a rationale for making the development of EU smoke-free policy a topic of public health research. By summarising the literature on policy networks in EU tobacco control policy, the next chapter provides a conceptual framework to the study.

3 Policy networks in EU tobacco control policy

The previous chapter summarised the evidence on SHS as a multifaceted problem of public health and political significance. Despite the patchiness of European data on exposure to SHS and smoke-free policies (Joossens, Raw, & Godfrey, 2004b), the literature clearly shows that current policies inadequately protect Europeans from the harms caused by SHS. One of the aims of EU tobacco control policy is to reduce such public health disparities between EU member states. This chapter provides an introduction to EU institutions, policy instruments and the legal competence of the EU in tobacco control. In order to situate EU smoke-free policy in the historical and political context, the chapter then offers an overview of the history of tobacco control policy in the EU. Section 3.4 contrasts the considerable tobacco control achievements of the EU with its limited legal competence in public health and discusses the EU's scope to initiate tobacco control initiatives and encourage member states to take action and its role in benchmarking and information-exchange.

The focus is then directed to stakeholder engagement in policymaking. After outlining concepts of stakeholder engagement, highlighting their relevance for EU policymaking and reflecting on the representativeness of stakeholders, the chapter elaborates on conceptual frameworks to analyse stakeholder engagement in the development of EU smoke-free policy. Section 3.6 presents concepts of policy networks and coalition-building and assesses the literature which provides insight into the formation and performance of political coalitions. Drawing on literature which applies the idea of stakeholder engagement to tobacco control, section 3.7 highlights the existence of two competing coalitions in tobacco control. Reflecting these two coalitions, section 3.7.1 critically examines literature on the tobacco control coalition, whereas section 3.7.2 presents evidence on the anti-tobacco control coalition, its composition and its attempts to influence EU tobacco control policy and smoke-free policies.

In order to give a short introduction to the EU institutions and policy instruments, sections 3.1 and 3.2 largely draw on information from a textbook on EU policymaking (Peterson & Bomberg, 1999). Sections 3.3 and 3.4 on the EU's tobacco control history and its role in tobacco control draw on literature identified through hand searches of the major journal publishing studies of relevance to tobacco control, titled *Tobacco Control*, on book chapters summarising EU tobacco control policy and on grey literature which was identified through searches using the search engine Google and hand searches of the reference lists of the published literature. The report by the Aspect Consortium titled "Tobacco or Health in

the European Union” (Aspect Consortium, 2004) was useful in providing a general overview of the history of tobacco control in the EU and helped to situate information from various journal articles, book chapters, websites and grey literature. By building on a variety of literature, I was able to develop a comprehensive insight into historical and more recent political developments.

The literature that is drawn on in sections 3.5, 3.6 and 3.7 was compiled by taking a very broad approach to the subject of public policy analysis. Starting from public policy textbooks (Buse, Mays, & Walt, 2005; Jenkins, 1997; John, 1998; Parsons, 2005), I¹³ explored a variety of concepts which had previously been used to analyse political processes, including overarching concepts of governance (Rhodes, 1997b, 1997c, 1997d) and multi-level governance (Bache & Flinders, 2004; Eising, 2004; Hooghe & Marks, 2001) as well as more specific concepts exploring the policy cycle (Jenkins, 1978), policy transfer (Dolowitz & Marsh, 2000) and policy convergence (Bennett, 1991), interest representation (Greenwood, 2003) and lobbying (Coen, 2007; Greer, 2009; Mahoney, 2007a) and epistemic communities (Haas, 1992). I finally decided that concepts of policy networks and advocacy coalitions (described in detail below) were best suited to investigate stakeholder engagement in EU public health policymaking and focused my further review on the respective literature. I subsequently searched the tobacco control policy literature for any articles which had previously applied such concepts to the analysis of tobacco control policy.

3.1 EU institutions and policy instruments

The development of EU policy and legislation is subject to a complex political process, an account of which is beyond the scope of this thesis. The EC, the European Parliament (EP) and the Council of the European Union (also referred to as the Council of Ministers) are three of the main institutions involved in the development of EU policies (Bomberg & Stubb, 2008). The EC has the right to initiate and draft policy proposals and is responsible for monitoring the implementation of EU policies at the national level (Bomberg & Stubb, 2008). The EP, which is directly elected by the citizens of the EU, has legislative powers and discusses and decides about policy proposals in cooperation and co-decision with the Council of the European Union (Bomberg & Stubb, 2008). The Council of the European Union is the EU’s primary decision-making forum through which representatives of member

¹³ I make use of the first person and use the active voice in this thesis when I am describing my own actions, recounting my experience or describing decisions that I took in the course of the research project.

state governments discuss and adopt specific policy proposals (Bomberg & Stubb, 2008). EU policy instruments include binding legislation and non-binding policies (European Union, 2013). Regulations, directives and decisions have binding character, with the former having to be immediately enforced and the latter having to be adopted into national law within a specific period of time (European Union, 2013). Recommendations, resolutions and opinions (sometimes referred to as “soft law” (Eurofound, 2013b) or “soft policy instruments” (Sbragia & Stolfi, 2008, p. 123)), on the other hand, have non-binding character and can therefore not be enforced but seem to have a function in influencing member states governments to discuss specific issues and adopt respective policies (European Union, 2013).

3.2 European competence in public health and tobacco control

The responsibility for European tobacco control lies primarily with DG SANCO, which is headed by Commissioner Tonio Borg¹⁴ and employs 960 members of staff (Directorate General Health and Consumers, 2012c). While being responsible for initiating and developing public health policy on behalf of the EU institutions, DG SANCO’s remit is restrained by the limited competence of the EU in public health. The limited public health competence of the EU is rooted in the principle of subsidiarity, a core principle of the EU laid down in article 5 of the Treaty on European Union (European Union, 2010). This principle determines that the EU should act “in areas which do not fall within its exclusive competence [...only...] if and in so far as the objectives of the proposed action cannot be sufficiently achieved by the Member States” (European Union, 2010). Given that public health is not under the EU’s exclusive competence, competencies for tobacco control policy overlap and are shared between EU institutions and governments of EU member states.

With public health not being mentioned in any of the early European documents, the limited public health competence can be traced back in the EU’s history. In 1987, the Single European Act introduced article 95 EC (now 114 EC) and thereby obliged the EU to take a high level of health, safety, environmental and consumer protection into account when introducing directives aimed at the establishment and functioning of the internal European market (European Union, 2010). The 1999 Treaty of Amsterdam further established public health and health care as flanking EU policies by introducing article 152 EC (now article 168

¹⁴ Tonio Borg has been in post since 28 November 2012, briefly after his predecessor, John Dalli, resigned.

EC) (European Union, 1997b). This article allows EU institutions to encourage European-wide coordination and cooperation in the area of public health, lend support to member state actions and cooperate on health policy with international institutions (European Union, 2010). It also obliges member states to liaise with the EC and coordinate their activities in the areas of health policy (European Union, 2010). Any harmonisation of national laws in the area of public health, however, is excluded from the competence of the EU¹⁵ (European Union, 2010).

Mirroring the EU's primary purpose as an economic union enshrined in the Treaty on European Union (European Union, 2010) and in contrast to its strictly limited competence in public health, the EU has specific competence to adopt legislation regarding the health of workers (Hervey, 2002). Workplace health legislation falls within the remit of the Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) and is grounded in article 153 EC (formerly article 137 EC). Providing a legal base for legislation aimed at improving the workplace environment and the health and safety of workers, article 153 EC has served as a justification for legislation which protects people from exposure to SHS in the workplace, including Directives 89/391/EEC (European Union, 1989a), 89/654/EEC (European Union, 1989d), 90/394/EEC (European Union, 1990b), 92/57/EEC (European Union, 1992f), 92/85/EEC (European Union, 1992e), 92/91/EEC (European Union, 1992g) and 92/104/EEC (European Union, 1992h) (see appendix II).

The legal situation outlined above means that different areas of EU tobacco control policy are under the remit of different EU DGs and that the development of EU public health policy is subject to a complex political system (McKee & Mossialos, 2006). It also highlights that the EU has very limited competence to adopt public health legislation and instead, frequently has to resign to adopting soft law, including recommendations (McKee, Hervey, & Gilmore, 2010). It also implies that binding EU legislation in the area of public health and tobacco control which is not specifically directed at workers is difficult to legally justify (McKee, et al., 2010). The limited EU competence and the "subordinate status of public health" have thus prevented a comprehensive EU public health policy approach (Collin & Gilmore, 2002, p. 243).

¹⁵ The EU has competence to harmonise national laws regarding blood products, organs, the veterinary and phytosanitary fields and the quality and safety for medicinal products and devices for medical use (European Union, 2010).

The lack of an explicit legal base has stimulated the EC to search for alternative ways to develop and implement binding legislation, resulting in a focus on article 114 EC (formerly 95 EC) as a creative response to the challenge of developing EU public health policy (Joossens, Raw, & Godfrey, 2004a). Over the years, article 114 EC has given rise to considerable EU action and legislation in the area of tobacco control (Joossens, et al., 2004a), serving, for example, as a legal base for the European tobacco advertising ban and the TPD (European Union, 2001a). The use of article 114 EC has meant that EU tobacco control legislation has often been enacted as a single market rather than a public health policy measure and that tobacco control directives have frequently been subject to legal challenges by tobacco control opponents (Smokefree Partnership, 2009a, 2009b).

The political and legal obstacles and constraints of the EU's limited health competence are mirrored in the history of tobacco control in the EU. The limited scope of EU activity in the field of public health is clearly illustrated by the European tobacco advertising ban (see section 3.3.2) (Khanna, 2001) which provides a vivid example of tobacco industry success in using the limited EU competence in public health to prevent comprehensive tobacco control policy (Neuman, et al., 2002). Respective problems are further exemplified by the obstacles that the EC faced when attempting to support comprehensive global tobacco control during the FCTC negotiations. The fact that the EC had to strike a careful balance between being an independent, proactive negotiating partner and being a mouthpiece for EU member states (Faid & Gleicher, 2011) made it easier for tobacco companies to undermine the EU's mandate¹⁶ and scope in the FCTC negotiations (Grüning, et al., 2011).

3.3 History of tobacco control policy in the EU

The following section describes the most important European tobacco control initiatives (listed in appendix II and briefly summarised in table 3.1, below) and thus provides background information about the history of tobacco control policy in the EU.

¹⁶ In October 1999, prior to the start of the FCTC negotiations, the EU member states granted the first negotiating mandate which allowed the EU to speak on behalf of the member states in negotiations on tobacco ingredients and labelling of tobacco packages (Aspect Consortium, 2004; Grüning, Weishaar, Collin, & Gilmore, 2011). The second mandate was granted in April 2001 on tar content, labelling, smokeless tobacco and tobacco advertising but continuously excluded taxation, trade and agricultural aspects of tobacco control (Aspect Consortium, 2004; Grüning, et al., 2011). Grüning et al. (Grüning, et al., 2011) show that tobacco companies played a considerable role in weakening the EU's mandate to negotiate on behalf of its member states.

3.3.1 Early tobacco control activity in the EU

Triggered by a desire of European leaders to broaden the EU's engagement beyond economic matters, the first initiative of DG SANCO in the area of tobacco control was the Europe against Cancer Programme (EACP) which was launched in 1987 and included an action plan to combat cancer, with a particular emphasis on lung cancer and tobacco control (Joossens, et al., 2004a). As part of EACP, the Bureau for Action on Smoking Prevention (BASP) was established in 1988, an office providing data collection and analysis on tobacco and tobacco control and laying the groundwork for subsequent political and legislative initiatives.

In the subsequent decade, the EU passed a considerable number of directives concerning the consumption and marketing of tobacco and the exposure to SHS. These included a 1989 directive banning television advertising (Directive 89/552/EEC, "Television without frontiers" directive, amended in 1997 through Directive 97/36/EC), a 1989 directive requiring health warning labels and information on tar and nicotine yields on cigarette packs (Directive 89/622/EEC, Labelling directive), a 1990 directive restricting smoking in workplace areas where carcinogenic substances are handled (Directive 90/394/EEC, Carcinogen directive), several directives introducing protection of non-smokers against SHS in the workplace (Directives 89/391/EEC, 89/654/EEC, 92/57/EEC, 92/85/EEC, 92/91/EEC, 92/104/EEC), a 1992 directive setting maximum tar yield (Directive 90/239/EEC, Tar yield directive), three 1992 directives to harmonise tobacco taxes across the EU (Directives 92/78/EEC, 92/79/EEC and 92/80/EEC), and a 1992 directive banning the marketing of oral tobacco (Directive 92/41/EEC).

Table 3.1: History of tobacco control policymaking in the EU

| Date | European developments of relevance to tobacco control |
|------------------|--|
| 1970 | Start of subsidies for tobacco growing through Common Agricultural Policy (CAP) |
| 1987 | “Europe against Cancer” programme (EACP) established |
| 1988 | Bureau for Action on Smoking Prevention (BASP) established |
| 18 Apr 1989 | Comprehensive advertising and sponsorship ban proposed by the EC |
| 18 July 1989 | Council Resolution on banning smoking in places open to the public |
| 3 Oct 1989 | Directive 89/552/EEC: Advertising directive banning TV advertising: “Television without frontiers” |
| 13 Nov 1989 | Directive 89/622/EEC: Labelling directive |
| 30 Nov 1989 | Directive 89/654/EEC concerning the minimum safety and health requirements for the workplace |
| 17 May 1990 | Directive 90/239/EEC: Tar yield directive |
| 18 June 1990 | Directive 90/394/EEC: Carcinogens Directive |
| 15 May 1991 | EC adopts new proposal for advertising ban |
| 1992 | Community Fund for Research and Information on Tobacco created |
| 11 Feb 1992 | EP votes in favour of the EC proposal for comprehensive advertising ban |
| 15 May 1992 | Directive 92/41/EEC to ban marketing of oral tobacco |
| 19 Oct 1992 | Directives 92/78/EEC, 92/79/EEC, 92/80/EEC: Tax directives |
| 19 Oct 1992 | Directive 92/85/EEC on pregnant workers and workers who have recently given birth or are breastfeeding |
| 1995 | BASP closed |
| 1997 | European Network for Smoking Prevention (ENSP) and European Network on Young People and Tobacco (ENYPAT) established |
| 6 July 1998 | Directive 98/43/EC: Directive on tobacco advertising and sponsorship passed |
| Sept 1998 | Germany and four British tobacco companies mount a legal challenge in the European Court of Justice (ECJ) against the directive on advertising and sponsorship |
| 5 Oct 2000 | Directive on tobacco advertising and sponsorship annulled by the ECJ |
| June 2001 | EC proposes new directive on advertising and sponsorship |
| 5 June 2001 | Directive 2001/37/EC: Tobacco Products Directive (TPD) |
| 26 May 2003 | Directive 2003/33/EC: Tobacco advertising directive adopted |
| 8 June 2003 | The EU signs the FCTC |
| April 2004 | Council of Agriculture Ministers CAP reform package to phase out subsidies for tobacco production |
| July 2004 | Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work |
| 30 June 2005 | European Community ratifies FCTC |
| 2006 | ECJ dismisses legal challenge by Germany on second tobacco advertising directive |
| 30 Jan 2007 | Adoption of the Green Paper “Towards a Europe free from tobacco smoke: policy options at EU level” |
| 30 Nov 2009 | 2009/C 296/02: Council Recommendation on smoke-free environments |
| 19 December 2012 | EC proposal for a directive revising the TPD |

Data sources: Aspect Consortium (2004), DG SANCO (2013c), Gilmore and McKee (2004), Mamudu and Studlar (2009) and other sources

3.3.2 European tobacco advertising ban

In 1989, the EC proposed to ban direct tobacco advertising and sponsorship and brand-licensed tobacco products, a proposal that became one of the most contested pieces of EU tobacco control legislation. Following its adoption by the EC and amendment by the EP, the proposal moved to the Council of the European Union in May 1992, where, due to the

blocking minority¹⁷ of Germany, the UK, the Netherlands and periodically Denmark and Greece, its passage was prevented for over five years (Bitton, Neuman, & Glantz, 2002). Governmental change in the UK in 1997 and the subsequent change of the UK position broke the blocking minority and allowed the adoption of a common opinion in the Council of the European Union on the draft directive in December 1997 (Bitton, et al., 2002). The EP approved the directive on 13 May 1998 without amendments (Bitton, et al., 2002). The directive was legally challenged by Germany, several European tobacco companies and tobacco-industry allies, who argued that article 95 EC, on which the directive was based, was an insufficient legal basis (Hervey, 2001). The European Court of Justice (ECJ) agreed and annulled the directive in October 2000 but suggested specific amendments, thereby offering an alternative approach and making a crucial contribution to the development of a second draft of the directive and the further process of developing EU tobacco advertising legislation (Bitton, et al., 2002; Hervey, 2001). Taking the ECJ's suggestions into account, the EC issued a new proposal in June 2001 which focused on cross-border advertising and sponsorship and drew its justification from differences between national legislation and the need to harmonise the internal market (Boessen & Maarse, 2008). The proposal passed through the EP in November 2002 and was adopted by the Council of the European Union in December 2002 (Boessen & Maarse, 2008). Directive 2003/33/EC bans advertising and sponsorship which crosses national borders, including advertising on the radio, internet and in the press, but does not apply to indirect advertising or advertising within member states (e.g. billboard advertising) (European Union, 2003). The second directive was again challenged for lacking a legal base and impinging on freedom of expression by Germany, but the challenge was struck down by the ECJ in 2006 (European Court of Justice, 2006).

3.3.3 European Tobacco Products Directive

The so-called TPD (Directive 2001/37/EC on the approximation of the laws, regulations and administrative provisions of the member states concerning the manufacture, presentation and sale of tobacco products) (European Union, 2001a) marked another important milestone in the history of EU tobacco control. The main provisions of the directive are the application of ceilings for tar, nicotine and carbon monoxide, the enlargement of health warning labels which have to cover 30% of the front and 40% of the back pack surface area, the disclosure of

¹⁷ The voting system in the Council of the European Union assigns a number of votes to each member state, taking account of their demographic weight (Bomberg & Stubb, 2008). A blocking minority can be achieved if at least four member states, representing 35% of the EU's population, vote against a proposal (Bomberg & Stubb, 2008).

all ingredients and additives and the prohibition of the use of misleading descriptors on cigarette packaging (European Union, 2001a). The directive further regulates the measurements of tar, nicotine and carbon monoxide and the testing of other substances to assess health effects and addictiveness and prohibits the sale of oral tobacco and the export of products not complying with EU regulations (European Union, 2001a). Despite extensive tobacco industry attempts to delay, stall and derail the policy process (Mandal, 2006), the TPD was adopted in June 2001. In line with a regular reporting and reviewing process which was laid out in the directive, the TPD is currently under revision (Directorate General Health and Consumers, 2011a). As part of the policy process towards developing a revised directive, the EC has recently issued a proposal, which suggests maintaining the EU ban of oral tobacco and introducing graphic health warning labels which cover 75% of both sides of cigarette packs (European Commission, 2012b).

3.3.4 Early efforts to regulate exposure to SHS

The EU's initial engagement with SHS dates back to the early period of EU tobacco control policy when, in July 1989, the Council of the European Union issued a non-binding resolution, which called upon member states to ban smoking in enclosed premises open to the public and all forms of public transport and introduce smoking areas in public premises (European Union, 1989e). In the following years, two directives were introduced which introduced minimum safety and health requirements in enclosed workplaces in the form of ventilation (Council Directive 89/654/EEC (European Union, 1989d)) and required employers to take action to protect pregnant and breastfeeding women from exposure to carbon monoxide, a substance contained in SHS (Council Directive 92/85/EEC (European Union, 1992e)). The topic of smoke-free policies was again picked up by the 2002 High-level Ministerial Conference for Tobacco Control, organised by the European WHO Office. This conference led to the adoption of the 2002 European Strategy on Tobacco Control which recommended member states to classify SHS as a carcinogen and make public places, workplaces, public transport, educational institutions, places of healthcare delivery and public events smoke-free (World Health Organization Regional Office for Europe, 2002). In December 2002, the Council of the European Union responded by issuing a recommendation which reiterated these recommendations outlined in the European Strategy (European Union, 2002).

On 29 March 2004, the Republic of Ireland became the first country worldwide to introduce comprehensive national smoke-free legislation (Currie & Clancy, 2011). In the same year, the EP and Council of the European Union issued a joint directive on the protection of workers which prohibits smoking in areas where carcinogens and mutagens were handled (European Union, 2004b). The EC further published the so-called ASPECT report, a report on tobacco use and tobacco control policy in the EU which highlighted the detrimental impact of SHS and the need for smoke-free policies to effectively tackle the problem (Aspect Consortium, 2004). In subsequent years and up to date, this report has been widely cited by supporters of tobacco control policy to substantiate claims for stronger EU policies in this area (Action on Smoking and Health UK, 2009; McNeill, Craig, Willemsen, & Fong, 2012; Smokefree Partnership, 2006).

In April 2005, a number of tobacco control organisations, including the ECL, the European Heart Network (EHN), the European Respiratory Society (ERS), the European Network for Smoking Prevention (ENSP), Cancer Research UK (CRUK) and the Ligue Nationale Contre le Cancer, met in Limassol, Cyprus, to discuss how to achieve comprehensive smoke-free policies (Association of European Cancer Leagues, Cancer Research UK, European Heart Network, European Respiratory Society, & La Ligue Nationale Contre le Cancer, 2005). They jointly developed recommendations which acknowledged the dangers of SHS and the success of comprehensive smoke-free legislation in Ireland, Norway and Italy, called for clear, comprehensive legislation without exemptions, highlighted the need for preparation and enforcement of legislation, warned of political opposition to smoke-free policy and called for a united approach to support such policies (Association of European Cancer Leagues, et al., 2005). In 2006, the EC initiated discussions about an EU policy to protect Europeans from the harms caused by SHS. The subsequent policy process, which led to the adoption of the Council Recommendation on smoke-free environments and forms the focus of this thesis, is described in detail in section 4.2.

3.3.5 Smokeless tobacco

Smokeless tobacco has traditionally played an exceptional role in EU tobacco control policy and has recently received increasing attention in the context of the revision of the TPD (European Commission, 2012b). While being associated with pancreatic and oral cancer (Boffetta, Aagnes, Weiderpass, & Andersen, 2005), supporters argue that smokeless tobacco

and other forms of non-combustible tobacco are less harmful than smoking and can play an important role in harm reduction and cessation (Gartner, Hall, Chapman, & Freeman, 2007; Gartner et al., 2007). Snus, a form of oral tobacco that is particularly popular in Sweden, has been subject to legislative debate since 1992, when the sale of oral tobacco in the EU was prohibited through Directive 92/41/EEC. The directive instructed EU member states to prohibit the sale of “all products for oral use, except those intended to be smoked or chewed” (European Union, 1992a). Sweden negotiated an exemption from this ban when it joined the EU in 1995, which resulted in permission for tobacco companies to sell snus in Sweden but not in other EU member states (European Union, 1994). The ban of oral tobacco was reiterated through the TPD in 2001 (European Union, 2001a).

3.3.6 Illicit trade of tobacco

Given that public health is influenced by a variety of factors, wider EU policies that go beyond direct tobacco product regulation, including policies dealing with the regulation of the smuggling of tobacco products, impact on the marketing and consumption of tobacco. Respective EU policies are negotiated by the EC Taxation and Customs Union (DG TAXUD). Following an ECJ court case against tobacco manufacturers for complicity in tobacco smuggling, agreements to combat the illicit trade of tobacco products have been made between the EC, EU member states and three major tobacco companies (European Commission, 2004, 2007, 2010b). These agreements, which include substantial tobacco company payments, oblige the companies, the EC, its anti-fraud office OLAF and other law enforcement authorities to collaborate on fighting cigarette smuggling and counterfeiting. Agreements were signed with Philip Morris International (PMI) in 2004 (European Commission, 2004), Japan Tobacco International (JTI) in 2007 (European Commission, 2007) and British American Tobacco (BAT) in 2010 (European Commission, 2010b). Because they enable the EC to draw on the tobacco manufacturers’ expertise, resources and assistance in combating counterfeit and contraband products, such agreements have been hailed as “progress in combating cigarette smuggling” (Joossens & Raw, 2008, p. 399). Given that the EU and its member states recognise the elimination of illicit trade as an essential component of tobacco control, the agreements, however, have also been criticised for potentially contravening the obligations of the EU and its member states under FCTC article 5.3¹⁸

¹⁸ As explained in detail in section 3.7, FCTC article 5.3 advises parties to the treaty to protect public health policies with respect to tobacco control from the interests of the tobacco industry (World Health Organization, 2003).

(Heyward, 2008). Liberman et al. (2011) highlight that such collaboration has given tobacco companies an opportunity to portray themselves as legitimate and responsible partners in tobacco control, thereby posing risks for tobacco control more generally.

3.4 The role of the EU in tobacco control

Acknowledging that EU public health policy lacks a clear-cut, concerted strategy, scholars draw attention to the fact that EU public health policy is gradually, incrementally and erratically shaped (Boessen & Maarse, 2008) and characterised by “effective and inspired ‘muddling through’” (Lamping & Steffen, 2005, p. 25). Responding to concerns whether analysing EU public health policy is relevant given the limited competence of the EU in this policy area, Lamping argues that public health policy is an excellent example of how the EU has “made a non-topic one of the Community's most important future policy fields” (Lamping, 2005, p. 18). Similarly, while the historical account of tobacco control in the EU highlights the limitations of the EU’s remit in public health and the problems that it has caused for the development of a comprehensive tobacco control strategy, it also provides evidence of the EC’s activism in this specific area of public health policy. The number of tobacco control policies (table 3.1) testifies of the EU’s impact on member states’ public health policy and of the EC’s impressive achievement in finding ways to reduce the burden caused by tobacco despite lacking an explicit legal base to adopt public health legislation.

The history of EU tobacco control policy further testifies of an increasing drive to regulate tobacco at the European level and of the “Europeanisation” of tobacco control (Princen, 2004, p. 1). Europeanisation has recently become a popular topic in the social and political sciences, but has remained poorly defined as a concept (Sittermann, 2006). Hix and Goetz (2000) define Europeanisation as the change process which national institutions and political practices undergo as a result of European integration. While other scholars, including Radaelli (2004) provide more specific definitions of Europeanisation, the vagueness of Hix and Goetz’s definition reflects the under-explored and under-understood processes and influences between national and EU policymaking. Lamping (2005, p. 44) claims that EU public health policy is increasingly being “nudged into Europeanization”. Accordingly, the idea of Europeanisation has been reflected in the literature on EU tobacco control. Mamudu and Studlar (2009), for example, speak about a significant shift of tobacco control to the EU level and highlight the EU’s success in pushing its competence in tobacco control. Faid and Gleicher (2011) highlight that the sustained activity in the area of European

tobacco control policy shows that the EU presents a crucial force and driver for tobacco control in the European region. Similarly, Cairney et al. (2011) claim that the EU has played a considerable role in spurring on member states which are lagging behind and increasingly acts as a hub for policy diffusion in tobacco control.

While the Europeanisation literature has drawn attention to wider political changes, the multitude of factors which affect national policymaking (Vink, 2003) and the increasing effect which European developments have on national political systems, it remains unspecific about the mechanisms that lead to change. Knill and Lehmkuhl (2002) highlight that the EU has direct and indirect ways of influencing national policies and acknowledge the impact of non-binding policies and soft law on national policies. Regarding tobacco control, scholars have emphasised that the Council of the European Union and other EU institutions serve as spaces where political decision makers can exchange views, knowledge and expertise, establish contacts and learn from each other (Joossens, et al., 2004a), resulting in benchmarking and a rippling effect. Rankings like the TCS (Joossens & Raw, 2011) seem to promote such developments.

3.5 Stakeholder engagement

Political scientists highlight the considerable changes in governance that have occurred in recent decades (Mathews, 1997). The increasingly complex and global nature of political issues and the changing and expanding international political system mean that policies are increasingly negotiated by a complex set of organisations, including supra- and international organisations and non-state actors (Edwards, 2004; Haas, 1992; Mathews, 1997; Reich, 2002; Rhodes, 1997c). Concepts of “governance” (Rhodes, 1997c, p. 46) reflect attempts to develop frameworks which account for the complexity of modern political systems, the transformation of political authority and the interdependence of different actors (Marsh, 1998a; Rhodes, 1997c). Rhodes (1997c, p. 46) defines governance as “a new process of governing [and] a new method by which society is governed”. The EU has been identified as the most advanced example of “multilevel governance”, a specific form of governance (George, 2004, p. 107). Concepts of multilevel governance account for the fact that competencies are increasingly shared and policies decided in a multitude of national, supranational and international institutions which are closely connected to and interdependent on each other (Princen, 2007a).

Recognising that concerted efforts are an adequate way to overcome and tackle complex political problems, political decision makers seem to increasingly favour approaches which not only include other decision making bodies but also a range of stakeholders in the development of policies (Edwards, 2004; Haas, 1992; Heclo, 1975). This situation has led to increasing opportunities on the part of public, private and civil society actors to engage in the development and implementation of policies (Haas, 1992) and to the acknowledgment of stakeholder engagement as a crucial element of modern democratic governance. Stakeholders are defined as “any group or individual which can affect or is affected by the achievement of [an] organization’s objectives” (Freeman, 1984, p. 46) and able to engage in the policy process (Heclo, 1975; Peterson, 2009)¹⁹. Their interest in and understanding of the respective policy issue mobilises stakeholders to become active in the political arena and make efforts to push policy in a particular direction (Heclo, 1975; Peterson, 2009). Accordingly, “stakeholder engagement” can be defined as the set of activities which stakeholders pursue to gain access to and influence policymaking.

Scholars stress that information and the way in which it is communicated play a crucial role in stakeholder engagement (Bouwen, 2002; Klüver, 2009). They highlight that stakeholders can use information to generate attention, create issues, set agendas and frame and shift debates (Benford & Snow, 2000; Keck & Sikkink, 1998). Given that they want to influence political discussions and decisions, stakeholders can be expected to interpret and mediate information (Haas, 1992) and frame issues according to their interests (Grüning, Strunck, & Gilmore, 2008; Montini & Bero, 2001). The importance of framing has been emphasised in the development of tobacco control policies (Grüning, et al., 2008; Montini & Bero, 2001), where frames have been employed by tobacco industry and public health stakeholders alike to sway political opinion in their favour.

A number of terms have been used to refer to stakeholders, including “lobbyists” (Dinan & Wesselius, 2010; Schwalba-Hoth, 2011), “interest representatives” and “advocates”, each putting emphasis on slightly different characteristics of a stakeholder. By encompassing stakeholders and political decision makers, the more generic term “political actor” seems to account for the fact that the blurred boundaries between those with formal powers to

¹⁹ While Freeman’s (Freeman, 1984) definition of a “stakeholder” would include everyone who is potentially affected by a policy, I use the term “stakeholder” in line with Peterson (Peterson, 2009) who defines a stakeholder as an individual or an organisation that actively engages in the policy process.

initiate, amend and adopt policies²⁰ and other political actors that are involved in the development of policy are a characteristic feature of modern political systems (Baumgartner, 2007). While acknowledging that political actors can be found within or outside the political institutions, for the purpose of this thesis, I see value in distinguishing between different political actors. I therefore use the wider term “political actor” when I refer to political decision makers and stakeholders at the same time. The term “decision maker” is used as shorthand for political decision maker and refers to a member of an institution which has formal power to set policies, whereas the terms “stakeholder” or “advocate” are used to refer to those who have an interest in the policy issue and the capacity to engage in the process but do not belong to decision making institutions. Whenever possible, I further distinguish between different types of stakeholders and refer to them as representatives of specific organisations.

3.5.1 Stakeholder engagement in EU policymaking

With approximately 50% of all EU member state legislation being initiated at the EU level (Miller, 2010), the EU is involved in governing most aspects of daily life (Greenwood, 2003). Scholars argue that the EU’s reliance on outsider advice and expertise, the plurality of institutions and multiple venues in which EU policies are negotiated and the lack of rules which regulate stakeholder engagement give rise to a multitude of stakeholders (Dinan & Wesselius, 2010). Accordingly, the EU has been characterised as a “lobbyists’ paradise” (Dinan & Wesselius, 2010, p. 31). While due to a lack of mandatory registration and frequent changes, definite statistics do not exist (Coen & Richardson, 2009; Greenwood, 2003), the latest figures from 2009 suggest that a total of 15,000 to 20,000 stakeholders and 2,600 special interest groups operate in Brussels, including 843 trade associations, 429 civil society organisations, 300 corporate actors, 198 regional representatives, 153 public affairs firms, 115 law firms and 103 think tanks (Coen & Richardson, 2009). Organisations which represent interests at the EU level vary considerably in type, size, human resources, membership, goal-setting and orientation. Estimates of the number of interest representatives in Brussels provide indications of a growth over the last decades (Greenwood, 2003).

The EU institutions, notably the EC, have acknowledged the crucial role of stakeholders (European Commission, 2001, 2002b) and explicitly committed themselves to

²⁰ In the European context, political decision makers would usually be representatives of the EC, the EP or the Council of the European Union.

the involvement of stakeholders in the policy process (Kohler-Koch & Finke, 2007). In line with assumptions that stakeholder engagement is envisaged to increase the accountability, representativeness and legitimacy of political institutions and policy processes (Marsh, 1998b; Peterson, 2009), the EC expects stakeholder engagement to foster participatory democracy, increase the representation of specific groups of citizens, contribute to European integration, improve active communication between the EU institutions and the general public and make EU policy more effective (European Commission, 2000, 2001). Over the last decade, the EC has developed dialogue and consultation with stakeholders as part of its governance strategy outlined in the action plan for better regulation (European Commission, 2002a). Stakeholder consultation has thus been implemented as an essential element of policy preparation and a means to improve the quality of EU regulation (Bomberg, Stubb, & Peterson, 2008; European Commission, 2002b). In order to expand the scope, variety and reach of consultations, consultation with stakeholders²¹ have been increased and online consultations have been introduced (Quittkat & Finke, 2008).

3.5.2 Venues of EU policymaking

An important determinant for successful interest representation is the choice of a suitable access point, target or what political scholars call a “venue” (Cairney, 2007b, p. 73; Princen, 2007b, p. 26). The competence of a venue, e.g. an EU institution, to develop policies in a certain area influences whether a policy is negotiated at the respective venue, the likelihood of policy success and thus stakeholders’ decisions to engage with respective decision makers (Princen, 2004). Princen (2004) points out that the political venue at which an issue is discussed can change and is influenced by political actors. Baumgartner and Jones (1991, p. 1050) refer to the idea of “venue shopping” which implies that political actors, when faced with deadlock or stagnation, tend to expand or shift debates to alternative venues in order to find amenable decision makers and achieve policy change. Princen (2004, 2007b) who applies venue shopping to EU policymaking, for example, argues that EU policymaking

²¹ While the respective documents speak about “civil society organisations”, it needs to be noted that, the EC’s definition of “civil society organisations” includes all “interested parties” and is used as shorthand for a multitude of organisations, including official social partners, organisations representing social and economic players, organisations representing societal interests and community-based grassroots organisations (European Commission, 2002b). By including organisations representing economic players, the Commission’s definition of civil society runs counter to narrower definitions of civil society which exclude representatives of the commercial sector and refer to civil society as the “third sector” of society (Edwards, 2004, p11). In contrast to the EC’s definition, this thesis uses the term “civil society organisations” in the latter sense, excluding the corporate and governmental organisations.

allows stakeholders to shift issues from the national to the EU level and vice versa. By successfully collaborating and shifting an issue to the EU level, stakeholders are able to bypass national governments and push for international legislation which can overrule national legislation (Princen, 2007a). The outcome can subsequently be transported back to the national context, potentially breaking a deadlock or tilting the political balance towards the stakeholder's preferred outcome (Hooghe & Marks, 2003; Keck & Sikkink, 1998; Princen, 2004; Rhodes, 1997c). Shifting an issue from the national to the EU level can also result in the involvement of new actors and the establishment of new coalitions and thus lead to the achievement of outcomes that cannot be achieved in the primary jurisdiction (Princen, 2004).

With regard to the EU policy process, a stakeholder's decision which venue to approach depends on the institution's role in the policy cycle (Coen, 2007). Greenwood (2003, p. 32) distinguishes between the "national route" of influence on EU policy, which refers to the use of national contacts and governments, and the "European route" (or, alternatively, the "Brussels Strategy", Bennet, 1999, p. 241)), which involves seeking to influence EU institutions directly. Given that the primary task of EU institutions lies in the development of EU legislation rather than their execution, stakeholders are particularly likely to target EU decision makers when policy is developed (Eising, 2007). Considering that interest representatives usually hope to set the agenda, frame issues, shape policy drafts and influence the early stages of the policy process, the EC with its decisive powers at these early stages and monopoly over policy initiation constitutes a crucial venue for interest representatives (Greenwood, 2003; Long & Lörinczi, 2009). Interest groups are thus found to maintain more contact with the Commission than with any other EU institution (Bomberg, et al., 2008; Eising, 2007; Watson & Shackelton, 2008). The Council of the European Union, the member states and the EP, which has gained more power over the last decade (Watson & Shackelton, 2008), on the other hand, have important decision making powers at the end of the political process and are therefore appropriate targets when stakeholders want to block the passage of impending legislation (Greenwood, 2003). Finally, given that member state governments have more decision making powers at the later stages of adoption and implementation, stakeholders are likely to focus more on national representatives during these stages of the policy process (Eising, 2007). Eising (2004) also suggests that actors' location in the political system shapes their preferred route of access with European associations usually focusing on EU institutions and national associations on the domestic context.

3.5.3 Democratic representation

While scholars have argued that the engagement of stakeholders has the potential to make a valuable contribution to democratic decision making (Marsh, 1998b; Peterson, 2009), concerns have been raised about representativeness when decision makers are open to the influence by stakeholders (Dinan & Wesselius, 2010). The main critique is that elites of experts who have a professional interest, are well-informed about political debates and can invest in interest representation are more likely to engage in policymaking than those with less capacities and resources (Bomberg, et al., 2008; Dinan & Wesselius, 2010; Hecl, 1975; Scutchfield, Ireson, & Hall, 2004). Eising (2004) claims that organisations with large resources, including time, money and staff, are better able to monitor and analyse political debates, develop expertise on specific issues, gain access to decision makers and are therefore more likely to influence the policy process. Scholars thus argue that political outcomes mirror the relative strength and economic power of stakeholders (Bomberg, et al., 2008; Dinan & Wesselius, 2010). Financial resources are assumed to become even more important as policies are increasingly negotiated and decided at multiple levels of governance and organisations need to simultaneously engage at national, supra- and international level (Long & Lörinczi, 2009).

Accordingly, research which compares stakeholders and their respective influence in the EU policy arena, suggest that private organisations have a high profile within EU policymaking, whereas trade unions, civil society and professional organisations are comparatively under-represented (Coen & Richardson, 2009; Dinan & Wesselius, 2010; Eising, 2004; Greenwood, 2003). Business interests not only seem to outnumber public interests (Coen, 2007; Coen & Richardson, 2009; Corporate Europe Observatory, 2005) but also enjoy privileged access to EU institutions (Dinan & Wesselius, 2010), are better able to engage in more comprehensive and prolonged lobbying (Gullberg, 2008), have sufficient resources to lobby not only those who are receptive of their arguments but also those who are less easily persuaded (Gullberg, 2008) and are more successful in pushing their interests (Contiero, 2006; Dinan & Wesselius, 2010). In line with this critique, the EC's approach to consultation and dialogue has come under scrutiny (Smith et al., 2010; Smith, Gilmore, Fooks, Collin, & Weishaar, 2009). It has been depicted as favouring large corporations and business interest and giving them an opportunity to exploit their resulting competitive advantage as the providers of information required for the assessment and the development of potential policy (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; Smith, et al., 2009).

This advantage is particularly concerning when corporations have a vested interest in the policy that is being debated, as is the case with tobacco companies and tobacco control policy (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; Smith, et al., 2009).

Civil society organisations²² are seen as a crucial counterweight which can potentially balance commercial interests in policymaking (Edwards, 2004). In contrast to commercial actors, which are seen to represent the interests of the economic market, civil society organisations are perceived to more broadly represent the concerns “related to the well being of people, specific groups of people or society as a whole” (European Commission, 2000, p. 4). In order to strengthen these societal representatives in EU policymaking, the EC has committed to improving and strengthening the relationship with and lending support to civil society organisations (European Commission, 2000). Scholars have highlighted that this commitment has allowed the EC to develop the landscape of European level interest groups and create a supportive policy environment (Bomberg, et al., 2008; Greenwood, 2003). It has also been argued that the need of civil society organisations to sustain their existence via European funding and their close relationships with the EC increases the risk of the respective organisations becoming less critical of EU institutions and their actions (Bomberg, et al., 2008).

The above situation, which suggests that EU policymaking is progressively more affected by interactions between decision makers and stakeholders, alludes to conflicts of interest which have recently received increasing attention from advocates and journalists (European Court of Auditors, 2012; Hoedeman, 2010; Pargneaux, 2013; Vogel, 2012). ALTER-EU, a Brussels-based organisation for lobbying transparency and ethics regulation, blames EU institutions for not sufficiently regulating lobbying and handling problems deriving from non-transparent lobbying, conflicts of interest and the movement of personnel between organisations which try to influence policymaking and EU institutions (Hoedeman, 2010).

3.6 Policy networks

The outlined changes in governance have called for the development of new political concepts which take account of the variety of political actors involved in modern policymaking (Hooghe & Marks, 2003; Willetts, 2001). Acknowledging that “public policies

²² The EC refers to these organisations as “non-governmental organisations” (NGOs) (European Commission, 2000, p. 1). Many actors who operate at the European and international are not part of a specific government and could thus be described as non-governmental. I therefore decide to largely avoid the unspecific and potentially misleading term “non-governmental organisations” and refer to “civil society organisations” instead.

are made and delivered via some kind of hybrid arrangement involving a range of different actors" (Peterson, 2009, p. 1), the concept of policy networks has received increasing attention in recent years. It has become the dominant conceptual approach used in the social and political sciences to describe stakeholder engagement in policymaking and a useful tool for understanding, describing and explaining the complex web of actors involved in European governance and the intricacy of the process of developing EU legislation (Bomberg, et al., 2008; Marsh, 1998b; Peterson, 2009; Peterson, Bomberg, & Stubb, 2008; Rhodes, 1997a). A number of scholars are associated with the idea of networks and interdependence between political actors. In 1975, Heclo (1975) was the first to suggest that traditional, state-centric approaches which focused on actors with formal powers to set policy were insufficient to explain modern democratic governance. He argued that policy analysis had to take the open networks of actors into account which he perceived to increasingly impact on decision-makers and their actions (Heclo, 1975). In the 1990s, Rhodes and Marsh, two UK-based political scientists who theorised about changes in British politics, coined the term "policy network" (Marsh, 1998a, 1998b; Rhodes, 1997b, 1997c, 1997d). In the following decade, political scholars applied the idea of policy networks to European governance, with Peterson (2009) and Bomberg (2008) being two of the most prominent. Aiming to provide a framework for the analysis of stakeholder engagement and collaboration in policymaking, the following section describes concepts of policy networks and coalition-building.

3.6.1 Definition and key features of policy networks

While the concept of policy networks is perceived to appropriately capture recent changes in governance and acknowledges the importance of stakeholders engagement in the policy process (Bomberg, et al., 2008; Marsh, 1998b; Peterson, 2009; Rhodes, 1997a), the definition and key features of the concept are less clear. Resembling concepts of stakeholder engagement, Peterson and Bomberg (1999, p. 8) define a policy network as "a cluster of actors, each of which has an interest, or a 'stake' in a given [...] policy sector and the capacity to help determine policy success or failure". Scholars who see network governance and policy networks as characteristic of modern policymaking postulate that policy networks are complex, non-hierarchical groups of mutually dependent actors with an interest and some capacity to influence policy processes and outcomes who engage in bargaining processes (Heclo, 1975; Peterson, 2009). Interdependence and the existence of relationships between

network actors are thus salient features of the policy network (Bomberg, 1998; Heclo, 1975). Depending on the purpose and structure of the network, these relationships can take different forms, including active cooperation, mutual agreement on an issue, negotiations or exchange of resources such as information, expertise or access (Bomberg, 1998; Marsh, 1998a; Peterson, 2009; Rhodes, 1997c). Rhodes (1997b) defines different types of networks based on the intensity of relationships between their members, ranging from tightly integrated policy communities to loosely affiliated issue networks.

The EU policy context has been identified as a particularly fertile breeding ground for policy networks, and scholars argue that EU policymaking is particularly likely to be shaped by policy networks (Bomberg, et al., 2008; Peterson, 2009). Several aspects contribute to the particular importance of networks in EU policymaking, including the complexity and multi-layered nature of the EU, the lack of one dominant governmental decision making body, the variety of access points, the powerful positions held by senior officials in the EC in the early stages of policymaking, the EU institutions' reliance on external expertise and the lack of regulation of lobbying (Bomberg, et al., 2008; Crombez, 2003; Dinan & Wesselius, 2010; Nugent, 2006; Peterson, 2009).

3.6.2 Coalition-building

By allowing actors to come together around a shared goal, share knowledge, identify major points of contention and agreement, pool resources and act collectively, policy networks provide platforms for coalition-building (Heclo, 1975). The literature suggests that network actors who have a joint understanding of and interest in a policy issue form coalitions (Keck & Sikkink, 1998; Sabatier & Jenkins-Smith, 1993b). Sabatier and Jenkins-Smith, the founders of the advocacy coalition framework (ACF), a concept describing coalitions of political actors who engage in national policymaking, postulate that a policy network (or what they call a policy subsystem or domain²³) can be divided into smaller sets of actors (Sabatier, 1998). These actors are members of various institutions who share similar values, beliefs and positions, have some kind of relationship with each other and interact regularly over extended periods of time to influence policy within a given policy area (Sabatier, 1998; Sabatier & Jenkins-Smith, 1993b).

²³ According to Sabatier (Sabatier, 1998, p. 99), a policy subsystem or domain "consists of actors from a variety of public and private organizations who are actively concerned with a policy problem or issue [...] and who regularly seek to influence public policy in that domain".

Coalitions are perceived to increase the success of political actors (Bomberg & Peterson, 1998; Coen, 2007; Watson & Shackelton, 2008) by providing a frame for sharing information and for pooling and improving the stewardship of resources (Mahoney, 2007b). The relationships between coalition members facilitate access to information that is relevant to the political debate, ensure the quick and effective dissemination and channelling of information, expertise and interests and thus appear to be a significant advantage when trying to engage in policymaking (Keck & Sikkink, 1998). By demonstrating solidarity, agreement and support of a considerable number and variety of stakeholders for a certain policy position, coalitions can garner decision makers' attention and support and increase their members' influence on the policy process (Keck & Sikkink, 1998; Mahoney, 2007b). Scholars assume that strategic collaboration between coalition members can further motivate, encourage or pressure decision makers to adopt policies that have been adopted elsewhere, resulting in policy transfer and international policy coordination (Haas, 1992; Long & Lörinczi, 2009). Coalitions have also proven to be useful in monitoring compliance of decision makers and holding them accountable to their promises and commitments (Keck & Sikkink, 1998).

While coalitions are perceived to have a number of benefits, the development of coalitions can be hampered by difficulties to agree on acceptable messages and strategies, an unwillingness to modify positions and compromise and the primacy of actors' own interests (Mahoney, 2007b; Sabatier, 1998). Coalition members have been shown to be restricted by the structure and culture of coalitions, by their position within a group and by "path dependency" (Kay, 2005, p. 553) which can decrease a coalition member's ability to generate innovative ideas or challenge the prevalent position or strategy (Marsh & Smith, 2000).

3.6.3 Factors affecting the formation and performance of coalitions

A number of factors, including issue, network and context characteristics, have been identified as moderating coalition formation, performance and success (Keck & Sikkink, 1998; Mahoney, 2007a). Features of the policy issue that is being debated have been identified as crucial determinants of coalition-building and coalition success (Mahoney, 2007a). Due to the stronger urge to join forces in view of a common or immediate threat, issues of high salience and controversy seem to be particularly likely to generate coalition-building (Mahoney, 2007b). Moreover, issues that involve ideas about right or wrong, arise from the intentional actions of identifiable individuals, involve bodily harm to vulnerable

individuals or concern legal equality seem to be particularly amenable to stakeholder engagement (Keck & Sikkink, 1998). If stakeholders are successful in finding a persuasive frame and telling a causal story which shows who bears responsibility for an unsatisfactory situation, issues are more likely to be perceived as worthy of political debate (Keck & Sikkink, 1998). Given that exposure to SHS causes morbidity and mortality, the tobacco industry has been blamed for the harm caused by SHS and expectations have been voiced that decision makers have a responsibility to protect vulnerable and disadvantaged individuals from bodily harm, SHS can be assumed to be an issue which generates interest from stakeholders and facilitates coalition-building.

The characteristics of coalition members and their relationships with each other have been identified as factors determining the performance and success of coalitions (Keck & Sikkink, 1998). Stakeholder characteristics appear to influence whether a stakeholder engages in coalition-building, with organisations that have large resources at their disposal being more and organisations with fewer resources less likely to form coalitions (Mahoney, 2007b). Research suggests that different aims of coalitions require different relationship structures. Granovetter's work (1973, p. 1360), for example, points to the effectiveness of loose connections and the "strength of weak ties" for the acquisition of information, whereas Keck and Sikkink (1998) argue that dense networks with strong connections are better at transmitting information.

Context characteristics, i.e. the institutional structures, organisational context of the political system and features of actors with decision making powers, seem to determine the success of a coalition (Keck & Sikkink, 1998; Mahoney, 2007a). One of the prerequisites of stakeholder success is that actors with decision making powers are receptive to persuasion or pressure (Keck & Sikkink, 1998). Keck and Sikkink (1998) argue that states which aspire to be part of a normative community of nations or want to raise their status in the international system are often more likely to be receptive to pressure from coalitions. The concept of the transnational advocacy networks (TAN), developed by Keck and Sikkink (1998), emphasises that coalitions respond to the changes in modern governance and that stakeholders recognise the added value of concertedly exerting influence on decision makers. Expanding beyond national boundaries and involving actors from different jurisdictions, TANs tackle domestic and international policy simultaneously and can thus be seen as "part of an international society" which interacts on specific policy issues (Keck & Sikkink, 1998, p. 4). Keck and Sikkink (1998) assert that TANs are most likely to emerge when international

arenas provide opportunities for the formation of networks. The existence of European umbrella organisations which represent the collective interests of their national members seems to provide evidence of the international dimension of stakeholder engagement and coalition-building.

3.7 Stakeholder engagement in tobacco control

The crucial role of networks and coalitions in the development and implementation of tobacco control policies has been acknowledged by a number of scholars (Cairney, 2007a; Farquharson, 2003; Princen, 2007a; Read, 1992; Read, 1996; Sato, 1999). Farquharson (2003, p. 80) highlights the “adversarial nature” of tobacco control policy and “the extreme commitment of both tobacco control advocates and opponents to their ideological positions, and their concerted struggles to influence policy makers”. She argues that global tobacco control policymaking is dominated by “two easily distinguishable and competing” coalitions²⁴ (Farquharson, 2003, p. 90). On the one hand, she describes a global anti-tobacco coalition of “tobacco control activists” and experts who work on specific subfields of tobacco control and campaign for comprehensive tobacco control policy (Farquharson, 2003, p. 87). On the other hand, she depicts a pro-tobacco coalition which consists of internationally operating tobacco companies, local, independent manufacturers and trade organisations whose major goal is “to influence tobacco policy at all levels of government, ensuring that regulations [...] are minimal” (Farquharson, 2003, p. 85). The idea of tobacco control as a policy area which is dominated by the antagonism between supporters of and opponents to effective tobacco control policy has been substantiated by empirical studies of national tobacco control policy (Read, 1992; Sato, 1999). Existing studies suggest that opponents of comprehensive policies have traditionally been more successful in influencing national policies (Read, 1992; Sato, 1999). Analysing Japan’s tobacco control history, Sato (1999) claims that opponents of tobacco control policy established close links to government departments, emerged as the dominant coalition, countered tobacco control advocates and successfully influenced national policies. Similarly, Read’s analysis of UK tobacco control policy in the 1980s finds that opponents were more successful in pushing their interests than supporters of effective tobacco control policy (Read, 1992).

²⁴ Farquharson (Farquharson, 2003, p. 80) uses the terms “Pro-tobacco Global Advocacy Network” and “Anti-tobacco Global Advocacy Network” to refer to the respective coalitions.

The dichotomy between two opposing coalitions, which these studies are indicative of, is also reflected in the wording of the FCTC. On the one hand, the preamble of the treaty acknowledges “the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry [...] to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts” (World Health Organization, 2003, p. 2). In line with this pronouncement, the treaty stresses that “participation of civil society is essential in achieving the objective of the convention” (World Health Organization, 2003, p. 6). On the other hand, the treaty draws attention to the detrimental impact of the opponents to tobacco control and highlights “the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts” (World Health Organization, 2003, p. 2).

Awareness of the “fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests” (World Health Organization, 2009b, p. 5) has culminated in article 5.3 of the FCTC which aims to regulate the interaction between the tobacco industry and those involved in the formulation, implementation, administration or enforcement of tobacco control policies. The article requires parties to the FCTC “to protect [their public health policies with respect to tobacco control] from commercial and other vested interests of the tobacco industry in accordance with national law” (World Health Organization, 2003, p. 7). The guidelines which were adopted at COP3 in 2007 in Bangkok, Thailand, to assist parties to the treaty in meeting their legal obligations under FCTC article 5.3 recommend parties to the treaty to raise awareness about tobacco industry interference, limit interactions and ensure transparency of any interactions that occur, reject partnerships, avoid conflicts of interests and preferential treatment, regulate activities that portray the tobacco industry as socially responsible and demand transparency and accuracy from the tobacco industry (World Health Organization, 2009b). Responding to tobacco industry strategies to work through allies, consultants, front groups and other bodies, the guidelines highlight that the measures should not only apply to the tobacco industry but also to “organizations and individuals that work to further the interests of the tobacco industry” (World Health Organization, 2009b).

The following section, which describes the two coalitions and their previous engagement in tobacco control, provides evidence that the contradictory interests of the two coalitions have resulted in differential respective contributions to tobacco control policy.

3.7.1 Tobacco control coalition

Little has been published about national, European or international tobacco control coalitions, their composition, structure or impact on tobacco control policymaking. The limited existing literature suggests that organisations specifically dedicated to tobacco control form the core of coalitions supporting comprehensive tobacco control policy (Arnott, Dockrell, Sandford, & Wilmore, 2007; Currie & Clancy, 2011; Harrison & Hurst, 2005; Princen, 2007a). It also suggests that tobacco control coalitions comprise decision makers with an interest in curbing the tobacco epidemic and stakeholders representing disease-specific organisations (primarily those dealing with cancer, respiratory and cardiovascular disease), health professionals, trade unions, the business sector, charities and a range of other civil society organisations (Arnott, et al., 2007; Currie & Clancy, 2011; Harrison & Hurst, 2005; Princen, 2007a). Tobacco control coalitions have been found to be a crucial success factor in policymaking and a considerable counterforce against tobacco industry action in the fight for national smoke-free policies (Arnott, et al., 2007; Currie & Clancy, 2011; Drope, 2010; Harrison & Hurst, 2005).

Studies, including those investigating the development of workplace smoke-free policies (Bero, Montini, Bryan-Jones, & Mangurian, 2001; Montini, Mangurian, & Bero, 2002), provide evidence of the close collaboration between academics and tobacco control advocates and the use of research in advocacy. The collaboration between advocates and researchers has been identified as a major strength of tobacco control and key factors for policy success (Cairney, et al., 2011; Drope, 2010; Mamudu, Gonzalez, & Glantz, 2011). Mamudu et al. (2011), for example, highlight the importance of “a worldwide network of professionals [...who...] recognize that scientific evidence should inform advocacy and policy activities” for the development of the global tobacco control. Research which draws on internal tobacco industry documents shows that tobacco industry representatives were concerned about the synergy effects of advocacy organisations and members of the academic community and attributed the success and credibility of tobacco control advocates to their effectiveness in forming alliances with researchers and professionals, thereby controlling the interpretation of evidence in the policy debate (Gonzalez, Green, & Glantz, 2011).

The fact that tobacco is marketed and consumed globally, the tobacco epidemic has spread around the globe and tobacco control policy is negotiated by subnational, national, supranational and international institutions seems to have increased the awareness of stakeholders that international collective action is needed to represent their interests.

Accordingly, the international dimension of tobacco control coalitions has been stressed by scholars who investigate global tobacco control policy (Farquharson, 2003; Mamudu, 2005). The existence and activities of the World Conference on Tobacco or Health (WCToH, an international, triennial conference on tobacco-related issues), GlobaLink (a tobacco control online community) and the Framework Convention Alliance (FCA, a coalition of civil society organisations with an interest in tobacco control which was established in 1999 to support the development, ratification and implementation of the FCTC and regularly assembled at the Intergovernmental Negotiating Bodies (INBs) and COPs) provide evidence that stakeholders and experts across the globe share information and interact (Mamudu, et al., 2011). The FCA enables civil society organisations to learn from each other and disseminate information (Wilkenfeld, 2005) and is an example of an international tobacco control coalition (Mamudu & Glantz, 2009). It has been recognised as an important actor in pushing for stringent tobacco control in the FCTC negotiations (Mamudu & Glantz, 2009). FCA members informed and educated decision makers about issues that were debated, framed debates, brought experts to the debate, mobilised allies, monitored the actions of WHO member states and their respective delegations, drew attention to tobacco industry misconduct and built expertise (Mamudu & Glantz, 2009; Wilkenfeld, 2005). According to Mamudu (2005, p. 258), the establishment of the FCA enabled advocates to collectively fight for tobacco control policies and served as a “catalyst” for the development of a global tobacco control coalition. The alliance continues to facilitate joint action and helps tobacco control advocates around the globe to successfully push for the development of effective tobacco control legislation at the subnational, national, supra- and international level (Harrison & Hurst, 2005; Wilkenfeld, 2005).

While scholars have started to explore global (Farquharson, 2003; Mamudu, 2005) and national (Arnott, et al., 2007; Currie & Clancy, 2011; Harrison & Hurst, 2005) coalitions in tobacco control, there is a substantial gap in the literature regarding collaboration of tobacco control advocates at the European level²⁵. The literature suggests that, due to a lack of attention for EU policy developments among national organisations, restricted financial resources and a difficulty to organize themselves and coordinate strategies at EU level, civil society organisations were initially slow to respond to the acceleration of and developments

²⁵ The following account is based on my prior knowledge and interactions with civil society organizations, discussions with my supervisors and an analysis of the information that is publicly available about actors who engage in EU tobacco control policy.

in EU tobacco control policy in the late 1980s and early 1990s (Boessen & Maarse, 2009). Since then, a number of European organisations and associations have been established which bring together the interests of actors with an interest in tobacco control and promote tobacco control at the European level. The arguably most prominent European tobacco control organisations are the SFP and the European Network for Smoking and Tobacco Prevention (ENSP). The SFP, a partnership funded by ERS, CRUK, EHN and Action on Smoking and Health England, UK (ASH UK), aims to advance tobacco control at the European level and collaborates with European civil society organisations working on public health and tobacco (Smokefree Partnership, 2013). The ENSP, an umbrella organisation for national tobacco control organisations created in 1997, seeks to facilitate information sharing, collaboration and joint projects among actors with an interest in comprehensive tobacco control (European Network for Smoking and Tobacco Prevention, 2013). According to its mission statement, the organisation's aim is to build coherence among tobacco control activities across the EU and lobby for comprehensive tobacco control policies at European and member state level (European Network for Smoking and Tobacco Prevention, 2013).

In addition to these organisations, which focus solely on tobacco control, a number of European organisations with a broader remit are active in tobacco control advocacy. Among these are the ECL (an umbrella organisation of national and regional cancer leagues advocating for cancer control and cancer care (Association of European Cancer Leagues, 2013)), the ERS (a European organisation representing the interests of professionals working in the field of respiratory health and promoting lung health (European Respiratory Society, 2013)), the EHN (a European umbrella organisation for national heart foundations and other heart organisations, which promotes the prevention and reduction of cardiovascular diseases (European Heart Network, 2013)) and the European Public Health Alliance (EPHA, a civil society organisation representing not-for-profit organisations across the EU which campaigns for public health and the development of respective policies at the EU level (European Public Health Alliance, 2013)).

In addition, a multitude of organisations exists, which bring together national actors working on tobacco control and have formed around more specific aspects of EU tobacco control policy. Examples of such European organisations are the International Network of Women Against Tobacco Europe (INWAT Europe, focused on gender issues in tobacco consumption and tobacco control policy (International Network of Women against Tobacco, 2013)) and the European Network of Quitlines (ENQ, aimed at sharing best practice and

enhancing the knowledge and skills between European Quitlines (European Network of Quitlines, 2013)).

Many organisations which operate at the EU and global level have links to national actors and organisations with an interest in tobacco. National actors include organisations specifically dedicated to tobacco control (e.g. Action on Smoking or Health (ASH) in England, Scotland, Wales and Ireland), research institutions and professional organisations dealing with cancer and other tobacco-related diseases (e.g. CRUK, the French National League against Cancer, the Irish and Dutch Heart Foundation and the German Medical Action Group Smoking or Health) and a variety of other organisations promoting tobacco control (e.g. the WHO Collaborating Centre for Tobacco Control at the German Cancer Research Centre (DKFZ), the Dutch organisation STIVORO – for a smokefree future and national Non-smokers Alliances).

3.7.2 Anti-tobacco control coalition

The literature suggests that the five²⁶ major private tobacco companies that dominate the tobacco market, PMI²⁷, Altria/Philip Morris USA²⁸, JTI²⁹, BAT³⁰ and the Imperial Tobacco Group (ITG)³¹ seem to be the main drivers of the anti-tobacco control coalition (Eriksen, et al., 2012). In contrast to the limited literature on tobacco control coalitions, plenty of studies analyse the attempts of tobacco companies and their allies to counter effective tobacco control policy at the national (Action on Smoking and Health UK, 2010; Grüning, Gilmore, & McKee, 2006; Grüning, et al., 2011; Lee & Glantz, 2001; Schneider, Sebrie, & Fernandez, 2011), European (Bitton, et al., 2002; Mandal, et al., 2009; Neuman, et al., 2002; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010) and global (Mamudu, Hammond, & Glantz, 2008;

²⁶ China National Tobacco Corporation, the largest state-owned tobacco company, which has a share of nearly half the entire tobacco market and produces more cigarettes than any of the private companies, largely sells its products in the Republic of China and is therefore not mentioned in this list of companies which operate in the EU (Eriksen, Mackay, & Ross, 2012; Rand Europe, 2010).

²⁷ Since March 2008, PMI is a spin-off from the Altria Group which sells tobacco products in over 160 countries (Rand Europe, 2010). The company owns more than 150 brands with Marlboro being the most popular brand (Rand Europe, 2010). In addition to cigarettes, PMI also sells pipe tobacco and smokeless tobacco (Rand Europe, 2010).

²⁸ The Altria Group operates through its operating companies Philip Morris USA, US Smokeless Tobacco Company and John Middleton (Rand Europe, 2010). It sells brands like Marlboro, Copenhagen, Skoal and Black & Mild (Rand Europe, 2010).

²⁹ JTI employs 23,000 people and owns three top international cigarette brands (Winston, Camel and Mild Seven) as well as other brands and tobacco products, including cigars and smokeless tobacco (Rand Europe, 2010). The company operates in more than 120 countries around the globe (Rand Europe, 2010).

³⁰ BAT is a leader in over 50 markets, sells over 300 brands, and employs nearly 54,000 people (Rand Europe, 2010). In addition to the company brands (e.g. Dunhill, Kent, Lucky Strike and Pall Mall), BAT produces ready-made cigarettes, cigar, roll your own tobacco, pipe and smokeless tobacco products (Rand Europe, 2010).

³¹ The ITG sells a portfolio of brands, including Davidoff, in over 160 countries around the world (Rand Europe, 2010).

Ong & Glantz, 2000; Weishaar et al., 2012; World Health Organization Committee of Experts on Tobacco Industry Documents, 2000) level. The release and open access to formerly confidential internal tobacco industry documents, including correspondence, presentations, strategy plans, newspaper articles and other relevant documentation (Legacy Tobacco Documents Library, 2012) have given rise to a large body of literature focusing on the political actions of opponents to effective tobacco control policy and tobacco industry attempts to influence policymaking³² (e.g. Carter, 2002; Collin, LeGresley, MacKenzie, Lawrence, & Lee, 2004; Dearlove, et al., 2002; Diethelm & McKee, 2006; Gilmore, Collin, & McKee, 2006; Neuman, et al., 2002; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; World Health Organization Committee of Experts on Tobacco Industry Documents, 2000). This section attempts to provide a brief overview of previous efforts by opponents of comprehensive tobacco control, notably tobacco industry representatives, to influence EU policymaking and smoke-free policy. The section starts by briefly describing tobacco companies, the main opponents of comprehensive tobacco control policies, and their economic and political significance in the EU. Then, the focus is directed to industry efforts to manipulate the development of EU tobacco control policy and the industry's role in undermining the scientific evidence on SHS, framing debates and influencing smoke-free policies. Finally, the section outlines the ways in which tobacco companies have built alliances with other political actors to achieve their political goals regarding smoke-free policies.

3.7.2.1 Economic and political importance of tobacco companies in the EU

The production of tobacco leaf is a relatively minor industry activity in the EU with only 4% of global production taking place in the EU (Rand Europe, 2010). EU member states, notably Germany, the Netherlands and Poland, however, are major exporters of cigarettes which means that the private tobacco companies that operate in Europe (in this thesis simply referred to as "tobacco companies"³³) maintain a large number of factories in EU member states (Eriksen, et al., 2012). BAT and ITG operate from headquarters in the UK, whereas PMI is based in Switzerland (Eriksen, et al., 2012). Although cigarette consumption in EU member states is stagnating or even declining (Directorate General Health and Consumers,

³² For an overview of tobacco industry strategies to influence policymaking, see Zeltner et al. (World Health Organization Committee of Experts on Tobacco Industry Documents, 2000), Saloojee and Dagli (Saloojee & Dagli, 2000) or Weishaar et al. (Weishaar, et al., 2012).

³³ In the rest of this thesis, the term "tobacco companies" will be used to refer to tobacco companies which operate in the EU, i.e. PMI, Altria/Philip Morris USA, JTI, BAT and ITG.

2012a), industry profits continue to increase (Gilmore, 2012). In 2008 for example, tobacco companies still generated total net revenues of nearly €42 billion from their European business (table 3.2) (Rand Europe, 2010). Figures further show that the overall profits of individual companies exceed the financial power of several states (LeGresley, 1999). Across the EU, 67,000 enterprises and 240,000 employees are involved in the manufacture, wholesale and retail of tobacco products and €67 billion are annually collected in tax by European governments relating to the consumption of tobacco (Rand Europe, 2010).

The situation outlined above explains why private tobacco companies have financial resources and incentives to emerge as powerful actors in the political arena. EU institution officials and decision makers are important targets of tobacco companies' efforts to ensure a conducive regulatory environment. Tobacco companies' attempts to establish contact with EU institutions are evident in their spending on interest representation. While being criticised for underestimating corporate investment and containing a wide range of loopholes (Dinan & Wesselius, 2010), official European data suggest that PMI, for example, spent an estimated 1,000,000-1,250,000€ in 2011 on European interest representation (European Union, 2011d). The figures given by BAT (European Union, 2011b) and JTI (European Union, 2011c) accrue to 450,000-500,000€ and 650,000-700,000€, respectively³⁴.

Table 3.2: Net revenue, profit, cigarette volumes and share of business in Europe of major tobacco companies operating in Europe, 2009

| | British American Tobacco | Philip Morris* | Imperial | Japan Tobacco International* |
|--|--------------------------|----------------|----------|------------------------------|
| Net revenue | €6,043 | €20,822 | €4,011 | €11,012 |
| Profit | €1,542 | €3,221 | €1,930 | €367 |
| Cigarette volumes | 260bn | 243.5bn | 124.6bn | 114.8bn |
| Share of its business in Europe (in terms of operating income) | 31% | 46% | 73% | n/a |

Source: 2009 annual reports for BAT, PM, JTI and ITGI

*Profits refer to operating income

Data source: Rand Europe (2010)

In addition to showing a presence in Brussels via separate public relations offices, tobacco companies work through national tobacco manufacturers associations (TMAs) (e.g. the UK TMA and the German Cigarette Confederation/Deutscher Zigarettverband) and European

³⁴ In comparison, the SFP claims to have spent 100,000-150,000€ (Smokefree Partnership, 2012c) and ENSP less than 50,000€ (European Network for Smoking and Tobacco Prevention, 2012) on lobbying in 2011.

TMAAs (e.g. the Confederation of European Community Cigarette Manufacturers (CECCM), the European Smoking Tobacco Association (ESTA) and the European Cigar Manufacturers Association (ECMA)). In addition, tobacco companies collaborate with like-minded representatives of industries which rely on the consumption and sale of tobacco. These include companies and organisations that are involved in tobacco production (i.e. farming, leaf marketing and processing), manufacturing (i.e. producing unmanufactured tobacco and manufacturing tobacco products) and sales (i.e. the wholesale and retail of tobacco). In the European policy arena, most of these industries are represented through European umbrella organisations, like the Groupement des Industries Européennes du Tabac (GITES, representing tobacco producers of Southern Europe), the Union Internationale des Producteurs de Tabac (UNITAB), the European Confederation of Tobacco Retailers (CEDT) and the European Tobacco Wholesalers Association (ETV). Due to their long-standing relationships with each other and their often collective appearance and concordant opposition, tobacco companies and other organisations and industries which are reliant on tobacco trade have collectively been referred to as “the tobacco industry”³⁵ (World Health Organization, 2003, p. 4).

3.7.2.2 Tobacco industry attempts to influence EU tobacco control policy

Among EU tobacco control initiatives, the European tobacco advertising ban is considered to be the most prominent example of tobacco industry opposition against EU tobacco control policy (Godfrey, 2000). Research shows that tobacco industry representatives managed to sustain tactics to counter the policy proposal over the period of more than a decade by framing the debates, lobbying decision makers at EU and national level, discrediting the tobacco control community and challenging the public health competence of the EU (Bitton, et al., 2002; Neuman, et al., 2002). Tobacco industry efforts to stop tobacco advertising legislation culminated in a legal challenge in the ECJ against the first directive and resulted in the annulment of the directive in October 2000 and the adoption of a weaker directive in June 2001 (Bitton, et al., 2002; Boessen & Maarse, 2009). The literature suggests that the tobacco industry employed similar strategies to derail the TPD (Mandal, 2006). Industry efforts included the direct lobbying of decision makers, mobilisation of allies, publication of

³⁵ While acknowledging the critique of the broad term “tobacco industry” for failing to differentiate between and account for the diversity of organisations that it subsumes (Wander & Collin, 2009), the term is used in this thesis in line with the WHO FCTC’s definition (World Health Organization, 2003, p. 4) to more broadly describe actors with a commercial interest in tobacco production, manufacturing and sales.

an industry-drafted impact assessment (IA) report, involvement in a consultative programme on scientific issues with the EC and manipulation of media coverage (Mandal, 2006). Mirroring their strategy against the European tobacco advertising ban, tobacco companies mounted a legal challenge against the TPD which, however, was unsuccessful (Mandal, 2006).

While most studies have revealed tobacco companies' strategies in preventing effective tobacco control, Smith et al.'s (2010) research highlights how tobacco companies were able to influence EU policymaking at a higher level. Their research provides evidence of BAT's success in mobilising a coalition of like-minded companies and launching a comprehensive campaign to secure binding changes to the Treaty of Amsterdam and thus shaping an essential part of EU policymaking (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010). The respective changes require EU decision makers to conduct routine evaluation of the impact of legislative proposals, minimise legislative burdens on businesses and consult widely with stakeholders when developing policies and thus ensure that tobacco industry interests are taken into account in EU policymaking, including in the development of tobacco control policy (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010).

The literature outlined above suggests that tobacco companies have pursued an active strategy to secure access to and build support among EU decision makers (Collin, Lee, & Bissell, 2002; Hastings & Angus, 2004). Sometimes facing difficulties in gaining access to decision makers whose primary interest lies in public health, tobacco companies seem to have been particularly successful in finding alternative venues which are sympathetic to their cause, for example in EC DGs that deal with trade, agriculture, taxation (Princen, 2007a) or advertising (von Sydow, 1996) or national trade and finance ministries (Grüning, et al., 2011).

3.7.2.3 Tobacco industry and smoke-free policies

A vast body of literature outlines tobacco companies' responses to the evidence on the harms of SHS and the development of national smoke-free policies (Diethelm & McKee, 2006; Global Smokefree Partnership, 2009a; Helmert, 2010; Hirschhorn, 2000; Kyriss, Pötschke-Langer, & Grüning, 2008; Lee & Glantz, 2001; Muggli, Forster, Hurt, & Repace, 2001; Muggli, Lee, Gan, Ebbert, & Hurt, 2008; Ong & Glantz, 2000; Trotter & Chapman, 2003). Internal tobacco industry documents show that from early on, tobacco company representatives were concerned that the adoption of smoke-free policies would reduce cigarette consumption,

lead to the elimination of smoking and threaten their ability to continue doing business and increase profits (Dearlove, et al., 2002; Diethelm & McKee, 2006; Muggli, et al., 2001). While countering such policies was perceived as particularly difficult as the harms caused by SHS to non-smokers rendered the argument of “personal choice” of the smoker invalid and thus discarded an argument which, for decades, had successfully been employed to counter other tobacco control measures (Muggli, et al., 2001), tobacco company representatives worked intensely to prevent comprehensive smoke-free policies (Hirschhorn, 2000).

One prominent and seemingly successful industry strategy was to rebut scientific and public debates on SHS (Diethelm & McKee, 2006). Tobacco industry documents reveal that, over several decades, tobacco companies ran aggressive campaigns to discredit studies which provided evidence of the harmful effects of SHS (Diethelm & McKee, 2006; Lee & Glantz, 2001; Ong & Glantz, 2000; Trotter & Chapman, 2003). Tobacco companies seemed to further recruit and support scientists to systematically cast doubt on any evidence which showed that SHS was a serious health risk (Helmert, 2010; Hirschhorn, 2000). Although their own biochemical research confirmed the dangers of SHS, tobacco companies publicly denied the harms of SHS for several decades (Diethelm, Rielle, & McKee, 2004). Research which shows that tobacco company studies on SHS were employed in the revision of the New Zealand smoking ban between 1997 and 2005 to argue against comprehensive smoke-free policies (Thomson, Wilson, & Howden-Chapman, 2007) suggests that that tobacco companies’ fraudulent research affected political debates regarding regulation of SHS.

Research suggests that another industry strategy to counter debates on SHS and smoke-free policies was to frame discussions in a way that suggested that comprehensive smoke-free policies were unreasonable and that alternative solutions were more appropriate (Dearlove, et al., 2002; Schneider, et al., 2011). Arguments frequently employed in this context were that comprehensive smoke-free policies would have negative economic impacts on businesses, with tobacco companies funding studies which highlighted detrimental economic effects (Dearlove, et al., 2002). It appears that such frames were successful in chilling and slowing down policy initiatives (Kyriss, et al., 2008) and getting allies on board, including representatives of the hospitality sector (Kyriss, et al., 2008). Capitalising on technical aspects of exposure to SHS and the difficulty to assess the risk caused by low doses of toxins, tobacco companies further seemed to focus the debates on risk assessment and indoor air quality (Hirschhorn & Bialous, 2001). Shifting the focus to indoor air quality enabled tobacco companies to promote ventilation technologies as an

alternative solution to comprehensive smoke-free policies (Lee & Glantz, 2001; Muggli, et al., 2001) and call for policies which would allow exemptions (Campaign for Tobacco-free kids, 2013). In order to prevent compulsory and comprehensive policies, tobacco industry representatives framed responses to SHS as a question of courtesy, tolerance, freedom and choice and argued that hospitality venues should be able to “accommodate” both smokers and non-smokers (Dearlove, et al., 2002, p. 95; Lee & Glantz, 2001, p. 55). Tobacco company representatives further alleged that comprehensive policies would not be feasible to implement and face adverse public opinion (Global Smokefree Partnership, 2009a).

3.7.2.4 Tobacco company allies in the fight against smoke-free policies

Research suggests that tobacco companies were often successful in recruiting allies and mobilising opposition to counter tobacco control policies at national (Harrison & Hurst, 2005; Mangurian & Bero, 2000), European (Mandal, et al., 2009; Neuman, et al., 2002) and global level (Weishaar, et al., 2012; World Health Organization, 2008a). Allies against smoke-free policies included smokers’ rights groups (Campaign for Tobacco-free kids, 2013) (e.g. the Brussels-based group Smokepeace Europe, an umbrella organisation for smokers’ rights groups across Europe, possibly set up and originally supported by PMI (Turner, 1994; von Sydow, 1996)), journalists (Muggli, Hurt, & Becker, 2004), airlines (Kyriass, et al., 2008) and organisations which focused on technical aspects of SHS (Campbell & Balbach, 2011).

Research suggests that tobacco companies perceived coalitions with the hospitality sector as particularly crucial for the successful rebuttal of smoke-free policies (Dearlove, et al., 2002). Plenty of evidence shows that the European trade association representing hotels, restaurants, cafés and similar establishments in Europe (HOTREC) (Campaign for Tobacco-free kids, 2013; Dearlove, et al., 2002), the European Confederation of National Associations of Hotels, Restaurants, Cafés and Similar Establishments (HORECA) (Campaign for Tobacco-free kids, 2013; Dearlove, et al., 2002; Lee & Glantz, 2001), the International Hotel and Restaurant Association (IH&RA, formerly the International Hotel Association IHA) (Dearlove, et al., 2002) and a number of other hospitality associations played important roles in coalitions which were set up to counter international and EU smoke-free policies. In addition, national HORECA members and organisations affiliated with HORECA like the Swiss Café and Restaurant Association (Lee & Glantz, 2001) and the German Association of Hotels and Restaurants (DEHOGA) (Hirschhorn, 2000) seemed crucial in countering legislation at the national level. Research indicates that hospitality industry representatives

carried more credibility than tobacco industry representatives in the fight against smoke-free policies and often emerged as the “de facto lobbying arm” and public face of the industry (Dearlove, et al., 2002, p. 94; Lee & Glantz, 2001).

The literature suggests that trade unions were another important ally for the tobacco industry when fighting against workplace policies regulating SHS (Balbach, Barbeau, Manteufel, & Pan, 2005; Balbach, Herzberg, & Barbeau, 2006; Global Smokefree Partnership, 2009a; Hirschhorn, 2000; Levenstein, Delaurier, Ahmed, & Balbach, 2005; Raebeck, Campbell, & Balbach, 2010). Tobacco document research has revealed strong links between the tobacco industry and trade unions in the United States (Balbach, et al., 2005; Balbach, et al., 2006; Global Smokefree Partnership, 2009a; Levenstein, et al., 2005; Raebeck, et al., 2010) and Germany (Hirschhorn, 2000). Tobacco companies’ frames of workplace smoking policies being part of wider debates about the right of trade unions to be involved in decision making about legislation in the workplace and indoor air quality seemed to be instrumental in building coalitions between trade unions and tobacco companies (Balbach, et al., 2005). It needs to be noted, however, that regarding some and particularly more recent policy initiatives, trade unions have frequently been crucial supporters of comprehensive smoke-free policies (Levenstein, et al., 2005; Pan, Barbeau, Levenstein, & Balbach, 2005) and emerged as strong partners of public health and tobacco control advocates, notably in Ireland (Currie & Clancy, 2011) and Scotland (Harrison & Hurst, 2005).

3.8 Summary of the chapter

This chapter on policy networks in EU tobacco control policy provided the reader with a historical overview of EU tobacco control policy and information about the factors constraining European action in this policy area. It further introduced concepts of stakeholder engagement, policy networks and political coalition-building and gave an account of the literature on stakeholder engagement in the development of tobacco control policy.

After shortly introducing the main EU institutions and policy instruments, the chapter critically assessed the limitations that the restricted public health competence of the EU has put on the development of tobacco control policy. The concise chronological overview of the history of European tobacco control illustrated the constraints of EU tobacco control policy and the EU’s reliance on soft law and workplace regulation, particularly in the area of exposure to SHS. The breadth of tobacco control issues which have been dealt with at the

European level and the multitude of policies, however, testify of considerable European action and the EU's ability to overcome barriers to tobacco control and find creative solutions to develop tobacco control policies. Accordingly, the chapter reflected on the role of the EU in benchmarking and coordinating national tobacco control policies.

The chapter then examined the increasing role of stakeholders in the development of EU policy and the EU's approach to engaging stakeholders in the development of policy. Multiple venues of EU policymaking and their advantages for gaining access and exerting influence over the policy process were compared. Section 3.5.3 sketched out critiques regarding the lack of representativeness, prevalence of commercial interests and conflicts of interest in stakeholder engagement. The chapter then introduced policy networks as a predominant concept used in the social and political sciences to explain stakeholder engagement in EU policymaking. Stressing that policy networks take account of the non-hierarchical nature of EU policymaking and the interdependencies between political actors, section 3.6 outlined policy networks as a suitable concept to explore stakeholder engagement in the development of EU tobacco control policy. It also elaborated on concepts of coalition-building, including the ACF and TAN, to describe attempts of political actors to use partnerships and collaboration to increase their success in the policy process.

While constituting a simplified model, the concept of policy networks seems to provide a useful framework to investigate stakeholder engagement in EU tobacco control policymaking. Acknowledging the lack of a precise definition of policy networks, the limited understanding of their composition, structure and functioning and the difficulties of measuring their success, scholars have called for studies which empirically test the concept of policy networks (Marsh, 1998a; Peterson, 2009; Smith, 2006a). Going beyond the simple description of networks, such studies are expected to provide insight into the structure and composition of networks, the importance of different qualities and types of relationships and the role of networks in the policy process (Klijn, 2008; Klijn, Edelenbos, & Steijn, 2010) and thus to enhance the clarity and analytic utility of the concept (Marsh, 1998a)

Finally, the chapter summarised the literature on stakeholder engagement in tobacco control policy making. Building on Farquharson's hypothesis of two opposing coalitions in tobacco control, the coalition of national, European and global organisations which support comprehensive tobacco control policy was explored. The focus then shifted to the tobacco industry led coalition of tobacco control opponents and its efforts to counter EU tobacco control policy and smoke-free policies. By showing that tobacco companies have been

successful in countering evidence on SHS, mobilising allies, building coalitions and eventually avoiding, stalling or derailing comprehensive smoke-free policies in various jurisdictions, the evidence presented suggests that tobacco companies and their allies have fiercely and successfully opposed comprehensive smoke-free policies in the past and can be expected to constitute a counterforce against respective EU policy.

This chapter clearly demonstrated the scope and growth of interests represented in Brussels and the importance of studying stakeholder engagement in EU policymaking. It further highlighted that public health scholars have paid insufficient attention to this area of research and identified a specific gap in research on stakeholder engagement in the development of EU smoke-free policy. The gaps in the literature on policy networks and coalition-building in tobacco control policy presented in this chapter suggest that the analysis of the network of actors who engaged in the development of EU smoke-free policy can considerably increase understanding of actor constellations in tobacco control.

Academics who claim that tobacco control policy is characterised by two distinct coalitions (e.g. Farquharson, 2003; Read, 1992; Read, 1996; Sato, 1999; Smith, in press) usually draw their conclusions from general assessments of historical developments. Research gaps thus exist regarding the comprehensive mapping of stakeholders and the systematic, empirical analysis of their engagement in European tobacco control. Reflected in the unequal length and detail of section 3.7.1 (giving an account of the tobacco control coalition) and section 3.7.2 (describing the anti-tobacco control coalition), previous studies seem to provide particularly limited information about the composition, structure and functioning of the coalition of supporters of comprehensive tobacco control policy. While the limited evidence on the tobacco control coalition is contrasted by a growing body of tobacco document research which testifies to tobacco industry interference in tobacco control policy, little research has actually explored the structure and dynamics of the anti-tobacco control coalition. Further research is needed to analyse the composition, formation, dynamics and management of each coalition in detail and explore the specific advantages and disadvantages of coalition-building and the factors which contribute to their influence on policymaking. The critical review of the literature thus provides a rationale for drawing on the development of the EU Council Recommendation on smoke-free environments as a case study to explore stakeholder engagement and coalition-building in public health policymaking in the EU.

4 The study

The previous two chapters identified stakeholder engagement, policy networks and coalition-building in European tobacco control as an interesting area of research. The literature review highlighted considerable gaps of research regarding the identification of actors that demonstrate their interests in EU tobacco control policy by engaging in the policy process, the motives that drive their engagement and the ways in which they engage in the development of EU tobacco control policy. Research gaps emerged regarding collaboration and coalition-building of political actors. Respective, emerging questions pertain whether empirical studies can confirm the existence of two opposing coalitions in tobacco control, identify the members of each coalition and explore the factors which influence coalition-building and the dynamics of coalition-building in tobacco control policy. The literature review also identified research gaps regarding the difficulties involved in coalition-building and the disadvantages and benefits of collaboration.

This chapter describes the context of the case study which the thesis focuses on. First, I explain why I chose the Council Recommendation on smoke-free environments, the most recent initiative to reduce the exposure to SHS undertaken by DG SANCO, as a case to explore stakeholder engagement in EU tobacco control policymaking. Largely drawing on policy documents and other publicly available documents, section 4.2 then provides a synopsis of the main political developments of relevance to EU smoke-free policy between 2006 (when discussions on EU smoke-free policy started) and 2009 (when the Council Recommendation on smoke-free environments was adopted) (summarised in table 4.1). The section starts by describing the EC Green Paper “Towards a Europe free from tobacco smoke”, which outlined policy options at EU level and initiated debates on ways to reduce SHS exposure. In order to provide an overview of the subsequent policy process, the consultation of stakeholders and the efforts made to assess the impact of the policy initiative are depicted in detail. Section 4.2 finishes with an account of the adoption of the policy document and a summary of the main features of the Council Recommendation on smoke-free environments. By summarising key developments, this chapter should provide a reference point for the reader and place the research findings in their historical context. The chapter closes by outlining the main aim and objectives of the study.

Table 4.1: Main political developments of relevance to EU smoke-free policy between 2006 and 2009

| Date | Action |
|---------------------|---|
| May 2006 | Informal consultation of selected stakeholders by the EC |
| 30 January 2007 | Adoption of the EC Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level", initiation of a public consultation process on smoke-free policies (Directorate General Health and Consumers, 2007b) and transmission of the Green Paper to the Council of the European Union and the EP |
| January - June 2007 | Broad public consultation process (Directorate General for Health and Consumers, 2013b) |
| 30/31 May 2007 | Discussion of the Green Paper at the 2803rd meeting of the Council of the European Union (Employment, Social Policy, Health and Consumer Affairs) (Council of the European Union, 2007a, 2007b) |
| July 2007 | Adoption of the guidelines for implementation of FCTC article 8 on protection from exposure to tobacco smoke at COP2 (World Health Organization, 2009b) |
| 19 September 2007 | Report of the EP Committee on the Environment, Public Health and Food Safety (ENVI) on the Green Paper (Committee on the Environment Public Health and Food Safety of the European Parliament, 2007) |
| 24 October 2007 | Adoption of the EP resolution on the Green Paper (European Parliament, 2007b) |
| November 2007 | Publication of the EC report on the Green Paper Consultation (Directorate General Health and Consumers, 2007d) |
| December 2007 | Establishment of the Inter-Service Steering Group (ISSG) to support the work on the IA, led by DG SANCO (Directorate General Health and Consumers, 2008) |
| 14 December 2007 | 1st meeting of the ISSG (Directorate General Health and Consumers, 2008) |
| Mid December 2007 | Rand Europe starts to work on a report to support the IA of the EC's smoke-free initiatives (commissioned by DG SANCO) |
| January 2008 | The EC's agenda planning includes an EC proposal for a Council Recommendation (Directorate General Health and Consumers, 2008) |
| 22 February 2008 | 2nd meeting ISSG |
| 19 March 2008 | Targeted stakeholders consultation meetings held by DG SANCO (Directorate General Health and Consumers, 2008) |
| 4 April 2008 | Deadline for selected stakeholder reply to DG SANCO on questions regarding IA |
| April 2008 | 3rd meeting ISSG |
| June 2008 | Analysis by Rand Europe presented to DG SANCO (Scoggins, de Vries, Conklin, & Hatziaandreu, 2009) |
| 7 July 2008 | Letter by Zanni to Italianer to complain about IA and stakeholder consultation |
| 9 July 2008 | Meeting of IA board |
| 3 September 2008 | Draft IA assessed by the IA Board |
| 16 September 2008 | Comments made by IA Board on draft IA |
| September 2008 | Launch of Inter-Service consultation on IA |
| Mid November 2008 | Adoption of IA by the College of Commissioners |
| 30 June 2009 | IA published by the EC as accompanying document to the proposal for a Council Recommendation (Directorate General Health and Consumers, 2008, 2009a) |
| 30 June 2009 | Adoption of the proposal for a Council Recommendation on smoke-free environments by the EC (Directorate General Health and Consumers, 2009d) and transmission to the Council of the European Union and the EP |
| 23 October 2009 | Approval of the proposal for the Council Recommendation by COREPER |
| 5 November 2009 | Opinion of the EESC, Section for Employment, Social Affairs and Citizenship on the proposal (European Economic and Social Committee, 2009) |
| 30 November 2009 | Vote in the Council of the European Union (Council of the European Union, 2009a, 2009d) and formal adoption of the Council Recommendation on smoke-free environments (2009/C 296/02) (Employment, Social Policy, Health and Consumer Affairs) (Council of the European Union, 2009b) |

Data source: various sources

4.1 *Choosing EU smoke-free policy as a case study*

Case studies are particularly suited to explore complex organisational and political phenomena because they provide an in-depth understanding of the contextual parameters of contemporary, real-life processes (Yin, 2003), I thus decided to use a case study approach to investigate a policy network and explore the research questions outlined above. My decision to focus on the Council Recommendation on smoke-free environments was primarily driven by a desire to investigate a recent case of EU tobacco control policy. The EC's proposal of the Council Recommendation on smoke-free environments had been approved a few months before I started my PhD and only a few months later, the final policy document was adopted by the Council of the European Union. The subject was thus very topical at the time when I was choosing a case study to explore EU tobacco control policymaking. While binding EU policies, including the European tobacco advertising and TPD, have generated considerable academic interest resulting in a multitude of publications (e.g. Bitton, et al., 2002; Boessen & Maarse, 2009; Khanna, 2001; Mandal, 2006; Mandal, et al., 2009; Neuman, et al., 2002), no study had investigated the development of EU smoke-free policy.

Another reason for choosing to analyse the development of EU smoke-free policy was my wish to investigate a policy whose public health relevance would immediately be evident. I wanted to study a topic which could potentially be negotiated at different levels of governance and would thus allow me to draw conclusions which would be of interest for actors involved in European, national and subnational policymaking. While other policies that were negotiated at European level, including policies aimed at curtailing tobacco smuggling or reducing European tobacco subsidies, seemed less likely to meet this criterion, smoke-free policies had already been negotiated in different jurisdictions, including several EU member state governments and a number of German federal states. The Council Recommendation further lend itself to studying a policy network in tobacco control because of the breadth of publicly available documents, including the Green Paper (Directorate General Health and Consumers, 2007b), submissions to the EC consultation on smoke-free policy (Directorate General Health and Consumers, 2007b), documents concerning the IA (Directorate General Health and Consumers, 2008, 2009b; Scoggins, et al., 2009) and early drafts of the policy (Directorate General Health and Consumers, 2009d). Due to the EC's transparency policy (outlined in article 15 of the Treaty on European Union (European Union, 2010), the Green Paper outlining the EC's transparency initiative (European

Commission, 2006b) and several other documents (European Commission, 2012a)), it was possible to not only access the final policy document of the Council Recommendation on smoke-free environments but also a number of other documents which were produced in the process of developing EU smoke-free policy, including working documents, drafts, minutes of meetings and interim reports.

Case studies have been criticised for not allowing the comparison or generalisation of findings to a larger number of cases (Lewis & Ritchie, 2009). They are primarily aimed at studying an individual case intensively and in depth (Hammersley, 1992; Lewis & Ritchie, 2009). Accordingly, scholars focus on inferential and theoretical generalisation, i.e. on theoretical propositions and conclusions which are independent of a particular context and transferable to other settings, rather than on representational generalisation (Lewis & Ritchie, 2009). Although aware that selecting a number of different European public health policies and comparing policy networks and advocacy coalitions in different areas of public health would have been advantageous regarding increased generalisability, I decided to exclusively focus on the development of EU smoke-free policy. The focus on a single EU policy initiative allowed me to develop a comprehensive and more detailed understanding of the factors contributing to the development of the policy and maintain analytical depth, which would have not been possible had I chosen a comparative approach. In order to account for the limitations of investigating a single case, intense efforts were made to conduct a careful and detailed synthesis, comparison and analysis of the data and provide an accurate and thick description of data collection, analysis and interpretation (cf. Lewis & Ritchie, 2009). I provided detailed accounts of the data sources and analytic procedures and drew attention to similarities and differences in the individual accounts and the specifics as well as the broader context of the political phenomenon. Great importance was placed on reflexivity regarding any assumptions or hypotheses, my value position as a public health researcher and other aspects that were likely to affect the methodological approach taken and the analysis (see section 5.6). By following this procedure I aimed to provide comprehensive insights into the development of EU smoke-free policy and the factors influencing it and enable the reader to retrace the research process (cf. Lewis & Ritchie, 2009).

4.2 The development of the Council Recommendation on smoke-free environments

The process of developing policy to tackle exposure to SHS in workplaces and public places in the EU began with the EC's informal consultation of selected stakeholders in April and May 2006. While no official documentation exists about this consultation, a later EC report makes reference to the consultations' usefulness in defining the questions posed in the subsequent Green Paper (Directorate General Health and Consumers, 2007d). Between the beginning of 2006 and spring 2009, the EC demonstrated its commitment to the topic by commissioning and publishing three Eurobarometer surveys that were dedicated to tobacco (Directorate General Health and Consumers, 2006, 2007a, 2009c). In addition to monitoring tobacco use and exposure to SHS across the EU, these surveys mapped the adoption and implementation of smoke-free policies in EU member states and European citizens' attitudes towards such policies (Directorate General Health and Consumers, 2006, 2007a, 2009c).

The increased political attention on EU smoke-free policy seemed to trigger the publication of several reports by European public health organisations which outlined the harms caused by SHS in Europe and highlighted the importance of tackling the issue at the European level (e.g. Amos, et al., 2008; Diethelm & McKee, 2006; Smokefree Partnership, 2006, 2008). One of these publications, the SFP's report titled "Lifting the smokescreen – 10 reasons for a smoke free Europe" (Smokefree Partnership, 2006), attracted considerable political attention. The report outlined the health impact of SHS, reported on experiences from European countries that had implemented smoke-free policies, summarised the evidence on the economic benefits of and public support for such policies and called for the introduction of smoke-free policy at EU and national level (Smokefree Partnership, 2006). The aspect of the report that caused most controversy was an estimation of the number of deaths attributable to SHS in Europe (Jamrozik, 2006), which was widely contested by opponents of smoke-free policies (e.g. European Tobacco Wholesalers Association, 2007; Freedom Organisation for the Right to Enjoy Smoking Tobacco, 2007). The report was accompanied by a publication describing tobacco industry attempts to defeat smoke-free policies and legislation (Diethelm & McKee, 2006).

4.2.1 The European Commission initiative on smoke-free policy

On 30 January 2007, the EC released the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" which outlined the harms caused by SHS, the regulatory

environment and the options for smoke-free policies at EU level (Directorate General Health and Consumers, 2007b). It compared comprehensive policies to policies with exemptions and outlined opportunities to implement separately ventilated smoking rooms and exemptions for the licensed hospitality sector and for pubs and bars not serving food (Directorate General Health and Consumers, 2007b). The paper sketched out a variety of policy options to tackle the problem and its implications, including the options for (a) no change from the status quo, (b) voluntary measures, (c) the use of the open method of coordination³⁶, (d) a European Commission or Council recommendation and (e) binding legislation in the form of a European directive (Directorate General Health and Consumers, 2007b). As part of the Green Paper, the EC invited responses from stakeholders to a number of questions, thereby initiating a broad public consultation process (Directorate General Health and Consumers, 2007b). The following four questions were posed (Directorate General Health and Consumers, 2007b):

- Which of the two approaches [...] would be more desirable in terms of its scope for smoke-free initiative: a total ban on smoking in all enclosed public spaces and workplaces or a ban with exemptions granted to selected categories of venues? Please indicate the reason(s) for your choice.
- Which of the policy options [no change of the status quo, voluntary measures, open method of coordination, Commission or Council recommendation, binding legislation] would be the most desirable and appropriate for promoting smoke-free environments? What form of EU intervention do you consider necessary to achieve the smoke-free objectives?
- Are there any further quantitative or qualitative data on the health, social or economic impact of smoke-free policies which should be taken into account?
- Do you have any other comments or suggestions on the Green Paper?

4.2.2 Responses to the European Commission initiative

The EC consultation on the Green Paper generated a total of 311 submissions from a wide range of stakeholders, including 37 submissions from public authorities, 81 submissions

³⁶ The Open Method of Coordination (OMC) is a process of EU policymaking which does not lead to binding European legislative measures but aims to spread best practices and achieve convergence among member states (Sbragia & Stolfi, 2008). It is mainly used for policy areas where the EU has few or no formal power (Sbragia & Stolfi, 2008). It involves a process of agreement on policy goals, the translation of guidelines into national and local policies, the agreement on benchmarks and indicators to measure best practice and monitoring and evaluation (Eurofound, 2013a).

from health-related organisations, 35 submissions from tobacco-related organisations (hereafter: tobacco industry organisations), 15 submissions from social partners and 143 submissions for other organisations and individuals (Directorate General Health and Consumers, 2007b). Many submissions expressed support for the European initiative, with several favouring further EU action on smoke-free policy (Directorate General Health and Consumers, 2007b). 60% of all respondents favoured comprehensive EU smoke-free policy without exemptions, and 40% favoured strong types of EU policy, like a Commission or Council Recommendation or binding legislation (Directorate General Health and Consumers, 2007d). According to the EC's minimum standards for consultation (European Commission, 2002b), all submissions were made publicly available online (Directorate General Health and Consumers, 2007e). Both the Council of the European Union and the EP submitted opinions on the Green Paper (Directorate General Health and Consumers, 2007e).

The opinion of the Council of the European Union on the Green Paper was decided during the 2803rd Council meeting of the Employment, Social Policy, Health and Consumer Affairs Council on 31 May 2007 (Council of the European Union, 2007c). The Council's response was generally supportive but voiced a number of important reservations (Council of the European Union, 2007c). According to the draft minutes of the meeting, the Council had debated effective and appropriate measures, agreed that tackling SHS fell within the competence of member states and that the adoption of specific legislation at national level would be the most appropriate response and decided that the EU's role in promoting smoke-free environments was to support and coordinate national efforts (Council of the European Union, 2007b). The Council's conclusion was therefore that a Council Recommendation would be the most appropriate measure to be taken at the European level (Council of the European Union, 2007a, 2007b).

The EP's resolution on the Green Paper, which was issued on 24 October 2007, was very supportive of EU action to tackle SHS and encouraged the EC to implement strong measures (European Parliament, 2007a). In addition to calling upon the EC to introduce comprehensive smoke-free policy in all workplaces, public buildings and transport within two years, the parliament encouraged the EC to classify SHS as a carcinogen under the Dangerous Substance Directive (Council Directive 67/548/EEC (European Union, 1967)) and submit proposals for the amendment of the Framework Directive on Workplace Safety and Health (Council Directive 89/391/EEC (European Union, 1989a)) and regarding the protection of non-smokers in the field of employment protection (European Parliament,

2007a). It also called on the EC to revise the TPD, investigate the health risks associated with smokeless tobacco and “examine further EU-wide measures towards a Europe free from tobacco smoke” (European Parliament, 2007a). The EP resolution derived from a report of the EP Committee on the Environment, Public Health and Food Safety (ENVI) (European Parliament, 2007a) which, headed by Karl-Heinz Florenz (Committee on the Environment Public Health and Food Safety of the European Parliament, 2007), had adopted the resolution proposal with a clear majority (European Parliament, 2007b).

4.2.3 The impact assessment

In November 2007, shortly after the EP resolution, the EC published a report on the consultation process which concluded that the majority of stakeholders welcomed the EC initiative to tackle SHS at EU level and was in favour of comprehensive EU smoke-free policy (Directorate General Health and Consumers, 2007d). In the report, the EC committed to developing a follow-up initiative on smoke-free environments and assisting EU member states in implementing comprehensive smoke-free legislation in line with the FCTC guidelines (Directorate General Health and Consumers, 2007d).

Following EU standards for IA (European Commission, 2005b), the EC commissioned Rand Europe, a Brussels-based not-for-profit policy research institute, to compile a report analysing the proposed policy options (Scoggins, et al., 2009) and set up an Inter-Service Steering Group (ISSG) to support the work on the IA (Directorate General Health and Consumers, 2008). The ISSG was led by DG SANCO, included representatives from several other Directorate Generals (DGs), including DG EMPL, DG TAXUD, DG Information Society and Media (DG INFSO), DG External Relations (DG RELEX), DG Research (DG RTD) and Eurostat (DG ESTAT), and met three times between December 2007 and April 2008 (Directorate General Health and Consumers, 2008).

As part of the IA, DG SANCO invited stakeholders to a targeted consultation (Directorate General Health and Consumers, 2008). The call resulted in a total of 38 stakeholders (13 industry stakeholders, 25 health and social stakeholders and one representative of a UK-based smokers’ rights organisation) participating in two consultation meetings on 19 March 2008 (Directorate General Health and Consumers, 2008). The meetings were chaired by Thea Emmerling from DG SANCO and involved other Commission staff from DG SANCO as well as Evi Hatziandreu and Hand de Vries from Rand Europe (Directorate General Health and Consumers, 2008). During the meetings, the possible policy

options, the IA's methodological approach and the interim study results were presented and an exercise was conducted to systematically collect information and opinions on the likely effects of the proposed policies and on key issues emerging from the analysis (Directorate General Health and Consumers, 2008). All participants were invited to submit further data which underpinned their positions, an opportunity which more than 70% of all participants took advantage of, resulting in a total of 28 submissions (Directorate General Health and Consumers, 2008).

DG SANCO subsequently drafted an IA report, which was commented on by the IA Board, resulting in a number of suggestions for amendments regarding, for example, a description of the adopted policies in EU member states, the reasons for different national policies and the advantages of different EU policy options with regard to the EU's obligations under the FCTC (Directorate General Health and Consumers, 2009a). The IA was adopted by the College of Commissioners in November 2008 (Directorate General Health and Consumers, 2008).

4.2.4 The policy document

The IA (Directorate General Health and Consumers, 2009a) was published on 30 June 2009 alongside the EC's proposal for a Council Recommendation on smoke-free environments (Directorate General Health and Consumers, 2009d). The proposal was immediately transmitted to the Council of the European Union and the EP. On 23 October 2009, the Committee of Permanent Representatives (COREPER) approved the proposal and passed it on to the Council of the European Union as an A-item, suggesting that it was a dossier on which agreement existed and which could be adopted without debate³⁷. Without prior debate, the Council Recommendation on smoke-free environments was adopted on 30 November 2009 during the 2980th meeting of the Council of the European Union (Employment, Social Policy, Health and Consumer Affairs) (Council of the European Union, 2009c). Austria, Czech Republic and Slovakia abstained from the vote (Council of the European Union, 2009c).

The Council Recommendation on smoke-free environments (2009/C 296/02) advises EU member states to "provide effective protection from exposure to tobacco smoke in indoor workplaces, indoor public places, public transport and, as appropriate, other public places as

³⁷ A-items are items which are already agreed on at the COREPER level and are usually not further discussed in the Council of the European Union (Bomberg & Stubb, 2008).

stipulated by Article 8 of the FCTC and based on the annexed guidelines on protection from exposure to tobacco smoke adopted at COP2, within five years of the FCTC's entry into force for that Member State, or at the latest within three years following the adoption of this Recommendation" (Council of the European Union, 2009b, p6). It further calls upon member states to "develop and/or strengthen strategies and measures to reduce exposure to second-hand tobacco smoke of children and adolescents [...and...] complement smoke-free policies with supporting measures", including smoking cessation and graphic health warning labels (Council of the European Union, 2009c, p. 6). In terms of implementing and monitoring policies which ban smoking in public places, the recommendation highlights a number of measures, including the development, implementation, periodical update and review of "comprehensive multi-sectoral tobacco control strategies, plans or programmes" and the adequate provision of "instruments to implement national strategies, tobacco control policies and programmes" (Council of the European Union, 2009c, p. 6). EU member states are further advised to establish national focal points for tobacco control which are envisaged to facilitate the exchange of information and best practices and policy coordination and cooperation among member states and between member states and the EC (Council of the European Union, 2009c). The focal points are meant to ensure the implementation, monitoring and evaluation of national smoke-free policies (Council of the European Union, 2009c).

4.3 Aim and objectives of this thesis

While giving an account of the political developments and events in the run up to the adoption of the Council Recommendation on smoke-free environments, the chronological synopsis given in this chapter does not provide insight into the complexity of the process of developing EU smoke-free policy and the role of stakeholders in the policy process. The primary aim of this thesis is to analyse the engagement and collaboration of organisational stakeholders in the development of the Council Recommendation on smoke-free environments, i.e. to develop an understanding of the formation and dynamics of the policy network in EU smoke-free policy. Aiming to increase understanding of public health policymaking in the EU, the study draws on concepts of policy networks and coalition-building to conduct a network analysis of actors with an interest in EU smoke-free policy. The overall aim of the thesis can be split into the following, more specific research objectives:

- To identify actors who were involved in the development of EU smoke-free policy and map the policy network;
- To analyse the engagement of political actors in the development of the Council Recommendation on smoke-free environments;
- To investigate whether distinct coalitions emerged, analyse their membership, their members' positions on the policy issue and their relationships with each other;
- To examine the engagement of stakeholders that supported comprehensive EU smoke-free policy, their specific views, their motives to engage in the policy process and the dynamics of collaboration and coalition-building between them;
- To examine the engagement of stakeholders that opposed comprehensive EU smoke-free policy, their specific views, their motives to engage in the policy process, the dynamics of collaboration and coalition-building between them, and to investigate the opportunities and difficulties of tobacco industry representatives to engage in the policy process;
- To evaluate the suitability of SNA as a method to analyse policy networks in the development of EU public health policy;
- To discuss the findings on stakeholder engagement and the policy network in EU smoke-free policy by drawing on previous literature and draw conclusions from the case study for research on stakeholder engagement, public health advocacy and tobacco control policymaking.

5 Methodology

By giving a historical overview of the development of the Council Recommendation on smoke-free environments, the previous chapter introduced the case study that this project concentrates on. This chapter focuses on the methodological approach taken to investigate this case. In order to analyse a policy network in EU smoke-free policy, SNA, a methodology which has recently gained attention in various academic disciplines, including the social and political sciences (Butts, 2009; van Duijn & Vermunt, 2006), was applied. This project employs SNA to study the network of actors involved in the development of the Council Recommendation on smoke-free environments. Data from documents and semi-structured, narrative interviews with political actors were quantitatively and qualitatively analysed to investigate the composition, structure and functioning of the policy network. This chapter starts by outlining the key features of SNA and discussing the advantages of quantitative and qualitative approaches to network analysis and studies which combine the two analytical methods. Section 5.2 outlines the methodological assumptions underlying the use of the two data sources, documentary data and semi-structured, narrative interviews, that were drawn on to explore the network of actors involved in the development of EU smoke-free policy.

The next part of the chapter focuses on the quantitative analysis of the network. After a brief summary of how quantitative network analysis has been applied to public health and tobacco control research, section 5.3.1 describes how network boundaries can be defined and reflects on the approach taken for this study. After a brief introduction to the kind of data that are needed to quantitatively analyse networks, section 5.3.3 shows how textual data from policy documents were converted into a relational format that could be analysed using network analysis software. Section 5.3.4 and 5.3.5 describe the statistical analysis and graphical depiction of the data.

Section 5.4 is devoted to the description of the qualitative network analysis. First, the selection and analysis of the documentary data are described. Focusing on semi-structured, narrative interviews, section 5.4.2 then explains the development of the topic guide, the selection and recruitment of interviewees, the interview process and the thematic analysis of the interview data. Section 5.5 describes how quantitative and qualitative network analyses were combined and reflects on the challenges encountered when triangulating the data.

As part of my PhD project, I attended two postgraduate courses (“Research Design” and “Analysing Qualitative Data” at the School of Social and Political Science of the

University of Edinburgh) and three SNA courses (“Social Network Analysis. Theory and Applications in Political Science” at the University of Roskilde and “Social Network Analysis Part 1 and Part 2” at the University of Manchester). These courses provided me with reading lists and basic literature on quantitative and qualitative network analysis which served as a basis for more specific online and database searches for further literature of relevance to the methodological approach taken in this thesis. The literature identified through this iterative process allowed me to develop a substantial understanding of research design issues, quantitative approaches to social network analysis, traditional qualitative modes of data collection and analysis, ways of combining qualitative and quantitative network analysis and the importance of reflexivity in public health research. The breadth of literature that I read informed the design of the study and its presentation in this chapter.

5.1 Social Network Analysis

Traditionally, social science research treats individual characteristics as key determinants of behaviour and assesses whether a particular outcome occurs more often among certain groups of individuals with particular characteristics (Marin & Wellman, 2011). In recent decades, however, a trend has been observed towards studies which, when trying to explain social phenomena, acknowledge the interdependence of individuals and the importance of networks and relationships (Thompson, 2004). Crossley (2010, pp. 1, 7), for example, claims that the behaviour of social actors is affected by their “social worlds” and the fact that they share “meanings, purposes, knowledge, understandings, identities, [...and] conventions” with the people they interact with. Focusing on understanding patterns of interaction, SNA responds to such developments (Christopoulos, 2010; Emirbayer, 1997; Marin & Wellman, 2011). SNA provides a theoretical perspective and a set of techniques which take account of the complexity of social interaction and the interdependence of actors (Valente, 2010). The crucial difference between a social network explanation and a non-network explanation of actors’ behaviour is the consideration of relationships (Wasserman & Faust, 1994). The aim of SNA is therefore to analyse relationships, information or resource flows among people, organisations, political entities or other units and the ways in which such connections affect behaviour (Valente, 2010).

5.1.1 Social network research on EU policymaking

A particular value of SNA lies in the exceptional opportunity that it offers for studying interactions between political actors, the constraints and opportunities that are a result of the patterned relationships between them and the impact of the policy environment on political action (Christopoulos, 2006; Emirbayer & Goodwin, 1994). Due to the complexity of the EU and the involvement of a variety of stakeholders in EU policymaking (Bomberg, et al., 2008), the EU policy process seems to lend itself particularly well to the application of SNA, with SNA promising to provide interesting insights into stakeholder engagement in the development of EU policy. Acknowledging that SNA can increase understanding of the complex social interactions that occur in the political environment, it has been employed in the study of political institutions, actors and processes, including in the investigation of the development of European banking (Christopoulos & Quaglia, 2009) and transport regulation (Christopoulos, 2006). A study by Christopoulos (2006) on networks in European transport regulation showed that the relationships between political actors, their positions within a policy network and the network structure affect actors' ability to influence policymaking. To the best of my knowledge, however, no study has yet used SNA to explore a policy network in EU public health policy.

5.1.2 Application of quantitative and qualitative network analysis

Social network studies which apply a quantitative approach gather data in numerical form and transform them into matrices, graphs and statistical measures to analyse the structure of a network (Börzel & Heard-Laureote, 2009; Crossley, 2010; Edwards, 2010). By forcing researchers to systematically collect data about all possible relations within the population and employ standard criteria for analysis, quantitative approaches ensure that all relationships and network actors are captured, including relationships which are less obvious or completely absent (Crossley, 2010). Quantitative network analysis reduces relational data about network actors, their attributes and relationships (which are often complex and convoluted and therefore difficult to store, retrieve and analyse) to a numeric format (Crossley, 2010). By simplifying the complexity of relationships and making data accessible in an alternative format, quantitative approaches can help to handle complex information about a multifaceted network and grasp complex phenomena (Christopoulos, 2010; Crossley, 2010). Employing quantitative approaches to SNA allows the researcher to systematically analyse the position, structural constraints and opportunities of and the

relationships between network members and can provide the researcher with a bird's eye view and a valuable starting point for a more in-depth, qualitative exploration of the network (Crossley, 2010).

Unable to capture the complexity of the phenomena that networks represent, the statistical analysis and graphical depiction of a network, however, bear the danger of over-abstractation (Crossley, 2010). Aiming to provide a simplified depiction of the network, quantitative approaches accept that a large amount of empirical material and important information, which could help to provide a comprehensive insight into the social aspects of a network, is ignored. Relationships, for example, are not merely either absent or present and the position of actors in the network cannot provide conclusive insight into their actual importance, performance or strategic behaviour (Crossley, 2010). Alleviating some of the limitations of quantitative, statistical network analysis, qualitative approaches to SNA focus on the content of networks (Crossley, 2010). Aimed at describing and explaining what happens within a network (Crossley, 2010), these approaches are particularly suited to explore processes of interaction; actors' accounts, opinions and perception of the network; the quality of actors' relationships with each other; and the meanings that actors attach to relationships (Börzel & Heard-Laureote, 2009; Edwards, 2010). Qualitative network analysis of non-numerical forms of data can unearth in-depth information about features of a network and increase understanding about networks' complexity, their dynamic and changing nature, and the context in which they are established (Crossley, 2010). By doing so, qualitative approaches to SNA account for the complexity of social reality, provide a deeper understanding and a more nuanced picture of the social situation which the network is embedded in and "add depth, detail and contextual sensitivity" (Crossley, 2010, p. 29). Crossley (2010) claims that qualitative approaches are crucial for an adequate understanding of a network and its effects and essential for contextualising the information derived from statistical and sociometric quantitative analyses.

5.1.3 Integration of different approaches

The recent increasing popularity of SNA has gone hand in hand with considerable progress regarding the development of quantitative methods to analyse social networks, including statistics, network measures and the simulation of networks (Crossley, 2010). While much of the early work on social networks focused on ethnographic methods (Edwards & Crossley, 2009), qualitative network analysis has lagged behind of late (Crossley, 2010). As a result,

social network debates have hardened and resulted in “bitter recriminations” between researchers who employ different methodological techniques (Knox, Savage, & Harvey, 2006, p. 114). This division seems to reflect “the fruitless polemic” that has been identified between qualitative and quantitative research in the social sciences more broadly (Bauer, Gaskell, & Allum, 2000, p. 8). Some scholars, however, argue that the common practice of distinguishing between quantitative and qualitative research methods is not suited to complex research questions, that different aspects of a project might require different methodological approaches and that research questions should guide the choice of methodology (Bauer, et al., 2000). Similarly, some of the recent literature dealing with triangulation in SNA has argued that multidimensional approaches, which combine the strengths of quantitative and qualitative network analysis, enable researchers to explore different aspects of the same phenomena and develop a comprehensive account of the complex social phenomena of networks (Crossley, 2010; Edwards & Crossley, 2009; Jack, 2010). Some social network researchers postulate that quantitative and qualitative network research can be mutually informative (Crossley, 2010; Edwards, 2010; Jack, 2010) and that mixing methods allows the researcher to combine an “outsider’s view” of a network’s structure with an “insider’s view” of network content and quality (Edwards, 2010, p. 2). Some studies have illustrated how quantitative and qualitative approaches can successfully be combined, with Edward and Crossley’s work on militant suffragettes providing a convincing example of mixing methods in social network research (Edwards & Crossley, 2009). Acknowledging that “no ‘one best way’” of triangulation exists, the authors emphasise that the coherence of a project depends on careful consideration of which method to use to explore which aspect of the network and on appropriate application and integration of different data types and methods (Crossley, 2010; Edwards, 2010, p. 24).

5.2 Data sources

The triangulation of different data sources was not simply a question of practicality and data management but rooted in more fundamental considerations about research paradigms. I decided to assign importance to a variety of different political actors’ perspectives and accounts of the process leading to the adoption of the EU smoke-free policy and therefore chose to follow an interpretive epistemological approach (Snape & Spencer, 2003). Having previously been employed in organisational research (Sandberg, 2005), an interpretive approach promised to provide valuable insights into the actions of organisational actors in

the development of policy. I further assumed that an interpretive epistemological approach would sufficiently account for the fact that the “reality” of policymaking is socially constructed and treat individual accounts as specific to their context and related to the informant’s lived experience of the situation and the negotiations the he³⁸ has with others (Sandberg, 2005).

Complementing this epistemological approach, I decided to base the project on subtle realism as described by Hammersley (1992), which assumes that a social phenomenon can only be captured through the interpretation of individual accounts. Subtle realism recognises the importance and explanatory relevance of meaning that is assigned to an event, process, interaction or other social phenomenon, emphasises the importance of the context of the phenomenon under investigation and is interested in the processes which lead to a specific event, situation or outcome (Hammersley, 1992). Following this ontological position, I saw my primary task as describing, interpreting and constructing a narrative based on information obtained from different data sources. I therefore aimed to develop a comprehensive understanding of the process of developing the Council Recommendation on smoke-free environments by comparing and contrasting various perspectives of the policy process. In order to obtain rich and varied accounts of the policy process, I decided to gather written data from existing documentary sources and oral data from interviews with a variety of political actors. The analysis of documentary and interview data has been successfully combined in a range of tobacco control and social network research (Christopoulos & Quaglia, 2009; Mandal, et al., 2009; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010). Triangulating existing, documentary data with interviews has been identified as particularly suited to providing a multifaceted account of a process or an event, including political incidents (Jovchelovitch & Bauer, 2000; Lewis, 2009; Lilleker, 2003).

Providing a form of “naturally occurring data” (Ritchie, 2009, p. 34) and increasingly available through online archives and public websites, publicly available documents have been recognised as important data sources in policy research (Collins, 2000). These documents can provide valuable information about political phenomena and policy decisions and the context in which they occur (Ritchie, 2009), yet they remain under-used in political and social research (Atkinson & Coffey, 2004; Bauer, 2000). Capitalising on the advantages of documentary data, I decided to integrate thematic documentary analysis into

³⁸ For brevity, I only refer to the male form throughout this thesis.

the research project. The initial rationale for analysing documents was to familiarise myself with the historical sequence of events leading to the development of the Council Recommendation on smoke-free environments, the stakeholders involved and the issues raised in the policy debate. In the course of the research, I realised that the submissions stakeholders had submitted to the consultation on smoke-free policy provided a rich source of information, from which data about network actors and their relationships with each other could be extracted.

The second source that I drew on to elicit data for the analysis of the policy networks were semi-structured, narrative interviews with decision makers, stakeholders and other individuals involved in the development of the Council Recommendation on smoke-free environments. Researchers who employ qualitative interviews expect that personal experiences, views, opinions and accounts can provide valuable insight into the social world. Interviews allow respondents to not only recall but also make sense of, attach meanings to, and find explanations for what happened (Jovchelovitch & Bauer, 2000). They thus carry implicit assumptions about how people understand and interpret a situation (Jovchelovitch & Bauer, 2000; Thorne, 2000) and reveal information about the interviewees, their views and things that matter to them (Frank, 2002). Interviews have been used in social science research to understand individuals' views, experiences, attitudes, motivations, feelings, decisions and interpretations and to explore social realities, meanings and ideas (Gaskell, 2000; Lewis, 2009; Lilleker, 2003). Research suggests that they are particularly suited to gathering rich data about a historical process or event and to exploring the inner workings of political processes and the activities that take place behind closed doors (Lewis, 2009; Lilleker, 2003). Reflecting on the value of interviewing political elites³⁹, scholars have argued that interviewing actors that play important roles in developing policies provides valuable insight into their perceptions, motivations, reactions and analysis of political events (Lilleker, 2003; Richards, 1996). Richards (1996) stresses that interviews with political elites can provide information that is not officially recorded and help interpret official reports of a policy process. Interviewing political actors as part of the project thus promised to help me to move beyond the formal records of the policy process captured by documents to explore the personal perspectives and experiences of individual actors. I decided to supplement the

³⁹ I use the term "elites" according to Richards (Richards, 1996, p. 199) to refer to "a group of individuals who hold, or have held, a privileged position in society and [...] are likely to have had more influence on political outcomes than general members of the public".

analysis of documentary data with the analysis of data from semi-structured, narrative interviews with political actors to tease out knowledge from political insiders and gain more detailed information about the debates, processes and actor constellations that were of relevance to the development of the Council Recommendation on smoke-free environments.

While allowing the researcher to elicit information about specific areas of interest, semi-structured interviews have been criticised for their question-response schema and for imposing a rigid structure on the interview by selecting topics and ordering and wording questions in a specific way (Jovchelovitch & Bauer, 2000). In contrast, narrative interviews intend to minimise the influence of the interviewer and place emphasis on the respondent's perspective (Jovchelovitch & Bauer, 2000). They are aimed at encouraging the interviewee to tell their own, personal story about a significant event or episode, placing emphasis on what they feel is particularly relevant (Jovchelovitch & Bauer, 2000). Narrative interviews have been proven to be particularly suitable for the study of contentious issues, including politics or issues which provoke different views (Jovchelovitch & Bauer, 2000). Given that narratives are told in ways which are specific to the interviewee's social context and his experience of the groups he belongs to (Jovchelovitch & Bauer, 2000), they are particularly suited to explore the views and experiences of members of different groups. In social research, the boundaries between narrative and semi-structured interviews often get blurred as interviews tend to consist of a narrative account which is followed by semi-structured questions which enable the researcher to follow up on specific issues and compare different interview accounts (Jovchelovitch & Bauer, 2000).

When planning the research project, I considered the option of conducting focus groups. Focus groups enable participants to talk to each other, discuss issues, compare experiences and react to others, thereby having considerable potential to evoke emotional involvement (Gaskell, 2000). They provide the researcher with an opportunity to record negotiation, agreement or controversies and thereby explore group processes, dynamics of leadership and opinion change (Gaskell, 2000). Despite the clear additional benefits that such a record of social interaction "in the making" would have had for the study, Lewis (2009) acknowledges that focus groups with elites and participants with tight schedules are likely to be impeded by practical problems and issues of power, status and confidentiality. Similarly, a number of practical issues made conducting focus groups in the context of this research project unfeasible. As I started recruiting participants to the study, I realised that obtaining consent to participate in the research, securing a date, time and venue and

ensuring a level of anonymity the participant was comfortable with proved to be a challenge even for individual face-to-face interviews, suggesting that these practical issues would have been amplified considerably when recruiting for focus groups. Considering the controversial and polarised nature of tobacco as a political issue and the policy of certain stakeholders not to engage with tobacco industry representatives, the likelihood of conducting focus group with stakeholders who held opposing views seemed to be minimal. I thus decided to focus on interviewing individuals, while giving interviewees the option of paired interviews.

5.3 Quantitative network analysis

While the importance of networks and relationships between actors has long been acknowledged (Marin & Wellman, 2011), quantitative network analysis has only recently become the focus of interest (Emirbayer, 1997). Quantitative approaches, however, have rapidly been recognised as a suitable method to analyse human interaction in a variety of disciplines, including political science, medicine, public health, psychology, anthropology, sociology and business studies (Valente, 2010). For the purpose of quantitative network analysis, social networks are normally defined as a set of nodes (or network members) that are tied by one or more types of relationships (Marin & Wellman, 2011). Accordingly, Wasserman and Faust, two of the main scholars associated with quantitative network analysis, say that “a social network consists of a finite set or sets of actors and the relation or relations defined on them” (Wasserman & Faust, 1994, p. 22). Quantitative approaches to SNA are based on mathematical foundations of graph theory and include a set of predominantly descriptive statistics of the network’s structure (Christopoulos, 2010).

Due to the importance of relations, the interdependence of agents and the complexity of public health issues, quantitative approaches to SNA can provide public health with a new way of framing and answering important questions (Luke & Harris, 2007). It is therefore not surprising that researchers have started to use quantitative network analysis as an analytic tool and research framework in public health to study subjects such as disease transmission, the diffusion of health-related information, the role of social support on health and the relations between actors in the delivery of health services (Luke & Harris, 2007).

Two studies have used quantitative network analysis to shed light on the importance of social networks in tobacco consumption and cessation. Christakis and Fowler (2008) investigated the spread of smoking behaviour and the extent to which connected individuals, including spouses, siblings, friends and colleagues, quit smoking together. The

authors found that within a social network, whole groups of people quit concertedly, suggesting that smoking behaviour spreads through social relationships (Christakis & Fowler, 2008). Mercken et al. (2010) applied quantitative network analysis to the study of smoking behaviour and friendship in adolescence. They reported that smoking adolescents preferred to select friends who also smoked, whereas non-smokers chose non-smoking friends (Mercken, et al., 2010).

A handful of recent studies further investigate the role of organisational networks in the development and implementation of tobacco control initiatives (Harris, Luke, Burke, & Mueller, 2008; Luke et al., 2010; Provan, Beagels, & Leischow, 2011; Wipfli, Fujimoto, & Valente, 2010). Harris et al.'s study on the role of partner agencies in the implementation of tobacco control programmes in the United States focuses on organisational networks and studies the interactions among tobacco control organisations (Harris, et al., 2008). The authors report that different networks resembled each other in organisational structure and that regular and good relationships between the organisations were an indicator for programme functioning (Harris, et al., 2008). A study by Luke et al. (2010) quantitatively analysed interactions within five national tobacco control networks among minority populations in the United States. Their study highlights the importance of connectedness between organisations in order to be flexible and responsive in the face of work demands (Luke, et al., 2010). Employing quantitative network analysis and traditional statistical analysis, Wipfli et al. (2010) investigated the global diffusion of tobacco control policies through the adoption of the FCTC among WHO member states. Their research draws attention to the critical role of international coalitions via which individuals are able to share information, learn from each other and gain reassurance about the consequences of action (Wipfli, et al., 2010). Wipfli and colleagues (2010) conclude that international networks can support the spread of international public health norms, whereas a lack of cooperation can delay the adoption and diffusion of initiatives. While a small number of studies have recently started to investigate organisational tobacco control networks, most of them have focused on the US context and on organisations which share a common interest in tobacco control. There is a dearth of research about networks of actors with an interest in tobacco control policy and networks in EU policymaking.

5.3.1 Network specification

In quantitative network research, data are collected about two features of a network: nodes and relationships (Knoke & Kuklinski, 1982; Scott, 1991; Wasserman & Faust, 1994). The actors comprising the network are defined as nodes and can represent individuals, organisations, websites, political actors, states or other entities (Knoke & Kuklinski, 1982; Marin & Wellman, 2011; National Cancer Institute, 2007; Scott, 1991; Wasserman & Faust, 1994)⁴⁰. Data collection on nodes includes the identification of relevant actors and the retrieval of information about them, i.e. their characteristics or attributes (Knoke & Kuklinski, 1982; Scott, 1991; Wasserman & Faust, 1994). The relationships or ties between the nodes constitute the second type of network data (Knoke & Kuklinski, 1982; Scott, 1991; Wasserman & Faust, 1994). Relationships (also referred to as “ties”) can take a variety of forms, including collaborations, friendships, formal or informal relationships, association or affiliation, resource or information flows (Knoke & Kuklinski, 1982; Marin & Wellman, 2011; Scott, 1991; Wasserman & Faust, 1994).

The selection of actors and the definition of relationships between them are central questions of quantitative network analysis and have been discussed under the term of boundary specification. Previous research has highlighted that network boundaries are often unclear and that it is hard to determine who belongs to a network and who does not (John, 1998). The boundaries of a network have crucial implications for the statistical analysis of network measures and omitting a key actor or crucial links within a network can distort the overall configuration of actors in a network (Laumann, Marsden, & Prensky, 1983). Many network studies are relatively mute about boundary specification and fail to justify their choice of nodes and relationships (Laumann, et al., 1983). It should be acknowledged that network boundaries are always artificial constructs and that capturing and depicting a network in its entirety is impossible (Heath, Fuller, & Johnston, 2009). Defining network boundaries in a way that is justifiable and suited to the research question, however, is one of the major challenges of network analysis (Heath, et al., 2009). Boundary specification is likely to be even more relevant when studying policy networks, which, according to Peterson (2009), are fluid, complex and difficult to grasp.

Distinctions have been made between network specification which is based on the limits that actors themselves impose on the network and strategies which, as is the case in

⁴⁰ Network analysis that focuses on agencies or organisations rather than individuals is sometimes referred to as organisational network analysis (National Cancer Institute, 2007).

this study, are based on researcher-imposed boundaries (Laumann, Marsden, & Prensky, 1992; Wasserman & Faust, 1994). Reviewing the network literature, Laumann et al. (1983, 1992) distinguish three approaches to addressing the problem of network boundaries which are not mutually exclusive and can be used in combination.

- **Attribute-based approach:** The most commonly applied approach in quantitative network analysis considers only those actors that hold a specific formal position to be part of the network (Laumann, et al., 1983). Studies which apply an attribute-based approach might identify a population or a naturally occurring cluster like a classroom, organisation, corporate group or neighbourhood and investigate every member of this population (Hanneman & Riddle, 2005; Laumann, et al., 1983). Alternatively, all people who live in a particular area or meet specific inclusion criteria can be recorded as members of a network (Hanneman & Riddle, 2005; Laumann, et al., 1983).
- **Relation-based approach:** When applying this approach, the researcher begins with a small set of actors that are deemed to be key players within the population of interest and expands to others that share a particular type of relation with those initially identified (Laumann, et al., 1992).
- **Event-based approach:** In this approach, all actors that participate in a key event or activity are included as nodes in the network (Laumann, et al., 1983). In order to avoid arbitrariness and allow for some degree of generalisation, events or activities need to be chosen carefully and well-justified (Laumann, et al., 1992). Event-based approaches have previously been used in the study of policymaking (Laumann, et al., 1992) and thus seemed a suitable strategy to explore stakeholder engagement in EU smoke-free policy.

In addition to the above outlined theoretical considerations, practical restrictions including feasibility, manageability and access, can influence the specification of network boundaries. As a result of expediency and the problems associated with the collection of data on policy networks, previous studies have focused on a selected number of actors within a wider network (Christopoulos & Quaglia, 2009).

Like all researchers applying quantitative network analysis, I was faced with the question of which actors to include in my analysis and how to define the boundaries of the policy network. Based on a thorough search of policy documents that were of relevance to the development of the Council Recommendation on smoke-free environments (for a detailed description of the search strategy see section 5.4.1), I was able to identify a multitude of actors that were involved in the policy process. This search identified the EC

consultation on the topic as a key event which had given political actors an opportunity to comment on EU smoke-free policy early on in the political process. I thus assumed that actors with an interest in the issue would have submitted a response and that following an event-based approach would capture all relevant stakeholders. Applying an event-based approach allowed me to clearly define the scope of the network and analyse a delimited network which could be assumed to comprise all organisational actors with an interest in EU smoke-free policy.

5.3.2 Data for quantitative network analysis

Network data can be collected through questionnaires, surveys, interviews, participant observation, by monitoring of communication, from archives and historical material (Christopoulos, 2010; Marin & Wellman, 2011). Any data which provide information about actors and their relationships can be used to quantitatively analyse a network. Surveys and interviews are the most common forms of obtaining relational data (Wasserman & Faust, 1994) and have been used in studies which investigate the development and implementation of EU policy (Christopoulos, 2006; Christopoulos & Quaglia, 2009) and interactions between organisational actors in tobacco control (Harris, et al., 2008; Leischow et al., 2010; Luke, et al., 2010). Several problems can occur when conducting surveys and interviews, and some difficulties are specific to interviewing and surveying political and organisational actors. First, accounts of relationships within a network are likely to be biased and limited by the respondent's view of the relational space (Christopoulos & Quaglia, 2009). Respondents might interpret relations differently, forget to report people with whom they share relations, misapprehend relations between their alters⁴¹ or be unaware of their alters' characteristics (Marin & Wellman, 2011). They are further unlikely to have an understanding that exceeds the immediate contacts of their alters (Christopoulos, 2008). Respondents might withhold information, depict themselves as more connected than they really are or simply fail to remember who they talked to or interacted with (Knoke & Kuklinski, 1982). Previous social network research has thus acknowledged that study participants might not necessarily be reliable sources of information and that relying on self-reports entails problems of reporting and recall bias (Knoke & Kuklinski, 1982). Second, interviewing requires the researcher and the participant to allocate time and resources and, in turn, puts limitations on the scope of

⁴¹ In quantitative network analysis, an "alter" is defined as the contact (e.g. the individual, organisation or other entity), which a selected node (known as "ego") has a tie with (Marin & Wellman, 2011).

the project, sample size and participant selection (Christopoulos & Quaglia, 2009; Real & Hasanagas, 2005). Due to their status and corresponding limited availability, political elites are particularly difficult to access, with notions of power imbalance being likely to further skew the actual interview (Puwar, 1997; Sabot, 1999; Thomas, 1995).

In an attempt to overcome the limitations and potential bias inherent in relying on data from interviews and surveys, correspondence, archival and publicly available data have been used as alternative data sources in quantitative network research on EU policymaking (Christopoulos & Quaglia, 2009). This study therefore draws on publicly available data sources and archives to obtain data on a whole⁴², one-mode⁴³ network of stakeholders involved in the development of the Council Recommendation on smoke-free environments. The responses of organisational stakeholders to the EC consultation on smoke-free policy were used as the primary data source and further information about nodes, attributes and relationships was obtained from other publicly available sources. While previous studies have used stakeholder responses to explore public participation and evidence in tobacco control policymaking (Bero, et al., 2001; Montini, George, Martin-Mollard, & Bero, 2009; Montini, et al., 2002) and drawn on the population of actors involved in a consultation to retrieve their sample of study participants (Christopoulos & Quaglia, 2009), this project is the first to draw on consultation submissions as data sources for quantitative network analysis.

5.3.3 Converting textual into relational data

Having made the decision to apply an event-based approach to boundary specification and use consultation submissions and public websites as primary data sources, I was faced with the task of converting the data from continuous text into a format which could be analysed using network analysis software. I describe the choices made and my definition of nodes, attributes and relationships in detail in the following section.

5.3.3.1 Nodes

Each organisation which submitted a response to the public consultation was registered as a node. I decided to list each organisation, independent of whether the organisation had

⁴² In contrast to an egocentric network which consists of a selected number of nodes, their contacts and their relationships, a whole network comprises all nodes in a defined network (Marin & Wellman, 2011).

⁴³ Quantitative network analysis distinguishes between one-mode networks which depict relationships that have directly been extracted from the data and two-mode or affiliation networks in which relationships between two actors are based on co-membership of a certain organisation or co-attendance at a particular event (Marin & Wellman, 2011).

submitted an individual response or a joint response with one or several other organisations. As the main focus was on organisational stakeholders, submissions from individuals were excluded, resulting in the exclusion of 136 consultation submissions and the inclusion of 176 nodes in the final analysis⁴⁴.

5.3.3.2 Attributes

Each organisation was assigned a serial number and the following attributes.

- **Type of organisation:** Each organisation was assigned to one of six types of organisation as defined by DG SANCO⁴⁵. Organisational categories included European institutions; national, regional and local authorities; health-related organisations; tobacco industry organisations; social partners⁴⁶; and others. While this categorisation provided a useful starting point, I decided that further differentiation would be needed to account for the specific characteristics of the organisations summarised under each of the above categories.
- **Main focus of organisation:** Using the more detailed classification undertaken by DG SANCO (Directorate General Health and Consumers, 2007c), each type of organisation was further assigned a more specific attribute which described its main focus. All organisations which had been assigned European institutions as a type of organisation remained European institutions. National, regional and local authorities were split into national governments, national parliaments, or regional and local authorities. Health-related organisations were categorised into health non-governmental organisations (NGOs) and health promotion organisations, scientific institutions, professional organisations or pharmaceutical industry. Tobacco industry organisations were grouped into tobacco manufacturers, tobacco wholesalers and retailers, tobacco growers, tobacco trade unions or smokers' NGOs. Social partners were split into inter-sectoral organisations or hospitality sector organisation. The remaining actor was classified as a representative of another industry.

⁴⁴ The number of organisations that were counted as nodes differs from the 169 submissions listed on the EC's website (Directorate General Health and Consumers, 2007e), because the EC counted submissions, whereas I counted organisations.

⁴⁵ Categories were assigned according to the EC's classification listed on its website registering all responses to the consultation (Directorate General Health and Consumers, 2007c).

⁴⁶ According to the EC definition, "social partners" include representatives of management and labour. The European Commission Agreement on Social Policy (European Commission, 1993) grants social partners the right to be consulted on any new EC initiative and defines criteria for the selection of respective organisations. A list of representative social partners which have been accredited by the EC is published on a regular basis (European Commission, 2010a).

- Multi- vs. single-issue organisations: Organisations that, according to their name or self-description on their website or in the consultation submission, were identified as being primarily concerned with tobacco or tobacco control were categorised as single-issue organisations, whereas organisations which had a wider remit (e.g. public health organisations, trade associations, professional organisations etc.) were classified as multi-issue organisations. Organisations which could not be assigned to either of the two categories were assigned the label “not applicable”.
- Commercial sector vs. other organisations: Based on the category “main focus of the organisation” and each organisation’s self-description on the organisation’s website or in the consultation submission, all organisations representing commercial interests (i.e. tobacco manufacturers, pharmaceutical companies, trade associations, hospitality sector organisations etc.) were assigned a respective code.
- Member state affiliation: Drawing on the categorisations undertaken by DG SANCO (Directorate General Health and Consumers, 2007c), organisations were assigned a code for the member state they were based in. European and global organisations were coded separately. Organisations which could not be assigned to a specific member state were coded as “not applicable”.
- Geographical remit of organisation: Deriving from each organisation’s member state affiliation and geographical area listed on the EC’s website (Directorate General Health and Consumers, 2007c), each organisation was assigned a geographical remit. Organisations were categorised as organisations with a global, European or member state remit.
- Position on the scope of the policy initiative: Each submission was read thoroughly in order to extract information about the organisation’s position on the scope of the policy initiative. The corresponding code was then cross-checked with respective codes that had been assigned by a representative of DG SANCO in preparation of the EC report on the consultation⁴⁷ (Directorate General Health and Consumers, 2007d). In case of discrepancy between the codes, the submissions were read again and a decision was made for one of the categories. Organisations were categorised as either favouring or opposing comprehensive EU smoke-free policy. Those that fell into neither category were labelled as “not applicable”.

⁴⁷ Data on the EC’s coding were provided via e-mail by DG SANCO, Unit 4.

- Position on the preferred policy option: Based on a thorough reading of each submission, each organisation's position on the preferred policy option was identified. The following categories were assigned: maintain status quo; voluntary measures; open method of coordination; non-binding recommendation; binding legislation; and "not applicable". Again, these categorisations were cross-checked against the respective codes which had previously been assigned by a DG SANCO representative⁴⁸. If the coding differed, the respective submission was read again and a decision was made for one of the categories.

5.3.3.3 Relationships

A relationship between organisation A and organisation B was assumed if one of the following three cases was true:

- Organisation B was mentioned as a collaborating partner in the submission or on the website of organisation A. This relationship was termed *public relationship*.
- Organisation A cited three or more references in its submission which were also cited in the submission of organisation B. This relationship was termed *shared citations*.
- The submission of organisation A was at least 40% identical to that of organisation B. This relationship was termed *active relationship*.

The different types of relationship and their operationalisation are outlined in detail below.

5.3.3.3.1 Public relationship

Organisations were defined as sharing a public relationship and assumed to be generally willing to collaborate with each other if one of the organisations officially declared to have a relationship with the other organisation. In order to identify public relationships, all submissions were carefully read. If organisations mentioned a membership, partnership, collaboration or other type of relationship with another organisation that had submitted a response, the respective organisation and the submitting organisation were coded as having a public relationship. In addition, websites of all organisations that had submitted responses were searched using the search engine Google (<https://www.google.co.uk/>) and, once located, scanned for any indication of a connection with any other organisation that had submitted a response (e.g. membership, declaration of official partnership or cooperation, weblink to another organisation's website etc.). For each organisation, the partner

⁴⁸ Data on the EC's coding was provided via e-mail by DG SANCO, Unit 4.

organisations identified through this procedure were listed. A matrix was created and data were coded as binary data (1: one of the two or both organisations mentioned some type of relationship = public relationship; 0: none of the organisations mentioned a relationship = no public relationship). Given that the data did not allow reliable assertions about the direction of the respective relationship, I decided to treat the data as undirected data. As a result, all relationships were symmetrised, i.e. if a relationship was identified from organisation A to organisation B, the same relationship was assumed from organisation B to organisation A.

5.3.3.3.2 Shared citations

If organisations cited three or more same references in their submission, they were defined as sharing citations and assumed to follow a parallel discourse and employ similar arguments to underpin their positions. In order to identify shared citations, a complete reference list was extracted for each organisation, listing all citations that were mentioned in its response. Then, the number of joint references was counted for each pair of organisations. Several random samples were checked to confirm that organisations cited the respective literature to underpin their arguments rather than to refute its content. After scrutinising the samples, it was decided that three joint citations indicated some degree of the respective organisations following a similar discourse, whereas less than three citations did not seem to justify this claim. A matrix was created and the data were coded as binary data with a cut-off point at three joint citations (1: three or more joint citations = shared citations; 0: two or less joint citations = no shared citations). All relationships were symmetrised.

5.3.3.3.3 Active relationship

Organisations were defined as having an active relationship if their submissions resembled each other by 40% or more. Active relationships were assumed to be an indicator of organisations collaborating or exchanging information on the issue of EU smoke-free policy or copying parts of each other's texts when drafting submissions. Measuring active relationships between organisations involved several steps. First, all responses (which originally were available in portable document format (pdf)) were converted into word documents. In order to avoid counting the wording of the consultation questions that had been posed by the EC as overlap between submissions, the questions were deleted if they were repeated in the response. All cleaned word files were uploaded into Turnitin (iParadigms LLC, 2012), an academic plagiarism detection software, and subsequently checked to locate identical or similar documents on the internet. The option of checking for

similar citations was disabled to avoid the retrieval of documents which cited the same literature. If a retrieved web-document was identified as a submission by another organisation to the consultation process, it was recorded in a table. All submissions which showed similarities with the respective submission of more than 10% were thoroughly read and cross-checked with the original document⁴⁹. Notes were taken about qualitative aspects of the similarities between the documents (e.g. whole paragraphs that had been identified as identical, themes that were raised by both organisations, dates of origin of the documents, etc.). For all organisation pairs, the percentage of similarity (reported in the Turnitin similarity index of the originality check) was noted down in a matrix table. If submissions showed no similarities, the organisation pair was coded at 0.

After discussion with my supervisors and following cut-offs used at the University of Edinburgh to scan student papers for plagiarism, it was agreed that 40% similarity would be a justifiable cut-off point, a conservative indicator of a relationship and likely to identify substantive collaboration, rather than spurious or incidental similarities. In order to account for the fact that degrees of similarity differed considerably and seemed to suggest different degrees of agreement and collaboration, further cut-offs were set at 65 and 95%. To segregate organisations that had submitted identical or almost identical responses, organisations whose submissions showed similarity of 96% or more, were defined as maintaining a close active relationship. When similarity between submissions ranged from 66 to 95%, the two respective organisations were defined as having a moderate active relationship. All links where similarity between submissions was between 65 to 40% were defined as loose active relationships. A matrix was created and the data were coded as ordinary data (3: similarity of 100-96% = close active relationship; 2: similarity of 95-66% = moderate active relationship; 1: similarity of 65-40% = loose active relationships; 0: similarity of less than 40% = no active relationship). All relationships were symmetrised and the higher value was assigned to the relationship⁵⁰.

⁴⁹ After a rigorous inspection of 30 samples with similarities below 10% it was assumed that the overlap between documents which showed similarities of less than 10% was likely to be irrelevant and submissions with showed 10% similarities or less were excluded from the analysis.

⁵⁰ If the values of two relationships differed (i.e. the percentage identified between the submission of organisation A and the submission of organisation B had a different value than the percentage identified between the submission of organisation B and the submission of organisation A), the stronger of two relationships was assumed to be true for the organisational pair and the link coded accordingly.

5.3.4 Statistical analysis of the data

Networks can be analysed at the network or group level and at the individual level (Luke & Harris, 2007; Valente, 2010). Network and group level measures provide insight into the overall structure of the network or of one or several groups within the network (Luke & Harris, 2007). When the analysis centres on the network, the entire network and the relationships between all network actors are considered. If the focus of analysis lies on a group (which is also referred to as a “subgraph” or “component” of a network (Marin & Wellman, 2011, p. 21)), a subset of nodes and their links are analysed. On the other hand, by identifying and examining selected actors, analysis at the individual level sheds light on the position, constraints and opportunities of individual network actors (Christopoulos, 2006). A number of network level and individual level measures were calculated for the policy network on EU smoke-free policy. The analytical approach is described in the following section and the network measures are summarised and described in detail in tables 5.1, 5.2 and 5.3.

In a first step, the overall policy network, which included all organisations that had submitted a response to the EC consultation on smoke-free policy, was analysed at the network level. The main aim of this analysis was to determine the size, composition, homogeneity, heterogeneity and proximity of the network (for a detailed description, see table 5.1). Based on the assumption that relationships determine the structure of the network and impact on an actor’s action (Marin & Wellman, 2011), the nature of the relationships within the policy network was analysed. I selected a number of relationship measures, including the type of tie, scientific information links and commercial sector links, which helped to explore the content and quality of relationships and the resultant constraints or opportunities of the network actors (for a detailed description, see table 5.2).

Quantitative network calculations allow the researcher to empirically define groups and study groups that would not be identifiable if the focus would be on pre-set groups of actors with shared attributes (Marin & Wellman, 2011). Given that networks can consist of multiple groups and different calculations can be applied to define groups, the researcher has to consider carefully how to divide the network (Marin & Wellman, 2011). The analysis of the overall network and the relationships between network actors allowed me to make an informed decision about how to split the network into groups. Based on my interest in analysing political coalitions, I decided to focus on subgroups, i.e. groups of actors that share similar opinions and act alike and whose members engage in frequent interactions (Frank,

1995, p. 27). To allow a detailed analysis of the two distinct groups that were clearly identifiable from the analysis at the network level, I decided to focus on the two largest groups. By means of the Girvan-Newman algorithm⁵¹ and specifying a maximum number of two components, I split the main network component into two subgroups. After splitting the network in the described way, I performed a separate analysis and comparison of the two groups. The two groups were compared with respect to size, composition, density, compactness, centralisation, core-periphery structure and proximity (described in detail in table 5.1). Seventy isolates⁵², seven dyads⁵³ and one set of four actors, which were not connected to the main component, were analysed separately.

While group analysis enables the researcher to think of actors as embedded in groups and thus differentially subject to the opportunities, constraints and influences created by the specific group membership (Marin & Wellman, 2011), individual level analysis draws attention to the position and scope of action of specific network actors (Valente, 2010). Regarding individual level measures, I calculated centrality scores for the members of each of the two groups and assessed the homophily and heterophily of selected actors. After considering a variety of centrality measures, I decided to use overall degree centrality as a proxy for an actor's importance in the policy network and for his ability to connect with other actors, receive and disseminate information and engage in political action (Christopoulos & Quaglia, 2009). The advantage of overall degree centrality is that it constitutes a simple, robust and popular centrality measure which can be calculated for undirected, symmetrised networks (Luke & Harris, 2007).

All analyses were conducted using UCInet Version 6.295 (Borgatti, Everett, & Freeman, 2002), a programme that is commonly used in quantitative network research.

⁵¹ The Girvan-Newman algorithm is an iterative process which identifies subgroups by calculating the edge betweenness centrality of all ties and deleting the ties or ties with the highest value (Girvan & Newman, 2002). By doing so, the network is split into subgroups (Girvan & Newman, 2002). The process continues until the maximum of components that the user has specified is reached (Girvan & Newman, 2002).

⁵² An isolate is an actor that has no connections to any other actor in the network (Hanneman & Riddle, 2005).

⁵³ A dyad is defined as a relationship pair, i.e. an ego, an alter and the tie between them (Valente, 2010).

Table 5.1: Network and group level measures: overall structure

| Network measure | Definition | Relevance |
|-----------------|---|---|
| Size | The size of a network or group is defined as the numbers of nodes that comprise it (Valente, 2010). | The network size can serve as a proxy for the number of actors that can be mobilised on a political issue and thus for the potential political capacity or power of a group (Christopoulos & Quaglia, 2009; Real & Hasanagas, 2005). Given that network actors cannot become familiar with more than a limited number of actors, increasing network size can diminish trust and accountability and thus negatively impact on the stability of the network (Christopoulos & Quaglia, 2009; Real & Hasanagas, 2005). Smaller networks, on the other hand, are more likely to generate trust and a sense of responsibility (Real & Hasanagas, 2005). |
| Composition | Composition describes the extent to which a network or group is composed of nodes with particular attributes (Marin & Wellman, 2011). | Researchers with an interest in policy networks are likely to be interested in the types of actors that populate the network (Real & Hasanagas, 2005). Analysing the composition can provide insight into the diversity and heterogeneity of a group or a network (Marin & Wellman, 2011). If a policy network displays a high level of heterogeneity and intersectorality ⁵⁴ , decision makers might be more likely to perceive the issue as being of broad public interest (Real & Hasanagas, 2005), whereas a policy network which is populated by only one type of organisation is more likely to be perceived as covering a niche issue which barely receives attention from the wider public. |
| Density | Network density describes the ratio of observed ties to possible ties (Marin & Wellman, 2011). | Density is a mathematical expression for the complexity and cohesion of a network or a group and the potential for further interaction between network members (Marin & Wellman, 2011; Real & Hasanagas, 2005). Network density is dependent on network size, with larger networks usually displaying lower density measures than smaller networks (Valente, 2010). Dense networks can put constraints on their members because they exhaust their members' capacity to establish relationships and allow a high degree of social control (Valente, 2010). On the other hand, members of dense networks are likely to be well-connected, have plenty of opportunities to communicate and disseminate information and might feel an increased sense of cohesion and solidarity (Luke & Harris, 2007; Luke, et al., 2010). Density scores can range from 0 to 1 (Harris, et al., 2008). |

⁵⁴ Intersectorality describes the number of sectors that a network comprises of.

| | | |
|----------------------------|---|--|
| Compactness | The compactness, a measure that is based on the geodesic distances within the network ⁵⁵ , provides information about the average distance between network actors (Hanneman & Riddle, 2005). | Compact networks are more cohesive and facilitate the dissemination of information and mobilisation of actors (Hanneman & Riddle, 2005). Compactness measures can vary from 0-1, with larger values indicating greater compactness (Hanneman & Riddle, 2005). |
| Centralisation | Centralisation is a measure for the extent to which a network shows a hierarchical or centralized structure and is dominated by one or a few actors (Valente, 2010). | Centralisation is a measure which is indicative of the hierarchical nature of and distribution of power within a network or a group (Luke & Harris, 2007; Real & Hasanagas, 2005). Highly centralised networks are dominated by one or few central actors, whereas less centralised networks show flatter hierarchies (Valente, 2010). Centralisation scores can provide valuable insight into the management structure of policy networks. Given that central actors of highly centralised networks are able to authoritatively enact decisions and quickly disseminate information, high degrees of centralisation have been linked to high network efficiency (Valente, Chou, & Pentz, 2007). The concentration of power on one or a small number of actors in highly centralised networks affects the individual power status of all other actors. Centralisation is measured in percentage. A star-shaped network, for example, which constitutes the maximum degree of centralisation, has a centrality score of 100%. |
| Core-periphery correlation | An analysis of the core-periphery structure of a network compares the density (described above) within the core with the density of the periphery of a network. | Networks of organisations or small communities usually display a core-periphery pattern which comprises a central group of densely connected individuals and a larger group of people who are less closely connected to the core group and each other (McPherson, Smith-Lovin, & Cook, 2001). |
| Proximity | Proximity is a measure for the geographical propinquity of network members (Borgatti, Mehra, Brass, & Labianca, 2013). It determines the extent | Research on tobacco control networks has shown that individuals and organisations are more likely to cooperate with each other if they are in physical proximity (Luke, et al., 2010). It has been argued that electronic modes of communication, participation in virtual networks and increased global communication facilitates collaboration over long distances and diminish the need for geographical propinquity (McPherson, et al., 2001). Research on |

⁵⁵ The geodesic is the shortest path between two nodes and describes the direct connection between them (Harary, Norman, & Cartwright, 1966).

| | | |
|--|---|---|
| | to which actors that are in geographical proximity to each other are more likely to cooperate (Borgatti, et al., 2013). | tobacco control networks, however, has shown that these modes of interaction do not completely eradicate the importance of physical proximity and that proximity remains a crucial factor for the continuity and growth of relationships (Luke, et al., 2010). Social network analysts conclude that proximity does not determine the existence of a tie but seems to have an impact on the intensity and frequency of interaction (McPherson, et al., 2001). |
|--|---|---|

Table 5.2: Network and group level measures: relationships

| Network measure | Definition | Relevance |
|-----------------------------|--|---|
| Type of tie | The type of tie describes the type or content of the relationships that exist between two or more nodes. | Ties can take various forms and be proxies for official or unofficial collaboration, contracts, meetings, trade, resource or information flow, friendships, exchange of social or practical support or any other possible connection (Marin & Wellman, 2011). |
| Scientific information link | Scientific information links are links between academics and scientific organisations and other network actors (Real & Hasanagas, 2005). | Scientific information links constitute a specific type of network tie which is assumed to give an indication about scientific information exchange within a network (Real & Hasanagas, 2005). The crucial role of researchers and research in public health and tobacco control policymaking has been highlighted in previous literature (Bero, et al., 2001; Mair & Kierans, 2007; Smith, 2006a). With regard to tobacco control policy, research has further shown that decision makers expect public health advocates and scientific experts to link up to increase their influence on the policy process (Montini & Bero, 2001). I accounted for scientific information links by identifying all scientific organisations in the network and analysing the links they had with other stakeholders. |
| Commercial sector link | Commercial sector links are defined as links between commercial and non-commercial actors. | Although commercial sector links have not been discussed in the previous social network literature, I decided that an analysis of the relationship between commercial and non-commercial actors would be beneficial to the study. In order to draw conclusions about the connectedness of commercial actors, I classified tobacco manufacturers, pharmaceutical companies, trade associations and organisations representing other commercial sectors as commercial sector organisations and separately analysed links between them and other stakeholders. |

Table 5.3: Individual level measures

| Network measure | Definition | Relevance |
|---------------------------|---|--|
| Overall degree centrality | Degree centrality describes the extent to which an actor is connected to others (Luke & Harris, 2007). The normalized degree centrality is a division of the actual degree by the maximum possible degree and expressed as a percentage (Freeman, 1979). | Centrality measures provide information about the importance of a given actor within the policy network, the actor's ability to connect with other actors, receive and disseminate information and his relational advantages and constraints to act at the political level (Christopoulos & Quaglia, 2009). Central actors have been found to be more capable to coordinate and orchestrate effective political action (Christopoulos & Quaglia, 2009). Relating the actual centrality of an actor to the actor's expected centrality can provide insight into whether an actor is more or less central than expected (Christopoulos & Quaglia, 2009). |
| Homophily/heterophily | The concepts of homophily and heterophily describe the extent to which an actor has ties to similar or different actors (National Cancer Institute, 2007). While homophily describes the situation where an actor primarily has relationships to similar actors, heterophily refers to the tendency of an actor to build links with actors that are dissimilar (National Cancer Institute, 2007). | Network research has identified a tendency of actors to build relationships with similar actors and revealed that individuals show considerable homophily with regard to a number of attributes, including race, sex, age, religion, educational level, occupation, individual behaviours and values (McPherson, et al., 2001). Little research has been conducted on homophily or heterophily in organisational networks (Luke, et al., 2010) and a study on organisational tobacco control networks by Luke et al. (Luke, et al., 2010) reported inconsistent findings. |

5.3.5 Graphical depiction of the policy network

In addition to the statistical analysis, I decided to graphically depict the network and the individual groups to illustrate the most important findings. I used NetDraw (Borgatti, 2002), a windows programme which visualises social network data as sociograms⁵⁶. The spring embedder was used to allocate each actor a position in the sociogram⁵⁷. I used black as a default colour for all actors and relationships. Given that I treated the network as symmetric, I decided to not display arrowheads which would indicate the direction of a tie.

For most analyses, it made sense to lump all relationships together and show the overall connection between actors. In a first step, all relationship matrices were therefore merged and the overall network was graphically depicted. Given that the main network component would be the main focus of analysis, it was decided that the graphical depiction of actors that were not connected to the main component would complicate the sociogram unnecessarily. All isolates and members of small network components were thus deleted from the graphical illustration, allowing the graphical depiction to focus on the main component and its two clearly distinct subgroups. Each of the two main groups of the network which were statistically analysed and compared at the group level were graphically depicted in separate sociograms. In order to allow the separate depiction and comparison of the different types of relationship, three different sociograms were created, one displaying each relationship type separately.

In the sociograms of the overall network and the two separate groups, colours were assigned to all actors according to their respective attributes. The visualisation of attributes supported the statistical analysis and helped to illustrate the differences between the two groups and a number of network measures.

5.4 Qualitative network analysis

While the previous section described the quantitative approach to SNA, this section focuses on the qualitative approach taken to analyse the policy network on European smoke-free. The section is split in two parts, reflecting the two types of data that were analysed, and outlines the collection and review of documentary data and the collection and analysis of

⁵⁶ A sociogram is a diagram which depicts a network or a component of the network (Valente, 2010).

⁵⁷ A spring embedder considers the nodes to be metal rings which are connected by springs and therefore repel or attract each other. The forces which are exerted on each node are computed. After all forces have been summed up, the rings are moved according to the forces exerted on them. This process is reiterated. With a sufficiently large number of iterations, a state of equilibration is reached, in which the force exerted on each ring is 0 (Ziegler, 2009).

semi-structured, narrative interviews, respectively. In the part which deals with the selection and review of policy documents, I describe the search strategy, inclusion criteria and the review of the documentary data. Section 5.4.2 describes the development, piloting and content of the topic guide, the selection and recruitment of interviewees, the interview process and the analysis.

5.4.1 Selection and analysis of documentary data

The aim of the document searches was to identify policy documents and other documentary data which contained relevant information about the development of the Council Recommendation on smoke-free environments. The documents were primarily used to gain a historical overview of the policy process, identify relevant political actors and get acquainted with the arguments raised in the context of the development of EU smoke-free policy. As described in section 5.3.1, the stakeholder responses to the EC consultation served as a data source for the quantitative network analysis. The more detailed analysis of selected documents was used to develop the interview topic guide and triangulate the interview data and the quantitative network analysis. The following sections describe the process of searching and selecting documents and the review of documentary data.

In order to retrieve documents which provided information about the development of the Council Recommendation on smoke-free environments, the main websites of the EU institutions, including the websites of DG SANCO (<http://ec.europa.eu/health>), the EP (<http://www.europarl.europa.eu/portal/en>), the European Council (<http://www.european-council.europa.eu/home-page?lang=en>) and Eurlex, a search engine for European law documents (<http://eur-lex.europa.eu/en/index.htm>) were searched. Broad search terms, including “smoke-free*”, “smoke free*”, “smoking ban*”, “second hand smoke* AND polic*”, secondhand smoke* AND polic*” were conducted between October 2009 and September 2010 to retrieve documents of relevance to the research topic. Of particular value was DG SANCO’s tobacco control website which listed all policy developments of relevance to the development of EU smoke-free policy (http://ec.europa.eu/health/tobacco/law/free_environments/index_en.htm). I primarily focused on documents produced between January 2007 (when the EC Green Paper “Towards a Europe free from tobacco smoke” was published) and November 2009 (when the Council Recommendation on smoke-free environments was adopted) and only included documents from preceding and subsequent years if they seemed relevant for a

comprehensive understanding of the development of EU smoke-free policy (e.g. the guidelines for FCTC article 8 which the Council Recommendation refers to). Documents of relevance to the topic that had been produced after the adoption of the Council Recommendation were included in the analysis in order to track any reactions to and potential impact of the policy initiative but were not analysed in detail.

Using the information that had been retrieved via these searches as a starting point, more specific searches were conducted using the search engine Google (<https://www.google.co.uk/>), the WHO Europe website (<http://www.euro.who.int/en/home>), the website of the DG EMPL (<http://ec.europa.eu/social/home.jsp>) and the EC's consultation website "Your voice in Europe" (http://ec.europa.eu/yourvoice/index_en.htm) to locate further documents and other documentary material of interest. The websites of Brussels-based organisations which had been identified as particularly active in the policy process were also searched for additional information and documents⁵⁸.

The outlined searches produced policy documents and policy drafts of EU smoke-free policy, responses, opinions and other documents produced by the EU institutions (e.g. the EP resolution on the EC Green Paper (European Parliament, 2007a) and the Opinion of the European Economic and Social Committee (EESC) on the proposal for a Council Recommendation on smoke-free environments (European Economic and Social Committee, 2009)), policy documents which the Council Recommendation on smoke-free environments referred to (e.g. the FCTC (World Health Organization, 2003), the FCTC guidelines for article 8 (World Health Organization, 2009b)), political briefings and reports (e.g. the ASPECT report (Aspect Consortium, 2004), the Limassol recommendations (Association of European Cancer Leagues, et al., 2005), the SFP's spotlight issue on FCTC article 8 (Smokefree Partnership, 2008), the Global Smokefree Partnership's (GSP) report on enforcement of smoke-free policies (Global Smokefree Partnership, 2009b) and the GSP's Status Report on FCTC article 8 (Global Smokefree Partnership, 2010)), surveys (e.g. the Eurobarometer surveys (Directorate General Health and Consumers, 2006, 2007a, 2010b)), research reports (e.g. the SFP report "Lifting the Smokescreen" and its supplement on tobacco industry strategies to defeat smoke-free policies (Diethelm & McKee, 2006; Smokefree Partnership, 2006) and a report on women and SHS (Amos, et al., 2008)) and other documents. Based on a

⁵⁸ These organisations included SFP (<http://www.smokefreepartnership.org/>), ERS (<http://www.ersnet.org/>), ECL (<http://www.europeancancerleagues.org/>), EPHA (<http://www.epha.org/>), ENSP (<http://www.ensp.org/>) and CECCM (<http://www.ceccm.eu/>).

thorough reading of the documents, I constructed a table which provided a historical outline of the sequence of events (table 3.1 in section 3.3).

Starting my research by focusing on the historical analysis of documentary data and constructing a chronological table proved essential for developing an overview of the process leading to the adoption of the Council Recommendation on smoke-free environments and contemporaneous political developments at the European, national and global level. It further helped me to gain insight into the actors that had engaged in the policy process, their involvement and positions and the debates that had been held. It also served as a basis to compile a list of potential interviewees (see section 5.4.2.2).

After reading and analysing all documents, the documentary material was reduced to documents that had been specifically produced by the EU institutions in preparation for the Council Recommendation on smoke-free environments, policies which the Council Recommendation referred to and the consultation submissions of 169 organisational stakeholders. Acknowledging that the context of a document has to be taken into account when analysing documentary data (Finnegan, 1996), I compiled a table with detailed information about each document⁵⁹ (appendix III). The selected documents were repeatedly read and reviewed, with the review focusing on gathering background information which informed the development of the interview topic guide, verifying the coding of the interview data and cross-checking the information that was gathered through the qualitative analysis of the interviews and the quantitative network analysis. The thorough reading of all documents that were initially identified as relevant to the research topic and other documentary material, which was made available to me by interview participants in the course of the research project (e.g. private correspondence between stakeholders, audio-visual and promotion material), also informed the interpretation of my analysis. In order to ensure rigour in my analysis and enable the reader to reconstruct the analytical process, I made considerable efforts to compare, contextualise and cross-check the data and take the documentary context into account (a procedure which is assumed to alleviate some of the limitations of archival and documentary research (Finnegan, 1996; Forster, 1994)).

⁵⁹ The following information was included in the table: title, author, date of publication, a short summary of the content which stated the aim of the document.

5.4.2 Semi-structured, narrative interviews

5.4.2.1 Development of the topic guide

In preparation of the interviews, I developed a topic guide which was based on a review of the literature and the documentary data and a number of informal pre-pilot conversations with people who had at some stage been involved in the process of developing EU smoke-free policy and were personally known to me or my supervisors. The topic guide, which covered questions that allowed me to explore stakeholder engagement in the policy process, was piloted between October 2010 and February 2011 in four interviews with stakeholders who had been involved in the process but had not been identified as key informants.

Although considerable changes were made to the topic guide after the pilot interviews had been conducted (outlined below), the content of the pilot interviews provided relevant information for the study, resulting in the inclusion of all pilot interviews in the analysis.

As I piloted interviews, I had to acknowledge that the structure of the topic guide narrowed the scope of the interview to pre-identified topics and did not leave sufficient room for personal accounts which reflected the interviewees' broad experience and insider knowledge of the policy process. Assuming that combining a narrative and a semi-structured approach would provide me with richer data, I decided to split the interview into a narrative part during which the interviewees were encouraged to freely tell their personal story about the development of the Council Recommendation without being interrupted and a more structured part which gave me the opportunity to follow up on issues raised in the narrative and ask additional questions that were of particular interest to my research topic.

In addition to inserting a narrative part into the interview, the pilot interviews stimulated me to make a number of changes to the topic guide. Given that I had been unable to tackle all topics that I had planned to cover within the time limit of one hour, I decided to rigorously overhaul the topic guide and delete any questions that were not crucial, resulting in a reduction from nine to a more manageable number of five themes. Due to my anticipation that interviewing political actors (who I expected to be used to being interviewed, pressed for time and skilled in managing and steering conversations) in a language that was not my native tongue would be challenging, I initially felt the need to specify the wording of each question. The first few interviews showed that this made handling the topic guide slightly cumbersome and seemed to increase the formal aspect of the interview (for the need of the flexible handling of topic guides in qualitative research cf.

Gaskell, 2000). After conducting a few interviews, I felt more confident and better able to spontaneously phrase my questions and was therefore able to only use a one page topic guide containing the main issues as an aide memoire. The shorter topic guide was less obtrusive and allowed me to conduct the interviews in a way that resembled a conversation, while only referring to the guide to ensure that all topics had been covered. Prior to each interview, I amended the topic guide slightly based on the information I had about the interviewee that I was about to meet and the issues that I wanted to focus on in the respective interview. Generic versions of the brief topic guide for stakeholder can be found in appendix IV.

5.4.2.2 Selection and recruitment of interviewees

While not allowing representational generalisation and inferences to the wider population (Arksey & Knight, 1999; Miles & Huberman, 1994), the strength of qualitative interviews lies in their ability to gather comprehensive, rich and multi-faceted information, explore the diverse views, opinions and experiences of individuals and provide insight into different representations of an issue (Gaskell, 2000). Purposive sampling, a sampling method that is frequently used in qualitative research, aims at systematically selecting study participants according to rationales that emanate from the research question (Bauer & Aarts, 2000; Gaskell & Bauer, 2000; Lewis, 2009) and in a way that promises to elicit maximum variation of information (Carter & Little, 2007). Hoping to interview a wide range of decision makers and stakeholders who were able to provide insider knowledge, I focused my recruitment efforts on political actors who had actively engaged in the development of the Council Recommendation on smoke-free environments. I decided to avoid relying on snowball sampling because I suspected that solely recruiting participants who were personally known to my interviewees was likely to generate a biased sample, provide a lopsided view of the policy network and defeat the purpose of gaining an insight of the wider network. Instead, I put significant efforts into the careful and systematic selection of interviewees, using the analysis of documentary data (outlined in section 5.4.2.2) as a starting point for purposive sampling. I drew on the documentary material that I had reviewed and conducted internet searches to identify and extract detailed information about key individuals who had been involved in the development of the Council Recommendation on smoke-free

environments⁶⁰. This procedure resulted in a list of 175 potential interviewees, which included information about decision makers in EU institutions and national governments, representatives of organisations that had submitted responses to the public consultation, participants in the consultation of selected stakeholders and several other individuals.

Based on the knowledge of the policy process that I had developed through the review of documentary data, I assigned each individual to one of the following three groups:

- individuals who seemed to be key actors and crucial in the process (n=49, e.g. key decision makers, public affairs officials and directors of organisations which made multiple and intensive efforts to engage in the policy process),
- individuals who seemed to be important (n=59, e.g. other decision makers involved in the process, representatives of organisations which had submitted a response to the EC consultation and had been involved in the policy process in other ways), and
- individuals who seemed to be involved in the development of the policy but had no prominent role (n=67, e.g. representatives of organisations which had submitted a response to the EC consultation but seemed to have no other involvement in the process).

Assuming that they would be most able to provide detailed insider knowledge about the policy process, I decided to initially recruit individuals from the first two groups and only subsequently recruit additional interviewees if they were mentioned as particularly important by the selected interviewees. I assigned each potential interviewee to a category which described the main focus of the organisation that he represented and subsequently aimed to recruit representatives from each category. The categories included: representatives of health NGOs and health promotion organisations; scientific institutions; professional organisations; pharmaceutical companies; tobacco manufacturers; tobacco wholesalers and retailers; tobacco growers; tobacco trade unions; smokers' NGOs; inter-sectoral organisations; the hospitality industry; the ventilation industry; other industries; and decision makers. Given that the documentary review had identified a number of issues as controversial and relevant to the policy debate, I further tried to select interviewees which were likely to represent a range of characteristics on the following issues:

⁶⁰ As far as possible, I compiled the following information for each potential interviewee: their name, title, the organisation they represented, their position in the organisation, the organisation's address, the individual's (if available) or the organisation's telephone number and e-mail address, a note on their involvement in the policy process, my reason for listing them as a potential interviewee, and (if available) the name of someone who could put me in touch with the respective individual.

- opinion on the scope of the policy initiative and the preferred policy option (to capture stakeholders with different views on the initiative),
- geographical remit (to capture representatives of organisations with a global, European, member state and local remit),
- member state affiliation (to capture a geographical spread of stakeholders across Europe),
- situation regarding smoke-free policy at national level when the Council Recommendation on smoke-free environments was developed⁶¹ (to capture views from those representing member states which had adopted smoke-free policies early in the process, later and had not yet adopted smoke-free policies), and
- period of political engagement (to capture engagement across the policy process).

Given that I had managed to complete the preliminary quantitative network analysis prior to finalising recruitment of interviewees, I was able to select some interviewees which represented organisations that seemed to occupy prominent positions in the network and thus seemed likely to provide particularly interesting information. I made sure to also include a small number of representatives of organisations that, according to the documentary analysis, had not engaged in the policy process in order to uncover some of the reasons for not participating in the development of EU smoke-free policy.

After deciding that I wanted to recruit a particular actor, I contacted the individual via telephone, conveyed my request, explained why he was contacted and invited him to take part in the study. While I had initially chosen e-mail as the most appropriate mode of first contact, e-mails proved to be relatively inefficient. I thus changed my strategy to calling potential interviewees unannounced, which meant that I was able to establish direct contact, convey my request immediately and react to any scepticism or hesitation. This approach proved to be more successful in the subsequent recruitment process. If the respondent immediately agreed to being interviewed, a mutually convenient date was arranged and I followed up by sending a participant information sheet and consent form (appendix V) via e-mail. In other instances, I sent more detailed information about the project via e-mail before following up on the first contact with a second telephone call approximately one week later. In order to increase the chances of a positive response, I asked mutual contacts to

⁶¹ Information about a member state's situation regarding smoke-free policy at the time of the development of the Council Recommendation on smoke-free environments was obtained from data published by the EC (Directorate General for Health and Consumers, 2011; Directorate General Health and Consumers, 2010a) (summarised in appendix I).

forward my request to potential interviewees, resulting in the successful recruitment of a wide variety of interviewees and a low number of non-responses and rejections (cf. Ostrander, 1995; Thomas, 1995).

A total of 48 potential interviewees were contacted, of which six (13%) declined and five (10%) did not respond, resulting in a total of 37 (77%) actors accepting to be interviewed. Table 5.4 provides an overview of individuals contacted and interviewed, and of those who accepted, declined and failed to respond. Two interviewees (one decision maker and one representative of the public health sector) who had agreed to being interviewed were not interviewed because of the distant location of one interviewee and a requested charge of approximately €600 for the other interview. All six interviewees who declined the interview and four of five non-respondents were representatives of tobacco industry organisations (four tobacco manufacturers, two national TMAs and four European organisations representing tobacco manufacturers (CECCM, ECMA, GITES and the European Smokeless Tobacco Council (ESTOC)). Despite intense efforts, I was also unable to recruit a representative from the hospitality sector. Reasons given for declining the interview were management decisions not to be interviewed for this research project, general organisational policies not to give interviews to PhD students, time constraints, the potential interviewee having left the organisation or not wanting to be interviewed because he felt that he or the organisation had not been involved to a sufficient degree in the policy process to be able to provide valuable information.

Table 5.4: Recruitment, by type of stakeholder

| Stakeholder category | No of individuals contacted | No of individuals who accepted | No of individuals who declined | No of non-respondents | No (%) of individuals interviewed |
|--------------------------|-----------------------------|--------------------------------|--------------------------------|-----------------------|-----------------------------------|
| Public health sector | 19 | 19 | 0 | 0 | 18 (95) |
| Tobacco sector | 14 | 4 | 6 | 4 | 4 (36) |
| Decision makers | 6 | 6 | 0 | 0 | 5 (83) |
| Social partners | 4 | 4 | 0 | 0 | 4 (100) |
| Other commercial sectors | 3 | 3 | 0 | 0 | 3 (100) |
| Ventilation sector | 1 | 1 | 0 | 0 | 1 (100) |
| Hospitality sector | 1 | 0 | 0 | 1 | 0 (0) |
| <i>Total</i> | <i>48 (100%)</i> | <i>37 (77%)</i> | <i>6 (13%)</i> | <i>5 (10%)</i> | <i>35 (73%)</i> |

In almost all instances, it took multiple telephone calls and e-mails to locate the person I wanted to interview, obtain affirmation that he would speak to me and secure an interview

date. On average, it took 3 contacts (ranging from 1 to 9 attempts) and 22 days (ranging from 1 to 104 days) until consent or refusal was obtained (table 5.5). The recruitment of those who consented to be interviewed required fewer reminders than when rejection was obtained (table 5.5). I spent an average of 31 days and made an average of 5 attempts before giving up on non-respondents (table 5.5). On average, the recruitment of decision makers and representatives of the tobacco and ventilation sector required more attempts and time than the recruitment of representatives of the public health sector, social partner organisations and other commercial sectors (table 5.6). The final sample of interviewees reflects my attempts to balance my objective to cover a diversity of views against the resource and time constraints of the project.

Table 5.5: Duration of recruitment, by type of response

| Type of response | Average no of contacts | Average length of time in days |
|------------------|------------------------|--------------------------------|
| Consent | 2.7 | 21.7 |
| Rejection | 4.2 | 14.0 |
| Non-response | 4.6 | 30.6 |
| <i>Total</i> | <i>3.1</i> | <i>21.7</i> |

Table 5.6: Duration of recruitment, by type of stakeholder

| Stakeholder category | Average no of contacts | Average length of time in days |
|--------------------------|------------------------|--------------------------------|
| Tobacco sector | 4.6 | 42.3 |
| Decision makers | 3.6 | 36.8 |
| Ventilation sector | 3.0 | 44.0 |
| Social partners | 2.5 | 11.5 |
| Other commercial sectors | 2.0 | 21.7 |
| Public health sector | 1.8 | 9.8 |
| <i>Total</i> | <i>3.0</i> | <i>18.2</i> |

5.4.2.3 Conducting interviews

Approximately one week prior to the agreed interview date, I sent an e-mail reminder to which I attached the information sheet and the consent form. Aiming to use the limited time that I got with the interviewee as best as I could and demonstrate that I valued the interviewee's willingness to give me his time, I prepared each interview diligently and gathered as much relevant information about the interviewee and the organisation he represented as possible from publicly available sources. Such information included any relevant material about the interviewee, about the interviewee's or his organisation's engagement in the development of the Council Recommendation on smoke-free

environments, the position that had been taken, the arguments that had been put forward, the events he had been involved in and the other organisations with which the respective organisation had any relationships that I was hoping to explore in more detail. Upon arrival at the interview site (which was usually the interviewee's office) and being welcomed by the interviewee, I summarised the purpose of the project and the content, structure and time frame of the interview again and obtained the interviewee's informed consent and permission to record the interview. In order to determine the interviewee's desired level of anonymity, he was asked to state in writing whether he wanted to participate on the basis that (i) all identifiable features would be removed from the data, his participation in the research would not be disclosed and all quotes would be made anonymous; (ii) he would be identified as interviewee but under the provision that no quotations would be directly attributed to him; or (iii) he would be identified as an interviewee and quotations would be directly attributed to him (see consent form, appendix V). Most respondents (n=16) chose to be identified as an interviewee but for quotes not to be attributed to them (option ii), 13 interviewees chose to be fully identified (option iii) and 6 interviewees did not want to be identified at all (option i). Before the start of the actual interview, I encouraged the interviewee to ask any questions about the project and the interview process.

I then invited the interviewee to provide a personal account of the development of the Council Recommendation. This invitation was usually followed by a first-person narrative which I interrupted as little as possible until it came to a natural end. The narrative part of the interview allowed me to "tune in to" the interviewee's views and get an idea about which aspects of the story and events were most important to him. By eliciting personal experiences and memories, the narrative part identified aspects of the policy process that had not emerged from the analysis of publicly available data and helped me to understand the interviewees' perspectives of the development of EU smoke-free policy. I subsequently prompted the interviewee about specific points that had been raised and asked detailed questions drawing on the topic guide. This part of the interview usually focused on the interviewee's engagement in tobacco control, his involvement in the development of EU smoke-free policy, in the policy network and in coalitions and his personal assessment of the policy process and its outcome. It also touched on potential links between the Council Recommendation on smoke-free environments and other political developments in tobacco control policy.

Throughout the interview, I used visual aids (e.g. a timeline of events developed drawing on the documentary data (appendix VI) and a map illustrating the adoption of national smoke-free policies across the EU (figure 2.4)) and documentary material (e.g. the EC Green Paper (Directorate General Health and Consumers, 2007b), consultation submissions of the respective organisation (Directorate General Health and Consumers, 2007e) and the Council Recommendation on smoke-free environments (Council of the European Union, 2009b)) as appropriate to remind the interviewee of particular events, facts or statements and illustrate my questions. Towards the end of the interview, I invited the respondent to add anything that he felt was important and had not been covered in the interview. I concluded the interview by confirming the level of anonymity that had been agreed at the start of the interview and thanking the interviewee for his contribution to my research. After conducting a number of interviews, I realised that the introductory part of the interview helped to establish rapport, create an atmosphere in which they felt that they could speak openly and also refuse a response and assure interviewees of the confidential and academic (rather than journalistic) nature of the interview. I therefore decided to place particular emphasis on this introduction in subsequent interviews. On average, interviews lasted 60 minutes, ranging from 28 to 102 minutes. Almost all interviews were digitally recorded (the exception being two interviews with tobacco industry representatives who preferred that the interview was not recorded).

Immediately after each interview, I took time to listen to the recording and make notes about crucial points or questions that had emerged, unexpected statements and views, issues that I wanted to follow up on, the atmosphere of the interview, my approach to interviewing and lessons learnt for subsequent interviews. These notes informed the analysis of the data and contributed to the methodological reflections outlined below (sections 5.6 and 5.7). I made sure to e-mail the interviewee within a couple of days after each interview to follow up on any practical details (e.g. if an interviewee had offered to provide written information or if anything had to be clarified) and repeat the invitation to contact me in case of any questions. I also sent a hand-written card to thank each interviewee for participating in the study.

In order to conduct 27 face-to-face interviews, I made five trips to Brussels and other European cities within four months (March until July 2011), each trip lasting about one week. The time between each trip was taken up with checking, uploading, translating,

transcribing and conducting a preliminary analysis of the interviews and with further recruitment and practical preparations for the next trip.

A total of 35 individuals were interviewed in 32 interviews. Twenty nine one-to-one and three paired interviews were conducted. Anticipating that paired interviews would allow participants to remind each other of historical events and generate discussion, negotiation and comparison of experiences and views, I decided to encourage respondents to suggest another interview participant when recruiting them to the study. Notes regarding the ease with which the interviewees interacted in paired interviews, the degree to which they voiced controversial opinions, the issues they disagreed or agreed about and any other distinctive features of interaction informed my analysis and helped me to make sense of controversial accounts. Twenty seven interviews were conducted in person; however, due to geographical dispersion and difficulty finding a mutually convenient date for a face-to-face interview, the remaining five interviews were conducted via the telephone. While telephone interviews spared me the travelling, they had disadvantages in terms of establishing rapport, responding to subtleties (e.g. tone of voice, pauses, hesitation etc.) and providing limited opportunities to use visual aids. It seemed that exploring a contentious and politically sensitive issue and straddling the boundaries between official and personal accounts was more difficult without being able to engage in non-verbal interaction. On average, telephone interviews were shorter (47 minutes) than face-to-face interviews (61 minutes). Twenty four interviews were conducted in English, whereas eight interviews were conducted in German and translated into English by myself.

All interviews were transcribed verbatim. Due to the extent of the interview data, I opted for a less detailed level of transcription which omitted the transcription of pauses and utterances. Fifteen interviews were transcribed by me and seventeen interviews were transcribed by a fellow PhD student who I employed for this purpose⁶². Prior to employment, confidentiality issues were discussed and a written agreement was signed outlining respective procedures for the handling and storing of the data. After the interview had been transcribed, I uploaded each transcript to the qualitative data analysis software

⁶² I anticipated that interviewing political actors from a variety of EU member states would be a costly undertaking. To increase my research budget beyond the annual research costs of £1,000 included in my stipend from the College of Medicine and Veterinary Medicine, I therefore applied for a research grant and was successful in obtaining £2,500 from the Judith Mackay Fund at the Centre for Population Health Sciences of the University of Edinburgh. I used this money to pay for travel to and accommodation in Brussels and EU member states when conducting interviews and to employ an administrator to convert and enter the documentary data and a fellow PhD student to transcribe the interviews that had been conducted in English.

QSR NVivo (Version 7.0.281.0 SP4 (QSR International, 2007)), listened to the interview again and checked the transcription for accuracy.

Table 5.7: Types of interviewees

| Stakeholder category | Organisation with mainly | | | Total |
|--------------------------|--------------------------|----------------|--------------------|-----------|
| | Global remit | European remit | Member state remit | |
| Public health sector | 1 | 4 | 13 | 18 |
| Decision makers | 0 | 5 | 0 | 5 |
| Tobacco sector | 0 | 4 | 0 | 4 |
| Social partners | 0 | 3 | 1 | 4 |
| Other commercial sectors | 0 | 3 | 0 | 3 |
| Ventilation sector | 0 | 1 | 0 | 1 |
| <i>Total</i> | <i>1</i> | <i>21</i> | <i>13</i> | <i>35</i> |

I conducted interviews with 18 representatives of public health organisations, five decision makers (i.e. politicians and civil servants), four representatives of the tobacco industry, four representatives of social partner organisations, one representative of the ventilation industry and three representatives of other commercial sectors (table 5.7). Of these, 21 individuals represented organisations with a European remit, 13 individuals represented organisations with a national remit and one individual represented an organisation with a global remit (table 5.7). Most individuals who represented national interests were based in Germany (n=5) and the UK (n=3), with five national representatives being based in another EU member state, respectively Poland, Ireland, Sweden, Finland and the Netherlands. The relative over-sampling of interviewees representing European, British and German interests was partly due to my own geographical location and limited budget, but also mirrors the fact that organisations representing European interests seemed to be more involved in the process of developing the Council Recommendation on smoke-free environments. Table 5.8 provides a list with a description of all interviewees, listing their name and title (if the interviewee agreed to be named) or the way in which they agreed to be referred to (if the interviewee preferred to remain anonymous).

Table 5.8: Interviewees

| Decision makers |
|--|
| Anna Jassem-Staniecka, Policy Officer, European Commission Directorate General for Health and Consumers (DG SANCO), Unit 4 |

| |
|--|
| Alick-James Morris, Policy Officer, European Commission Directorate General for Employment, Social Affairs and Inclusion (DG EMPL) in the Unit responsible for health, safety and hygiene at work |
| Terje Peetso, Policy Officer, European Commission Directorate General for Health and Consumers (DG SANCO), Unit 4 |
| A representative of the European Economic and Social Committee (EESC) |
| A representative of an EU institution |
| Representatives of the public health sector |
| Florence Berteletti-Kemp, Director of the Smokefree Partnership (SFP) |
| Gregor Breucker, Member of the European Network for Workplace Health Promotion |
| Antonella Cardone, Director of the Global Smokefree Partnership (GSP) |
| Magdalena Cedzyńska, Member of International Network of Women Against Tobacco Europe (INWAT Europe) Executive Board |
| Norma Cronin, Health Promotion Manager Tobacco Control at the Irish Cancer Society and Member of International Network of Women Against Tobacco Europe (INWAT Europe) Executive Board |
| Sheila Duffy, Chief Executive ASH Scotland |
| Fiona Godfrey, previous Advocacy Director at the European Respiratory Society (ERS) and European Regional Advisor for Tobacco Control at the International Union against Tuberculosis and Lung Cancer |
| Margaretha Haglund, Tobacco Control Policy Expert at Swedish tobacco control think tank and Member of International Network of Women Against Tobacco Europe (INWAT Europe) Executive Board; previously civil servant at the Swedish National Institute for Public Health (Head of National Tobacco Control Programme and Tobacco Control Expert) |
| Luk Joossens, Advocacy Officer of the Association of European Cancer Leagues (ECL) |
| Jean King, Director of Tobacco Control, Cancer Research UK (CRUK) |
| Hara Mervi, Director at Finland's ASH and Member of International Network of Women Against Tobacco Europe (INWAT Europe) Executive Board |
| Martina Pötschke-Langer, Director of the unit for cancer prevention at the German Cancer Research Centre (DKFZ) and the WHO Collaborating Centre for Tobacco Control and Member of International Network of Women Against Tobacco Europe (INWAT Europe) Executive Board |
| Trudy Prins, Member of International Network of Women Against Tobacco Europe (INWAT Europe) Executive Board; previous Director of the Dutch Expert Centre on Tobacco Control (STIVORO) and President of the European Network for Smoking and Tobacco Prevention (ENSP) |
| Uwe Prümel-Philippsen, Director of the German Federal Association for Prevention and Health Promotion |
| Ailsa Rutter, Director of Fresh -- Smoke Free North East |
| Nick Schneider, Science Manager at the unit for cancer prevention at the German Cancer Research Centre (DKFZ) and the WHO Collaborating Centre for Tobacco Control |
| Gerhard Siemon, Member of the Board of Trustees of the German Lung Foundation |
| Friedrich Wiebel, President of the German Medical Action Group Smoking and Health |
| Representatives of the tobacco sector |
| Cynthia Fürste, Corporate Affairs Manager Western Europe British American Tobacco (BAT) Representation Brussels |
| Bas Tonnaer, Head of Corporate and Regulatory Affairs at British American Tobacco (BAT) Switzerland SA |
| Peter van der Mark, General Secretary of the European Smoking Tobacco Association (ESTA) |

| |
|--|
| Representative of European Tobacco Wholesalers |
| Representatives of social partner organisations |
| Antje Gerstein, Director of the Brussels Representation of the German Employers' Confederation (BDA) |
| Helen Hoffmann, Advisor for Social Affairs, European Association of Crafts, Small and Medium-Sized Enterprises (UEAPME) |
| Rebekah Smith, Senior Adviser for Social Affairs at BusinessEurope |
| Harald Wiedenhofer, General Secretary of the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT) |
| Representatives of the ventilation sector |
| Hubert Koch, Director of Dr. Koch Consulting e.K., consultant of the European Alliance For Technical Non-smoker Protection (EATNP) |
| Representatives of other commercial sectors |
| Brussels-based European public affairs expert |
| Lobbyist |
| Analyst |

5.4.2.4 Thematic analysis

Collecting and processing the interview data increased my familiarity with the data and my knowledge of the policy process, allowed me to develop a considerable understanding of the wider themes, issues and debates around EU smoke-free policy and provided a foundation for the further analysis and interpretation of the data. I decided to subsequently analyse the interview data using thematic analysis, a technique which has been employed in qualitative research and helps to explore the themes, opinions and worldviews that are expressed in the interview accounts (Bauer, 2000; Boyatzis, 1998).

Based on the aims and objectives of the research project and the insight gained through the documentary review, I developed a hermeneutic analytical procedure which involved an iterative process of identifying themes and comparing them across sub-samples, resembling Bauer's approach to qualitative data analysis (2000). In a first step, I read each interview several times and attached comments and annotations to sections that specifically caught my attention. This process helped me to identify thematic clusters, i.e. themes that occurred repeatedly and seemed to be of particular relevance to the objectives of the study. I then developed a preliminary coding frame, consisting of code names, a description of each code and the rationale underlying it. Following Boyatzis' framework for thematic analysis and code development (1998), all interviews were systematically coded according to these themes. Any themes that emerged while coding the data were added to the code list. I repeatedly compared the coding of interview accounts until I felt that the analysis of

additional interviews would not generate additional insights, suggesting that data saturation had been reached and data collection could be drawn to a close (Gaskell, 2000). I then used QSR NVivo (QSR International, 2007) to produce lists of quotations under themed headings which helped me to compare the content of different interviews with each other and identify collective and diverging narratives (cf. Jovchelovitch & Bauer, 2000). I paid particular attention to the context of the quotes while following this procedure in order to avoid the risk of taking quotes out of context which has been highlighted as one of the dangers of coding text and analysing codes (Bauer, 2000).

I continued to develop my analysis through writing and reflecting on the written report (cf. Carter and Little's notion of qualitative research (2007) which argues that interpretation often develops in the process of writing and reporting and highlights that these activities form a crucial part of the analytical process). All quotes were presented to reflect the original interview accounts and imperfection regarding grammar or wording was not eliminated in order to retain the originality of the accounts. The interviewees who had requested to check all quotes that were attributed to them were given the opportunity to cross-check all quotes attributed to them prior to publication.

5.4.2.5 Ethical review

Given that I developed an independent research project which included the collection and analysis of primary data, I had to obtain ethical consent for my study from the University of Edinburgh. Ethical approval was sought during the first year of my PhD project in June 2010 by submitting a self-audit checklist for level 1 ethical review (appendix VII) and an ethical review form for level 2 and level 3 auditing (appendix VIII) to the Research Ethics Committee at the School of Health in Social Science of the College for Humanities and Social Sciences. I also submitted a participant information sheet (appendix V), a consent form (appendix V) and an invitation letter to potential participants (appendix IX) for ethical review. In the review form, I provided detailed information about the research design, risks to the participants, safety of the researcher and data protection. Because all documentary data used in the project was publicly available on the internet or elsewhere, the ethical review form primarily outlined the procedures to obtain and analyse interview data.

Ensuring confidentiality is a prominent ethical concern in academic research, requiring researchers to guard against any potential harm that their research can cause if research participants are identified (Lewis, 2009). Elites are generally assumed to be able to

protect themselves and guard against inconvenience (Lilleker, 2003; Puwar, 1997; Richards, 1996; Smith, 2006a) and, given that their views on a subject are often already publicly known, the risk of disclosing their identity is considered to be relatively low. I, however, anticipated, that, due to the small number of political actors interested in EU tobacco control policy, interviewees might be uncomfortable with being identifiable, and thus gave participants one of the above outlined, three options to make the interview data anonymous. In the subsequent research process, I made sure that any identifying participant information was kept separate from the interview transcripts and that no identifying information was presented in reports or papers unless interviewees had explicitly agreed to be identified. I also removed any information from the transcripts which was likely to identify interviewees. Confidential data storage was ensured by keeping transcribed hardcopies in a secure filing cabinet and storing the data in a personal, password-protected computer. As requested, I asked some participants to approve the quotes that I intended to attribute to them and the description under which I planned to list them. While trying to responsibly handle disclosure and made all feasible efforts to ensure confidentiality, there is a possibility that respondents are still identifiable.

5.5 Combining quantitative and qualitative network analysis

Acknowledging the added value which mixed method research can bring to a research project (Bauer, et al., 2000; Crossley, 2010; Edwards & Crossley, 2009; Jack, 2010), this study tries to combine different data sources and analytical methods and weave together various pieces of evidence. Researchers who try to make sense of diverse individual accounts suggest that the researcher's task is not to "find the [...] story" (which would imply that there is one independent story to find) (Harden, Backett-Milburn, Hill, & MacLean, 2010), but to analyse data in their context and skilfully combine the different interpretations of the investigated social phenomenon (Yin, 2003). Triangulation has been defined as the use of "different forms of data to explore the same phenomenon" (Edwards, 2010, p. 16). The value of triangulation is that, through the analysis of diverse data, it allows the researcher to weave individual accounts together and construct plausible explanations for the complexity of a social phenomenon (Mathison, 1988). Mathison (1988), however, also acknowledges the difficulties of having to make sense of potentially converging, inconsistent or contradicting data. The literature on triangulation in SNA emphasises that researchers who apply a mixed method approach to the study of networks have to carefully consider the role of each

method within the research project and the way in which they want to combine different techniques (Crossley, 2010; Edwards, 2010). By describing how I combined quantitative and qualitative network analysis, the following section outlines how I approached the challenge of mixed methods and data triangulation in the course of the research project.

Exploiting the advantages of quantitative analysis, I used the quantitative network analysis to gain an overview of and first insight into the structure of the policy network on EU smoke-free policy. The systematic, statistical analysis identified central and peripheral actors in the network, the relationships between actors and the (sometimes unexpected) affiliation of actors with a particular group. It also highlighted the lack of connectedness or complete absence of some actors. By graphically depicting the policy network, the sociogram helped to visualise the main network features and made the statistical analysis more accessible. The systematic data collection on all organisations that had submitted a response to the EC consultation on smoke-free policy allowed me to be reasonably confident in claiming that I had captured all actors involved in EU smoke-free policy and capacity to engage in the process. The quantitative approach systematically mapped and analysed all network actors and their relationships and drew attention to aspects of the network which would have otherwise remained unrecognised. Given that the quantitative network analysis was conducted slightly ahead of the interviews, it provided information which proved valuable in the preparation, execution and interpretation of the interviews and served a basis for the in-depth exploration and analysis of the policy network.

Consistent with the advantages of qualitative network approaches outlined in the literature, I used the review of documentary and the thematic analysis of interview data to gain a deeper insight into the network on EU smoke-free policy and coalition-building. Interview accounts provided detailed information about the content of the policy network, actor constellations, relationships and interactions. By talking about the ways in which they had collaborated with other actors, the issues they collaborated on, the meanings they attached to particular relationships, their reasons for collaborating with specific actors or the lack of collaboration with others, interviewees presented crucial information about the content, quality and meaning of relationships. I was able to draw on interview data to assess an actor's position and role within the network and his engagement and importance in the policy process. Documentary data were mainly used to explore, compare and contrast the opinions of actors whose prominent network positions or important role in the policy process had been identified through the interviews or the quantitative network analysis.

While using a mixed method approach to study a policy network in tobacco control constitutes a major strength of the study, I encountered a number of problems throughout the research process. The primary challenge of triangulation was the resources that were required to conduct a mixed method project. Collecting and analysing two types of data and employing two different modes of analysis placed considerable demands on me in terms of time and were a complex venture not to be underestimated given the limits of a PhD project. The chosen approach of recording relationships, in particular, which involved reading and searching websites and submissions, comparing submissions for similarities using Turnitin, extracting and converting the relevant information into a relational format and coding nodes, attributes and relationships, required considerable time and resources. In addition to managing the overall scope of the project, I had to administer the work sequence and time the conversion, entry and analysis of the documentary data and the recruitment of participants, fieldwork and analysis of the interview data. The triangulation of different data sources further proved to be a major challenge during data analysis as I had to make sense of diverse data and conflicting accounts. In several cases, the documentary and interview data and the two modes of analysis complemented and supported each other (e.g. when interview and documentary data identified the same lead actors, confirmed active collaboration among the core actors of both alliances and pointed to the relative irrelevance and lack of interest of outliers and members of smaller network components). In other instances, however, my experience of combining qualitative and quantitative data and analytical approaches contrasted Miles and Huberman's account of triangulation (1984), which suggests that independent measures of a social phenomenon agree with each other (or at least, do not contradict each other) and that triangulation leads to convergence upon the essence of the studied phenomenon. Instead, the findings were inconsistent or even contradicted each other, challenging my ability to make sense of contradictions and differences that emerged (cf. Harden, et al., 2010; Mathison, 1988). This was, for example, the case regarding the interaction between tobacco company representatives and other stakeholders (e.g. the Freedom Organisation for the Right to Enjoy Smoking Tobacco (FOREST), the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT), the European Alliance For Technical Non-Smoker Protection (EATNP), ETV and the German Employers' Confederation (BDA)) which did not become apparent in the quantitative network analysis but was mentioned by one or several interviewees (see section 8.6). Extensive efforts were made to explain discrepancies by scrutinising the analysis and

drawing on additional data sources, including tobacco industry documents. Bringing together the different findings to produce a coherent account also proved to be a substantial undertaking during the composition of the thesis as it required constantly alternating between the quantitative and qualitative network analysis. The continuous need to shift perspective seemed to make it harder to find a “writing voice” and develop a coherent narrative.

5.6 Summary of the chapter

By analysing its advantages and disadvantages, this chapter showed that SNA offers a valuable tool to systematically analyse networks of actors involved in EU policy. It highlighted that previous research, which integrated quantitative and qualitative approaches to SNA, has provided interesting insights into complex networks. The chapter outlined the data sources and the approach that was taken to combine quantitative and qualitative network analysis in the context of this study. The chapter makes a strong case that SNA is well suited to exploring a policy network in EU public health policy and can be used to map, test and examine the engagement of stakeholders and collaboration and coalition-building among political actors. On the one hand, applying SNA to the study of the policy network in EU smoke-free policy promises to increase understanding of the engagement of, and collaboration among, supporters of tobacco control. On the other hand, it might allow the researcher to plot and analyse the engagement of tobacco industry representatives and their interactions with stakeholder and decision makers. The chapter suggests that the project will provide a practical example of combining quantitative and qualitative methods in SNA and make a valuable contribution to the literature on SNA, policy networks, stakeholder engagement and EU tobacco control policymaking.

6 A polarised network – The network of actors interested in EU smoke-free policy

This chapter presents the results on the overall policy network. Mainly drawing on quantitative network analysis, the first part of the chapter identifies the actors that showed an interest in EU smoke-free policy and maps interaction and collaboration between them. After identifying a sharp polarity between two main subgroups as a key feature of the network, section 6.3 focuses on the analysis of the division of the network and the reasons for its polarity. Using thematic analysis of interview data, it explores the arguments that were brought forward by several public health advocates and the wider debate around tobacco industry engagement in the policy process. Interview data are analysed to evaluate the development of EU smoke-free policy from a public health perspective, focusing on debates on legitimacy⁶³ in smoke-free policy and the significance of decision makers' support. Drawing on the literature on policy networks and coalition-building in tobacco control, the last part of the chapter discusses the engagement of political actors and the importance of credibility and legitimacy in the development of EU smoke-free policy.

6.1 The policy network

Of the 176 organisations that had submitted responses to the consultation process, 86 were classified by the EC as health-related organisations, 35 as tobacco industry organisations, 36 as national, regional or local authorities, 16 as social partners, two as European institutions (the EP and the Council of the European Union) and one as a representative of another industry sector⁶⁴. In a first step, all relationship matrices were merged and the overall network was graphically depicted (figure 6.1) to provide an overview of the entire policy network and illustrate some key features. Half of all stakeholders (n=88) were part of the largest and main component of the network, whereas the others (n=88) either had no relationships with any other organisation that had submitted a response (i.e. emerged as isolates, n=70), or were only linked to a few other organisations (i.e. formed smaller components of the network, n=18). The smaller components and isolates of the network

⁶³ I define the term „legitimacy“ according to Suchman (Suchman, 1995, p. 574) as “a generalised perception or assumption that the actions of an entity are desirable, proper and appropriate within some socially constructed system of norms, values, beliefs, and definitions”.

⁶⁴ As outlined in section 5.3.3.2, the description of organisations is based on categorisations undertaken by the EC as part of the analysis of the consultation responses (Directorate General Health and Consumers, 2007d). Unless otherwise stated, the EC's categorisations are used throughout this thesis when referring to organisation types.

mainly consisted of social partners⁶⁵, European institutions, and national, regional and local authorities, whereas the main component of the network was almost exclusively made up of health-related and tobacco industry organisations.

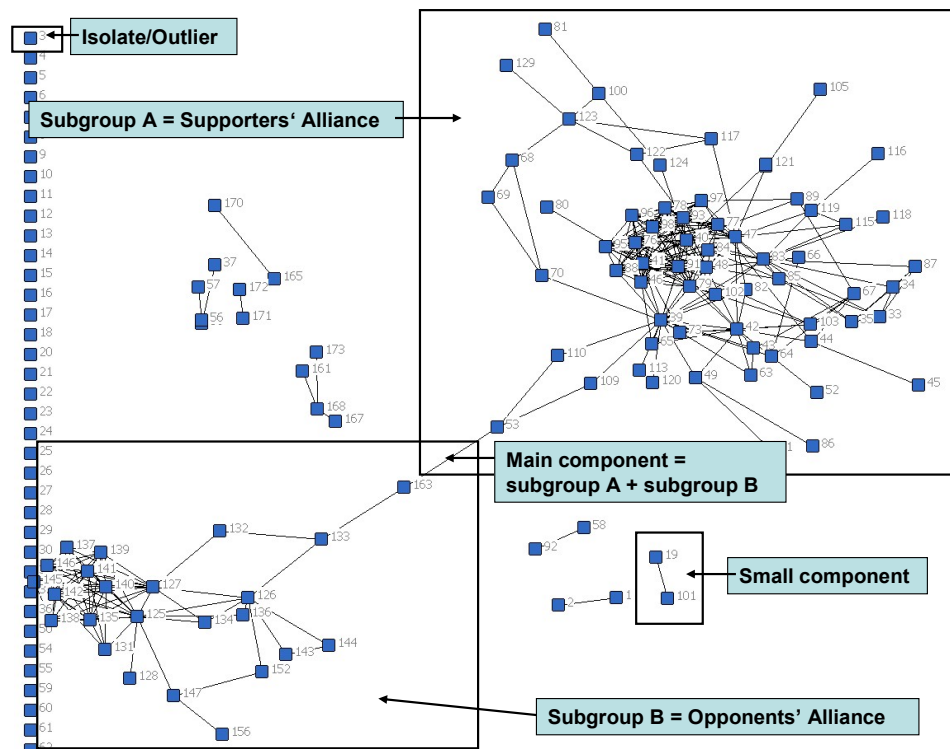


Figure 6.1: Network of actors that submitted responses to the consultation process

The quantitative network analyses clearly divided the main component into two groups, with one group collaboratively supporting comprehensive EU smoke-free policy (subgroup A, figure 6.1) and the other collaboratively opposing comprehensive EU smoke-free policy (subgroup B, figure 6.1). The division of the policy network into two main, opposing groups was confirmed by the thematic analysis of interview and documentary data as a key feature of the network (outlined below, section 6.2). The data further suggested that the engagement of representatives of social partner organisations and national, regional and local authorities in the policy process was more sporadic than that of health-related and tobacco industry organisations, with EU smoke-free policy being a rather marginal political concern for the

⁶⁵In the EU, the term “social partner” is used to refer to representatives of employers’ organisations and trade unions (Eurofound, 2012). It refers to those organisations which are engaged in the European Social Dialogue described in articles 154 and 155 on the Treaty on European Union, calling on the EC to promote “the consultation of management and labour at Union level and [...] take any relevant measure to facilitate their dialogue” (European Union, 2010).

former. Reflecting the crucial roles of health-related and tobacco industry organisations in the development of the Council Recommendation on smoke-free environments, this thesis focuses primarily on the analysis of the main component and the two main groups. In order to simplify terminology, I refer to the main component of the network as “the policy network” or simply “the network”. In line with this, the graphical depictions of the network that are drawn on to illustrate the findings neglect small components and isolates and only depict the main component of the network.

In addition to mapping the overall network, the three relationship types were depicted in isolation, resulting in the graphical illustration of a network of public relationships, shared citations and active relationships, respectively (figures 6.2, 6.3 and 6.4). Given that each relationship type was indicative of a different type of connection, this procedure allowed the analysis and comparison of different types of relations between network actors.

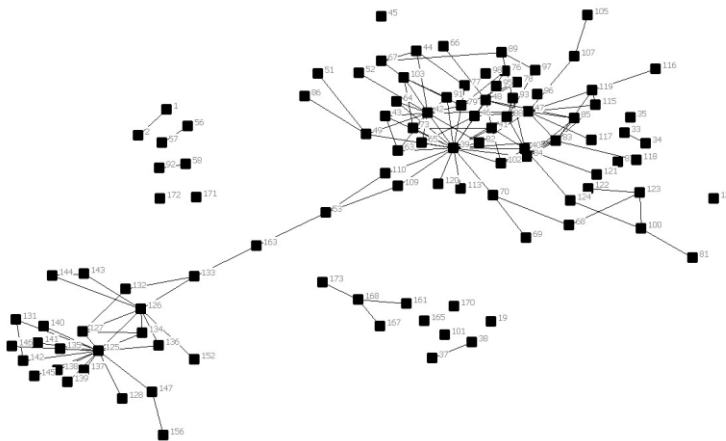


Figure 6.2: Public relationships between network actors



Figure 6.3: Shared citations between network actors

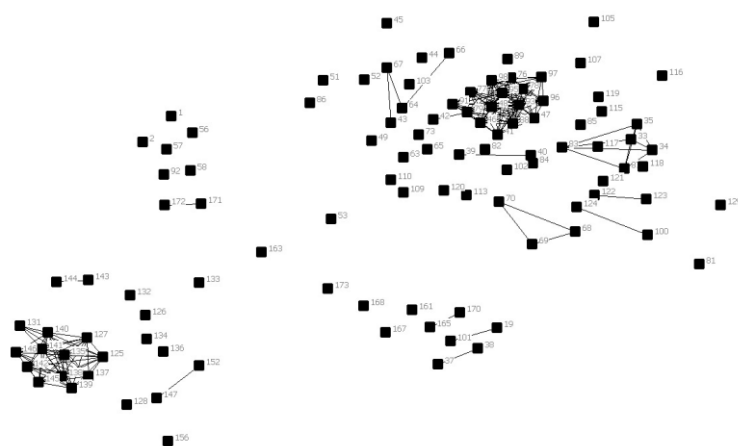


Figure 6.4: Active relationships between network actors

Public relationships (figure 6.2) were assumed to point towards a general willingness of two actors to collaborate with each other. Stakeholders that shared citations (figure 6.3) were assumed to engage in similar debates, draw from the same sources of information, follow a parallel discourse and advance similar arguments. Active relationships and similarities between submissions (figure 6.4) were assumed to be a sign of active collaboration and exchange of arguments and texts between network actors.

The division of the network into two distinct subgroups was not only evident when all relationships were merged but also became apparent in the network depicting only the most frequent relationship type, public relationships (figure 6.2). Given that public relationships served as proxies for a general willingness to collaborate, the network structure seemed to reflect a more general division and polarity between health-related organisations and tobacco industry organisations. This was confirmed by an interviewee who, when

presented with the graphical depiction of the policy network, highlighted that the network was built on pre-existing relationships and structures that were activated to lobby for a particular purpose.

- Prins:* *It's a network that exists on a different basis almost than for this specific target.*
- Weishaar:* *So it's a general network [...] that exists in Europe but then basically was activated for the European smoke-free recommendation?*
- Prins:* *Yes.*

6.2 Two distinct alliances

In order to verify the graphical separation of the network with quantitative network measures, the Girvan Newman algorithm was applied to the network. Splitting members of the network into subgroups based on their connectedness within the network, the algorithm divided the network at the link between actor number 53 and actor number 163 into two subgroups (subgroup A and B, figure 6.1). The quantitative network analysis clearly showed that the two coalitions were distinct regarding their members' positions on the scope of the policy initiative (figure 6.5) and organisational type (figure 6.6). Subgroup A strongly supported comprehensive EU smoke-free policy, whereas subgroup B opposed the policy initiative (figure 6.5). While members of the latter labelled what they favoured a "smoking ban with exemptions" (Confederation of European Community Cigarette Manufacturers, 2007), a more detailed analysis of the documentary data (outlined in detail in chapter eight) shows that they, in fact, strongly opposed comprehensive EU smoke-free policy. In contrast, the documentary data show that the overwhelming majority of the group supporting smoke-free policy favoured a comprehensive smoking ban without exemptions, with many referring to FCTC article 8 and the respective guidelines for implementation to support their calls for comprehensive protection from SHS (figure 6.5).

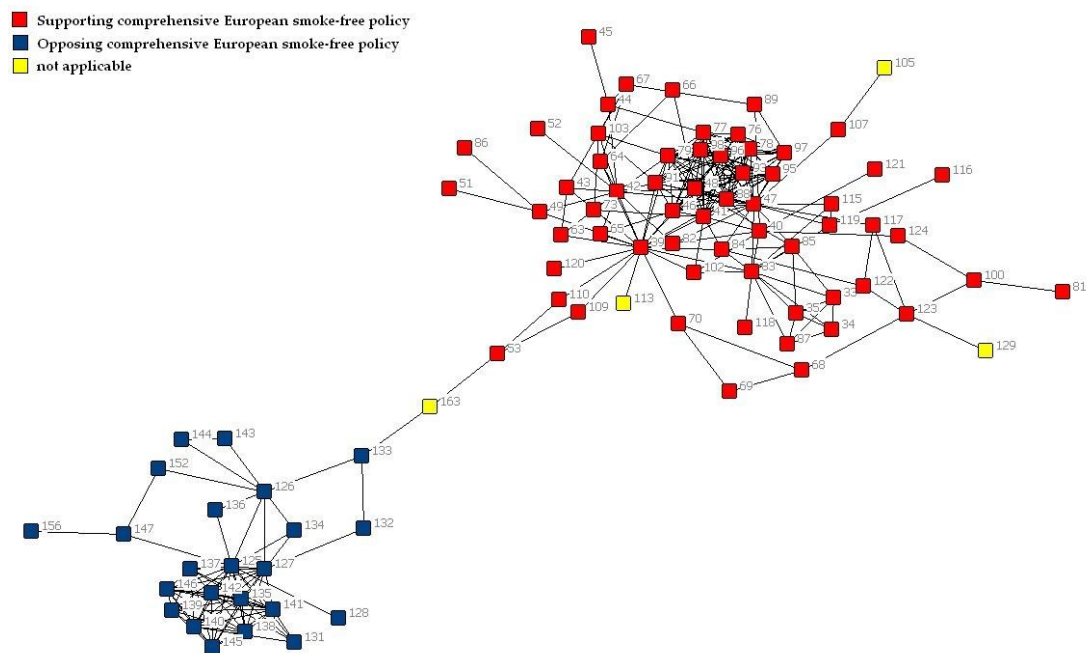


Figure 6.5: Policy network, organisation's position on scope of policy initiative

Three members of subgroup A did not state a clear preference for comprehensive EU smoke-free policy. One of them were the Swedish Health Professionals against Tobacco (number 113, figure 6.5) (an organisation that, while clearly favouring comprehensive smoke-free policy, acknowledged the difficulty of implementing comprehensive policies in some member states and therefore suggested that solutions which included designated smoking areas might constitute intermediate goals and should not be excluded (Health Professionals against Tobacco, 2007)). Another one was the European Pharmaceutical Students' Association, an organisation aimed at representing the interests and opinions of pharmaceutical students across the EU, (EPSA, number 105, figure 6.5), that was also supportive of comprehensive smoke-free policy but suggested a gradual approach in order to respond to potential opposition to and avoidance of implementation (European Pharmaceutical Students' Association, 2007b). The third member of subgroup A that did not support comprehensive EU smoke-free policy was the International Smokeless Tobacco Company Inc. (ISTC, number 129, figure 6.5). The company did not respond to the EC's question regarding the scope of the policy but instead suggested a "nondiscriminatory regulatory program" that would specifically take account of the consumption of smokeless tobacco (International Smokeless Tobacco Company Inc., 2007, p. 1).

Reflecting their conflicting positions on the policy, this thesis refers to the actors that collaboratively supported comprehensive EU smoke-free policy as the "Supporters'

Alliance”⁶⁶, whereas the group of organisations that were united around opposing comprehensive EU smoke-free policy is referred to as the “Opponents’ Alliance”⁶⁷.

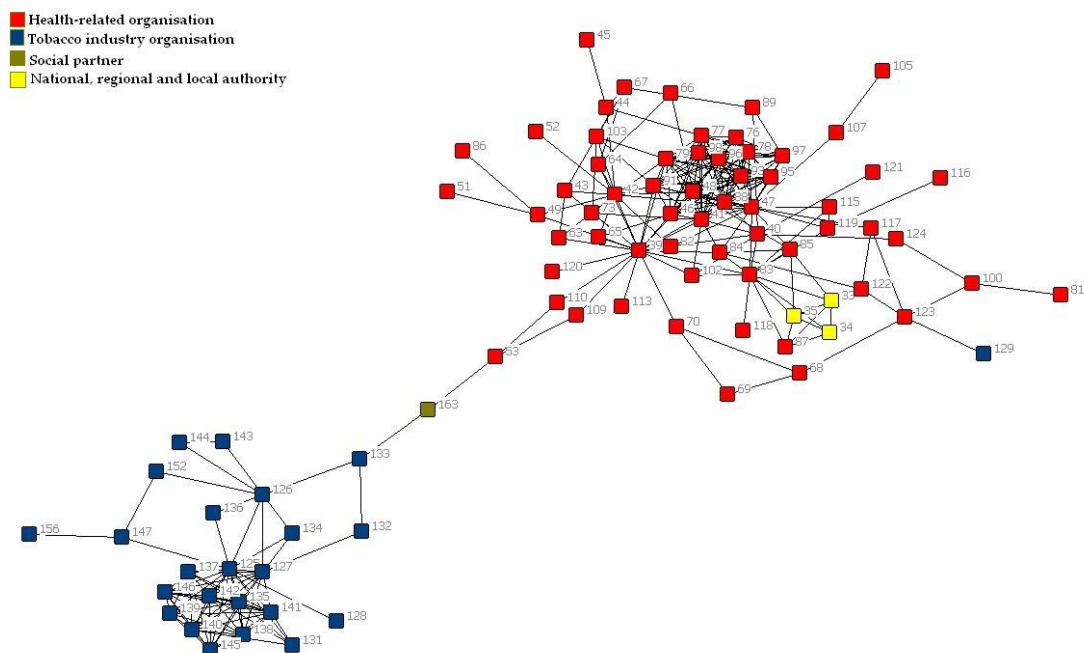


Figure 6.6: Policy network, type of organisation

As figures 6.6 and 6.7 illustrate, the group that supported comprehensive EU smoke-free policy consisted almost exclusively of health-related organisations (i.e. health NGOs and health promotion organisations, scientific organisations, professional bodies, pharmaceutical companies), whereas the group that opposed comprehensive EU smoke-free policy was made up of tobacco industry organisations (i.e. transnational tobacco companies, a tobacco trade association and a tobacco trade union).

⁶⁶ More detail on who belonged to the Supporters’ Alliance can be found in chapter seven.

⁶⁷ The Opponents’ Alliance will be described and analysed in detail in chapter eight.

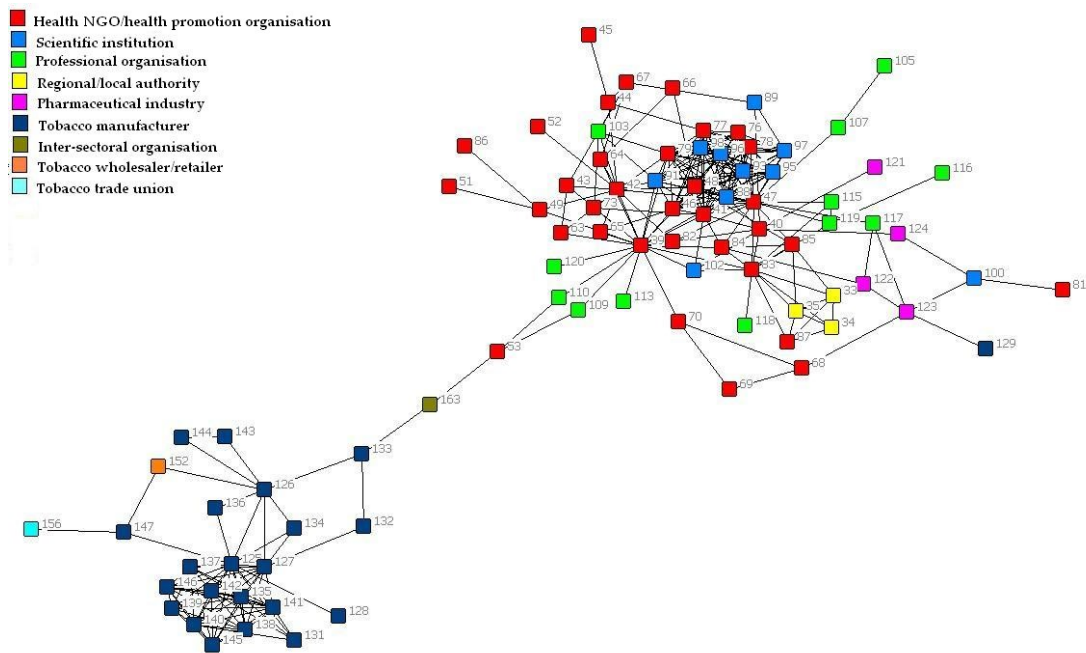


Figure 6.7: Policy network, main focus of organisation

In order to systematically compare the two groups with each other, a number of network measures were calculated for each group (for detail about these measures, see section 5.3.4 and tables 5.1 and 5.2). The Supporters' Alliance comprised 64 organisations and was thus more than 2.5 times larger than the Opponents' Alliance which comprised 24 organisations. In line with this finding, the interview data suggest that those supporting comprehensive EU smoke-free policy were more vocal in the policy process than those opposing EU smoke-free policy (for more detail on this and possible reasons, see section 6.5). While the Opponents' Alliance showed a slightly higher density score than the Supporters' Alliance, the relatively low density scores of both groups indicate that a large number of potential contacts remained inactive and suggest relatively low overall levels of cohesion within each group and slow dissemination of information among the group members. Densities within each alliance were a lot higher, however, among a group of central actors that were connected via active relationships and seemed to exchange information and drafts and collaborate closely with each other on the issue of EU smoke-free policy (illustrated in figure 6.4 above, for more detail see sections 7.2 and 8.3, respectively). The Supporters' Alliance showed a relatively high core-periphery correlation, with core members being more likely to establish links with other core members than with members in the periphery of the group (core-to-core correlation=0.550, core-to-periphery correlation=0.041). The Opponents' Alliance featured a lower core-periphery correlation, with core members showing less differential

preferences regarding their links with other members of the group (core-to-core correlation=0.386, core-to-periphery correlation=0.167). Mirroring its hierarchical structure, the Opponents' Alliance presented a higher degree of centralisation than the Supporters' Alliance, suggesting that the former was coordinated by a small number of central actors (for more detail see sections 7.2.2 and 8.3). The Opponents' Alliance also showed a higher compactness than the Supporters' Alliance, indicating quicker dissemination of information.

Table 6.1: Social network measures for the two main groups of the network

| Network measures | Supporters' Alliance | Opponents' Alliance |
|--|----------------------|---------------------|
| Size (number of nodes) | 64 | 24 |
| Heterogeneity (number of different types of nodes) | 6 | 4 |
| Density | 0.10 | 0.29 |
| Compactness | 0.43 | 0.58 |
| Centralisation | 26.9% | 44.7% |
| Core-periphery correlation fit | 0.59 | 0.08 |

6.3 Reasons for polarity

The clear division of the network was confirmed by the interviewees, who provided vivid accounts of and reasons for the polarity that existed between the two alliances. Members of the two groups as well as other political actors referred to two distinct groups and described them in a way which clearly illustrated opposition. Even without being presented with the graphical depiction of the network, interviewees described advocates as being “*on the left side or [...] on the right side*” (*Trudy Prins, Dutch tobacco control advocate*), their interactions as “*water and fire*” (*analyst*) and stressed that there was no scope for interaction or consensus between the two groups. They reported that the “*real animosity*” (*social partner representative*) that existed between the two groups resulted in a reluctance to interact and in “*an iron wall of no discussion*” (*lobbyist*).

Asked about the reasons for the stark division, members of the Supporters' Alliance emphasised that the tobacco industry's core business was to increase profits by marketing cigarettes and that their interests were therefore diametrically opposed to effective tobacco control policy and the underlying values of the supporters of comprehensive smoke-free policy.

[The polarity exists] because [tobacco is] a product that kills half of all of its long-term customers. [...] And you know, the tobacco industry are promoting

[and] marketing a lethal product to our children. [...] They are merchants of death, you know. (public health advocate)

Interviewees emphasised that the positions of the two coalitions were “black and white and right and wrong” (public health advocate), allowing “no shades of grey [and] nothing in between” (Prins). Illustrated by the following account of a public health advocate, the majority of the members of the Supporters’ Alliance felt that compromise was undesirable.

So I think that’s why it’s really polarised and it has to be. I think if ever we look like we are reaching some middle ground consensus on something, I would be really alarmed. (public health advocate)

The vested interests of the tobacco industry and past experiences with detrimental tobacco industry interference in tobacco control policy were mentioned as underpinning arguments that tobacco industry representatives were bound to oppose policies which would improve public health. According to an interviewee who neither belonged to the Supporters’ Alliance or the Opponents’ Alliance, “the argumentation from the NGOs and researchers was that the tobacco industry in earlier discussions had, in their opinion, ruined the complete discussion by coming up with all sorts of nonsensical arguments [and therefore] felt they could never have a fruitful discussion” (analyst).

Tobacco control advocates subsequently argued that, due to their opposition to effective tobacco control policy, tobacco industry representatives “should not be treated as normal stakeholders” (Jean King, director CRUK) or “have the place to be influencing [...] policy” (public health advocate). In order to substantiate their claims, public health advocates drew on the FCTC and particularly article 5.3 to argue that tobacco industry representatives were not to be consulted on EU smoke-free policy.

Another thing that I think is really key for us to tell you is that [that was the time] when we started to lobby on 5.3. [...] And we said that it was inappropriate for DG SANCO to consult with the tobacco industry. (Florence Berteletti-Kemp, director of SFP)

Debates on EU smoke-free policy seemed to lend themselves particularly well to arguing for tobacco industry exclusion because policies in this area were perceived by public health advocates to have no “direct impact on [the tobacco industry’s] products or how to regulate the industry” (Berteletti-Kemp). Contrasting smoke-free policy with other tobacco control policies, which had an impact on the day-to-day business of tobacco companies, advocates came to the conclusion that different levels of interaction were acceptable with regard to different tobacco control issues. Regarding illicit trade, for example, advocates reasoned that the tobacco industry’s “right to protect their business from illicit trade [and the] common interest”

(Antonella Cardonne, Director of GSP) of governments and tobacco companies justified interaction between government officials and industry representatives. Similarly, the need for consultation was accepted when the regulation of tobacco products was discussed. With regard to smoke-free policies, however, health advocates were adamant in their arguments against interaction.

Definitely they cannot sit together when talking about smoke-free policy. [...] When it comes to smoke-free, there is already [...] an article of the FCTC, the article 5.3, regulating the relationship. And it mainly says that governments must not sit at the same table with the tobacco industry when talking about the health of their citizens because there is an evident conflict of interest. (Cardonne)

6.4 Debates about tobacco industry engagement

While largely agreeing that the engagement of tobacco industry representatives in policymaking needed to be restricted, views among the members of the Supporters' Alliance seemed to be less consistent regarding how interaction and exclusion was to be practically handled. The following accounts indicate that different political actors interpreted "consulting industry representatives" in different ways and were in the process of clarifying which degrees of interaction could be deemed acceptable. The interview data suggest that members of the Supporters' Alliance who were most vociferous in rejecting interaction argued that government officials were not to meet with industry representatives, with one interviewee highlighting that any consultation would have to be on paper and not in person.

King: Let me see if I'm going to get this right... All parties, I guess, have a right to be consulted on paper. [...]

Weishaar: Well, that's the impression I got [...from interviewing others...], that it actually helps to consult with the tobacco industry [...].

King: Ah! What do they mean by consult? If they are justifying having met them, then I wouldn't agree. Because we need to know exactly what's been said. I'm very clear that it has to be a paper exercise that's completely transparent. [...] But I would definitely be opposed to any meetings, face-to-face meetings. And that would be in contravention of 5.3.⁶⁸

⁶⁸ It needs to be noted that the guidelines for implementation of FCTC article 5.3 do not explicitly prohibit face-to-face meetings between decision makers and tobacco industry representatives. The guidelines rather advise parties to the treaty to ensure that "any interaction with the tobacco industry on matters related to tobacco control or public health is accountable and transparent" (World Health Organization, 2009b, p. 3). The guidelines further recommend parties to the treaty to only interact with tobacco industry representatives "when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products" and to "ensure that such interactions are conducted transparently" by conducting public hearings, issuing public notices of any interactions and publicly disclosing records of interaction (World Health Organization, 2009b, p. 4).

Other public health advocates postulated that tobacco industry representatives should not be “asked” (*public health advocate*), “consult[ed]” (*Berteletti-Kemp*), “involve[d]” (*public health advocate*) or “have an input” (*public health advocate*) in the development of smoke-free policy. A small number of Supporters’ Alliance members, however, seemed to have reservations about the exclusionary approach taken by their colleagues and felt that meeting with tobacco representatives allowed government representatives to gain a balanced view on a policy issue. Checking the interview accounts of different Supporters’ Alliance members against their position in the sociogram suggests that advocates who strongly opposed any interaction between government officials and tobacco industry representatives seemed more likely to occupy central positions in the alliance, whereas advocates who favoured a more inclusive approach tended to be situated in the periphery. The interview with a representative of an organisation that was a peripheral alliance member, for example, illustrates his undogmatic and slightly opportunistic approach towards coalition-building. He argued that interaction with tobacco industry representatives was unproblematic as long as it did not subvert the work of public health advocates and that it was acceptable that tobacco industry representatives were “heard as an affected party” (*public health advocate*). As illustrated by the account below, he implicitly criticised other public health advocates for being biased, emotionally guided and undifferentiated in their fight for tobacco industry exclusion.

I also think that this is sometimes borderline with regard to some colleagues. [...] You always have to keep moderation. The whole issue should not become an ideology or a pseudo-religion. [...] You have to, even in those difficult and ethically difficult issues, try to keep a cool head. [...] That you manage to achieve a certain balance and at least listen to what the other has to say. [...] In some points you have to listen and have to be open enough to admit that you yourself are not a know-it-all. (public health advocate)

He described his own organisation as a “neutral [...] umbrella” and a “bridge [...]between...] the areas of politics, practice, research, but also the commercial sector” (*public health advocate*) and stressed the organisation’s role in building consensus. While acknowledging that such an approach often resulted in a compromise, he also saw advantages in acting as an intermediary.

We have a very heterogeneous membership and therefore, it is very important that we [...] create a hallway of consensus into which all can be included. [...] And that speaks in favour of our work, I would say, that we are able to bring people together and to unify them with regard to some basic principles. (public health advocate)

Unsurprisingly, stakeholders that were affiliated with the tobacco industry voiced their critique of the approach of tobacco control advocates to tobacco industry engagement even more strongly and vehemently. These stakeholders called for what they termed “dialogue and consultation [...between decision makers and...] all interested stakeholders”

(Confederation of European Community Cigarette Manufacturers, 2007, p. 2).

Representatives of organisations that interacted with tobacco manufacturers argued that everyone with a stake in the issue could potentially add value to policy debates and that all arguments needed to be “on the table” (Hubert Koch, consultant of EATNP) in order to have an open discussion, a constructive policy process and a positive outcome.

[Not collaborating with the tobacco industry] is wrong if you want to achieve the objective [...and...] not particularly beneficial for the political process because people fight each other rather than working together. [...] I think that solutions that are jointly decided and jointly implemented are the most successful. (social partner representative)

Critics argued that the an exclusive approach contributed to animosities between stakeholders, led to partial and intransparent debates, prevented joint decision making and did not allow decision makers to take account of all opinions. Some interviewees further voiced concerns that the blunt and undifferentiated exclusion of “the tobacco industry” implied the risk that some actors were misallocated and falsely assumed to represent tobacco industry interests. While acknowledging that “regarding the tobacco industry, it is very easy to think black and white” (Gregor Breucker), a German public health representative pointed out that “with regard to the downstream areas in the service sector, the food and hospitality sector” (Breucker), boundaries became blurred. Critics argued that the positions of the latter were likely to be guided by economic considerations rather than tobacco industry affiliation and that their categorisation as tobacco industry partners was therefore unjustified. Similarly, a representative of the ventilation industry complained that, although ventilation companies perceived themselves as “a natural ally of the non-smokers initiatives” (Koch), they were perceived as making common cause with the tobacco industry and had been invited to a joint meeting with tobacco industry representatives.

This [...] has bothered us: That the European Commission has invited us on an “industry ticket” and has arranged to meet us together with the cigarette industry where we actually do not belong. [...And NGOs say:] ‘You are the ones who make smoking possible. [...] Because you provide the tobacco industry with a justification to sell cigarettes.’ (Koch)

Stakeholders that were affiliated with the tobacco industry claimed that tobacco industry exclusion contravened democratic principles. These calls seemed to meet with sympathy on

the part of some decision makers and other actors who thought that tobacco control advocates' demands for tobacco industry exclusion were unreasonable. Several interviewees, for example, highlighted that political procedures had to be transparent, that everyone affected had a right to express his opinion and that the right for equal treatment did not allow discrimination against tobacco industry representatives. Alluding to the basic democratic principles of Western societies, interviewees argued that excluding tobacco industry representatives from the development of policies was *"unacceptable in our part of the world where it is about transparency and about hearing those who are affected"* (social partner representative). Similarly, an EU decision maker who was supportive of strong tobacco control policies criticised others for their exclusive attitude and pointed out that tobacco industry representatives had to be allowed to present their position.

I heard that the European Commission initiates a big hearing. And all associations, family associations, hospitality associations, health associations – all the world and his brother – were invited, only the tobacco industry was excluded. I don't think that that is correct. If you have a hearing, you also have to invite the polluter, because he has to be able to report his concerns. Even if I don't approve of them from A to Z, but democracy is not divisible. [...] If we deal with a topic in a democratic way, then [tobacco industry representatives] have to [...] present their ideas. (representative of an EU institution)

Due to the divergence between the EC's legal obligations to stakeholder consultation and the FCTC, EU institution representatives seemed to be faced with particular difficulties when deciding how to handle consultations in the development of smoke-free policy. On the one hand, EU policies, including the Treaty of Amsterdam (European Union, 1997b), the EC's minimum standards for consultation (European Commission, 2002b) and the IA guidelines (European Commission, 2005b) requested the Commission to widely consult stakeholders before proposing legislation. On the other hand, the FCTC required EU institutions to prevent tobacco industry representatives from interfering in the development of tobacco control policies (World Health Organization, 2003). Decision makers seemed to continuously balance the conflicting demands that were placed on them, which meant that their actions often resembled *"walks on the tightrope"* (public health advocate) that were guided by the need to be diplomatic and *"abide by the democratic rules of the game"* (public health advocate). The following account by an EC official suggests that the experience of consulting stakeholders on the issue of EU smoke-free policy had helped DG SANCO to find a mode of consultation that was aligned with the EC's commitments to consultation while abiding by FCTC article 5.3.

I think [the consultation] was useful for us internally to kind of clarify our rules for stakeholder consultations. To make sure that we were really in compliance with the Commission's minimum standards for consultations, we were in compliance with impact assessment guidelines. (representative of the EC)

While decision makers largely seemed to be sympathetic to tobacco control advocates' reservations and concerns regarding tobacco industry involvement in tobacco control policymaking, they also argued that tobacco industry representatives needed to be allowed to be informed and invited to hearings (interviews with members of EU institutions). Several members of the Supporters' Alliance criticised Brussels-based decision makers for being overly willing to interact with tobacco industry representatives. In contrast, a tobacco industry representative claimed that public officials at DG SANCO were strongly committed to follow FCTC article 5.3 and protect EU smoke-free policy from the vested interests of the tobacco industry. Comparing German and EU decision makers, he stressed that tobacco industry representative met *"with clearly more amenable ears"* when approaching German decision makers, suggesting that the axiom of FCTC article 5.3 was *"lived more in Brussels than in Berlin"* (European tobacco wholesaler representative). He also highlighted that the decision makers' unwillingness to engage with tobacco industry representatives limited the tobacco industry's potential to influence the policy process.

So you get hit over the ears with article 5.3 and [people saying]: 'We cannot really talk to you.' Or: 'We are not allowed to inform you or include you.' That makes it substantively more difficult. (European tobacco wholesaler representative)

6.5 Evaluation of EU smoke-free policy from a public health perspective

The accounts of many interviewees suggest that the efforts of those supporting comprehensive EU smoke-free policy met with some success. Perhaps most prominently, interviewees highlighted that the recommendation to implement smoke-free policies was consistent with the position that had been pushed by the Supporters' Alliance and claimed that the reflection of FCTC article 8 in the policy outcome constituted an advocacy success. While acknowledging the limitations of a non-binding policy, members of the alliance reported that the outcome was *"successful"* (lobbyist), the policy was *"a fairly faithful reproduction of the guidelines"* (public health advocate) and *"smoke-free [...] a success story"* (Berteletti-Kemp). Interviewees further emphasised that the recommendation had given smoke-free policy *"a higher ranking on the priority list"* (Prins) and enabled European tobacco

control to “*progress [...] another step*” (*representative of an EU institution*). Tobacco industry representatives, on the other hand, remarked that they had “*not been successful in [obtaining] anything*” they had requested (*Peter van der Mark, general secretary ESTA*). Supporters of comprehensive EU smoke-free policy did not only seem to be successful in achieving their primary objective, but, as evidenced by data presented in the following section, in achieving some procedural, intermediary outcomes by framing debates on legitimacy in smoke-free policy and forging links with decision makers.

6.5.1 Framing debates on legitimacy in smoke-free policy

The interview data strongly suggest that tobacco control advocates made considerable and partially successful efforts to present themselves as credible and legitimate stakeholders and isolate tobacco industry representatives in the debates on EU smoke-free policy. The Supporters’ Alliance’s success in framing debates on what could be termed “*stakeholdership*”⁶⁹ became particularly apparent in the analysis of the stakeholder meetings on 19 March 2008 which had been convened by DG SANCO as part of the IA exercise “*to seek input from various stakeholders [...] and obtain valuable information from stakeholders directly*” (Directorate General Health and Consumers, 2008, p. 16). The fact that these meetings were often the first incident that interviewees recalled when prompted about their memories of the development of the Council Recommendation suggests that they were perceived as prominent events in the policy process and as a suitable example to illustrate distinctive aspects of their engagement.

DG SANCO had issued invitations to two separate meetings, with some actors being invited to a meeting with “*business representatives*” in the morning and others to a meeting with “*health experts, civil society and social partners*” in the afternoon (Directorate General Health and Consumers, 2008, p. 26). The documentary and interview data indicate that the decision to invite stakeholders to two separate meetings was due to DG SANCO representatives being aware of the existing animosity between the two groups. Originally, all industry representatives (e.g. representatives of tobacco, pharmaceutical and other companies) had been invited to the morning meeting, whereas European and international experts, representatives of civil society and social partners (including representatives of EU agencies, international organisations, the EU Health Policy Forum and the Consultative

⁶⁹ I define the term “*stakeholdership*” in the context of this thesis as the perception and recognition of an actor as a legitimate and credible stakeholder in a specific policy issue.

Forum on Environment and Health) had been invited to the afternoon meeting (Directorate General Health and Consumers, 2008)⁷⁰. With a number of organisations subsequently inviting themselves to the stakeholder consultation (self-invitations had been encouraged by DG SANCO), two representatives of the ventilation industry and one representative of ESTOC were allocated to the morning meeting, whereas representatives of a number of health-related organisations and FOREST were allocated to the afternoon meeting.

While holding two separate stakeholder meetings seemed a way of managing competing interests, the Commission's a priori allocation of stakeholders emerged as an issue of dispute, was criticised for being *"based on a type of pigeonholing or categorisation that was not comprehensible"* (Koch) and led to strong expressions of discontent and *"lots of disappointment both in the tobacco sector and in the health sector"* (representative of the EC), cumulating in calls for a reorganisation of the attendance list of both meetings. The interview data indicate that the eventual allocation of stakeholders to the respective meetings was largely a result of *"a very calculated strategy"* (public health advocate) of Brussels-based tobacco control advocates under leadership of Florence Berteletti-Kemp of the SFP aimed at isolating the tobacco industry in the debates on EU smoke-free policy. As illustrated by the following quote, tobacco control advocates were of the opinion that pharmaceutical company representatives had been incorrectly allocated to the *"so-called 'industry meeting'"* (Koch).

We had a discussion, a phone call, with all the pharma [industry representatives] and I said to them: 'Boycott! Go back to DG SANCO and say you do not want to sit with the [tobacco] industry, come with us. You'll be welcome.' And so they came with us. (Berteletti-Kemp)

The interview data show that tobacco control advocates did not only persuade pharmaceutical company representatives to shun tobacco industry representatives by refusing to attend a joint meeting but at the same time swayed EC representatives to invite pharmaceutical sector representatives to the afternoon meeting.

It was actually the NGOs which complained to the Commission and said: 'You shouldn't be inviting the pharmaceutical industry to the same meeting in the morning with the tobacco industry.' (lobbyist)

The interview and documentary data show that the controversy between supporters and opponents of comprehensive EU smoke-free policy escalated during the consultation meeting. The record of the afternoon meeting recounts that health and social stakeholders

⁷⁰ A comprehensive list of organisations which were invited to each stakeholder meeting can be found on pages 22-25 of the accompanying document to the proposal for a Council Recommendation on smoke-free environments (Directorate General Health and Consumers, 2008).

“unanimously objected to the presence” of Simon Clark, the FOREST representative (Directorate General Health and Consumers, 2008, p. 30). Referring to FOREST’s history and its considerable reliance on tobacco industry funding⁷¹, public health advocates argued that FOREST represented tobacco industry rather than civil society interests and had no right to be in the meeting for health experts, civil society and social partners. As the following account of a Supporters’ Alliance member illustrates, tobacco control advocates put considerable pressure on the representatives of the EC to exclude Clark from the meeting.

The representative from FOREST was [there] at the beginning of the consultation. The whole discussion [and] opposition was that if he’s there, then we leave the room. (Luk Joossens, advocacy officer ECL)

The above described dispute resulted in a division of the afternoon into two meetings, with representatives of health NGOs, social partners, the pharmaceutical industry and a representative of an Italian regional authority attending the primary meeting, and Clark meeting with representatives of the EC and the agency that had been commissioned to conduct the IA separately after the others had left⁷² (Directorate General Health and Consumers, 2008).

The above analysis testifies to the Supporters’ Alliance success in framing debates around stakeholder in EU smoke-free policy. The interview data, however, also show how the situation at the stakeholder meeting had been balanced on a knife’s edge and almost led to public health advocates not being heard as part of the consultation meetings. The following meeting account which recalls public health advocates’ requests to exclude Clark and the EC representative’s consideration to discontinue the meeting illustrates the intricacy of the situation.

There was an interesting situation because [Clark] refused to leave and the officer from the European Commission [Thea Emmerling, DG SANCO official] also said: ‘I’m not going to make you leave because this is an open consultation process and everybody is allowed to be here.’ [...] So then the others, all the researchers, they stood up and they said: ‘Okay, then we are going to leave.’ Which basically only would have left [Clark] in the room. So then Thea said:

⁷¹ Evidence exists that FOREST, which appears to have been set up by tobacco companies (Smith & Malone, 2007) and receives an estimated 96% of its annual budget from the tobacco industry (Ely, 1989; Evans, 1982; Smith & Malone, 2007; Thompson, 2012), has made considerable efforts to support tobacco industry arguments, counter effective UK tobacco control legislation and influence public debates on tobacco, including by developing a rights-based discourse with regard to SHS and smoke-free policies (Smith & Malone, 2007).

⁷² A comprehensive list of attendees at the afternoon meeting can be found on page 29 of the accompanying document to the proposal for a Council Recommendation on smoke-free environments (Directorate General Health and Consumers, 2008). For reasons of transparency, I acknowledge that one of the supervisors of my PhD, Prof. Amanda Amos, was present at the afternoon meeting during which health experts, civil society and social partners were consulted on the policy initiative. I did not interview her or discuss the meeting or any other personal experience of the process of developing EU smoke-free policy with her.

'So then, if this is the situation, I'm going to decide to call off the entire session. So you either remember this is an open process, so you can stay here and you are consulted as a stakeholder. If you don't want to make use of that right for whatever reason, you give up your right and that's the end of it.' So then Anna [Jassem, DG SANCO official] said: *'Well, wait, wait, wait. Maybe there's another solution. Because maybe we can split this meeting in two parts. [...] And in that way, everybody can have their say and we can still have a fruitful discussion.'* So that was agreed in the end. (analyst)

The interview data suggest that, while faced with challenges and taking risks, the Supporters' Alliance eventually emerged as the stronger, more dominant coalition in the network. Reflecting on the stakeholder meeting and her impression that Clark *"was [...] forced to leave the room by civil society present"* (social partner representative), a social partner representative who had attended the afternoon meeting concluded that the *"non-smoking lobby was very strong and had very clear views on what they wanted to achieve"* (social partner representative) and appeared influential in leading the course of events. Interviewees postulated that by showing dedication and presenting themselves *"as 'the good ones'"* (Koch), civil society organisations *"charge[d] the whole debate in a highly moral manner"* (Koch). Reflecting on tobacco control advocates lobbying with regard to the inclusion and exclusion of certain actors in the respective stakeholder meetings, one member of the Supporters' Alliance reported that the vociferousness of public health advocates had been instrumental in shifting decision makers' perception of those engaging in the policy debate, their positions and affiliations and the consideration that was given to different stakeholders' views.

So that perception was changed because the argument is that whether or not you're commercial or non-commercial, and whether you're for-profit or not-for-profit, what's more important is whether you have a credible voice or expertise or input into the policy discussions about health or not. In the end, the commercial or the non-commercial nature of the organisation is secondary to whether that organisation has something positive to contribute to questions of health. (lobbyist)

The data suggest that members of the Supporters' Alliance were not only successful in exerting influence on how the consultation process was handled but also in changing decision makers' perception of the tobacco industry's role in debates on EU smoke-free policy and framing debates on stakeholdership in smoke-free policy.

6.5.2 Decision makers' will to develop comprehensive EU smoke-free policy

Initially, representatives of DG SANCO seemed to drive the initiative, but were subsequently supported by decision makers from other EU institutions and stakeholders

that were in favour of developing smoke-free policy at EU level. The interview data suggest that several EU decision makers, who held key positions in the development of the policy, were largely supportive of comprehensive EU smoke-free policy and maintained contact with members of the Supporters' Alliance. Assuming that dominant alliances have "more of its members in positions of formal authority" than minority alliances (Sabatier & Weible, 2007, p. 2013), the support of representatives of the EC, EP and Council of the European Union for comprehensive EU smoke-free policy and their links to advocates supporting respective policy are indicative of the supremacy of the Supporters' Alliance.

Due to the nature of the data, the EC was not included in the quantitative network analysis which meant that its position and any links between representatives of DG SANCO and other political actors could not be quantitatively analysed and graphically depicted. The detailed analysis of the interview data and the documentary review, however, provides plenty of evidence that representatives of DG SANCO were strongly supportive of comprehensive EU smoke-free policy, maintained close links with public health advocates and were dynamic in steering the process towards European action. Initiating the policy process, the EC Green Paper acknowledged the detrimental effect of exposure to SHS and the potential positive effects that comprehensive smoke-free policies could have by decreasing tobacco consumption, the respective health burden and socio-economic inequalities in health and by saving costs regarding health care and work-related aspects (Directorate General Health and Consumers, 2007b). Referring to previous EU policy papers, national policies and the EC's obligations under FCTC, the EC Green Paper alluded to the inadequacy of existing national and EU policies and the need to develop further EU policy. As illustrated by the following account of a Brussels-based public health advocate, DG SANCO's strong will to transform FCTC article 8 into EU policy resulted in considerable action to develop comprehensive smoke-free policy and encouraged other actors to support the initiative.

My recollection is that [...we were not...] so much [...] pushing for the recommendation [but that] it was something that DG SANCO wanted to do. They seemed to think that even though the article 8 guidelines had been adopted, those guidelines needed to have, kind of like, a specific EU imprimatur if you like and an official endorsement. And I think it was probably also a way of them keeping their hand in the smoke-free debate. And this was something they could do. They could issue these recommendations from DG SANCO. So once they said that they were going to do that, then we were happy to weigh in support. (public health advocate)

An interview with two Brussels-based advocates similarly indicated that the international negotiations on FCTC article 8 had inspired DG SANCO representatives to push the issue at European level and take action.

Berteletti-Kemp: The momentum on smoke-free policies was really very high. The health attachés in Brussels had been discussing it at COP. [...] I think that was also instrumental in getting the recommendations.

Joossens: And, well, you had the health attachés of the member states and you had DG SANCO who was interested in the whole issue. [...] They were really trying to move the agenda in our side, so DG SANCO was also completely on our side on this issue.

Similarly, another public health advocate reported that “the key impetus came from the adoption of the article 8 at COP2” (public health advocate) and reported that the adoption of the guidelines for implementation of the respective article had provided those supporting comprehensive EU smoke-free policy with arguments and a template and energised representatives of DG SANCO to develop EU policies in this area.

The member states went home from Bangkok energised. And they now had this blueprint, this document which told them what to do. And I think quite a few of them did go off and enact smoke-free legislation. I think, the Commission probably felt the same way, and, again, it was an impetus for them to come out with the recommendation. (public health advocate)

Referring to DG SANCO’s support for smoke-free environments, tobacco industry representatives suggested that EC representatives were driven by a will “to fight the tobacco industry” (tobacco industry representative) and a perception that the image of “killing big Goliath” (tobacco industry representative), i.e. eradicate the industry, would “sell well in the media” (tobacco industry representative) and bring positive public recognition.

In the further course of the policy process, other EU institutions emerged as supporters of comprehensive EU smoke-free policy. The Council of the European Union’s response to the Green Paper, for example, acknowledged “the need for Community guidance to further promote tobacco-smoke free environments at EU level” (Council of the European Union, 2007b, p. 14). The EP resolution was even more supportive of comprehensive EU policy and called for EU legislation that would ban smoking in all workplaces, for national legislation to ban smoking in enclosed workplaces and public places and for other measures which would reduce exposure to SHS (European Parliament, 2007a).

Reflecting the substantial political will to develop EU smoke-free policy, it is perhaps unsurprising that the majority of interviewees drew attention to the close links and collaboration between representatives of the EU institutions, notably DG SANCO, and “those who support a smoke-free Europe” (social partner representative), i.e. Supporters’ Alliance members. The interview data indicate that decision makers initiated contact with tobacco control advocates, requested information and asked whether advocates and researchers were able to provide evidence to back up their work. The following account of interactions between a decision maker and representatives of the DKFZ in Heidelberg suggests that decision makers drew on the expertise of stakeholders and treated them as co-workers in the development of smoke-free policy.

You have individuals who you call and say: ‘How is that connected to each other? How can I take this position on the issue? Are the figures that I am hearing about reputable or not?’ And [staff at the German Cancer Research Centre in] Heidelberg, for example, [...] they say: ‘We’ll check it, [...] and you’ll hear back from us in eight or three days.’ (representative of an EU institution)

While being advantageous for decision makers, such interactions seemed to also be highly valued by public health advocates who seized these opportunities to brief the former and provide information which supported their own positions on the policy issue. Relationships with decision makers appeared to enable advocates to gain insider information about recent policy developments, the political sentiment and political debates. Drawing on the relationship between public health advocates and Jules Maaten (a member of the EP and rapporteur of the ENVI Committee during the negotiations on the TPD) as an example, the following account by a tobacco control advocate illustrates the long-standing, strong links between members of the Supporters’ Alliance and influential decision makers in EU tobacco control and the mutual benefits of collaboration.

We had the good fortune that [Jules Maaten] became a real anchor in the Parliament. So it was very good for everybody to talk to him and to sort of get a sense of what was going on. And he would suck in all the information from us. [...] For years after [the European tobacco advertising directive], he was a very good contact and whenever something was going on, you could call him and he would brief us, and we could brief him, and he could bring it to his colleagues and so on. He became a bit of an expert in the Parliament on the subject of tobacco control. (Prins)

In some cases, connections between decision makers and advocates appeared to go beyond relationships between individuals but were built into the biographies of individual actors. An EC representative had, for example, prior to being appointed by DG SANCO to work on

EU smoke-free policy, been employed by a European public health advocacy organisation. Similar situations seemed to exist in some member states, including Sweden and the UK, where decision makers maintained very close contacts with tobacco control advocates or occupied double roles as government employees and advocates for tobacco control. Interview accounts suggest that the way in which the close links and double roles were handled were not always formally defined but appeared to evolve over time and through practice. The following account of a former civil servant highlights how officials and public health advocates worked hand in hand to exert influence on decision makers.

We have always worked very close with the NGOs. [...] So, when I was in charge of tobacco control, I said that: 'We pay. We pay and they say.' [...] As a representative of a [...] governmental agency, it is of course a little bit more difficult to stand up against the government or lobby the government. [...] If you work together with an NGO, they can be the public face. [...] So when we have problems with the government, we alerted the NGOs to put pressure on them. (Margaretha Haglund, Swedish tobacco control advocate and former civil servant)

6.6 Discussion

The findings outlined in this chapter vividly demonstrate that tobacco control is a contested policy area, characterised by a particularly strong division and dominated by stakeholders who hold passionate views and opinions. They clearly highlight the existence of two competing coalitions in the development of tobacco control policy; one largely comprised of public health and tobacco control organisations and supported comprehensive EU smoke-free policy, the other consisted of industry-affiliated actors opposed to comprehensive EU smoke-free policy. The analysis shows that most network actors could clearly be assigned to one of two coalitions, which held starkly contrasting positions regarding the nature of the problem (exposure to SHS in European workplaces and public places) and the potential policy solutions (scope and type of policy required). While the majority of the members of the Supporters' Alliance fought for public health and strong tobacco control measures and against what they perceived as undue interference of tobacco industry actors in EU smoke-free policy, the members of the Opponents' Alliance seemed motivated by a desire to ensure their economic sustainability and prosperity.

This study on the development of the Council Recommendation on smoke-free environments confirms previous hypotheses that policy networks consist of a limited number of alliances which oppose each other and are divided by contradictory fundamental, core beliefs (Sabatier, 1993; Schlager & Blomquist, 1996). A study by Sabatier (1993) shows a

similar division of a policy network into two controversial coalitions, with one coalition being dominated by civil society and the other consisting of stakeholders affiliated with the industry. This study also provides empirical evidence which supports and expands theoretical work and tobacco-specific studies by Farquharson (2003), Sato (1999) and Read (1992). It supports assumptions that tobacco control policy is dominated by “two easily distinguishable and competing” alliances (Farquharson, 2003, p. 90), which represent very distinct interests, strongly oppose each other and try to influence tobacco control policy in diametrical directions (Farquharson, 2003; Read, 1992; Sato, 1999).

While the findings corroborate previous literature, the data presented in this chapter contrast with previous studies which show that anti-tobacco control advocates have been the dominant stakeholder group and managed to influence tobacco control policy (Farquharson, 2003; Read, 1992; Sato, 1999). This study suggests that, in the context of EU smoke-free policy, tobacco control advocates were more successful than anti-tobacco control advocates in representing their interests. The findings thus support Cairney and colleagues’ (2011) argument that the tobacco industry’s previous dominance has been overcome by public health organisations which have recently begun to dominate tobacco control policy. The analysis of the development of EU smoke-free policy also highlights the crucial role of decision makers who are supportive of comprehensive tobacco control policy (cf. Cairney, et al., 2011).

The data suggest that the fundamental differences in positions on the issue debated between the Supporters’ and the Opponents’ Alliance were the obvious factor which divided the two groups. A more detailed analysis of the findings indicates, however, that the division between the two alliances was not simply predetermined by actors’ views and positions but considerably influenced by the strategic decisions that were made and key decision makers’ receptiveness to frames that were developed by the Supporters’ Alliance. The interview data suggest that the structure of the policy network was highly fragile and malleable, as exemplified by the controversy during the stakeholder consultation meeting, and strongly influenced by the strategic decisions of different stakeholders. Stakeholders, for example, decided to collaborate despite differences in opinion on some aspects (discussed in detail in section 7.1.4), to not align themselves with either coalition (for more detail on actors not belonging to either of the two coalitions, see sections 8.6.2 and 8.6.3) or to frame or engage in debates on stakeholdership to ameliorate their own position within the network (discussed in detail in section 7.1.5).

The findings further suggest that the polarity of the policy network on EU smoke-free policy was strongly influenced by previously existing, strong controversies in tobacco control and that network members were able to build on established structures. Suggesting that the policy network in EU smoke-free policy reflects a more permanent division between stakeholders in tobacco control, the study supports Sabatier and colleagues' (Sabatier & Jenkins-Smith, 1993b; Sabatier & Weible, 2007) conclusion that policy networks tend to be somewhat consolidated and solidify over time. There is reason to assume that the polarity of the policy network in EU smoke-free policy might have been the result of the "devil shift" described by Sabatier and Weible (2007, p. 194), i.e. the tendency of actors to view their opponents as more hostile and powerful than they are in reality and a resultant hardening of the alliances' opposition to each other.

The findings confirm previous research which suggests that the boundaries between advocates and decision makers cannot always be clearly distinguished, with politicians and bureaucrats often having very close relationships with advocates and adopting advocacy positions (Peterson, 2009; Sabatier, 1993). In the process of developing the Council Recommendation on smoke-free environments, decision makers' will to develop comprehensive EU policy and susceptibility to calls for tobacco industry exclusion seemed to benefit supporters of comprehensive EU smoke-free policy. The findings on collaboration between representatives of the EU institutions and public health advocates confirm Sato (1999), who postulates that stable relationships between stakeholders and decision makers are an important strategy to influence the actions of the latter.

Due to the clear division of the policy network into two coalitions, the policy network on EU smoke-free policy lends itself to exploring political coalitions in more detail. The findings presented in this chapter suggest that a more detailed analysis of the two alliances which formed part of the policy network can provide insight into the dynamics of coalition-building and the factors which contribute to success or failure in stakeholder engagement. Aimed at shedding light on the specific features which determine whether coalitions succeed in translating their goals into legislative action, the following two chapters provide a more detailed analysis of the Supporters' Alliance and the Opponents' Alliance, respectively.

7 Support for comprehensive EU smoke-free policy

The previous chapter gave an overview of the policy network of actors that were involved in the development of EU smoke-free policy. This chapter of the thesis provides a more detailed analysis of the group of actors which favoured and jointly fought for comprehensive EU smoke-free policy. The chapter starts by drawing on quantitative network analysis to describe the composition of the alliance and qualitative analysis (using interview and documentary data) to describe how coalition members regarded the alliance. It specifically focuses on actors whose core remit was not tobacco control, on the international nature of the coalition, on the role of researchers, academics and professionals in the coalition, and on the extent to which the coalition took a unified position on comprehensive EU smoke-free policy. The next section describes the alliance members' joint values and their efforts to present themselves as a unified coalition. The focus of analysis then shifts to examine alliance members' positions on the preferred type of policy, which emerged as an area of disagreement. The analysis specifically explores the role of the pharmaceutical industry in the alliance and the specific reasons for industry members supporting comprehensive EU smoke-free policy.

The second half of the chapter focuses on leadership and collaboration, providing a detailed insight into the interactions between alliance members. The analysis of interview data explores the lack of a key lead organisation, the ways in which certain organisations responded to this gap and alliance characteristics which contributed to successful collaboration. The chapter closes by relating these findings to the literature on political coalition-building, drawing attention to key features of alliance leadership and discussing the role of the pharmaceutical sector in the development of EU smoke-free policy.

7.1 An alliance beyond tobacco control

The Supporters' Alliance included 64 stakeholders representing six different types of organisations and a variety of sectors (figure 7.1 and table 7.1).

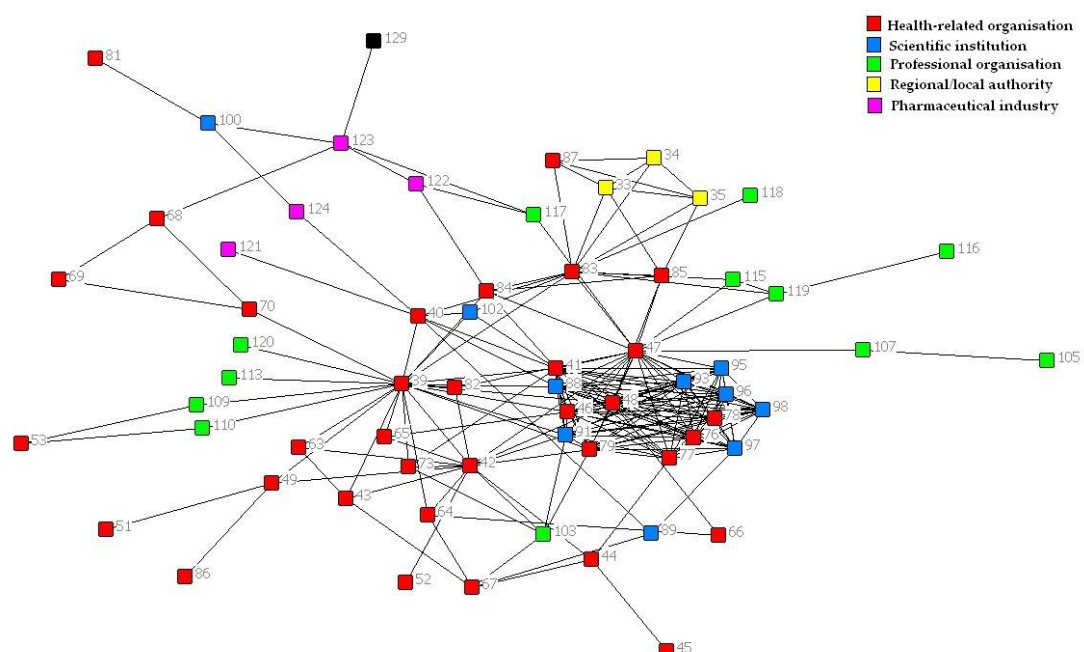


Figure 7.1: Supporters' Alliance, main focus of organisation

Organisations that were pooled in the category of health NGOs and health promotion organisations included national, European and global organisations that focused on health-related issues and pursued a mandate to actively participate in the development of health-related policy. While categorised as regional and local authorities, the primary concern of three regional offices for tobacco control in the UK was to prevent the harm caused by tobacco via a comprehensive tobacco control strategy, which meant that they had a remit that was similar to that of actors that were classified as health NGOs and health promotion organisations. Scientific institutions included disease-specific research organisations (mainly focusing on cancer and respiratory diseases) and public health institutes. They were distinct from health NGOs and health promotion organisations in that their political engagement was ancillary to their primary purpose to advance science and research on health-related issues. Professional organisations represented the interests of doctors, pharmacists and a variety of other health professions. Although often not primarily focused on tobacco control, these organisations represented members that had a professional interest in the topic. The pharmaceutical sector was represented through three companies and the Association of the European Self-Medication Industry⁷³.

⁷³ According to the Association of the European self-medication industry's definition, self-medication includes non-prescription medicines, food supplements and self-care medical devices (Association of the European Self-Medication Industry, 2012).

The heterogeneity of the group seemed to be the result of a strategic effort that tobacco control organisations had made to “develop a coalition which was not only tobacco control” (Berteletti-Kemp). Accordingly, 25 members of the Supporters' Alliance were organisations whose primary focus was tobacco control, whereas the primary focus of the majority of alliance members (n=39) lay elsewhere (figure 7.2).

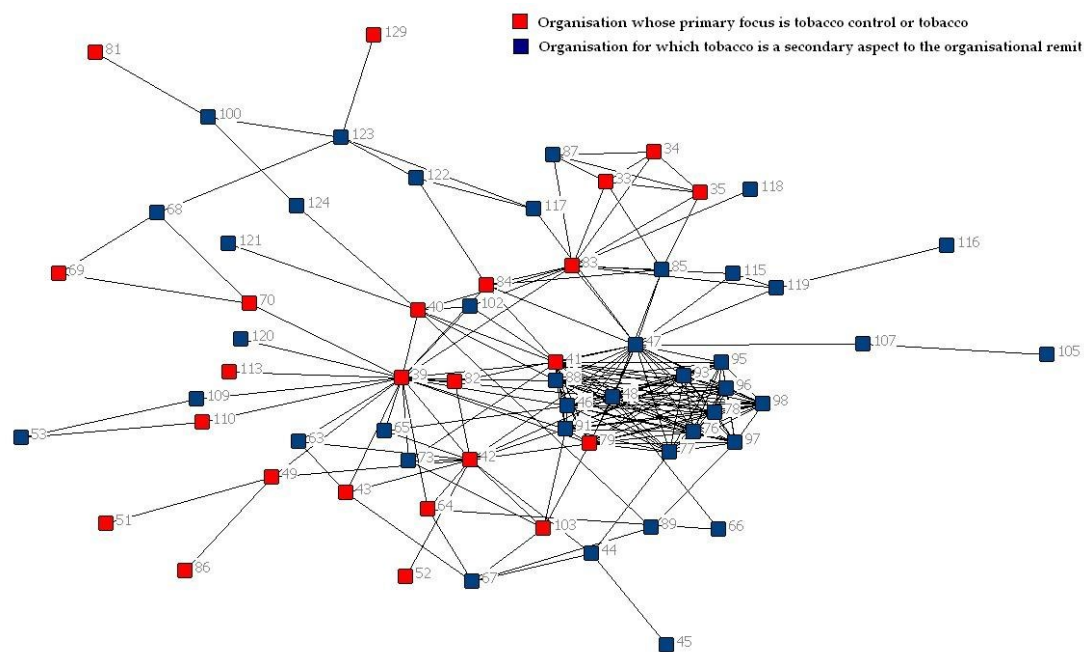


Figure 7.2: Supporters' Alliance, multi- versus single-issue organisations

The only representative of the tobacco sector that emerged as a member of the Supporters' Alliance was the ISTC (number 129, figure 7.2). The company was linked to Novartis (number 123, figure 7.1) through the shared citation of three reports (the EC's Eurobarometer survey on smoking and exposure to SHS (Directorate General Health and Consumers, 2006), the Aspect Consortium report on tobacco consumption and tobacco control in the EU (Aspect Consortium, 2004) and the EC Green Paper (Directorate General Health and Consumers, 2007b)). The ISTC (2007, pp. 3, 8) presented smokeless tobacco as a harm reduction product and attempted to credit this claim by citing public health research and stressing that the “international public health community” and “public health advocates” supported their cause. While the ISTC's submission attempts to follow the Supporters' Alliance's discourse, the fact that none of the interviewed members of the Supporters' Alliance seemed to know about the company's existence or about any collaboration between the company and members of the alliance suggests that the company

had no real affiliation with the alliance other than the shared citations outlined above. Due to the ISTC's exceptional position as the only tobacco industry organisation of the Supporters' Alliance and its lack of active interaction with other Alliance members, I decided to not consider the ISTC as a full member of the Supporters' Alliance. Instead and in view of its affiliation with the tobacco manufacturers that were part of the Opponents' Alliance (as outlined in section 8.7), the ISTC's role in the network is explored in more detail in chapter eight.

7.1.1 Describing the Supporters' Alliance

With regard to the geographical remit of its members, the alliance was mainly made up of organisations with a national-level remit (n=43), but also included actors with European (n=15) and global-level concerns (n=6) (figure 7.3).

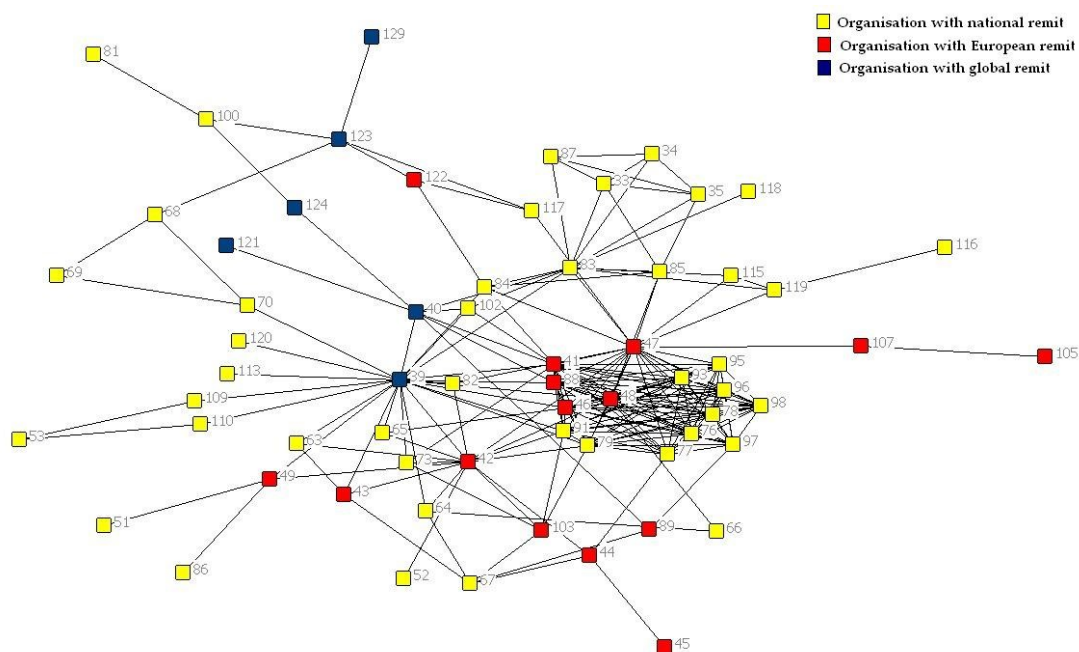


Figure 7.3: Supporters' Alliance, geographical remit of organisation

Table 7.1: Supporters' Alliance members

| Number | Organisation type | Acronym | Name of organisation |
|--------|------------------------------|-------------|--|
| 33 | Regional and local authority | SFNE | Fresh Smoke-free North East |
| 34 | Regional and local authority | SFD | Smoke-free Derwentside |
| 35 | Regional and local authority | SFB | Smoke-free Bristol |
| 39 | Health NGOs/Health | FCA | Framework Convention Alliance |
| 40 | Health NGOs/Health | GSP | Global Smoke-free Partnership |
| 41 | Health NGOs/Health | SFP | Smoke-free Partnership |
| 42 | Health NGOs/Health | ENSP | European Network for Smoking Prevention |
| 43 | Health NGOs/Health | INWAT | International Network of Women Against Tobacco Europe Board |
| 44 | Health NGOs/Health | EFA | European Federation of Allergy and Airways Diseases Patients' Associations |
| 45 | Health NGOs/Health | IPCRG | International Primary Care Respiratory Group |
| 46 | Health NGOs/Health | ECL | Association of European Cancer Leagues |
| 47 | Health NGOs/Health | EPHA | European Public Health Alliance |
| 48 | Health NGOs/Health | EHN | European Heart Network |
| 49 | Health NGOs/Health | EUN | European Union of Nonsmokers/l'Union européenne des Non-Fumeurs |
| 51 | Health NGOs/Health | ASFE | Association for a Smoke-free Environment/RookVrij - Vereniging voor een rookvrije leefomgeving |
| 52 | Health NGOs/Health | CCSP | Cyprus National Coalition for Smoking Prevention |
| 53 | Health NGOs/Health | BVG | Bundesvereinigung für Gesundheit |
| 63 | Health NGOs/Health | AECC | Spanish Association Against Cancer/Asociación Española Contra el Cancer |
| 64 | Health NGOs/Health | ASH Finland | ASH Finland |
| 65 | Health NGOs/Health | FCS | Cancer Society of Finland |
| 66 | Health NGOs/Health | FHF | Finnish Heart Association |
| 67 | Health NGOs/Health | PAH | Pulmonary Association Heli |
| 68 | Health NGOs/Health | FCL | French Cancer League |
| 69 | Health NGOs/Health | PWT | Paris Without Tobacco |
| 70 | Health NGOs/Health | FAAT | French Alliance Against Tobacco |
| 73 | Health NGOs/Health | HHF | Health 21 Hungarian Foundation |
| 76 | Health NGOs/Health | DCS | Dutch Cancer Society |
| 77 | Health NGOs/Health | DAF | Dutch Asthma Foundation |
| 78 | Health NGOs/Health | NHF | Netherlands Heart Foundation |
| 79 | Health NGOs/Health | STIVORO | STIVORO |
| 81 | Health NGOs/Health | COPPT | Portuguese Confederation on Smoking Prevention/Confederação Portuguesa de Prevenção do Tabagismo |
| 82 | Health NGOs/Health | SCTC | Slovenian Coalition for Tobacco Control |

| Number | Organisation type | Acronym | Name of organisation |
|--------|---------------------------|---------------------|--|
| 83 | Health NGOs/Health | ASH England | Action on Smoking and Health England |
| 84 | Health NGOs/Health | ASH Scotland | ASH Scotland |
| 85 | Health NGOs/Health | BHF | British Heart Foundation |
| 86 | Health NGOs/Health | ANSR | Association for Nonsmokers' Rights |
| 87 | Health NGOs/Health | RCLCF | The Roy Castle Lung Cancer Foundation |
| 88 | Scientific institution | ERS | European Respiratory Society |
| 89 | Scientific institution | The Union | Europe Region of the International Union against Tuberculosis and Lung Disease |
| 91 | Scientific institution | DKFZ | German Cancer Research Center |
| 93 | Scientific institution | HTS | Hellenic Thoracic Society |
| 95 | Scientific institution | SIMER | Italian Society of Respiratory Medicine |
| 96 | Scientific institution | FIMPST | Italian Federation Against Pulmonary Diseases and Tuberculosis |
| 97 | Scientific institution | AIMAR | Italian Interdisciplinary Scientific Association for Research in Lung Disease |
| 98 | Scientific institution | NVALT | Dutch Society of Pulmonologists |
| 100 | Scientific institution | SPP | Portuguese Society of Pneumology/Sociedade Portuguesa de Pneumologia) |
| 102 | Scientific institution | CRUK | Cancer Research UK |
| 103 | Professional organisation | ENQ | European Network of Quitlines |
| 105 | Professional organisation | EPSA | European Pharmaceutical Students' Association |
| 107 | Professional organisation | PGEU | Pharmaceutical Group of the European Union |
| 109 | Professional organisation | BÄK | German Medical Association |
| 110 | Professional organisation | GMASH | German Medical Action Group Smoking or Health |
| 113 | Professional organisation | HPAT | Health Professionals against Tobacco |
| 115 | Professional organisation | RCP | Royal College of Physicians |
| 116 | Professional organisation | RCPE | Royal College of Physicians of Edinburgh |
| 117 | Professional organisation | RCN | Royal College of Nursing |
| 118 | Professional organisation | RCGP | Royal College of General Practitioners |
| 119 | Professional organisation | FPH | Faculty of Public Health of Royal College of Physicians |
| 120 | Professional organisation | BMA | British Medical Association |
| 121 | Pharmaceutical industry | Johnson and Johnson | Johnson and Johnson |
| 122 | Pharmaceutical industry | AESGP | Association of the European Self-Medication Industry |
| 123 | Pharmaceutical industry | Novartis | Novartis |
| 124 | Pharmaceutical industry | Pfizer | Pfizer |
| 129 | Tobacco manufacturer | ISTC | International Smokeless Tobacco Company |

Actors with a global remit included transnational companies (Pfizer, Novartis, Johnson and Johnson and the ISTC) and two global alliances of civil society organisations with an interest in tobacco control. These were the FCA and the GSP (a global alliance of civil society organisations, governmental institutions, corporations and individuals, aimed at promoting smoke-free policies). Mobilising members as the need arose, these umbrella organisations were rather loosely structured groups of individuals and organisations with an interest in tobacco control, and which were active in alerting national actors to developments on EU smoke-free policy, encouraging them to participate in the policy process and providing a platform for information exchange. The following quote (from a representative of the GSP) suggests that the global umbrella organisation, in turn, had waited for its European counterpart (SFP) to ask for support as the latter was seen as best suited to coordinate advocacy activity regarding EU tobacco control policy.

We have this European Smokefree Partnership which is a partner of the Global Smokefree Partnership. And so we try, we don't do anything directly with the European Union unless we are called to do so through the European Smokefree Partnership. (Cardonne)

Organisations with a European remit facilitated coordination between organisations and individuals from EU member states, with some European organisations being specifically aimed at disseminating information and representing the interests of their members with regard to EU policies. Examples of these alliances were the INWAT Europe, ENQ, ERS, ECL and EPSA. The interview data suggest that while reaching agreement on a strategy between the various members of such alliances was not easy, being able to demonstrate a pan-European consensus was a powerful and persuasive tool when communicating with decision makers.

The Supporters' Alliance further comprised organisations that were based in member states and primarily concerned with national policy. Actors with a national concern also included national coalitions of organisations which had a common interest in tobacco control (e.g. the Swedish Health Professionals against Tobacco, the French Alliance Against Tobacco or the Cyprus National Coalition for Smoking Prevention). The data suggest that actors with a national remit were often well-connected with other actors from their member states with whom they discussed EU smoke-free policy and their engagement in the political process and drafted joint responses. Not infrequently, national advocates participated in formal or informal coalitions which consisted of advocacy organisations, scientific institutions, disease-specific organisations, professional organisations, individuals with an interest in

tobacco control and other actors at a national or local level. While often established with the strategic aim of coordinating political action at the national level (for example in the run up to national tobacco control legislation), these coalitions emerged as crucial means to mobilise support for EU smoke-free policy. Interviewees frequently reported that a member of the national coalition had heard about the debates on EU smoke-free policy through one of the Brussels-based organisations and had subsequently encouraged the other members to get involved. Such collaboration often seemed to result in a joint coalition response which was signed by all members (e.g. in the case of the Netherlands, where the Cancer Society, Asthma Foundation, Heart Foundation and STIVORO submitted a joint response (Dutch Cancer Society, Dutch Astma Foundation, Netherlands Heart Foundation, & STIVORO - for a smoke free future, 2007)) or in multiple submissions by coalition members that supported comprehensive EU smoke-free policy. Members of the German National Smokefree Alliance, for example, had discussed the issue and decided “*that the Aktionsbündnis [German National Smokefree Alliance] won't issue a response but the single organisations will issue statements*” (public health advocate), resulting in separate consultation responses from the German Lung Foundation (2007), Cancer Aid (2007), Pneumonology Society (2007), Medical Association (2007), Medical Action Group Smoking or Health (2007), Cancer Research Centre (2007) and the Federal Association for Prevention and Health Promotion (2007).

At that time, I organised the contributions of the various German organisations. [...] It was a mobilisation effect of the various member organisations. (public health advocate)

As evidenced by the documentary data and confirmed by the interview data, organisations representing researchers, academics and professionals showed considerable engagement in the public consultation (with 15 scientific organisations and 18 professional organisations submitting responses (Directorate General Health and Consumers, 2007b)). Three representatives of scientific organisations, two representatives of professional organisations and at least one academic representing a health advocacy organisation were further present at the afternoon stakeholder meeting (Directorate General Health and Consumers, 2008). Researchers, academics and professionals seemed to contribute to the development of EU smoke-free policy by communicating their research, interacting with advocates and decision makers and getting involved in the policy process. The interview data show that the passion and engagement of researchers, academics and professionals in tobacco control policy and their remarkable willingness to get involved was positively appraised by the majority of public health advocates and decision makers. Decision makers seemed to particularly value

that researchers understood the difficulties and intricacies of assessing the impact of policy and contacted them directly to obtain information about certain issues (interviews with a representative of an EU institution and an analyst). As illustrated by the following account of the representative of a national scientific organisation, researchers and doctors enjoyed a good reputation and were often perceived as more credible than other stakeholders.

- King: *I think [research organisations] carry a weight and an authority [...]. Sometimes, we can make a statement and it will be taken perhaps more seriously than an advocacy group or a lobbying group. [...] It is likely that if Cancer Research UK says something, politicians might treat it a bit differently to if a group that is known as a purely campaigning group [...says something].*
- Weishaar: *Okay. Because you have added credibility as a research organisation?*
- King: *Yes.*

Several advocacy organisations seemed to take advantage of the reputation and capacity of experts to more effectively communicate their messages to decision makers. A representative of a health NGO, for example, reported that she had *“found out [...that...] physicians are very good in lobbying because if a physician comes to a politician – oh! – they really listen to that physician”* (Haglund); she therefore linked up with such actors to add weight to the arguments she wanted to put forward. The interview data further indicate that public health advocates particularly appreciated tobacco control researchers’ pragmatism, their *“willing[ness] to come out, roll their sleeves up, [...] do things more rough and ready [...and their...] good understanding of action research”* (public health advocate). Referring to *“a strong sense [of being] one big team”* (public health advocate), interviewees suggested that researchers, professionals and advocates saw each other as co-players in the fight for a smoke-free Europe. This finding was supported by the quantity of responses that these stakeholders submitted to the consultation. The quantitative network analysis showed that the Supporters’ Alliance included 10 scientific institutions and that professional and scientific organisations were well-connected with public health advocacy organisations, maintaining a total of 65 links with non-scientific actors (figure 7.4). Possibly due to their broader interest in public health and the early detection of evidence between smoking and lung cancer, scientific and professional organisations concerned with pulmonology (n=9), public health (n=3), cancer (n=2) and general professional organisations representing medics (n=8) showed exceptional involvement in the consultation and were reported to have particularly good relationships with tobacco control advocates (interview with Cardonne). In comparison,

representatives of advocacy organisations noted there was scope for improved engagement and collaboration with cardiologists and general practitioners (an observation supported by the fact that there were no consultation responses from scientific or professional organisations representing cardiologists, and only one from an organisation representing general practitioners).

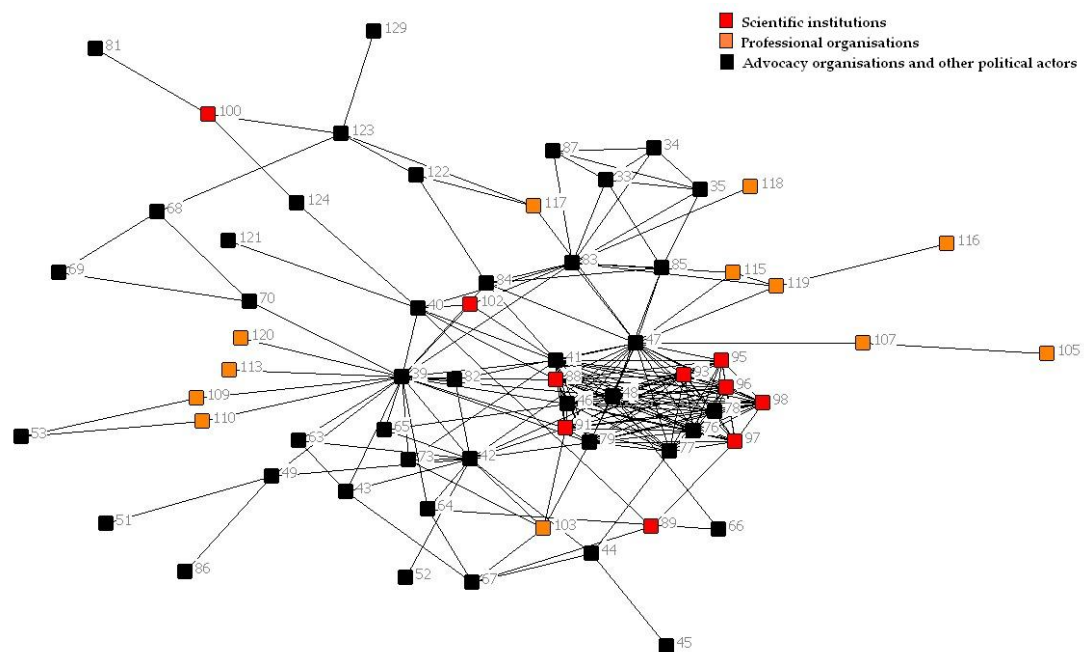


Figure 7.4: Supporters' Alliance, scientific institutions and professional organisations

The interview data show that, in some cases, the relationship between advocacy and research was even closer because a considerable number of stakeholders wore “double hats” (*representative of the EC*), i.e. consolidated two roles in one person and thus straddled the boundaries between research and advocacy. Interviewees noted that, on the one hand, “renowned academics [...] chair organisations which can be perceived as lobby organisations” (*representative of the EC*), and, on the other hand, advocates “contributed to research and always fed into people’s research” (*Norma Cronin, Irish tobacco control advocate*). Several interviewees highlighted the UK as an example of particularly successful engagement of researchers in tobacco control policymaking and reported that UK-based researchers collaborated exceptionally well with each other, tobacco control advocates and decision makers. Previous experience of working together on policy-relevant issues and synchronising research and advocacy was thought to facilitate successful collaboration.

Interview data suggest that researchers who engaged in tobacco control advocacy and policy processes often drew on wider academic networks to assemble information. They seemed well-connected with experts from different disciplines, including public health, epidemiology, political science, economics and others, who would “generally get on with each other [...and...] stick together” (public health advocate). Forming a “research community” (analyst) which existed independently of specific policy initiatives, these academics were able and willing to bring their expertise to tobacco control and support comprehensive EU smoke-free policy. Representatives of DG SANCO who developed the EC proposal and public health advocates who lobbied for comprehensive EU smoke-free policy seemed to be aware of the expertise that was available to individual academics and seized opportunities to tap into this pool of experts. This suggests that researchers who directly engaged in the policy process acted as knowledge brokers and bridges between decision makers, advocates and other academics.

While most supporters of comprehensive EU smoke-free policy had a positive assessment of the close connection between research and advocacy, some supporters and several opponents were more critical of these links and expressed concerns that the boundaries between advocacy and expertise became blurred. Critics noted that advocates wanting to support a particular position would present research in a partial way without paying sufficient attention to gaps in knowledge and areas of ambiguity. This concern was illustrated in the following interview account of a public health advocate who highlighted the tension between arguing for a certain political initiative and accounting for the limitations of the evidence.

I always think: ‘You can’t be guided by what you feel is good or bad. You always have to check: What does the data say?’ [...] If there is reason to assume that some scientific data are not representative or are too crude or something else, then you have to follow up on these things. [...] I think, particularly with regard to research, you have to accept not only that there are different opinions but also maybe other data. And then you have to analyse once more how resilient the data is. [...] I believe that you have to, in this whole area, even if it is difficult – I also often find that difficult – approach it in a less emotionally burdened way. (public health advocate)

7.1.2 Underlying values

Despite its heterogeneity regarding the type of member organisations, the Supporters' Alliance almost unanimously supported comprehensive EU smoke-free policy (figure 6.5). Accordingly, the “broad pro-health lobby group[s]” (Cronin) unified support was considered a

key success factor for lobbying, exerting influence over decision makers and pushing the development of the Council Recommendation on smoke-free environments. Several interviewees pointed to the alliance's ability to overcome competition and "*territorialism*" (*public health advocate*), build consensus, reconcile controversies, settle tensions and remain focused on the broader, common aim of achieving comprehensive smoke-free policy as crucial to the alliance's success. Signs of the alliance's unity were the establishment of the SFP and the recognition of its unanimous support for comprehensive EU smoke-free policy by other actors, with smoke-free opponents and decision makers referring to the variety of organisations that supported comprehensive policy as "*a one-issue movement*" (*tobacco industry representative*) representing "*the voice of the health sector*" (*representative of the EC*). The following section explores a variety of reasons why health-related organisations were able to overcome barriers to collaboration and act as a unified alliance.

Perhaps most importantly, members of the Supporters' Alliance seemed to be united around a number of underlying values: a desire to fight the harm caused by tobacco, an agreement about the measures that would be effective in achieving this goal and an opposition to the tobacco industry. Regarding their desire to fight harm to public health, alliance members voiced uniform agreement that tobacco and SHS were harmful and that measures had to be taken to limit the damage. One reason for collaboration seemed to be a common understanding between advocates that tobacco was a health problem that needed to be tackled. Interviewees claimed that the supporters of comprehensive EU smoke-free policy were united by a "*common interest*" (*Cardonne*), "*share[d] vision*" (*Brussels-based European public affairs expert*) and a desire to "*limit the harm caused by tobacco*" (*Brussels-based European public affairs expert*), "*save citizens' lives*" (*Cardonne*) and "*change society for the better*" (*Brussels-based European public affairs expert*). Their commitment to these values seemed to evoke "*a strong sense of a clear call to action*" (*public health advocate*) and motivate alliance members to engage in the policy process.

We want to help, and we are truly involved in tobacco control. We really want to promote health, and health issues. (public health advocate)

Several interview accounts highlighted public health advocates' exceptional dedication and commitment to tobacco control, with one smoke-free opponent voicing a perception that certain people had "*dedicated their lives to the issue*" (*van der Mark*) and several interviewees referring to the "*deep, personal connection to the issue*" (*Brussels-based European public affairs*

expert), the “*passion*” (public health advocate) and “*personal commitment*” (public health advocate) that tobacco control advocates shared.

These shared values were confirmed by the analysis of the submissions of members of the Supporters' Alliance, which almost without exception, mentioned the harmful effects of exposure to SHS (e.g. Action on Smoking and Health England, 2007; Action on Smoking and Health Scotland, 2007; Afectados por el Tabaco/No Fumadores, 2007; European Network for Smoking Prevention, 2007; European Public Health Alliance, 2007; The Dutch Nonsmokers Association Clean Air Nederland, 2007). Some organisations further stressed the specific impact of tobacco on cancer (Dutch Cancer Society, et al., 2007), heart (British Heart Foundation, 2007; European Heart Network, 2007) and respiratory diseases (European Federation of Allergy and Airways Diseases patients' Associations & International Primary Care Respiratory Group, 2007a).

The interview data suggest that, beyond being in agreement about the harms caused by tobacco, advocates had reached consensus about a set of strategies which was perceived as effective in curtailing the tobacco epidemic and whose promotion was thus the focus of their lobbying efforts. Attesting to their shared “*ideas about tobacco control [and] how it's going to be*” (public health advocate), members of the Supporters' Alliance expressed a common aim of making Europe smoke-free, reducing SHS and increasing “*health in all aspects, ranging from prevention and initiation to cessation*” (public health advocate). Interview data suggest that the negotiations of the FCTC had provided health NGOs with an opportunity to build consensus on tobacco control measures and that the FCTC provided a useful set of composite measures with which advocates agreed. The FCTC subsequently helped advocates align their positions and advance common views on various aspects of tobacco control.

[Reaching agreement] is not usually difficult. Especially now with the FCTC, because that is a very strong framework for us. [...] The FCTC is a good blueprint. [...] I mean, it covers most areas. (King)

Mirroring this broader agreement, advocates seemed to have no difficulty in agreeing on a key message regarding the desired scope of EU smoke-free policy. Interviewees reported that they shared “*a unified position on second hand smoke*” (Haglund) and that they had been in unanimous agreement that they needed to call for comprehensive EU smoke-free policy without exemptions.

So the framing of the problem, we were all in agreement about. [...] We wanted 100% smoke-free with no exemptions. And we were [...] very, very clear on that. (Berteletti-Kemp)

The striking support among members of the alliance for comprehensive EU smoke-free policy was evidenced by the vast number of consultation submissions which called for the development and implementation of such policy (e.g. European Network of Quitlines, 2007; German Cancer Research Center, 2007; International Network of Women against Tobacco, 2007; Novartis, 2007; Pulmonary Association Heli, 2007).

In contrast to the public health advocates, who unanimously agreed that exposure to SHS was harmful to health and comprehensive EU smoke-free policy would be effective in curtailing the dangers, several stakeholders with affiliations with the tobacco sector questioned these positions (outlined in detail in section 8.4.1). Perhaps unsurprisingly, given the starkly opposing views of the two alliances, members of the Supporters' Alliance were united in their opposition to the tobacco industry and its representatives. They saw the tobacco industry as *"a clear and tangible enemy"* (Cardonne), and opposition to it as one of the common aims of those working to advance tobacco control in Europe. Members of the Supporters' Alliance expressed the view that tobacco companies were one of the main vectors of the tobacco epidemic. This argument featured prominently in several consultation submissions, with organisations noting the tobacco industry's efforts to increase the uptake of smoking (German Cancer Aid, 2007), their denial of the harms of SHS (European Public Health Alliance, 2007; German Cancer Aid, 2007) and previous industry attempts to undermine effective tobacco control policy (European Public Health Alliance, 2007; German Smokefree Forum, 2007; Smokefree Partnership, 2007; The Dutch Nonsmokers Association Clean Air Nederland, 2007). Interviewees further mentioned that strong tobacco industry opposition and its manifestation as a common enemy reinforced the alliance's awareness of the need for a unified front. One interviewee jokingly admitted that *"maybe the fact that the tobacco companies behaved so outrageously helped to unite us"* (King), and another highlighted that the resistance to tobacco industry interference helped to weld advocates together.

Why [collaboration] works so well is that it's full of very passionate people who generally are pretty united because there is a real sense of the common enemy which is the tobacco industry. (public health advocate)

A factor which seemed to increase public health advocates' willingness to collaborate was the recognition that they had considerably fewer resources at their disposal than *"the brilliantly positioned tobacco industry"* (public health advocate) and were therefore unable to

invest the same money into lobbying, making their success even more dependent on agreement and a joint strategy (interviews with King and another public health advocate).

So we need to be united in what we are prioritising at any one time because we have very limited resources. Also, if there are different voices or different policies being promoted, the opposition will do all they can to exploit that. So it's very important that we can reach an agreed position and agreed policies.
(King)

In a practical sense, their long involvement in tobacco control, common history of collaboration and collective lobbying experience appeared to allow advocates to learn from past experiences, improve their strategy, achieve agreement and coordinate their efforts.

So we've had a heck of a long time to get ourselves organised, really. And I think that [...is...] why it works so well. (public health advocate)

National smoke-free legislation and previous European tobacco control initiatives, including the tobacco advertising directive, were mentioned as particular opportunities which had allowed advocates to refine their approach. Advocates appeared to highly value the fact that they had “learn[ed] to trust” (public health advocate) and were able to rely on each other, and put this down to knowing each other and having worked together. Interviewees reported that, over time, they had developed a basis of good personal and professional relationships which they could build on and benefit from when lobbying for EU smoke-free policy.

I think we were a group of people who, by that point, had been working together for a long time on tobacco control and other health issues sometimes. We knew each other, we trusted each other, we respected each other's judgment. (public health advocate)

7.1.3 Favouring non-binding policy

Despite their success in building a strong consensus around the preferred scope of EU smoke-free policy, interview data suggest that public health advocates were in disagreement about the type of policy option that they favoured. Quantitative network analysis shows that the Supporters' Alliance was almost equally divided into members that opted for binding legislation (n=32) and members that called for a non-binding recommendation (n=27) (figure 7.5). Four members did not clearly state their preference and one organisation favoured voluntary measures. The following section focuses on the disagreement about the favoured policy option and the potential dangers and opportunities that this controversy created for the Supporters' Alliance. Interview data suggest that supporters of binding EU legislation felt that this would aid the development of national smoke-free legislation, whereas the

supporters of non-binding policies opposed legislation on pragmatic grounds, highlighting the complexity of EU public health policymaking.

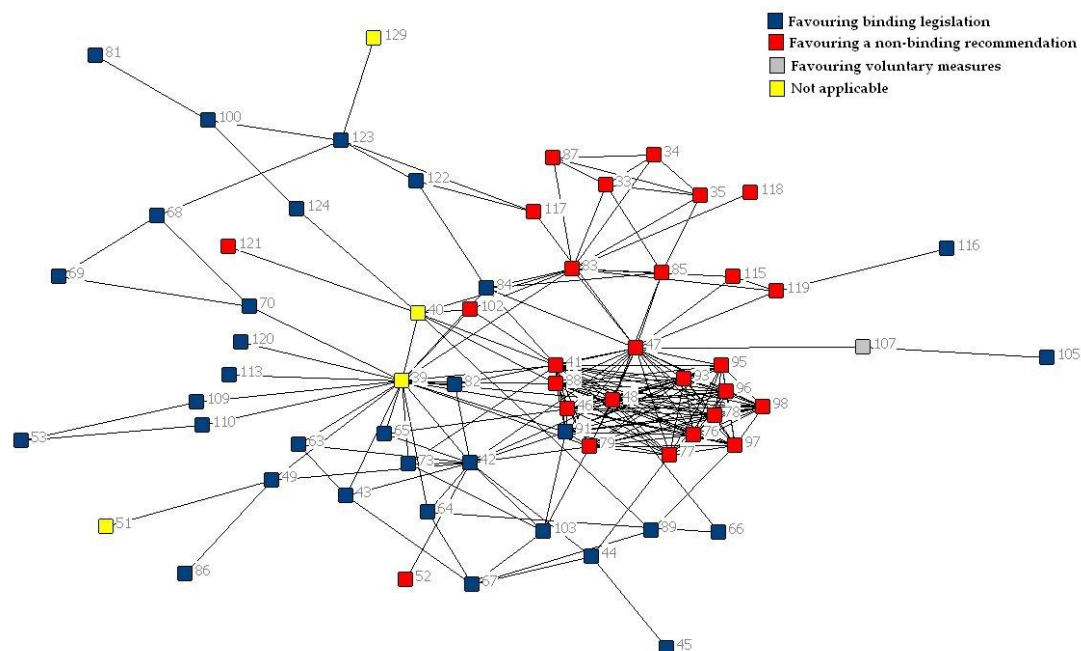


Figure 7.5: Supporters' Alliance, organisation's position on type of policy

Several organisations in the periphery of the network favoured binding EU legislation, whereas a non-binding European recommendation was supported by a number of lead tobacco control actors, including the SFP. This was surprising, considering a non-binding recommendation would contravene the FCTC guidelines for implementation of article 8 and coincided with the preferences of the Opponents' Alliance, whose members almost exclusively supported non-binding measures. While representatives of tobacco manufacturers favoured a recommendation which called upon EU member states to develop smoke-free policies with exemptions, members of the Supporters' Alliance that called for non-binding measures, however, clearly favoured comprehensive smoke-free policy at a national level.

Four main motives seemed to underline the preference of some Supporters' Alliance members for non-binding EU policy. Several supporters based their opposition to binding legislation in their knowledge of the complex EU policy process and the limited mandate of the EU and their experience with the development of previous EU tobacco control policies. They argued that it was important that the initiative was discussed and decided within DG SANCO and not within DG EMPL. Recognising the limited competence of the EU in public

health and the problems that this had caused for the development and implementation of previous EU tobacco control policies (e.g. the TPD), they recognised that binding smoke-free legislation could not be developed and adopted by DG SANCO. They assumed that if they pushed for a directive, the policy initiative was likely to be passed on to EG EMPL, the DG that had the competence to develop binding EU legislation in the area by issuing a directive that dealt with exposure to SHS in the workplace. Public health advocates envisaged DG EMPL following a procedure to develop legislation which gave precedence to the consultation of social partners and would thereby invite tobacco manufacturers, organisations that were affiliated with the tobacco industry and other stakeholders which were less likely to be in favour of comprehensive EU smoke-free policy to control the policy process. Advocates suspected that calling for binding EU legislation risked that the development of the policy would be influenced to a considerable degree by those opposed to regulatory tobacco control measures and a compromise regarding its comprehensiveness and strength. Opting for non-binding EU policy thus seemed to be a way of maintaining the primacy of public health.

I think the concern was that, because there was no health legal basis available to us, which is always the case in tobacco control, that to get a directive, we would have had to have relied on the legal basis for health and safety at work. Which would then have brought it under the remit of DG Employment. And the likelihood seemed to be that, because of the treaty requirements, the three social partners would have been invited to play quite a key role in drafting any directive. [...] We thought that if it was taken forward as a directive, that DG Employment would have been responsible. And this would then have been brought in partners like BusinessEurope who, we know from other studies that Philip Morris and those other companies are extremely close to them and have a lot of links. So it seemed to some of us that if that had happened, we would effectively have been... It would have been like handing the directives over to be drafted by BusinessEurope. And we were not at all happy about that prospect. (public health advocate)

A second argument that advocates put forward against binding EU legislation was the prospect of political opposition that was thought to make strong and comprehensive legislation unlikely. Advocates feared that strong opposition to any binding EU directive would result in the policy proposal being watered down or even rejected. It was believed that the Council of the European Union was more likely to pass a non-binding recommendation that called on member states to adopt comprehensive national smoke-free policies. As illustrated in the following quote from a Swedish civil servant, opposition against binding EU legislation was expected to come not only from member states that were

opposed to comprehensive smoke-free policies, but also from member states with strong sentiments against supranational policymaking and from decision makers that had previously shown a reluctance to interventions by EU institutions into what was considered to be national matters.

But [the Swedish government] didn't want to have a binding directive. They wanted [...] the countries to decide themselves. And that is not because they didn't find the issue important, it is because of the political climate in my country where the people, they are not in favour of the EU. So it's very difficult for any government to give more power to Brussels. (Haglund)

Several public health advocates reported being swayed to support non-binding measures on the basis that binding legislation would be blocked by EU member states that lacked comprehensive national policies and was therefore unlikely to attract a majority vote in the Council of the European Union. An additional concern seemed to be that member states with policies that provided insufficient protection from SHS would be more likely to opt for a directive that would allow exemptions and that negotiations would therefore “lead to a compromise” (Joossens).

The interview data suggest that strategic considerations to support a non-binding recommendation proved relevant in the subsequent policy process. It seemed that by opting for non-binding measures, supporters of comprehensive EU smoke-free policy managed to bypass opposition and maintain policy momentum without attracting major political controversy or exemptions and compromises in the scope of the policy initiative. As soon as it was clear that only a recommendation would be pursued, the initiative seemed to receive relatively limited attention from opponents.

Social partner representative: And then, suddenly, after the stakeholder meeting in early 2008 with DG SANCO, [...] things moved quite quickly. And the recommendation almost went a bit unnoticed. [...] If I, in general, look at the reactions in member states, also from different areas [...], there was suddenly less attention to this decision to make a recommendation.

Weishaar: Less attention from the member states? From organisations?

Social partner representative: Or maybe even individuals.

A third reason for supporters favouring a non-binding recommendation was concern that opting for binding EU legislation would delay the process towards developing national legislation and possibly result in a weaker outcome. Given that several countries were in the process of considering, developing and adopting national smoke-free policies, it was

suspected that the process of developing binding EU legislation would stall these policy processes, resulting in member states suspending their efforts in order to await an EU-level decision and allowing member states that had not taken action to remain hesitant. An interviewee recalled concerns of public health advocates that the EU legislative process *“could result in inertia among member states that have not yet embarked on smoke-free measures as they wait for EU-wide legislation”* (public health advocate). Similarly, another supporter of non-binding measures noted:

So we were concerned that there might be some countries who could quite quickly move to getting their own, fairly comprehensive smoke-free legislation, who might then be told: ‘Well, you have to wait now. We will negotiate at EU level.’ (public health advocate)

A related reason for favouring a non-binding recommendation was concern that EU negotiations would result in a weaker policy outcome, with member states adopting less comprehensive and effective measures than national negotiations would have generated. As the account below illustrates, stakeholders seemed to be aware that the *“lengthy [and] unpredictable”* (public health advocate) EU policy process offered considerable opportunities for negotiation and compromise and was thus more likely to result in weaker policies with exemptions.

The law making process in Europe is always horse trading, it’s compromising here, it’s comprising there. It’s very open to lots of changes and compromises. [...] In Europe, [...] the Commission can propose a bill [...]. But then, there is a lot more shifting of alliances within the European Parliament, within the Council,... So the end product can be very different to the original proposal. And it can therefore be watered down. So [stakeholders anticipated that the end result would not be] the strong FCTC [...] article 8 gold standard. [...] All sorts of things could be brought into the discussion and because of the nature of the EU law making process, the end result of a directive would actually be quite weak. (lobbyist)

The concern that the EU policy process would result in weaker smoke-free policy seemed to be of particular relevance to actors from member states which had already adopted comprehensive smoke-free legislation. Stakeholders from these member states were concerned that *“the whole thing could be reversed in countries going forward”* (Cronin) and weak EU legislation would be used to challenge national legislation. In order to avoid national laws being weakened or challenged retrospectively, these actors prioritised their national-level concerns and tended to opt for non-binding EU policy.

And the reason that we were pushing for a recommendation and not a directive was that by that stage, some countries already had quite strong smoke-free laws. [...] And so our big concern was that [...] we could end up with a weaker

set of measures than we already had in place and that you could have strong national laws having to be weakened. That was one of the key reasons why we sought a recommendation. (King)

Finally, a small number of representatives of European organisations which supported non-binding policies articulated a need for member states to move forward at national level to achieve a political and public climate that favoured the implementation of national smoke-free policy and stressed that each country had to get “ready [and] prepare” (Joossens) before national smoke-free policy could come into effect. They argued that national actors should not rely on the impact of supranational policy because national smoke-free policies could not be achieved via a top-down approach from the EU level.

For smoke-free, you need to have the letter of the law and the spirit of the law. And the spirit of the law can't be, or it's very difficult to have it coming from an inter-governmental body like the EU. You've got to have had parliamentary debates, a strong coalition pushing for it, the media on your side, the public on your side, preparation before the law is introduced and after. And how could you possibly do that at EU level? (Berteletti-Kemp)

Preparing for smoke-free legislation was seen as involving an active process and activity on the part of public health advocates who had to work on changing the local political climate and increasing support for national smoke-free policy. Recalling national advocates' hopes for EU policy to change the national situation, Luk Joossens from the ECL stressed the need for national efforts.

If you impose smoke-free legislation and no preparation, it will be a disaster. [...] Wanting European policies to resolve opposition at national level is] the wrong reason. If you cannot have it at national level, you will not have it at the end also. (Joossens)

Joossens' position contrasted with that of some public health advocates from EU member states with limited or no legal protection from SHS. In line with Princen's observation of venue shopping in the European context (2004), these national advocates hoped that EU smoke-free policy would advance the development and implementation of national legislation.

In the Netherlands, [...] the big discussion was the smoke-free hospitality, bars and restaurants and so on. So for the Netherlands, it was important to get a wider recommendation because of the smoke-free hospitality. The Minister had said: 'Well, we'll do that by self-regulation. [...]' And of course, everybody knew that that was not going to happen. So it was important to get this recommendation on European level, so as to convince the Minister that it was important to do it now, to take it forward. (Prins)

The above analysis shows that members of the Supporters' Alliance were divided over their favoured type of policy option. While highlighting the potential danger of division and

fragmentation (thus increasing the alliance's vulnerability to opposition), the interview data suggest that alliance members were successful in accepting diverging opinions and ultimately focused on their primary, joint aim of achieving comprehensive smoke-free policy. Dissent seemed to be acknowledged, concerns aired and efforts made to *"make sure that everybody was aware of all the issues and all of the concerns and that everybody could be heard on this"* (public health advocate). Interviewees reported that they managed to constructively engage with each other and that disagreement was welcomed as an opportunity to discuss issues, increase awareness of counter-arguments and sharpen one's own reasoning and arguments.

Actually, it's very useful to have different opinions because it generates public discussion and generates discussion so that we can solve the problems. We can find other reasoning why you think it's like this. And we find more arguments. And I think it's really, really useful, and it's very useful to listen to what people have to say. (public health advocate)

Several interviewees raised the importance of counter-arguments for scrutinising one's own arguments and preparing a robust response. The interview data suggest that controversies were particularly valuable in view of the Supporters' Alliance's disengagement with tobacco industry representatives, their primary opponent, and helped to challenge potential conformity and complacency among alliance members.

7.1.4 Strategic pursuit of unity

Interview accounts indicate that collaboration among public health advocates was not simply a result of shared underlying values, but also reflected a strategic and active pursuit of consensus and coalition-building. Advocates were aware that a demonstration of unity was likely to increase their lobbying success and therefore made strategic decisions to *"form alliances in order to persuade policymakers to pursue a particular path"* (lobbyist). Interviewees reported that while public health advocates had disagreed about some issues, they had consciously decided to speak *"in one voice"* (public health advocate) and not make disagreements public. The public health advocates' determination to present a *"united [public] front"* (Prins) and pursue consensus seemed to be stimulated and reinforced by an awareness that the tobacco industry was a strong antagonist and likely to exploit any differences of opinion among the tobacco control community (cf. McDaniel, Smith, & Malone, 2006). Interviewees further articulated that presenting a joint position showed the *"weight of authority and support for some of these measures"* (Sheila Duffy, chief executive ASH Scotland). As the following quote illustrates, alliances among a variety of organisations were

perceived as helpful for convincing decision makers that a request had broad support and was reasonable.

If you have more NGOs, people are more willing to listen that this is [...] not [...] one lunatic organisation that is pushing this forward. That she has found something fabulous – again! Now there are some really, really old, very, very old, seriously-taken organisations that are saying the same. And that’s very important. (public health advocate)

A willingness to collaborate was perceived as enhancing an organisation’s public image. Interviewees reported that working in partnership and showing “*that you involve others [...was...] a lot more effective from an interest representation point of view*” (Breucker) than highlighting an organisation’s individual achievement in an area. Demonstrating unity appeared to be a strategic response to decision makers’ preference for consolidated views when trying to develop policy that could be accepted by stakeholders from 27 EU member states.

[Collaboration] reduces complexity for politics. If politicians have to speak to x single representatives, they speak with everyone a little bit. If the x form clusters, [...] the power of persuasion for politics is disproportionately greater because they say: ‘There are obviously strong interests present because otherwise, they would not join forces.’ [...] So politicians always like these kinds of alliances because they say: ‘Preliminary debates have been held. Positions have been clarified. And [...] they have relieved us of some of the work.’ Because politicians always have to balance the various stakeholders’ interests. And the better they have aligned their interests, the easier it is. (Koch)

Stakeholders reported that they put considerable efforts into collaborating with other actors, discussing the issue, forming alliances and agreeing “*on what sometimes can be a compromise*” (lobbyist) in the hope that EU decision makers would find consolidated opinions more persuasive.

Forming alliances also seemed to be favoured as a strategy for avoiding division and fragmentation among tobacco control advocates. By agreeing on a joint message and “*sing[ing] broadly from the same hymn sheet*” (lobbyist), advocates were able to reduce internal tensions and avoid division into smaller, less effective groups. Given the relatively scarcity of organisations with an interest in EU tobacco control and the need for concentrated lobbying power, it was seen as particularly important to avoid the risk that different stakeholders would “*run to the politician and ask for something different*” (Koch), as illustrated by the following quote from a European advocate.

We didn't want to see the tobacco control movement in the EU, which is already not that strong and there aren't that many people involved, splitting right down the middle. (public health advocate)

Interviewees also stressed the practical benefits of collaboration and the advantages of pooling resources and knowledge, reducing workload and costs and aligning activities.

Interviewees highlighted that doing so increased efficiency and added value to the work that each organisation was doing individually.

The biggest advantage was the fact that we had access to each other. So we could tap in to each other's' resources and each other's knowledge. [...] If you put all the intelligence of the people together it's more than just the sum of all the people who are there. It adds something. (Prins)

7.1.5 The pharmaceutical industry's position in the alliance

As shown in detail in the following section, the relationship between representatives of the pharmaceutical sector and public health advocates provides a striking example of the strategic pursuit of coalition-building. As briefly outlined above, the Association of the European Self-Medication Industry and three pharmaceutical companies (Pfizer, Novartis, and Johnson and Johnson, all of which sold or developed smoking cessation medication and nicotine replacement therapies) supported the development of comprehensive EU smoke-free policy. Moreover, they seemed to be perceived by stakeholders and decision makers as part of the Supporters' Alliance, evidenced, for example, by their participation at the EC stakeholder meeting for health experts, civil society and social partners. Commensurate with this finding and due to their relationships with global and national health NGOs, a Portuguese scientific institution and a British professional organisation⁷⁴, the quantitative network analysis assigned the representatives of the pharmaceutical sector to the Supporters' Alliance. The following section, which analyses the pharmaceutical industry's position in the Supporters' Alliance, largely draws on data from four interviews in which there was detailed discussion of the collaboration between representatives of the pharmaceutical sector and public health advocates. Extensive efforts have been made to triangulate and contextualise these interview accounts using documentary data.

The interview and documentary data suggest that collaboration between public health organisations and pharmaceutical companies was not a sudden occurrence but built on

⁷⁴ According to the quantitative network analysis, Novartis had public relationships with the French Cancer League and the Portuguese Society of Pulmonology and shared citations with the Royal College of Nursing. Pfizer had a public relationship with the GSP and a public and active relationship with the Portuguese Society of Pulmonology. Johnson and Johnson had a public relationship with the GSP and the Association of the European Self-Medication Industry and shared citations with the Royal College of Nursing and ASH Scotland.

previously established partnerships. Representatives of public health organisations and the pharmaceutical sector had run joint policy events on tobacco control in the past, and pharmaceutical companies were among the funding bodies of global, European and national smoke-free alliances (e.g. the GSP (interview with Luk Joossens), the SFP (2012a) and the German National Smokefree Alliance (interview with a public health advocate)). Interviewees recalled that collaboration on the issue of EU smoke-free policy was subsequently initiated by representatives of the pharmaceutical sector who contacted Florence Berteletti-Kemp of the SFP to liaise about the EC consultation, positions that would be taken and potential options for collaboration.

The pharmaceutical industry pushed to get involved in the issue. And they wanted to get involved on the side of the tobacco control community and cooperate with them. (Brussels-based European public affairs expert)

The data indicate that European tobacco control organisations saw major strategic benefits in building alliances with the pharmaceutical sector and that the request for collaboration met with amenable ears on the part of public health advocates. Interview data, however, also suggest that representatives of the pharmaceutical sector were instrumental in initiating the collaboration, clearly pursued a self-interested strategy when approaching the SFP and assumed that being associated with public health advocates would have reputational benefits for them. Interviewees reported that pharmaceutical company representatives hoped that linking up with health NGOs and tobacco control organisations would allow them to position themselves in the debate on EU smoke-free policy as legitimate stakeholders.

Interviewees reported that representatives of the pharmaceutical sector and Brussels-based public health organisations met, exchanged information and draft texts and collaborated in several ways. Compared to the often very informal and largely trust-based collaboration between public health advocates, interview reports suggest that the collaboration between representatives of the pharmaceutical industry and public health organisations was more formalised. Interviewees reported that in order to ensure confidentiality, transparency and a common understanding about the key aspects of the collaboration, rules of interactions were agreed on and meetings were recorded and minuted. Evidenced by the following quote, tobacco control advocates and pharmaceutical industry representatives seemed to value the collaboration because it allowed them to align their positions, develop a common message and enhance their appearance as a united force supporting comprehensive EU smoke-free policy.

Informal cooperation and informal sharing of information, was also very effective in ensuring that we had a common message and that we all understood what each other's point of view were. [...] It was informal cooperation on how we should respond to the consultation, what we should say, which policy option we should go for. (lobbyist)

An example of the tangible outcomes of the collaboration between pharmaceutical companies and public health organisations were dinner debates that were held in the EP, funded by pharmaceutical companies and co-organised with organisations like the SFP, ENQ, the Pharmaceutical Group of the European Union, the Standing Committee of European Doctors and the International Non Governmental Coalition Against Tobacco (GlaxoSmithKline & Novartis, 2008; GlaxoSmithKline et al., 2006). The interview accounts suggest that these events (one titled “Supporting smoke free environments with smoking cessation” in October 2006 (GlaxoSmithKline, et al., 2006) and another titled “From Smoke Free Environments to Smoke Free Citizens – Smoking Cessation, Helping Europe to Quit” on 9 September 2008 (European Network for Smoking Prevention, 2008; GlaxoSmithKline & Novartis, 2008)) were perceived as helpful in bringing stakeholders and decision makers together, facilitating debates and raising awareness about the need for EU smoke-free policy.

The interview data indicate that the benefits of coalition-building between other members of the Supporters’ Alliance applied equally to the collaboration between the pharmaceutical sector and public health advocates. While the interviews indicate that collaboration was perceived as beneficial by both representatives of the pharmaceutical industry and health NGOs, they also suggest significant differences in the ways each party benefited. In addition to appreciating a broadened support base beyond tobacco control, representatives of Brussels-based public health organisations seemed to particularly value the opportunities that industry-funded events provided in terms of participating in the policy process and communicating with key decision makers. For tobacco control advocates, the primary value of collaborating with pharmaceutical companies thus seemed to lie in the additional financial resources and consequent recognition for the support of EU smoke-free policy. For representatives of the pharmaceutical sector, working with civil society organisations on EU smoke-free policy seemed to be an excellent opportunity to enhance their own reputation and push for smoking cessation within broader debates on smoke-free policy. As the following quote illustrates, collaboration with health NGOs allowed pharmaceutical companies to present themselves as supporters of a good cause and members of the tobacco control community whose expertise was needed to achieve

comprehensive tobacco control. It also seemed to shift the focus away from the companies' commercial interests and towards the wider societal benefits of tobacco control.

[Tobacco control and smoking cessation] is actually a very nice thing to work on because [the pharmaceutical company's] commercial interest is, kind of, married to a public health interest as well. [...] So there are some reputational benefits as well, of working on this kind of issue, to show [the pharmaceutical company] as a partner in supporting tobacco control. (lobbyist)

The opportunistic approach of the pharmaceutical industry with regard to collaboration became apparent when contrasting the opinions of pharmaceutical industry representatives with those of public health advocates concerning tobacco industry engagement in the policy debates. Interview data clearly suggest that pharmaceutical industry representatives perceived interactions with tobacco industry representatives as something "less comfortable" (lobbyist) rather than something to which they fundamentally objected. They seemed to welcome the NGO's determination to establish a clear dividing line between supporters and opponents of comprehensive EU smoke-free policy, however, because this distinction replaced the division between industry representatives and civil society. Pharmaceutical representatives therefore joined in the strategy of isolating tobacco industry representatives in policy debates, with the pharmaceutical industry appearing to benefit from this arrangement. The following quote provides evidence that, while still being recognised as commercial actors, being contrasted with the tobacco sector usually resulted in a more favourable assessment of pharmaceutical companies.

Lobbyist: [The pharmaceutical companies] have always worked as "industry on the other side" as it were. [...]
Weishaar: What do you mean by "industry on the other side"?
Lobbyist: Well, [they] are industry and [the tobacco companies] are industry. But [the pharmaceutical companies] are the nice industry, and [the tobacco companies] are the evil industry! [Laughs.]

Events that were run in conjunction with public health organisations were perceived as particularly effective in demonstrating unity between pharmaceutical industry representatives and the tobacco control community. As the following quote illustrates, advocates felt that these events helped to portray pharmaceutical companies as actors that could make a valuable contribution to a comprehensive tobacco control strategy. By putting pharmaceutical companies on the same level as public health advocates and health professionals, these social functions seemed to enhance the pharmaceutical industry's reputation as contributing to tobacco control.

[These co-organised events have] been a very good way of bringing together the different players to show policymakers that this is - okay, companies are interested in it - but also pharmacists, doctors, Smokefree Partnership, the advocates, the health campaigners. And it shows a really strong alliance of the public health community. [...] It makes it more effective towards policymakers [...because...] they can see that this is an issue where everyone needs to play their role. (lobbyist)

In line with this, consultation submissions show that pharmaceutical companies put considerable efforts into emphasising that smoking cessation and the services they provided as developers, marketers and deliverers of smoking cessation products formed an integral part of a comprehensive tobacco control strategy (Association of the European Self-Medication Industry, 2007; Johnson and Johnson, 2007; Novartis, 2007; Pfizer Global Pharmaceuticals, 2007).

The interview and documentary data suggest that, while mutually pursuing and benefiting from collaboration, public health advocates and pharmaceutical industry representatives differed considerably with regard to the interests which drove their engagement in EU smoke-free policy. In contrast to public health advocates (whose core aims were to advance comprehensive smoke-free policies across Europe and reduce the burden caused by tobacco and SHS), the interview data indicate that pharmaceutical companies' engagement in EU smoke-free policy was driven by commercial interests to increase product sales and company profits. Interview data further suggest that representatives of the pharmaceutical sector were aware that their engagement in tobacco control was critically monitored by other political actors and had to be carefully justified. It seemed that experiences of tobacco companies' efforts to interfere with effective tobacco control policy had resulted in public health advocates being careful of other commercial player's conduct and reluctant to engage with industry representatives more generally. As the following interview account illustrates, pharmaceutical representatives needed to tread cautiously with regard to potential partnerships with tobacco control organisations in order to position themselves as acceptable stakeholders, maintain their credibility in the debates and avoid marginalisation.

However, some people in the tobacco control community take this hatred [of the tobacco industry] to such a degree of sometimes paranoia, that they actually lose the sense of perspective. [...] Because the suspicion of the tobacco industry is so strong and it has been heightened to such a degree [...], that then [people in the tobacco control community] also are suspicious of all industry which then includes the pharmaceutical industry. [...] Some people in the tobacco control community would even be reluctant to sit with or talk to

pharmaceutical industry [...]. So [pharmaceutical companies] can then be put back into the same bucket as the tobacco industry, because then the consideration is that the primary consideration [...of pharmaceutical companies...] is making money like the tobacco industry. (lobbyist)

Interview accounts indicate that in order to preserve the opportunity to engage in political debates and avoid drawing attention to potentially vested interests, representatives of the pharmaceutical sector were careful when pushing their commercial interests, made efforts not “to be dominating” (lobbyist) the policy debates and continually tried to balance their aim of influencing the smoking cessation agenda against the broader aim of maintaining their reputation as legitimate and genuine stakeholders in EU smoke-free policy.

While representatives of pharmaceutical companies put considerable efforts into aligning their messages with others in the Supporters' Alliance, a detailed analysis of consultation submissions shows that the pharmaceutical sector focused on smoking cessation and individual-level approaches to tobacco control and thus differed considerably from the public health community's emphasis on population-based legislative measures. Pharmaceutical companies' submissions to the EC consultation described tobacco consumption as a “lifestyle choice” (Johnson and Johnson, 2007, p. 3), put considerable emphasis on highlighting smoking cessation policies as part of smoke-free policy (Association of the European Self-Medication Industry, 2007; Johnson and Johnson, 2007; Novartis, 2007; Pfizer Global Pharmaceuticals, 2007) and portrayed nicotine replacement and other quitting aids as “excellent companions to the introduction of smoke free legislation” (Association of the European Self-Medication Industry, 2007, p. 6). In attempts to support their calls for pharmacological therapies as a flanking measure⁷⁵ to EU smoke-free policy, submissions from the pharmaceutical sector drew attention to relevant research and to FCTC article 14 (which outlines measures concerning tobacco dependence and cessation) (Association of the European Self-Medication Industry, 2007; Johnson and Johnson, 2007; Novartis, 2007; Pfizer Global Pharmaceuticals, 2007).

Such arguments corresponded with those voiced by other actors, with “increased access to cessation therapies (both behavioural and pharmacological)” being previously mentioned in the EC Green Paper (Directorate General Health and Consumers, 2007b, p. 11). The need for cessation policies was further emphasised in the consultation responses of organisations representing doctors (e.g. British Medical Association (2007), British

⁷⁵ In the EU context, the term „flanking measure“ is frequently used to describe a measure which helps to achieve the main objective of a policy.

Psychological Society (2007), German Medical Association (2007)), medical students (e.g. European Medical Students' Association (2007)), pharmacists (e.g. European Pharmaceutical Union (2007), Pharmaceutical Group of the European Union (2007)), pharmaceutical students (e.g. EPSA (2007a)), nurses (e.g. Royal College of Nursing (2007)) and other specialists working in smoking cessation (e.g. ENQ (2007)) and by organisations concerned with particular smoking-related diseases (e.g. European Federation of Allergy and Airways Diseases Patients' Associations (2007a), International Primary Care Respiratory Group (2007a), International Union against Tuberculosis and Lung Disease (2007), German Pulmonology Society (2007)). Calls for smoking cessation were reiterated in the report by the ENVI Committee (2007) and the EP resolution (2007a).

Eventually, the Council Recommendation on smoke-free environments advised member states to complement smoke-free policies with supporting measures and particularly highlighted the need to promote smoking cessation, implement adequate treatment for tobacco dependence and provide information about cessation on cigarette packages (Council of the European Union, 2009b). While the motives for incorporating smoking cessation measures in the final policy document remain unknown, the following interview account suggests that representatives of pharmaceutical companies managed to enter the political discussions, strengthen support for smoking cessation and add a narrative to the debate on EU smoke-free policy.

This recommendation [...] is about smoke-free environments and about implementing the FCTC guidelines on comprehensive smoking bans in public places and workplaces. [...] But [pharmaceutical company representatives] added a new power, you could say a narrative or story about this [...and...] said: '[...] Smoking bans are highly effective for protecting non-smokers to enjoy a smoke-free environment [...]. But they don't do very much, in themselves in isolation; they don't do very much to stop smokers from smoking.' [...] I think [the pharmaceutical companies] were successful in convincing the Commission that the more comprehensive the policy could be, the more effective it could be. So in other words it's [also about] complementary or flanking measures. (lobbyist)

7.2 Collaboration and leadership

The previous section provided an overview of the Supporters' Alliance and explored some of its members, their engagement in the policy process and their role within the alliance in detail. It also analysed the reasons for agreement, collaboration and dissent among members of the alliance. The following section uses quantitative network analysis to illustrate some of

the structural features of the alliance and draws on interview and documentary data to analyse the ways in which alliance members collaborated and interacted.

7.2.1 Modes and content of collaboration

The interview data strongly suggest that the Supporters' Alliance was not simply a network of organisations that were formally linked to each other, but a “*daily living network*” (*public health advocate*) of individuals who were in regular contact with each other. Interview accounts indicate that collaborative European projects (e.g. the European HELP campaign and other EC-funded projects) had frequently provided a first opportunity for individuals to meet and work together and thus seemed instrumental in bringing national actors together and initiating alliances. As the following interview account shows, contacts that had been established as part of such projects were often subsequently maintained, resulting in European networks that could be drawn on later.

The formal networks are more of an entry point into the personal networks. [...] We need the formal networks to really get to know each other and then you start collaborating on issues. When you are collaborating, it gets easier. Then you don't need to go through ENSP or through WHO to contact that person. You contact that person directly and start a collaboration. (public health advocate)

Knowing others who had an interest and worked on similar issues as oneself allowed advocates to discuss and exchange research findings about the epidemiology of SHS, best practice and experience regarding smoke-free policies and intelligence about lobbying for comprehensive smoke-free policy. Joining up and “*sharing messages, information and intelligence*” (*Duffy*) with like-minded organisations was seen as “*vital*” (*Duffy*) to the success of advocates. Members of the Supporters' Alliance communicated via online platforms, e-mail and telephone and directly at conferences, annual general meetings and other events. GlobaLink was repeatedly mentioned by interviewees as a low-threshold option that helped advocates to “*inform [...] each other*” (*public health advocate*), connect with others who had similar interests, identify and access experts on specific topics and tap into a wider pool of expertise for assistance and advice. Given that face to face interaction was often not possible, GlobaLink seemed an especially valuable tool for connecting geographically dispersed actors. Illustrated by the following quote, advocates seemed particularly likely to contact others when they were faced with opposition in lobbying for a certain policy, had questions regarding a specific issue or wanted feedback on aspects of their work.

As for me, I just call and send an e-mail: 'Can you help? I'm in trouble.' Or [...] if I have a report that the tobacco industry is preparing: 'Okay, they are preparing this. Have you seen this? Have they done the same in your country? What did you do? [...] And what do you suggest that we could do? Do you think that this is a good idea?' And testing ideas. (public health advocate)

The interview data suggest that small networks of individuals who knew each other personally and were used to working with each other were particularly important for exchanging information, experience and opinions, whereas semi-formal and formal alliances were more often used to disseminate information and mobilise others to take action. In addition to interactions that were triggered by specific concerns, face to face encounters seemed to be important for refreshing contacts, sharing research findings, experience and information about recent policy developments, having broader discussions and developing collaborations on specific issues. European and World Conferences on Tobacco Control, COPs and INBs were mentioned as crucial meeting points for researchers, academics, advocates and professionals with an interest in effective tobacco control policy.

If you look at network establishment, the FCA has been very strong, because it is the only one which brings together into one room a huge number of NGOs at the same time, in a very intense period. [...] We have been working very closely, especially after the INBs and COPs with the other NGOs in Europe. Because we are actually together for a whole week. (public health advocate)

Interviewees highlighted that meeting other advocates at regular intervals was essential to “not lose track [...] and have [...] the sustainability of knowing: [...] I am going to see the people in the network and I have the chance to discuss this again” (public health advocate). In addition to exchanging information and discussing views on smoke-free policies, the multiple opportunities to communicate with other advocates enabled actors to develop joint positions and coordinate lobbying efforts.

In line with the assumption that active relationships between members of the Supporters' Alliance were proxies for actual collaboration on EU smoke-free policy, alliance members reported that networks had been utilised in the context of lobbying for EU smoke-free policy to generate suggestions for how to respond to the European consultation, mobilise others to submit responses and exchange draft texts and templates. Sharing template responses allowed advocates to “look at it and see, does it fit in with their own ethos or does it need to be slightly amended?” (public health advocate) and thus seemed to allow the sharing of resources and increase the efficiency of individual organisations. Many interviewees highlighted that engaging in networks helped to save time, multiply efforts and make sure that a high number of organisations supported the campaign.

I promised to do the draft so that they could take whatever they want, and add whatever they want, take out whatever they want. So that it was really, in a way, ready-made. [...] Because people are very busy, so it's easy to put it forward when somebody prepares you something. (public health advocate)

The interview data suggest that pre-existing and issue-specific networks (e.g. INWAT Europe or ENQ) lend themselves even more to collaborative action as, due to their specific focus and previous involvement in tobacco control initiatives, members found it easier to establish contact and agree on key messages.

7.2.2 Leadership and coordination

The interview data show that collaboration between supporters of comprehensive EU smoke-free policy was facilitated by a number of advocacy organisations which held strategic positions in the alliance and took the lead in the lobbying campaign at national and European levels. National and European lead organisations seemed to monitor developments in tobacco control, mobilise other actors to get involved, coordinate action, drum up support, draft template responses and keep others informed about deadlines. The interview data indicate that other alliance members trusted lead organisations to be sufficiently informed, filter information and provide strategic direction. A common feature of national and European lead organisations seemed to be that their core remit was usually tobacco, which meant that they were able to spend a considerable proportion of their time and resources on driving forward a tobacco control agenda and coordinating other actors. Lead organisations were perceived by several respondents as crucial for the execution of an effective advocacy strategy.

You can have all the best will in the world, but unless you've got some kind of coordination, it's not going to be effective. (King)

Interviewees were able to identify lead organisations within several EU member states that coordinated action at the national level and kept track of international developments. At a European level, representatives of effective and successful lead organisations were reported to have a good understanding of European tobacco control and of “*the process and how the EU is working*” (Berteletti-Kemp), and seemed able to strategically assess likely support and opposition for a policy initiative. Representatives of lead organisations seemed to carefully consider how best to achieve certain objectives in the EU context before suggesting realistic aims and appropriate lobbying strategies. As the following account of a national public health advocate illustrates, respective leaders were valued for their ability to bring about agreement on strategic compromises while staying true to their underlying values.

Clive [Bates, director of ASH England 1997-2003] was responsible for approaching [European tobacco control] strategically, finally. [...] He approached it from a political point of view. And he set out the line that made it possible to devise a real honest-to-God strategy to make politicians decide in our favour. [...] He looked at what do politicians do, what is important, what is the long-term view, what should we do in order to get to a point and then we can still polish it up by the time we get there. But it's important to get there. How do we do that? (Prins)

When asked about organisations that had been significant leaders in the process of developing EU smoke-free policy, public health advocates repeatedly mentioned the SFP (number 41, figure 7.6) and the ENSP (number 42, figure 7.6). The main role of ENSP seemed to be the dissemination of information about EU policy developments through annual general meetings and via the ENSP newsletter and the facilitation of exchange among its member organisations. SFP, under directorship of Florence Berteletti-Kemp, also seemed to be important in disseminating information, but appeared to fulfil a broader, strategic leadership role within the alliance and was repeatedly acknowledged as driving the agenda, mobilising actors, building new partnerships and providing strategic direction. SFP's position as a lead organisation was evidenced by its commissioning of the report "Lifting the Smokescreen" (Smokefree Partnership, 2006) (which was instrumental in disseminating policy-relevant evidence), its considerable involvement in organising lobbying events (e.g. the launch of the above report in the EP in March 2006 and the dinner debate on smoke-free environments in October 2006 (GlaxoSmithKline, et al., 2006) and the fact that it was approached by representatives of the pharmaceutical sector to discuss opportunities for collaboration with public health advocates. The organisation's exceptional activity and engagement in EU smoke-free policy were affirmed by interviewees who reported that "*most of the work was done [...] by Florence [Berteletti-Kemp, director of SFP]*" (public health advocate).

SFP's prominent position and strategic role was mirrored in the quantitative network analysis, with a high degree centrality score (table 7.2), primarily reflecting a high number of active relationships (n=13) rather than formally established, official partnerships (number of public relationships=6). FCA (number 39, figure 7.6) and EPHA (number 47, figure 7.6) were the only organisations which had higher centrality scores than SFP (table 7.2). FCA's centrality was primarily due to the organisation's large membership (number of public relationships=22) rather than to active relationships with other alliance members (n=1). While EPHA featured 11 public relationships and 14 active relationships and seemed to be considerably involved in active collaboration, none of the interviewees mentioned the

organisation as taking the lead on EU smoke-free policy. The data thus suggest that EPHA was a particularly active participant of the alliance rather than a lead organisation. In line with reports of ENSP being an organisation that focused on its member organisations rather than on building wider alliances, ENSP's centrality score was mainly due to public relationships with other alliance members (n=14), several of which were ENSP members. The organisation's active involvement in the alliance seemed rather limited (number of active relationships=1), resulting in ENSP reaching only rank eight of all actors in the Supporters' Alliance (table 7.2).

Table 7.2: Degree Centrality of the ten most central Supporters' Alliance members

| Name of organisations | Degree Centrality |
|--|-------------------|
| Framework Convention Alliance | 23 |
| European Public Health Alliance* | 23 |
| Smokefree Partnership* | 19 |
| STIVORO | 17 |
| Association of European Cancer Leagues* | 16 |
| European Heart Network* | 16 |
| European Respiratory Society* | 16 |
| European Network for Smoking Prevention* | 15 |
| Dutch Asthma Foundation | 15 |
| German Cancer Research Centre | 15 |

* Organisations maintaining an office in Brussels

The data indicate that several of the organisations that took the lead and were most central in the Supporters' Alliance operated from Brussels-based offices. This finding was mirrored in the quantitative network analysis which showed that six of the ten most central members of the alliance were based in Brussels (table 7.2). The interview data seem to provide an explanation for this phenomenon, with interviewees reporting that the geographical proximity to decision makers allowed organisations to keep "*their finger on the pulse*" (*public health advocate*) and "*be part of the day-to-day business with regard to information and the monitoring process*" (*European tobacco wholesaler representative*). Representatives of Brussels-based organisations emerged as important partners and suppliers of information and strategic advice for member state advocates who had greater difficulty in monitoring and appraising European developments. Several interviewees highlighted that good leadership and guidance from Brussels-based organisations helped member state advocates to tailor and improve their lobbying and increased the efficiency and impact of their work.

Someone has to be up there doing the guidance [...] to the countries: 'Now it's the right time to do this, to write to your ministry. Now it's the right time to talk to your MPs in Brussels.' Someone up there on the Brussels level has to give these instructions to the countries. (Haglund)

Information provided by Brussels-based advocates enabled national advocates to target key decision makers at national level with suitable messages and attempt to influence the EU policy process via the national route. A representative of the EESC highlighted the benefits of “lobbying nation-by-nation and one-by-one” (representative of the EESC) which meant that decision makers were approached in a more personal way and “received the message in the national language” (representative of the EESC). Lobbying via the national route seemed to be particularly important in the later stages of the policy process after the proposal had been passed on to the Council of the European Union. At this stage, the activities of national advocates were reported to be of crucial importance in influencing national representatives who were about to propose amendments to and make decisions about the policy proposal. By aligning messages and coordinating their actions with developments at European level, national advocates were thus able to support their Brussels-based counterparts.

While operating from a Brussels office was seen as a major advantage in engaging with EU policymaking, actors often reported having no other option than to work from offices based in their respective member states. Reasons given included the high cost of maintaining an office in Brussels and the need to monitor national as well as EU policy developments. The following interview account of a tobacco wholesaler representative, which was representative of others, illustrates the difficulty of straddling the boundaries between cost-effectiveness and effective advocacy and the need for making imperfect compromises.

[Being based in an EU member state] has purely financial and logistic reasons. [...] Brussels would mean that we would need a separate office and also separate personnel. And we have hardly any budget. [...] I am paid by [a national association], but I also work on European issues. [...] With the budget restrictions that we have, there is no other way to organise it. So we are a lot more limited in our possibilities than any [actor] that has a representation in Brussels or other interests that all scrimmage in Brussels. (European tobacco wholesaler representative)

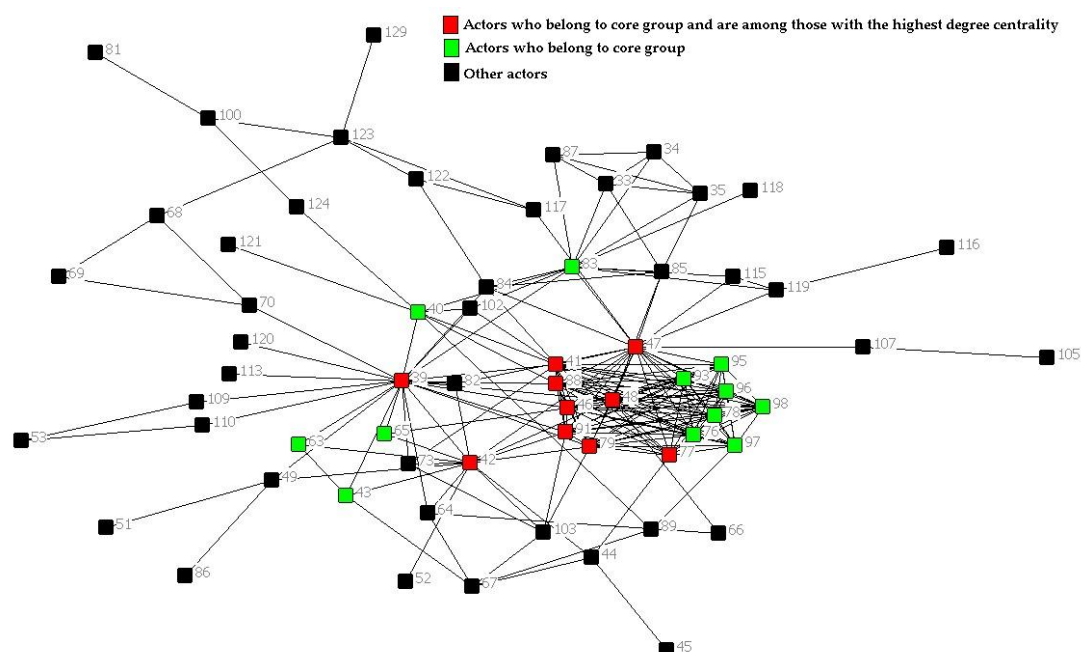


Figure 7.6: Supporters' Alliance, core group actors and actors with high degree centrality

7.2.3 The core group

The quantitative network analysis and the analysis of the interview data suggest that the efforts of the most central actors and particularly SFP to coordinate the alliance and enlist advocates in the campaign were strongly supported by a group of central organisations that were willing to collaborate and align their lobbying strategies (figure 7.6). The quantitative network analysis identified a group of 15 organisations that occupied central positions in the alliance and, evidenced by the strong similarities between their consultation responses, seemed to actively collaborate with each other (figure 6.4). The pivotal position of these organisations was confirmed when a continuous core-periphery model was fitted to the data and the degree of closeness to the core was estimated for each actor (Borgatti & Everett, 1999). This calculation identified the 15 organisations mentioned above and an additional seven organisations as core actors of the Supporters' Alliance (table 7.3).

The core group was formed by organisations focusing on cancer and other tobacco-related diseases ($n=15$) and organisations with a specific tobacco control focus ($n=7$), suggesting that the alliance was steered by actors who had a strong interest in tobacco control and who subsequently managed to recruit other actors whose interest in tobacco was less central to their work (e.g. pharmaceutical companies, general public health advocacy organisations and professional bodies). Mirroring the close exchange between advocates and

researchers that characterised the Supporters' Alliance (section 7.1.1), the core group consisted of health NGOs/health promotion organisations (n=15) and scientific organisations (n=7). The group further comprised organisations with a global (n=2), European (n=7) and member state (n=13) focus, with member state organisations originating from the Netherlands (n=4), Italy (n=3), Germany, Finland, the UK and Spain (n=1 each). The finding that almost two thirds of the core group (n=16) were based in member states and only six members were Brussels-based was indicative of good collaboration between the national and EU level and suggests that national actors occupied crucial roles in advocacy for EU smoke-free policy, despite geographical dispersion.

The strategic role of a core group of actors and their importance in the policy process were confirmed by the interview data. Several interviewees made reference to a European “strategy group” (King and another public health advocate), “a kind of informal group of people who are involved in tobacco control at EU level” (King), which seemed to hold regular teleconference discussions of European policy developments and respective strategies. Interview data suggest the strategy group consisted of those actors identified as core actors or actors with high degree centrality scores⁷⁶. The group was reported to have existed since debates on the EU tobacco advertising directive emerged in the 1990s and was thus a well-established structure of proven value which provided considerable expertise on European tobacco control. Jokingly referring to the “no-smoking elite” (Prins), one interviewee highlighted that personal connections between the members contributed to the successful collaboration and effectiveness of the group.

There was a strategy group in place that was very active behind the scenes. You know there's always been a good cooperation between various people who knew each other very well and who had always been active in everything that had to do with this. So if [...] a subject came up, then these people always used to find each other and even if they were in various organisations. And so it rather has to do with individual persons who dragged the cart forward, so to speak. [...] You know, the 'No-smoking elite', I always say. (Prins)

The interview data indicate that the strategy group members' strong interest in, knowledge of and commitment to tobacco control and their relationships with each other were crucial assets when lobbying for comprehensive EU smoke-free policy. The strategy group provided a forum through which advocates could alert each other to recent developments on the Council Recommendation on smoke-free environments, monitor policy progress, discuss

⁷⁶ SFP, ENSP, ECL, EHN, ERS, ASH UK and CRUK were mentioned by various interviewees as members of the strategy group.

strategies and agree on positions, priorities and actions. The members of the group subsequently appeared to communicate these strategies with other organisations and individuals with which they were linked and tried to enlist other actors in the campaign.

Table 7.3: Supporters' Alliance, core actors

| Number | Name of organisation |
|--------|--|
| 39 | Framework Convention Alliance |
| 40 | Global Smokefree Partnership |
| 41 | Smokefree Partnership* |
| 42 | European Network for Smoking Prevention |
| 43 | International Network of Women Against Tobacco Europe Board |
| 46 | Association of European Cancer Leagues* |
| 47 | European Public Health Alliance* |
| 48 | European Heart Network* |
| 63 | Spanish Association Against Cancer |
| 65 | Cancer Society Finland |
| 76 | Dutch Cancer Society* |
| 77 | Dutch Asthma Foundation* |
| 78 | Netherlands Heart Foundation* |
| 79 | STIVORO* |
| 83 | Action on Smoking and Health England |
| 88 | European Respiratory Society* |
| 91 | German Cancer Research Centre* |
| 93 | Hellenic Thoracic Society* |
| 95 | Italian Society of Respiratory Medicine* |
| 96 | Italian Federation Against Pulmonary Diseases and Tuberculosis* |
| 97 | Italian Interdisciplinary Scientific Association for Research in Lung Disease* |
| 98 | Dutch Society of Pulmonologists* |

* Actors that, in addition to being part of the core group, occupied central positions in the alliance and shared active relationships with each other

7.3 Limitations to effective advocacy

The above analysis suggests that the strategy group, SFP and a number of other organisations were, overall, successful in steering and providing strategic direction to the members of the Supporters' Alliance in the campaign for EU smoke-free policy. The low centralisation of 26.9% in the Supporters' Alliance points to a relatively equal distribution of positional advantages between alliance members. This corresponds with interview data presented in the previous section, which suggest that in the absence of a single, powerful lead organisation, the strategy group seemed to take on the role of alliance leadership, suggesting that a lack of hierarchy fostered a collaborative approach to leadership and

allowed multiple organisations to get involved in the process, share decisions and work collectively. The data, however, also point to a number of factors which seemed to put restraints on the alliance's leadership and ability to influence the policy process, some of which are explored in the following section.

While alliance members generally had a positive assessment of their collaboration on EU smoke-free policy, interview data suggest that the Supporters' Alliance's potential was not fully maximised. While aware of the general debates on EU smoke-free policy, some national public health advocates reported having felt insufficiently informed about EU policy developments, the courses of action that had been taken, the advocacy strategy and the ways in which they could support their counterparts in Brussels and other EU member states. One interviewee, for example, highlighted that more detailed information about the course of events and guidance on a respective lobbying strategy would have enabled her to better support the campaign for EU smoke-free policy.

Weishaar: *What would be the factors that prevent you from engaging in the process [...on European smoke-free policies]?*

Public health advocate: *[...] ENSP or somebody else from European circles, they send an e-mail today and ask: 'Maybe you can reply and comment or do something for tomorrow or within one week.' [...So...] More time, really much more time. And I think we should have had a kind of timetable or some kind of strategy. [...] We didn't have a real, ready-made strategy so that you could see [...]: This is stage one, this is stage two, this is going on and we need your support here and here and here. So we didn't have anything like that.*

Weishaar: *So you didn't know what was going to happen next?*

Public health advocate: *Next, what's going to happen? And if I don't react today, so what is going to happen tomorrow?*

In a similar vein, another interviewee, who headed up a European umbrella organisation, criticised European networks for being "*artificial, very enclosed groups with lives of their own*" (Breucker) which were not sufficiently "*connected to the national structures*" (Breucker) and failed to communicate effectively with member state advocates.

The interview data suggest that the comparatively limited guidance partly reflected the recent creation of the SFP. This meant that while taking the lead on lobbying for EU smoke-free policy, the organisation was in the process of establishing collaborations and

developing communication structures with tobacco control advocates and other like-minded actors at the national level. Several interviewees also highlighted a lack of financial resources as a limitation on the alliance's effectiveness. They complained that EU tobacco control was *"incredibly under-resourced"* (King) and lacked the personnel and financial capacity that was needed to match *"the number of lobbyists for the tobacco industry in Brussels"* (King). As the following account illustrates, individual respondents also criticised civil society organisations for not investing in European advocacy.

Most of those national Heart, Lung, Cancer Societies don't get involved at European level at all. [...] We have very, very limited resources and the European NGOs are not playing their role as they should. So there is very little capacity, I would say, very limited capacity. (King)

As the following account illustrates, lack of resources was seen as a disadvantage for Brussels-based organisations when attempting to manage the alliance, develop their leadership position and capitalise on the resources that were available in EU member states. The lack of European coordination was seen as limiting the impact of tobacco control advocacy.

Tobacco control in the EU is highly under-financed. So it is not as efficient as it could be. The lobbying of the tobacco control activists in the various member states can't really be transported because there is not enough power there. (public health advocate)

While there seemed to be some deficiency regarding EU-level guidance and strategic advice, the data point to a multitude of factors at member state level which further limited effective collaboration and advocacy. Individual interviewees reported that they had been uncertain about the added value of engaging in EU policymaking, but the majority of respondents recognized a need to engage with EU decision makers. As detailed below, the interview data provide evidence of why national advocates, despite being generally interested and willing to contribute to EU advocacy, showed limited engagement.

The interview data show that many national advocates had a limited understanding of EU tobacco control policy, the EU policymaking process and the implications and limitations of EU policies. National advocates admitted that European policy developments were not *"on [their] radar"* (public health advocate) and their knowledge of them was *"a bit rusty"* (public health advocate). Acknowledging their limited understanding of EU policies, they expressed feeling *"overwhelmed"* (public health advocate) by and separated from the European policy process.

My experience of the European process is that it isn't that easy. [...] I think European campaigns tend to [...] happen in the stratosphere for us, and we occasionally have some contact. (Duffy)

Jointly referring to European and global tobacco control developments, a national advocate declared that “the whole international complex [...] remained [...] inaccessible and [...] latently intransparent” (public health advocate). He further expressed frustration about the breadth of information and confusion about the respective value of different international policy documents, highlighting how his lack of understanding about the complexity of international policymaking led to disengagement.

It is at least not completely clear what kind of attempts are made, at what stage of the process the work is currently, what it means for our national work and how successful that is after a certain period of time. [...] Then, the EU sends things that refer to the FCTC, then you get things from the EU that don't refer to anything, or at least it is not obvious that they do, and they come up with something independent.... Until today, I am not clear what this thing [points to the Council Recommendation on smoke-free environments] means. I mean, we have FCTC. What else do we need? Or what is the new thing, the crazy aspect about these Council Recommendations? I don't understand. I don't understand where we are and why one thing has to be pushed forward with a lot of energy and the other does not. It's not clear to me anymore. [...] And if you hear about this and are a bit older, then you lack the motivation to really familiarise yourself with it. (public health advocate)

For advocates whose first language was not English, the above listed difficulties seemed to be exacerbated by the language barrier and by the prospect of having to speak English when engaging in EU policymaking, something many of them perceived as stressful.

Another reason given by several interviewees when prompted about their lack of engagement in the EU policy process was a focus on national tobacco control policy and the constraints that were put on advocates by restricted resources. Acknowledging that they were “pre-occupied with themselves” (public health advocate), national advocates reported a need to “concentrate on getting things done here” (public health advocate) and stressed that any efforts they invested in EU policy were an unpaid addition to their core national or regional concern.

We don't have resources to do European work, so we do it kind of as an extra. (Duffy)

Confirming this, a national tobacco control advocate reported that at the time of the Council Recommendation, she had been busy with lobbying for national smoke-free legislation and was therefore not able to put as much effort into European advocacy as she had wanted.

We were trying to have our smoke-free bars and restaurants and we were fighting for that, and that's why everything else in the world that happened didn't really have any meaning [...]. Not meaning, that is not the correct word. [But] it was so important to have our bars and restaurants smoke-free, and there was no political will. So it was quite a hard fight over that. [...] I was really busy. [...] I had to push, put [my own country] first and then other issues. (public health advocate)

For representatives of small national organisations with a wider public health remit, the problem seemed to be even larger because they not only had to deal with national tobacco control policy but with a multitude of other issues. The interview data suggest that, due to the above barriers to first hand engagement and advocacy on EU tobacco control, the majority of national advocates relied on organisations and particular individuals to stay in touch with policy developments at a EU level. Several interviewees expressed awareness that this situation was unsatisfactory and acknowledged the potential risk of being insufficiently informed and engaged to the degree necessary to achieve advocacy success.

7.4 Discussion

This chapter analysed the alliance of actors that supported comprehensive EU smoke-free policy. It outlined the structure and composition of the alliance, the ways in which actors interacted and their reasons for collaboration. By relating the key findings to previous literature on advocacy coalitions, leadership, collaboration and stakeholder engagement in tobacco control, the following section discusses the relevance of the findings for tobacco control policy.

7.4.1 The Supporters' Alliance – an advocacy coalition?

The data clearly indicate that, despite its heterogeneous membership, the Supporters' Alliance was united around normative beliefs concerning the perceived need to fight public exposure to SHS, the pursuit of comprehensive smoke-free policy as an appropriate public health measure and the conviction that the tobacco industry constituted a major vector of the epidemic. The interviewees' emphasis on advocates' commitment to these beliefs suggests that members of the Supporters' Alliance were united around what Sabatier and Jenkins-Smith (1993b) describe as deep core and policy core beliefs (i.e. basic ontological and normative beliefs and basic normative commitments and causal perceptions about an issue). Emanating from these beliefs, which seemed to be the "glue" (Sabatier, 1998, p. 103) that held alliance members' together, members of the Supporters' Alliance were able to agree on

key messages and strategies, demonstrate unity and push for comprehensive EU smoke-free policy. The analysis shows that there was remarkably little disagreement among alliance members about their main advocacy goals. Some disagreement existed, however, in members' opinions regarding tobacco industry engagement in policy debates, collaboration with representatives of the pharmaceutical industry and the preferred type of policy. The data thus indicate that public health advocates had to overcome underlying tensions and tolerate different opinions on a number of issues in order to achieve strategic unity (see section 7.4.3). Given that previous relationships and experience of collaboration influenced alliance members' interactions on EU smoke-free policy, the data confirm other research which suggests that actors tend to collaborate with actors they already know (Luke & Harris, 2007) and that alliances strengthen over time (Sabatier & Jenkins-Smith, 1993b; Sabatier & Weible, 2007).

The Supporters' Alliance unity was particularly striking when compared with the difficulties of tobacco companies in developing a consolidated, joint position on the issue of EU smoke-free policy (outlined in section 8.7). The strategic approach of European advocates to build support for EU smoke-free policy resembles the "swarm effect" which has been described by Arnott and Willmore (2006) to explain collaboration between tobacco control supporters in the context of smoke-free legislation in the UK, and confirms the importance of unity around and commitment to a key message and agreed strategy when lobbying for tobacco control. It confirms previous work which suggests that unity among coalition members can contribute to advocacy success in tobacco control policy (Arnott, et al., 2007), increases actors' influence on EU policymaking (Bomberg & Peterson, 1998; Coen, 2007; Mahoney, 2007b; Watson & Shackelton, 2008) and is particularly crucial for actors that have limited financial resources at their disposal (Mahoney, 2007b).

In addition to highlighting the importance of coalition-building, the findings presented in this chapter point to the crucial role of experts in the development of EU smoke-free policy and their input into advocacy in terms of providing information and adding credibility to calls for comprehensive EU smoke-free policy. By stressing that researchers, academics and professionals showed notable interest and engagement in the policy process, collaborated actively with advocates and decision makers and occupied strategic roles in the policy network, the analysis presented highlights that experts had an important function within the Supporters' Alliance. The findings thus provide evidence of the relevance of epistemic communities (Haas, 1992). Consisting of experts with specific

knowledge in the development of policies who share fundamental causal beliefs, members of epistemic communities have been found to influence policymaking by linking up with other advocates and using their specific, policy-relevant expertise to gain access to the political system (Haas, 1992).

Research on policymaking suggests that researchers, academics and other actors with an expertise in tobacco control are highly likely to establish links with advocates and decision makers and engage in the development tobacco control policy (Farquharson, 2003; Smith, in press; Warner & Mendez, 2010). Research by Mamudu et al. (2011), for example, indicates that researchers with an interest in tobacco strongly advocated for global tobacco control policy and played crucial roles in the development of the FCTC. Similarly, Warner and Tam (2012, p. 105) highlight the “substantial impact” of research on the adoption of smoke-free policy. While acknowledging the difficulties of attributing the implementation of tobacco control policies to evidence (for a detailed discussion, see Smith, in press), this study provides empirical evidence of the close links between individuals representing scientific institutions, advocates working on smoke-free policy and decision makers with an interest in public health.

The analysis shows that the Supporters’ Alliance showed several features which are characteristic of advocacy coalitions and suggests that Sabatier and Jenkins-Smith’s ACF (1993b) provides a useful concept when analysing the formation and engagement of alliances in EU tobacco control policy. The data, however, indicate that existing concepts of political coalition-building seem to not fully encompass the critical features of the alliance of supporters of comprehensive EU smoke-free policy. Most prominently, such concepts do not sufficiently acknowledge that political actors who engage in the development of policy in a specific venue are part of an international coalition of actors and tend to engage with advocates that work on similar issues in other jurisdictions. The analysis presented in this chapter highlights the transnational, European nature of the alliance of actors that supported comprehensive EU smoke-free policy and stresses that actors collaborated across national borders.

Scholars have developed concepts of coalition-building which take account of the transnational dimension of alliances and the fact that alliances can include actors with global, European and national remits that collaborate with each other. Two of these, Keck and Sikkink’s TAN (1998) and Farquharson’s global advocacy network (GAN) (2003), have previously been applied to the study of tobacco control policy. Both concepts acknowledge

that alliances consist of actors that are based in different countries across the world and tackle domestic and international policy simultaneously. Providing evidence that global, European and national stakeholders were well-connected and collaborated with each other on EU smoke-free policy, this study identifies the usefulness of these concepts in highlighting and analysing the transnational nature of advocacy alliances. The analysis of the alliance of political actors that supported comprehensive EU smoke-free policy suggests that concepts of coalition-building have to account for the fact that in modern forms of governance, actors collaborate across national borders. It also indicates that interactions across national borders might be particularly relevant to EU policymaking.

7.4.2 Leadership in advocacy for comprehensive EU smoke-free policy

In addition to providing insight into the transnational dimension of the Supporters' Alliance, this chapter highlights the need for leadership within advocacy coalitions and suggests that leaders who can disseminate information, understand and explain the complexities of EU policymaking and make strategic decisions are particularly important in the development of EU policy. In line with researchers and advocates who describe Brussels as an "insider's town" (Greenwood, 2003, p. 2) or a "bubble" (Alliance for Lobbying Transparency and Ethics Regulation in the EU, 2010, p. 1), the findings indicate that the complexity of the EU policy process makes it difficult for outsiders to participate in the development of EU public health policy. Actors who are unable to constantly monitor EU developments, e.g. national actors and actors who cannot afford to operate from a Brussels-based office, seem to have difficulties understanding political developments, identifying relevant opportunities to represent their interests and engaging in and exerting influence on EU policymaking. On the other hand, Brussels-based actors often seem to act as mediators and are confronted with the task of "translating Brussels politics" and providing information about the content and timeline of specific policy initiatives and strategic advice. The analysis also suggests that Brussels-based actors tend to occupy crucial positions in alliances which engage in EU policymaking and have the potential to exert power by influencing and guiding those who rely on their expert advice.

In line with these findings and with previous work which suggests that tobacco control coalitions are led by a lead agency or a group of agencies (Arnott, et al., 2007; Arnott & Willmore, 2006; Luke & Harris, 2007), the analysis identifies organisations which took

leadership in European smoke-free policy. In contrast to the leadership of the Opponents' Alliance (section 8.3), the analysis shows that leadership in the Supporters' Alliance was shared among a small number of central actors (including SFP and a number of other actors that were part of the core group and actively exchanged information). It can be assumed that the lack of a prominent, financially well-equipped, central European lead organisation might have led to several organisations and individuals taking responsibility and to the strategy group gaining high strategic importance. The fact that the core group consisted of advocates based in member states and advocates based in Brussels who jointly made decisions about the appropriate advocacy strategy suggests that the alliance was able to benefit from the insider knowledge of Brussels-based advocates as well as from national organisations which disseminated information and had a multiplier function. This double-function of the strategy group appeared to be of particular advantage considering the complexity of EU policymaking and the benefits of jointly pursuing European and national routes of influencing the EU policy process. The close relationships between European and national actors also suggest that geographical dispersion did not prevent collaboration and thus confirm McPherson et al.'s (2001) assumption that proximity is not an essential prerequisite for interaction between actors.

While the analysis corroborates research which highlights how differing opinions among potential allies can threaten the development of coalitions (Mahoney, 2007b; Sabatier, 1998), it also shows that a common aim, an ability to constructively handle disagreement, a strategic decision to present a unified position and good leadership can enable political actors to overcome barriers to coalition-building. Identifying friendship, trust and collaboration among alliance members as specific strengths of the Supporters' Alliance and as key assets among core actors, this chapter further highlights that the leadership and success of the Supporters' Alliance in EU smoke-free policy partially depended on individuals, their commitment and personal contacts.

7.4.3 Consolidating different interests of Alliance members

The analysis clearly shows that members of the Supporters' Alliance were generally united around key values, including a desire to reduce the harm caused by SHS, an agreement that comprehensive EU smoke-free policy would be effective in achieving protection from SHS and an opposition to the tobacco industry. This chapter, however, also highlights the existence of differing underlying values and interests between alliance members and their

resultant disagreement on a number of issues. A critical analysis of the data points to the secondary agendas which different members of the Supporters' Alliance tried to pursue alongside the primary objective of achieving comprehensive EU smoke-free policy. The analysis subtly alludes to the attempts of a number of health NGOs, health promotion organisations and research institutions to draw attention to their specific areas of interest, for example to heart health, pulmonary diseases or research on cancer. The submissions of the pharmaceutical sector and professional organisations, including those representing pharmacists or medical personnel working in the area of smoking cessation, on the other hand, highlight these actors' underlying economic interests in EU smoke-free policy and their attempts to push for respective flanking measures. The discussions on the preferred type of policy option highlight the differing interests between alliance members particularly well, showing, for example, that national representatives were driven by their national interests. Representatives of EU member states which had already implemented strong national smoke-free policies seemed more likely to opt for non-binding EU policy because they feared that a weaker, binding EU policy would risk the reversal of or appeal against strong national policies. Representatives of EU member states with weak smoke-free policies, on the other hand, appeared to seize the EU policy process as an opportunity to exert pressure on national governments to make progress in this area of tobacco control, hoping that they would be able to use binding EU policy as a lever to achieve strong national legislation. The analysis further suggests that the political actions of representatives of Brussels-based organisations and European umbrella organisations were partly driven by their desire to be noticed as relevant actors in the European arena, to justify their existence, increase their public profile and, given that some European organisations received funding from the EC, demonstrate their importance and contribution to the European policy process.

Rather than providing evidence of conflict among the Supporters' Alliance's, such underlying diverging interests further emphasise the ability of alliance members to demonstrate unity despite disagreeing on some issues. The analysis suggests that health-related organisations did not only agree on key underlying values, but were willing to listen to each other's concerns and arguments and discuss the political issue and potential strategies. Recognising that pursuing a joint aim and building a coalition would increase their likelihood of political success, alliance members seemed successful in overcoming disagreement and strategically pursuing unity. The data indicate that alliance members acknowledged each actor's respective role within the overall coalition and recognised that

different actors were able to each make valuable contributions to the political debates and, by adding their particular perspectives, could shed light on different aspects of the problem under debate. While Brussels-based actors, for example, seemed to be valued for providing strategic direction and leadership, national actors were perceived as being crucial when lobbying national decision makers and global umbrella organisations were valued for their efficiency in mobilising broad support. While the interview data do not provide information about the specific reasons for unity, the analysis points to the alliance members' awareness of their limited resources and their perception of the tobacco industry as a joint enemy as factors which contributed to the advocates' ability to overcome disagreement and achieve unity.

7.4.4 Pharmaceutical industry interests in tobacco control

The analysis of the Supporters' Alliance outlined above indicates that the majority of its members, including all core actors, were fully committed to the underlying values of the alliance. The dedication and passion regarding these convictions, however, seemed to be less pronounced among actors that occupied more peripheral positions in the alliance. The most prominent example of this was pharmaceutical companies. Although agreeing to sign up to the primary objective of the Supporters' Alliance of lobbying for comprehensive EU smoke-free policy and shunning representatives of the tobacco industry, the analysis reveals that the engagement of pharmaceutical industry representatives in European smoke-free debates was primarily driven by commercial interests and eventually aimed at maintaining a supportive business environment for selling pharmacotherapy. Their normative beliefs thus seemed to differ from those of the other members of the alliance whose key interest was to increase the health of European citizens and reduce the harm caused by tobacco and SHS. The analysis shows that despite differing values and policy foci, representatives of the pharmaceutical industry and tobacco control advocates built alliances and collaborated on EU smoke-free policy, suggesting that the underlying motives and reasons for this collaboration as well as its effects have to be critically assessed.

The main reason for pharmaceutical companies collaborating with tobacco control advocates seemed to be the anticipated benefit of being affiliated with the Supporters' Alliance. The analysis shows that the pharmaceutical industry's commercial interests did not feature prominently in the debate on EU smoke-free policy and that pharmaceutical companies instead seemed to be successful in positioning themselves as supporters of

tobacco control policy and legitimate stakeholders in the policy debates. Having secured their position as credible actors, pharmaceutical representatives were adept in pushing smoking cessation on the agenda and linking the rationale for respective policies to the alliance's overall objective of comprehensive smoke-free policies. Pharmaceutical industry arguments seemed to particularly resonate with alliance members that had a specific interest in pharmacotherapy and represented respective professional interests, including pharmacists and other medical professions.

While the analysis shows that the pharmaceutical industry's focus on individual-based approaches to tobacco control contrasted starkly with the preference for population-based measures among the majority of the members of the Supporters' Alliance, it also indicates that underlying discrepancies and the potentially contentious role of pharmaceutical companies in tobacco control received relatively limited attention and were not openly discussed. Instead, the relatively uncritical interview accounts (only one interviewee highlighted the different approaches of the pharmaceutical and the civil society sector to tobacco control) suggest that pharmaceutical industry representatives were accepted as collaborating partners and that pharmaceutical industry engagement did not emerge as a matter of dispute in the context of EU smoke-free policy. The analysis suggests that the relative silence might be explained by the fact that pharmaceutical company engagement in EU smoke-free policy had considerable advantages for tobacco control organisations. In addition to increasing the voice of those supporting comprehensive EU smoke-free policy, having pharmaceutical industry support meant that more resources could be invested into interest representation. Aware of these benefits of collaboration, public health advocates seemed to be relatively willing to overlook and less likely to draw attention to the pharmaceutical industry's underlying commercial interests in tobacco control policy.

The literature suggests that the relative silence on the pharmaceutical industry's vested interests in tobacco control policy does not extend to other areas of tobacco control and points to emergent tensions around the contribution of pharmaceutical companies to what has been termed the "medicalisation" of tobacco control (Chapman & MacKenzie, 2010a, p. 2). Medicalisation has been defined as reflecting "a conceptual shift whereby a complex social phenomenon is [...] recognized and understood as a health problem, requiring medical intervention" (Caron, Karkazis, Raffin, Swan, & Koenig, 2005, p. 189). Public health and tobacco control researchers have criticised medicalisation for placing excessive emphasis on individual and biological determinants of a disease, being

reductionist and displacing more holistic perspectives which take account of the social, cultural, environmental and political dimensions of smoking and tobacco control (Caron, et al., 2005; Chapman & MacKenzie, 2010a; Conrad, 1992). Tensions about the medicalisation of tobacco control have become particularly apparent in research that has drawn attention to the “misalignment between the interests of the pharmaceutical industry and those of public health” (Brezis, 2008, p. 83) and in recent debates on harm reduction and assisted and unassisted smoking cessation (Britton, 2009; Chapman & MacKenzie, 2010a; Collin, 2012). Critics of a medicalised approach to tobacco control highlight the pharmaceutical companies’ success in concentrating scientific and public discourse on cessation policies and assisted smoking cessation, their emphasis on funding certain areas of tobacco control and their vested interest in individual- as opposed to population-based approaches (Chapman & MacKenzie, 2010b). Similarly, the findings presented above suggest that by strategically pushing discussions around smoking cessation as flanking measures to EU smoke-free policy, pharmaceutical companies were successful in diverting the public and political focus to assisted smoking cessation, i.e. to an area of tobacco control policy with economic benefits to them.

WHO has recently warned tobacco control advocates to maintain a distance from pharmaceutical companies and avoid the perception that tobacco control is influenced by the interests of the pharmaceutical industry (Rada, 2011). While it might be a step too far to anticipate that collaboration between tobacco control organisations and pharmaceutical companies could result in the pharmaceutical sector becoming the “sugar daddy” of tobacco control, this case study points to a need to critically assess the legitimacy of pharmaceutical companies as stakeholders and their ability to seize tobacco control debates in their interest as well as their subsequent influence on priority-setting in tobacco control policy. Unintended consequences of such developments could include the shift from population-based measures to individual-level, medical approaches within tobacco control. Given that population-based policies, including smoke-free policies, are at least equally, and possibly more cost-effective than pharmacotherapy (World Bank, 1999), political actors with an interest in effective tobacco control policy need to place a firm emphasis on population-based measures and be aware of the interests of pharmaceutical companies to direct the focus to individual-based approaches to tobacco control policy.

8 Opposition to comprehensive EU smoke-free policy

After having explored the overall policy network and the alliance of supporters of comprehensive EU smoke-free policy, this results chapter focuses on those opposing comprehensive EU smoke-free policy. The chapter starts out by describing the Opponents' Alliance and outlining collaboration and leadership among the members of the alliance. It then explores tobacco industry attempts to oppose comprehensive EU smoke-free policy, covering the difficulties that tobacco industry representatives faced, their efforts to critique the scientific evidence and the policy process and their attempts to prevent flanking measures that were included in the final policy document. Aiming to understand why tobacco industry representatives made limited efforts to oppose the Council Recommendation on smoke-free environments, the chapter explores the non-binding nature of the policy, the obstacles that tobacco industry representatives faced when trying to build partnerships and collaboration with other political actors and the resultant relative isolation of the industry. The chapter draws attention to the fact that tobacco manufacturers voiced different opinions about harm reduction as a flanking measure to EU smoke-free policy. The discussion shows that the findings on limited tobacco industry opposition to EU smoke-free policy differ considerably from previous literature on tobacco industry attempts to influence policy. The chapter explores the relevance of the non-binding nature of the policy, the role of the scientific evidence that was available on SHS and smoke-free policies and the diminished credibility of the tobacco industry as potential explanatory variables for the limited engagement of tobacco industry representatives.

Similar to the two previous results chapters, this chapter draws both on quantitative network analysis and the thematic analysis of documentary and interview data. As outlined in section 5.4.2.2, considerable efforts were made to recruit tobacco industry representatives to the interviews. Tobacco industry representatives were, however, often reluctant to be interviewed and three of four tobacco industry representatives that agreed to be interviewed did not want to be recorded. The restrictions of the interview process and the limited availability of written data from interviews meant that I had to largely draw on notes that I had written during or immediately after the interviews when analysing the interviews with tobacco industry representatives. Given that a verbatim transcript could only be produced for a single interview with a tobacco industry representative, the findings can only sporadically be illustrated by interview quotes. The following section therefore includes the perceptions of non-industry actors about tobacco industry engagement in the policy process

and draws on their interview accounts to exemplify some of the findings. The restrictions of the study sample and the resulting fact that this chapter largely relies on the accounts of non-industry actors and tobacco control advocates constitutes a considerable limitation of the findings and the analysis. It means that the perspectives of tobacco control advocates, i.e. the opponents of tobacco industry representatives, and of tobacco industry allies had to be used to fill the evidence gaps that emerged due to the reluctance of tobacco industry representatives to participate in the study. Non-industry actors were only able to provide second hand accounts of industry engagement, raising problems concerning the reliability of the findings. Considering the tendency of political actors to view their opponents as more powerful than they really are (Sabatier & Weible, 2007), it needs to be noted, for example, that tobacco control advocates' accounts might overstate tobacco industry engagement in the development of EU smoke-free policy. Overall, third party accounts might further be influenced by the interviewees' tendencies to portray their own political engagement as successful and effective or to distance themselves from tobacco industry representatives.

While acknowledging these limitations, due to the high rejection rate among the tobacco industry representatives that I had tried to recruit to the study, I had no other choice than build the analysis on interview accounts of non-industry actors. In order to alleviate the limitations of relying on third party accounts for the analysis and back up the limited interview reports, I paid particular attention to the triangulation of the interviews with data from publicly available sources. Aiming to allow the reader to reconstruct the analysis, I made clear whether a particular view was voiced by a tobacco industry representative or another political actor whenever possible. The large majority of previous studies which have investigated tobacco industry engagement in policymaking have not even attempted to collect data from interviews with tobacco industry representatives (a notable exception being Peeters and Gilmore 2012). Despite the outlined limitations, I therefore assess the use of industry interview data to be a particular strength and an important advantage of this study because it allowed me to take the personal views of tobacco industry representatives into account and triangulate them with official data sources and the accounts of other political actors.

8.1 Alliance of actors opposing comprehensive EU smoke-free policy

The quantitative network analysis and the analysis of the interview data clearly identified a group of organisations which opposed comprehensive EU smoke-free policy. In contrast to the Supporters' Alliance (which, as outlined in section 7.1, was composed of multi- and single-issue organisations), all members of the Opponents' Alliance except one were single-issue organisations primarily concerned with tobacco. The alliance was almost entirely composed of tobacco manufacturers and their associations, i.e. of actors that were reliant on tobacco as their main source of income and existence.

Totalling 24 organisations (listed in table 8.1 and graphically depicted in figure 8.1), the Opponents' Alliance included five tobacco companies, eleven national TMAs and four European umbrella organisations representing tobacco manufacturers. While Ritmeester Cigars, Gallaher Norway AS, Gunnar Stenberg AS and two BAT subsidiaries submitted responses to the consultation process, the headquarters of the four tobacco corporations BAT, Gallaher, ITG and JTI which (at the time of the consultation) were members of CECCM put their arguments forward through a joint CECCM response rather than through separate submissions (Confederation of European Community Cigarette Manufacturers, 2007). The major tobacco corporations did therefore not feature prominently in the quantitative analysis of the Opponents' Alliance, resulting in limited opportunity to analyse their structural position and role in the alliance.

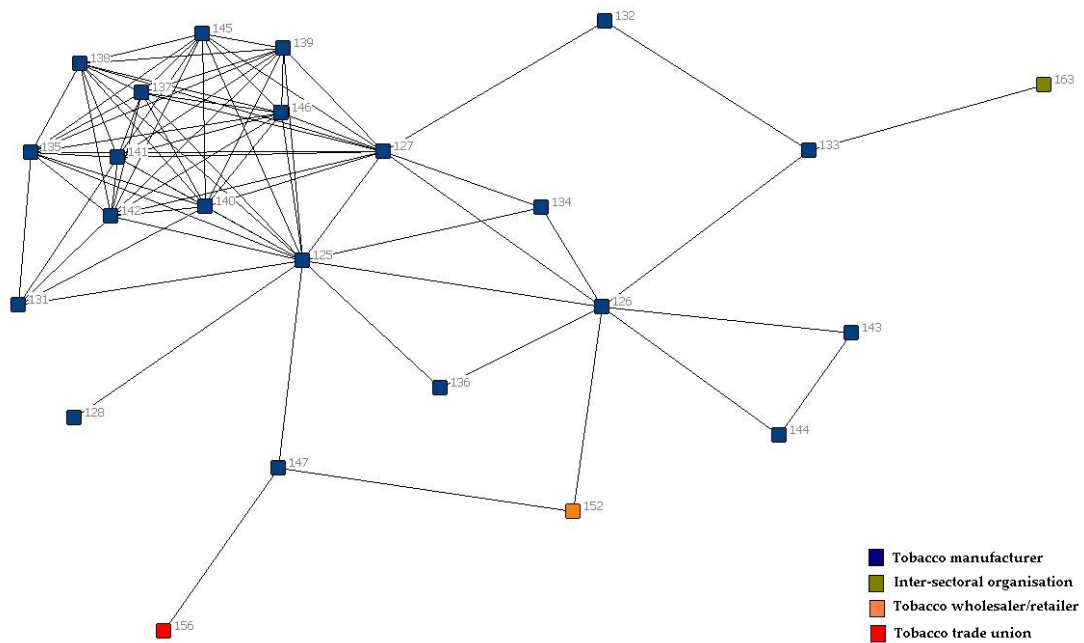


Figure 8.1: Opponents' Alliance, main focus of organisation

In addition to tobacco company representatives, the alliance comprised a UK-based trade organisation representing businesses involved in the importation of tobacco products for distribution, a tobacco trade union and the German trade association BDA (number 163 figure 8.1). In addition to having a public relationship with a German TMA via which it was part of the Opponents' Alliance, the BDA also had a public relationship with a German public health umbrella organisation which was a member of the Supporters' Alliance (see figure 6.6). The BDA did not only occupy an exceptional structural position in the policy network as the only link between the two main subgroups in the network but was also the only member of the Opponents' Alliance whose focus was not solely on tobacco and did not state a clear position on the scope of the policy (figure 8.2). The organisation is therefore not considered in the following description of the Opponents' Alliance. Instead, its position and role in the policy network is analysed in section 8.6.3 below, which focuses on actors that seemed to be affiliated with the Opponents' Alliance but were not identified as such by the social network calculations.

Table 8.1: Opponents' Alliance members

| Number | Organisation type | Acronym | Name of organisation |
|--------|-----------------------------|-----------------|---|
| 125 | Tobacco manufacturer | CECCM | Confederation of European Community Cigarette Manufacturers |
| 126 | Tobacco manufacturer | ECMA | European Cigar Manufacturers Association |
| 127 | Tobacco manufacturer | ESTA | European Smoking Tobacco Association |
| 128 | Tobacco manufacturer | GITES | Groupement des Industries Européennes du Tabac |
| 139 | Tobacco manufacturer | ITMAC IE | Irish Tobacco Manufacturers Advisory Committee |
| 131 | Tobacco manufacturer | BAT CY | British American Tobacco Cyprus |
| 132 | Tobacco manufacturer | VdRI DE | Association of the German Smoking Tobacco Industry |
| 133 | Tobacco manufacturer | BdZ | German Federation Association for the Cigar Industry |
| 134 | Tobacco manufacturer | TMA DK | Tobacco Manufacturers Association of Denmark/Tobaksindustrien |
| 135 | Tobacco manufacturer | TMA EE | Estonian Tobacco Manufacturers Association |
| 138 | Tobacco manufacturer | TMA ES | Hungarian Association of the Tobacco Industry |
| 136 | Tobacco manufacturer | TMA ES | Spanish Association of Tobacco Companies/Asociación Empresarial del Tabaco |
| 137 | Tobacco manufacturer | TMA FI | Finnish Tobacco Industries' Federation |
| 140 | Tobacco manufacturer | TMA LT | Lithuanian Tobacco Manufacturers Association |
| 141 | Tobacco manufacturer | TMA LV | Latvian Tobacco Manufacturers Association |
| 142 | Tobacco manufacturer | BAT MT | British American Tobacco Malta |
| 143 | Tobacco manufacturer | DACI | Dutch Association of Cigar Industry/Nederlandse Vereniging voor de Sigarenindustrie |
| 144 | Tobacco manufacturer | Ritmeester | Ritmeester Cigars |
| 145 | Tobacco manufacturer | Gallaher | Gallaher Norway AS |
| 146 | Tobacco manufacturer | Gunnar Stenberg | Gunnar Stenberg AS |
| 147 | Tobacco manufacturer | TMA UK | Tobacco Manufacturers Association UK |
| 152 | Tobacco wholesaler/retailer | ITPAC UK | Imported Tobacco Products Advisory Council UK |
| 156 | Tobacco trade union | TWA UK | Tobacco Workers' Alliance UK |
| 163 | Inter-sectoral organisation | BDA | Confederation of German Employers' Associations/Bundesvereinigung der deutschen Arbeitgeberverbände |

As indicated in chapter six, all members of the Opponents' Alliance called for what they termed an "EU-wide smoking ban with exemptions" (Confederation of European Community Cigarette Manufacturers, 2007) but, as a detailed analysis of the consultation responses reveals, were united around opposing comprehensive EU smoke-free policy (figure 8.2). The arguments that were put forward to support the call for exemptions were strikingly similar between the members of the alliance, with nine organisations (CECCM, ESTA, BAT Malta, Gallaher and the national TMAs of Estonia, Finland, Hungary, Latvia and Lithuania) submitting exactly the same wording which called for the establishment of designated smoking rooms and the exclusion of certain venues from the policy, including hospitality venues with "a primarily adult clientele and [...] a useable area [of] less than 100m³", private membership clubs, research laboratories and residential places like prisons, care homes and a percentage of hotel rooms (Confederation of European Community Cigarette Manufacturers, 2007). Although worded differently, three cigar manufacturers (ECMA (2007), Ritmeester Cigars (2007) and the Dutch Association of the Cigar Industry (2007) argued for the same exemptions and several other Opponents' Alliance members favoured similar exemptions (e.g. Groupement des Industries Européennes du Tabac, 2007; Regional Union of Tobacco Growers in Grudziadz, 2007b; UK Tobacco Manufacturers Association, 2007).

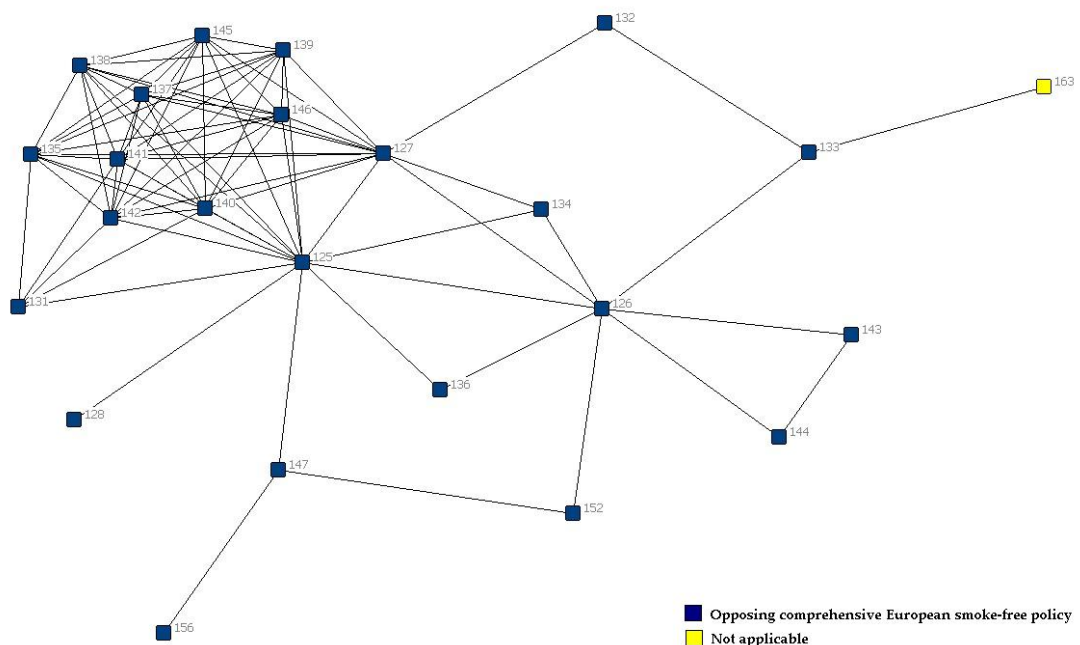


Figure 8.2: Opponents' Alliance, organisation's position on scope of policy

8.2 Collaboration and leadership among members of the Opponents' Alliance

The submissions of Opponents' Alliance members showed several other similarities. Several submissions, for example, stressed the purported need to consider ventilation (e.g. Confederation of European Community Cigarette Manufacturers, 2007; European Cigar Manufacturers Association, 2007; Groupement des Industries Européennes du Tabac, 2007), assess the impact of smoke-free policy (e.g. Asociación Empresarial del Tabaco, 2007; Confederation of European Community Cigarette Manufacturers, 2007; European Cigar Manufacturers Association, 2007), consider the interests of a variety of stakeholders, including tobacco industry representatives (e.g. European Cigar Manufacturers Association, 2007; European Smoking Tobacco Association, 2007; Groupement des Industries Européennes du Tabac, 2007), and ensure that policy would be proportionate and not exceed the EU's competence in public health (e.g. Confederation of European Community Cigarette Manufacturers, 2007; European Cigar Manufacturers Association, 2007; European Smoking Tobacco Association, 2007; The Imported Tobacco Products Advisory Council, 2007; UK Tobacco Manufacturers Association, 2007). The quantitative network analysis suggests that more than half of all alliance members (n=14) exchanged draft texts and collaborated actively on the issue of EU smoke-free policy. A detailed analysis of all active relationships shows that many submissions closely resembled each other. The submissions of CECCM, Gallaher Norway AS, Gunnar Stenberg AS, BAT Cyprus and the TMAs of Estonia, Ireland, Latvia and Lithuania, for example, were almost identical (showing similarities of 96-100%), and the submissions of ESTA, BAT Malta and the TMAs of Finland and Hungary showed similarities of 66-95% with each other and the above organisations. The British TMA and the ITPAC UK were also linked by a moderate active relationship. All other links that were identified between the Opponents' Alliance members were official declarations of partnerships.

Data from interviews with tobacco industry representatives confirm collaboration and highlight that alliance members were united by a commercial interest in tobacco, a stake in EU tobacco control policy and opposition to comprehensive EU smoke-free policy. A tobacco industry representative reported:

We are strongly networked with the other European associations [...]. The information flow is very good [...]. We also have coordination meetings in Brussels where the associations, like tobacco growers, representatives from the retail sector, wholesalers, [...] producer associations whether it be smoking

tobacco, cigars, cigarettes,... With all of them, we have a good network that connects us all. And the whole is led by the producer association CECCM in Brussels. And via this network, a good information exchange takes place. (European tobacco wholesaler representative)

The above quote corroborates the findings of the quantitative network analysis, which show that CECCM (number 125, figure 8.2) worked in partnership with other European TMAs, including ECMA, ESTA and GITES (number 127, figure 8.2). A European tobacco wholesaler representative highlighted that European associations representing the wider tobacco industry had agreed on a common position and made a strategic decision to act in unison.

We sought exchange with these organisations, be it CECCM, ECMA, ESTA, whatever they are called. [...] We had short rounds of agreements regarding the question to what extent we are going to position ourselves [...] and a vote to coordinate ourselves, mainly among the European associations, regarding what we would say. (European tobacco wholesaler representative)

The analysis of the consultation submissions confirms CECCM's crucial role within the Opponents' Alliance and its position as a leader and coordinator. CECCM's lead role, for example, was illustrated by the fact that the organisation was authorised by its company members to speak on their behalf (Confederation of European Community Cigarette Manufacturers, 2007) and that several of CECCM's associate members (i.e. national TMAs) (Confederation of European Community Cigarette Manufacturers, 2012) submitted responses that were identical or very similar to CECCM's submission (e.g. Finnish Tobacco Industries' Federation, 2007; Tobacco Manufacturers Association of Denmark, 2007; UK Tobacco Manufacturers Association, 2007). Tobacco industry representatives highlighted that in order to demonstrate broad support at national level and achieve a "multiplier effect" (European tobacco wholesaler representative), official structures had been used to activate and mobilise actors, with the tobacco manufacturers' joint position being communicated via CECCM to national TMAs. As expected of them, national TMAs followed CECCM's lead and submitted responses that were in line with CECCM's position⁷⁷.

The [national] cigarette association is a member of CECCM and will have to, if in doubt, support CECCM's position. All the European [tobacco manufacturers] headquarters are [also] members of CECCM and agree an international position. [...] Particularly with regard to Brussels legislation, they all support a common, joint statement. (European tobacco wholesaler representative)

⁷⁷ A tobacco industry representative highlighted that, while usually responses had been submitted through national TMAs (i.e. organisations representing the views of several tobacco companies), BAT Malta and Cyprus had submitted individual responses because no TMAs existed in the respective two member states (interview with a tobacco industry representative).

CECCM's centrality score, which was considerably higher than that of the second most central alliance member, ESTA (table 8.2), further confirmed CECCM's central position in the Opponents' Alliance. In contrast to the flat hierarchies and comparatively equal collaboration among core actors of the Supporters' Alliance (see section 7.2), the Opponents' Alliance had a more hierarchical structure, with engagement being less evenly shared among alliance members. The comparatively high centralisation and compactness scores of the Opponents' Alliance (see section 6.2) point to a positional advantage of the most central members of the Opponents' Alliance and a resulting authority that seemed to make it easier for the respective actors to centrally manage the alliance.

Table 8.2: Degree Centrality of the ten most central Opponents' Alliance members

| Name of organisation | Degree Centrality |
|---|-------------------|
| Confederation of European Community Cigarette Manufacturers | 16 |
| European Smoking Tobacco Association | 13 |
| Estonian Tobacco Manufacturers Association | 11 |
| Lithuanian Tobacco Manufacturers Association | 11 |
| Latvian Tobacco Manufacturers Association | 11 |
| British American Tobacco Malta | 11 |
| Finnish Tobacco Industries' Federation | 10 |
| Hungarian Association of Tobacco Industry | 10 |
| Irish Tobacco Manufacturers Advisory Committee | 10 |
| Gallaher Norway AS | 10 |

8.3 Attempts to counter comprehensive EU smoke-free policy

Prompted about their engagement in the development of the Council Recommendation on smoke-free environments in more detail, tobacco industry representatives reported that they had monitored policy developments and exchanged views with each other on the issue of EU smoke-free policy. They also indicated that they had established contact with EC representatives throughout the consultation process, had provided specific information and approached a number of members of the EP, member state representatives and permanent representatives in Brussels on the subject. Tobacco industry representatives, however, highlighted that their involvement in the policy had been limited, that there *"had not been much commitment"* (European tobacco wholesaler representative) on the part of European and national associations and that *"it was not the well-oiled lobbying campaign that you might think it would have been"* (tobacco industry representative). The self-reports of tobacco industry

representatives were corroborated by interviews with public health advocates who reported that tobacco industry lobbying had been very low or “almost none” (*public health advocate*). Comparing the involvement of tobacco industry representatives in the development of the Council Recommendation on smoke-free environments with industry engagement in the revision of the TPD, interviewees highlighted that tobacco industry opposition was reported to be a lot stronger in the latter than in EU smoke-free policy.

When I compare what they seemed to be doing on the smoke-free Council recommendation and what I see them doing now around the revision of the [European tobacco products] directive, we're talking about a completely different ball game. (public health advocate)

The interview and documentary data suggest that tobacco industry representatives refrained from voicing outright opposition against EU smoke-free policy and instead framed their arguments in a way that suggested that they supported EU smoke-free policy in workplaces and selected public places (Confederation of European Community Cigarette Manufacturers, 2007), while suggesting exemptions which would attenuate policies to the point of ineffectiveness. As the following quote by a public health advocate shows, tobacco industry representatives replicated arguments which they had previously raised against comprehensive national smoke-free policies, thereby reducing the amount of preparatory work involved in countering their claims.

My recollection is that [tobacco industry representatives] were trotting out the same arguments that they had trotted out in all the other countries where smoke-free legislation had been enacted. And it was fairly easy to rebut by that time. (public health advocate)

A detailed analysis of the interview and documentary data provides evidence of the strategy that tobacco industry representatives employed to counter the process of developing the Council Recommendation on smoke-free environments, but also of the difficulties they faced when arguing against comprehensive EU smoke-free policy. One of the obstacles that tobacco industry representatives were confronted with was the strong political will to develop a Council Recommendation on smoke-free environments. Tobacco industry representatives argued that decision makers' determination partly originated from European tobacco control policies that had previously been adopted, with EU smoke-free policy constituting the “logical closure” (*tobacco industry representative*) of a European process towards comprehensive tobacco control which had started in the 1980s with the ECAP and included the negotiation of the European advertising ban and the TPD. Mirroring tobacco control advocates' accounts (see section 6.5.2), tobacco industry representatives reported that

political developments at global and national levels had given further impetus to the EC's decisiveness to develop policies in the area of tobacco control. A tobacco company representative referred to the period during which the Council Recommendation was debated as "*FCTC time*" (*tobacco industry representative*) and recalled that DG SANCO had been driven by a desire to take the European lead on smoke-free policy.

8.3.1 Difficulties to counter the scientific evidence

Despite the strong political support for comprehensive EU smoke-free policy, tobacco industry representatives employed a number of tactics to counter the development of the Council Recommendation on smoke-free environments. A prominent tactic of tobacco industry organisations was to argue that the health risks of SHS were "relatively minor" (The Imported Tobacco Products Advisory Council, 2007, p. 1), had not sufficiently been proven (Austrian Smokers Network, 2007; German Federal Association for the Cigar Industry, 2007; Ritmeester Cigars, 2007) or were unfounded (Forces Germany, 2007; Freedom Organisation for the Right to Enjoy Smoking Tobacco, 2007). Stakeholders affiliated with the tobacco industry provided the EC and those conducting the IA with "*studies that claim that there is no harmful impact of environmental tobacco smoke*" (*analyst*) and rejected smoke-free policies as a regulatory response (Austrian Smokers Network, 2007; Forces Germany, 2007; Freedom Organisation for the Right to Enjoy Smoking Tobacco, 2007; German Federal Association for the Cigar Industry, 2007; Ritmeester Cigars, 2007; The Imported Tobacco Products Advisory Council, 2007). Given that tobacco industry representatives had been aware of the overwhelming scientific evidence and the political consensus, the limited opportunities they had to argue against comprehensive EU smoke-free policy and the unlikelihood of the tide turning on the EU policy initiative, their denial of the evidence was particularly surprising. Interview data suggest that the industry's reluctance to publicly acknowledge the detrimental impact of SHS and the effectiveness of comprehensive smoke-free policies was based on the concern that agreeing to the evidence would focus debates on the health aspects of EU smoke-free policy rather than on its economic impacts and encourage decision makers to develop, adopt and implement comprehensive EU smoke-free policy.

Tobacco industry attempts to raise doubts about the scientific evidence seemed to be considerably hampered by "*the hard work done through the years by tobacco control activists and researchers*" (*Cardonne*), which had resulted in "*a strong scientific consensus*" (*King*) and

“conclusive evidence” (Cronin) about the detrimental impact of SHS and the feasibility and effectiveness of comprehensive smoke-free policies. The interviews with public health advocates suggest that the adoption of comprehensive legislation in Ireland and other EU member states played a crucial role in compiling evidence and that national policies were used as examples when arguing for comprehensive EU smoke-free policy. Members of the Supporters’ Alliance highlighted that being able to present national evaluations, which showed that comprehensive national legislation had beneficial health effects, was feasible to implement, met with public support and had no detrimental economic consequences whereas partial policies were ineffective in protecting citizens from exposure to SHS, had helped to fight opposition.

It was very helpful to have Italy and Ireland as examples. The fact that they had implemented comprehensive smoke-free laws and that those laws had worked. [...] To have that evidence, that was really important. (Brussels-based European public affairs expert)

Having lobbied for national legislation further meant that national tobacco control advocates had intensely worked on the issue, compiled evidence and arguments for comprehensive smoke-free policies and were able to draw on respective studies. Their ability to base their arguments in scientific evidence was documented by several consultation submissions which drew on research evaluating member state legislation (e.g. Action on Smoking and Health Finland, 2007; Action on Smoking and Health Scotland, 2007; Association of the European Self-Medication Industry, 2007; Bundesvereinigung für Gesundheit e.V., 2007; European Federation of Allergy and Airways Diseases Patients’ Associations & International Primary Care Respiratory Group, 2007b; European Network for Smoking Prevention, 2007; European Public Health Alliance, 2007; Finnish Heart Association, 2007; International Network of Women against Tobacco, 2007) and argued that EU policy would have similar effects (Generáció 2020 Egyesület, 2007; Portuguese Confederation on Smoking Prevention, 2007; Royal College of Nursing, 2007). Evaluation of partial national legislation, like the Spanish law, seemed to be particularly helpful in drawing attention to the ineffectiveness and shortcomings of policies with exemptions and counter those who supported respective policy options (e.g. Action on Smoking and Health Scotland, 2007; Association of the European Self-Medication Industry, 2007; European Network for Smoking Prevention, 2007; Pfizer Global Pharmaceuticals, 2007). Similarly, a tobacco control advocate from an EU member state that had adopted laws which allowed designated smoking areas highlighted

that her experience with national legislation motivated her to argue even more vigorously for comprehensive EU policy.

As for me, it was very clear what kind of response we have to prepare. We have to have [comprehensive] legislation because we had that experience about our legislation about smoke-free areas and smoking areas. (public health advocate)

Subsequently, most EU decision makers seemed to be persuaded that “it’s a scientifically proven fact that [smoke-free policy] works [...and that it...] would be very strange to argue that it’s a bad thing to do” (representative of the EC).

In addition to being able to present the evidence on smoke-free policies and exploit the political will to develop comprehensive EU smoke-free policy, the experience of tobacco control advocates of campaigning for national smoke-free policy and rebutting opponents’ arguments meant that tobacco industry representatives met with strong opposition when arguing against EU smoke-free policy. Research which exposed the faults of adversarial evidence claiming that comprehensive policies would have a negative economic impact or could be replaced by ventilation and previous tobacco industry strategies to prevent national smoke-free policies was drawn on to counter industry opposition. Public health advocates reported that such evidence had been crucial in terms of rebutting opponents, driving the lobbying campaign and supplying decision makers with the necessary arguments for comprehensive EU smoke-free policy.

I think by that time, we knew a lot, and the Commission, more importantly, knew a lot about the advocacy lobbying tactics of the industry. They knew what they would try and do. They knew the statistics and the arguments that they would try and use. [...] The Commission by that point was better prepared than it had been perhaps when it was undertaking other legislative initiatives for industry lobbying. And there was such a wealth of evidence around the world by then that they didn’t really have a very difficult job to do in rebutting the industry. (public health advocate)

Interview accounts suggest that the wealth of evidence on the harmful effects of SHS, the effectiveness and feasibility of smoke-free policies and the tobacco industry’s misconduct coupled with the strong political will seemed to make it increasingly difficult for opponents, including tobacco industry representatives, to justify opposition and find persuasive arguments against comprehensive EU smoke-free policy. A tobacco industry representative reported that “the train had already left the station” (tobacco industry representative) and that some form of smoke-free policy at EU level had been inevitable. Prompted about the limited engagement of tobacco industry representatives in the development of EU smoke-free

policy, another tobacco industry representative equally acknowledged that it was useless to argue against policy which would protect citizens from exposure to SHS.

We have to admit that we won't be able to argue against the topic of passive smoking. And [regarding that topic] you aren't heard. The topic has been 'worked off'. (European tobacco wholesaler representative)

8.3.2 Criticising the policy process

Aware of the improbability of successfully opposing the initiative on scientific grounds, tobacco industry representatives seemed to focus on complaining about political procedures being handled in an undemocratic manner. Tobacco industry representatives offered “to engage in further discussions”, suggested “dialogue and consultation with all interested stakeholders, including the tobacco sector [...and...] a wide platform process to facilitate discussion” (Confederation of European Community Cigarette Manufacturers, 2007, p. 2) and argued for what they framed as a more inclusive approach to policy development. The data suggest that tobacco industry representatives criticised DG SANCO representatives for their approach to stakeholder consultation and policy development. Mirroring previous calls for forms of IA and policy procedures that would benefit their interests (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010), tobacco industry organisations criticised the IA and raised questions about the rigour of the studies that had been drawn on to substantiate the policy proposal (e.g. European Tobacco Wholesalers Association, 2007; Freedom Organisation for the Right to Enjoy Smoking Tobacco, 2007; German Federal Association for the Cigar Industry, 2007). Referring to the EC's request to stakeholders to rank the five proposed policy options in terms of their social, economic and environmental impact, a tobacco industry representative reported that opponents had argued that the impact of smoke-free policies could not be accurately and comprehensively assessed:

We tried to make clear that we are not able to evaluate that, but that they⁷⁸ would not be able to evaluate that either. [...] It is impossible to assess that and cannot be scientifically documented. (European tobacco wholesaler representative)

Efforts to disrupt the policy process seemed to culminate in July 2008 when tobacco industry representatives, having had no success in placing their argument with DG SANCO representatives, turned to IA Board members based in other DGs to denounce DG SANCO's approach to engaging stakeholders in the IA of the proposed policy. In a letter to Alexander

⁷⁸ I was unable to clearly determine from the context of the interview whether the interviewee referred to representatives of the EC or to other stakeholders who were also asked to rank the proposed policy options.

Italianer (Deputy Secretary General of the EC and Chairman of the EC IA Board), Roberto Zanni (Chairman of CECCM) criticised DG SANCO for the way in which it had developed the policy proposal, conducted the IA and consulted stakeholders (Zanni, 2008). Zanni alleged that “some of the methodological approaches employed in conducting the IA may not be entirely in line with the EU’s IA Guidelines” and questioned whether the IA of the EC’s smoke-free initiative was in agreement with the EC’s Better Regulation strategy and capable of ensuring evidence-based policymaking (Zanni, 2008). The IA Board members’ response to these allegations could not be ascertained.

8.3.3 Opposition in the late policy stages

The interview data suggest that industry activity increased towards the end stages of the policy process, with tobacco company representatives becoming a lot more active shortly before the recommendation was adopted in the Council of the European Union. The sudden increase in activity seemed to be triggered by the inclusion of references to further tobacco control measures, including calls for a revision of the TPD, the assessment of the impact of plain packaging and the introduction of graphic health warning labels, into the original policy proposal (Directorate General Health and Consumers, 2009d). These measures were included into the proposal shortly before its adoption by the Council of the European Union. Interviewees highlighted that, due to the lack of transparency of developments in the Council of the European Union and the fact that decision makers were less accessible, the process of negotiation at this stage of the policy process was less clear and exerting influence on the Council of the European Union was considerably harder than lobbying other EU institutions.

When [the proposal] goes to the Council, the Council is a lot harder to lobby or penetrate the discussions because, first of all they meet in, well not total secrecy, but the meetings are not public. And also the other thing that makes it difficult for us is that normally, it’s experts flying in from 27 capitals. So although there are [...] the permanent national representations who you can go and see [...], the real people you need to get to are dispersed across the European Union and only fly in for the meeting. (lobbyist)

Correspondingly, interviewees were unable to provide detailed information about the later stages of the policy process and about the adoption of the final text. One public health advocate, however, remembered that the ministries of health of two EU member states with strong national tobacco control legislation had been in favour of additional measures being mentioned in the Council Recommendation. As illustrated by the following quote, decision

makers who approved of respective measures were supported by advocates who wanted the final document to refer to such measures in order to keep plain packaging, graphic health warning labels, and the revision of the TPD on the EU's policy agenda.

We all knew that we had to get these kinds of things into this recommendation which is only about smoke-free. But because if we didn't get it into this recommendation, we would lose this issue for years. (Haglund)

Anticipating and wanting to avoid strong tobacco industry opposition on these issues, it seemed that supporters of flanking measures had made strategic decisions about when to raise their suggestions and decided to only argue for their inclusion in the very last stages of the policy process.

Public health advocate: If memory serves me right, it was [two member states] who pushed for that provision on plain packaging. [...]

Weishaar: And do you know whether [...this...] attempt to get plain packaging into the Council recommendation, the fact that it came so late, was that strategy or was that just by chance?

Public health advocate: That was strategic. I think it was strategic. [...] I think it was quite a clever strategic move [...] to insert it at the very last minute, so that the industry wouldn't have too much time to take it out again.

As the following account by a tobacco industry representative illustrates, this strategy seemed to lead to the anticipated success. Having expected that the Council Recommendation on smoke-free environments would exclusively deal with smoke-free policy, opponents of comprehensive EU smoke-free policy reported to have been surprised that other tobacco control measures were mentioned in the document that was voted on in the Council of the European Union.

It got exciting when specific things came up in the Council vote that went beyond those issues for which we thought this recommendation had originally been intended, namely to regulate the issue of passive smoking and non-smokers protection. And it was finally surprising that the question of graphic warning labels was included. Then, the tobacco associations became surely active, with regard to that question. (European tobacco wholesaler representative)

Aware that the additional measures concerned "the question of the reduction of attractiveness and the addictiveness of tobacco products" (European tobacco wholesaler representative), tobacco industry representatives seemed to be considerably more concerned and protested a lot more vehemently against any policies that were aimed at regulating tobacco as a product.

Accordingly, public health advocates recalled *“a huge amount of industry lobbying, [aimed at] trying to keep all mention of plain packaging out of this recommendation”* (public health advocate). The interview data, however, suggest that due to the limited time that was available to lobby against the inclusion of these issues, tobacco industry representatives had not had enough time to persuade national government officials to block the passage of the text in the Council of the European Union.

We could not avoid that topic any more. That was put in with too short notice. And nothing could be done at European level. If [anything could have been done, it could have] only [been done] at member state level. And there, many [national tobacco industry representatives] did not manage to get their governments to adopt a different position. (European tobacco wholesaler representative)

The tobacco industry’s inability to prevent the adoption of the proposed flanking measures was reflected in the vote in the Council of the European Union. While the mention of graphic health warning labels was the reason for Austria, Czech Republic and Slovakia to abstain from the vote, the majority of the Council of the European Union agreed that the outlined measures were to be included in the Council Recommendation on smoke-free environments (Council of the European Union, 2009a).

8.4 Reasons for limited opposition

While the political will, the momentum for smoke-free policies and the resistance from public health advocates against tobacco industry engagement were strong and made it difficult to argue against EU policy, these factors only partially explain why tobacco industry representatives made limited efforts to counter the development of the Council Recommendation on smoke-free environments. Arguably at least as important, the limited competence of the EU to legislate in public health generally and smoke-free policy more specifically meant that tobacco industry organisations did not perceive the initiative as a substantial threat to their business. Tobacco industry representatives reported that they had obtained information about the lack of support for binding EU legislation in the Council of the European Union and were therefore confident that enforceable EU smoke-free legislation would not be adopted. The interview data suggest that as a result, tobacco industry representatives *“were never seriously threatened”* (public health advocate) and able to broadly support the policy initiative. A tobacco industry representative reported:

We never saw the danger [...] that the Commission would issue legally binding legislation, that it would put a unifying device on it and regulate it via a

directive applying to all national states. Because there, the response had always been a very quick 'no-go'. What I heard from the voting committee in the Council was that that was nothing for which a majority could have been obtained. And therefore, we always said something more general, and said that the general idea is acceptable. (European tobacco wholesaler representative)

Similarly, another tobacco industry representative reported that with the proposal moving towards non-binding policy, “the pressure came off the cooker” (van der Mark) and the tobacco industry saw the pending policy as less problematic and more appropriate, resulting in less intense lobbying efforts. Mirroring the tobacco industry’s limited activity and a lack of perception of an imminent legal threat, other actors that opposed comprehensive EU smoke-free policy appeared to equally refrain from scaling up their efforts and publicly opposing the policy initiative. Given that the policy proposal was unlikely to have considerable detrimental consequences, social partners, for example, decided that they did not have to engage in what they called “damage limitation” (social partner representative). A BDA representative reported that the Council Recommendation on smoke-free environments, while calling for the adoption of measures that her organisation was opposed to, had, due to its lack of legal implications, been perceived as non-threatening and thus remained low on the organisation’s list of priorities.

As far as it is only a recommendation, we do not give it the highest priority. As long as it does not lead to additional legal implications for companies, we have reached one of our objectives. If it had been a directive – and it cannot be one because that is determined by the legal base that, as part of health policy and with the approach that the European Commission took, it concerns member state competence – then it would surely have moved up on the agenda with a higher priority for us. (Antje Gerstein, director BDA)

The interview data suggest that stakeholders carefully weighed their decisions to show disapproval and oppose the policy proposal against a broader desire to be perceived as reasonable stakeholders that were generally supportive of EU initiatives. The need for stakeholders, including tobacco industry representatives, to maintain a good reputation with decision makers thus seemed to considerably influence their decisions to counter the development of the Council Recommendation on smoke-free environments.

Another reason for the limited opposition to the policy initiative was a wish to avoid what an industry representative called “over-lobbying” (European tobacco wholesaler representative). Reiterating other interviewees’ comments about the benefits of consolidated responses (section 7.1.4), tobacco industry representatives confirmed that coordinating lobbying efforts between actors with similar positions was important. This seemed to be

particularly the case in view of the “*extreme, concentrated interest representation with regard to the question of tobacco regulation*” (European tobacco wholesaler representative), i.e. the multitude of Brussels-based representatives that pushed for the interests of different parts of the tobacco sector, including individual companies, manufacturers associations, tobacco growers, retailers, wholesalers and other stakeholders. Reiterating the same arguments and approaching decision makers individually was believed to be counter-productive, irritate decision makers and increase opposition to tobacco industry positions. In an attempt to avoid defensive attitudes on the part of decision makers and increase their likelihood of advocacy success, tobacco industry representatives reported that they had aligned positions among each other and collaborated with others who opposed comprehensive EU smoke-free policy.

We are trying to exchange information and to coordinate, so we achieve a common position in one area or another which might then only be communicated via CECCM. And not everyone will try to contact MEPs [members of the EP] or key players like rapporteurs or others, asking for meetings or taking briefings to them. [...] And by now, many think that too much can sometimes be counter-productive. If too many people keep coming with the same old topic, [...] that, in many [people causes] defensive demeanour. If they see or hear something about tobacco, they say: ‘I can’t and don’t want to hear and see it any more. Leave me alone! It’s too much for me.’
(European tobacco wholesaler representative)

8.5 Tobacco company allies

The data presented above demonstrates that the Opponents’ Alliance was clearly dominated by tobacco manufacturers and coordinated by the European association representing BAT, Gallaher, ITG and JTI. Considering the perceived benefits of linking up with like-minded organisations, it comes as a surprise that the quantitative network analysis identified almost no links between tobacco manufacturers and other organisations that opposed comprehensive EU smoke-free policy. The interview data suggest that the quantitative network calculations, which showed only two connections between tobacco manufacturers and stakeholders representing other tobacco industry sectors (the Imported Tobacco Products Advisory Council UK (ITPAC UK) and the Tobacco Workers’ Alliance UK (TWA UK)⁷⁹) and one connection between tobacco manufacturers and the BDA are illustrative of the difficulties that tobacco company representatives faced when trying to build

⁷⁹ The Tobacco Workers’ Alliance represented workers in the UK tobacco manufacturing industry and its major suppliers and was financially supported by the UK TMA (Tobacco tactics, 2013).

partnerships and collaboration with other political actors. Tobacco company representatives reported of a “*fear of association*” (*tobacco industry representative*) on the part of other political actors, which had resulted in “*restricted room for manoeuvre*” (*tobacco industry representative*) and constraints on tobacco company engagement in the policy process.

Table 8.3: Tobacco industry organisations and social partners which emerged as isolates or members of small network components

| Number | Acronym | Name of organisation |
|----------------------------------|----------------|--|
| Tobacco industry organisations | | |
| 130 | PMI | Philip Morris International |
| 148 | ETV | European Tobacco Wholesaler Association |
| 149 | CEDT | European Confederation of Tobacco Retailers |
| 150 | NSO | Dutch interbranch organisation for the tobacco retail trade |
| 151 | BETA | Dutch association of petrol station operators |
| 153 | UTG Grudziadz | Regional Union of Tobacco Growers in Grudziadz |
| 154 | UTG Augustow | Regional Union of Tobacco Growers in Augustow |
| 155 | FZZPPT | Polish Federation of the Trade Unions of the Tobacco Industry Employees |
| 157 | ASN | Austrian Smokers Network |
| 158 | Forces Germany | Forces Germany |
| 159 | HSS | Hungarian Smoker’s Society |
| 160 | FOREST | UK Freedom Organisation for the Right to Enjoy Smoking Tobacco |
| Inter-sectoral organisations | | |
| 161 | UEAPME | Confederation of European Association of Craft, Small and Medium-sized Enterprises |
| 162 | Austrian FCL | Austrian Federal Chamber of Labour |
| 164 | CDI | Confederation of Danish Industries |
| 165 | CEI | Confederation of Hungarian Employers and Industrialists |
| 166 | AEE | Hungarian Association of Entrepreneurs and Employers |
| Hospitality sector organisations | | |
| 167 | EFTAT | European Federation of Food, Agriculture and Tourism Trade Unions |
| 168 | HOTREC | HOTREC - Hotels, Restaurants & Cafés in Europe |
| 169 | FECALON | Federació Catalana de Locals d’Oci Nocturn |
| 170 | TAHC | Trade Association of Hungarian Caterers |
| 171 | Equilibrium | Equilibrium Association |
| 172 | PBA | Polish Bartenders’ Association |
| 173 | ARESP | Associação da Restauração e Similares de Portugal |
| 174 | SLTA | Scottish Licensed Trade Association |
| Financial sector organisations | | |
| 175 | EAFS | Danish Employers Association for the Financial Sector |
| Ventilation sector organisations | | |
| 176 | EATNP | European Alliance for Technical Non-smoker Protection |

12 tobacco industry organisations and 15 social partners, including those representing inter-sectoral interests and the interests of the hospitality, financial and ventilation sector, emerged as isolates or members of smaller network components, i.e. as stakeholders with no

links to the Opponents' Alliance (table 8.3). The detailed analysis of interviews and documents, which provides more detailed information about these actors, challenges the finding that the Opponents' Alliance was comparatively small and tobacco manufacturers were isolated. Instead, documentary and interview data reveal that the majority of these organisations were sympathetic to the tobacco companies' opposition to comprehensive EU smoke-free policy and that several of them collaborated with tobacco company representatives on EU smoke-free policy. The positions of these actors and their connections to tobacco company representatives are described in detail in the following section.

8.5.1 Support from tobacco industry organisations

A provisional analysis of previous literature, documentary and interview data show that at least four of the 12 tobacco industry organisations that had been identified as isolates or members of smaller network components (ETV, CEDT, FOREST and PMI) were linked or had previously had relationships with members of the Opponents' Alliance. Being European umbrella organisations representing other sectors of the tobacco industry, two of these organisations had collaborated with CECCM. Interview data reveal, for example, that the ETV, although counted as an isolate in the quantitative network analysis, cultivated regular working relationships and had actively collaborated on EU smoke-free policy with CECCM and several other organisations that were part of the Opponents' Alliance. Tobacco industry documents further demonstrate that the CEDT had previously worked with other tobacco industry organisations, including CECCM, in efforts to engage with EU institutions on a range of political issues (Philip Morris, 2000).

The documentary and interview data show that the Polish organisations representing the tobacco and hospitality sector (the Polish Federation of the Trade Unions of the Tobacco Industry Employees (2007), the Regional Unions of Tobacco Growers in Grudziadz (2007b) and Augustov (2007), the Polish Bartender Association (2007) and the Equilibrium Association (2007)) were particularly vocal in opposing comprehensive EU smoke-free policy. A tobacco industry strategy paper from 2000 titled "European Union and Tobacco" reveals that Polish-based tobacco companies (including BAT and PMI) and the Polish tobacco growers' association had established a foundation in 1993 to jointly present their interests at the national level (Universal Leaf International, 2000). Tobacco industry documents further suggest that BAT Poland had established contacts with the Polish Bartender Association, with the latter publishing a 1999 article in the Polish BAT magazine

“Clubber” and being commended by the magazine’s editor, BAT’s HORECA Channel Manager Pawel Krolkowski, as an association that BAT should collaborate with (British American Tobacco, 1999). The fact that the consultation submissions of the five Polish organisations advanced the same arguments as members of the Opponents’ Alliance by calling for designated smoking areas in workplaces and for exemptions for the hospitality sector, residential places and private clubs (Equilibrium Association, 2007; Polish Bartender Association, 2007; Polish Federation of the Trade Unions of the Tobacco Industry Employees, 2007; Regional Union of Tobacco Growers in Augustov, 2007; Regional Union of Tobacco Growers in Grudziadz, 2007a) suggests that they shared a common understanding with tobacco manufacturers on the issue of EU smoke-free policy and might have been mobilised by members of the Opponents’ Alliance to engage in the consultation.

Plenty of evidence exists about close links between tobacco manufacturers and FOREST, another tobacco industry organisation that was identified as an isolate in the quantitative network analysis. While claiming to be an autonomous smokers’ rights organisation whose opinions are independent of tobacco industry influence (Freedom Organisation for the Right to Enjoy Smoking Tobacco, 2012; Tobacco tactics, 2012b), FOREST has strong links with tobacco companies (Ely, 1989; Evans, 1982; Smith & Malone, 2007; Thompson, 2012). The fact that FOREST previously concealed its connection with tobacco manufacturers suggests that tobacco companies might provide financial support to other smokers’ rights groups in order to increase the impression of broad and independent public opposition against tobacco control measures. It is thus possible that not only FOREST but also its counterparts in other EU member states that submitted consultation responses (e.g. the Austrian Smokers Network, Forces Germany and the Hungarian Smoker’s Society) might have collaborated with members of the Opponents’ Alliance. Due to the methodological approach taken in this study, such covert links would not be identified through the quantitative network analysis.

8.5.2 Position of the hospitality sector

Documentary evidence suggests that similarly obscure links existed between members of the Opponents’ Alliance and organisations representing the hospitality sector. Research by Dearlove et al. (2002), shows that HOTREC (an actor that emerged as a member of a small network component), while not wanting to be publicly associated with a tobacco manufacturer, had previously accepted tobacco industry funding without publicly declaring

it and collaborated with PMI at European level to counter comprehensive smoke-free policy in the hospitality sector. Building on previous collaboration, the consultation submissions suggest that tobacco manufacturers saw organisations representing the hospitality industry as potential partners in the fight against comprehensive EU smoke-free policy. ECMA's submission, for example, highlighted the impact that regulation would have on the hospitality sector and asked the EC to consult with the respective organisations (European Cigar Manufacturers Association, 2007). According to an interview with a social partner representative, representatives of the tobacco and hospitality industry had met to discuss their respective engagement and coordinate their activities regarding the development of the Council Recommendation on smoke-free environments. Hospitality sector representatives, however, seemed to be keen to keep a distance and make sure that their own position differed from that of the tobacco manufacturers and mirrored the organisation's broader membership.

Yes, surely we speak with [tobacco companies] and exchange information and opinions. We do that. That is no secret, and we do that. [...] They tell us what they criticise and what their position is, and we tell them what our submission looks like. And for us, it is important that we have our own submission, also because we represent other sectors. We cannot adopt the same position and we do not want to do that. We think that it is very, very important that we submit our own position. (social partner representative)

The interview data confirm the findings from the quantitative network analysis which identified public relationships between EFFAT, HOTREC, the Associação da Restauração e Similares de Portugal (ARESP, a representative of the restaurant, café, bar, and discothèque sector in Portugal) and the European Association of Craft, Small and Medium-Sized Enterprises (UEAPME). The data are indicative of interaction between different hospitality sector organisations, a hospitality sector opposition to comprehensive EU smoke-free policy and a general willingness on the part of the hospitality industry to collaborate with tobacco industry representatives (Associação da Restauração e Similares de Portugal, 2007; European Association of Craft Small and Medium-sized Enterprises, 2007; European Federation of Food Agriculture and Tourism Trade Unions, 2007; Hotels Restaurants & Cafés in Europe, 2007).

Despite the general sentiment against EU smoke-free policy, documentary and interview data indicate that hospitality organisations did not emerge as strong actors in the policy process or as powerful tobacco industry partners. Asked about collaboration between tobacco companies and organisations representing the hospitality industry, a tobacco

industry representative highlighted that HOTREC had been “*between a rock and a hard place*” (*tobacco industry representative*) because it had needed to balance the views of members that wanted to oppose the policy initiative (usually HOTREC members representing member states with no or partial national legislation) and those that objected to HOTREC countering the initiative (usually organisations representing member states that had already adopted national smoke-free legislation). It seemed that this internal struggle had prevented HOTREC from strongly opposing EU smoke-free policy and instead led to HOTREC arguing for the maintenance of the status quo (Hotels Restaurants & Cafés in Europe, 2007).

While HOTREC as a European umbrella association seemed to find it difficult to agree on opposing EU action, documentary data indicate that national organisations representing the hospitality sector, including ARESP (2007), the Federació Catalana de Locals d’Oci Nocturn (a Spanish organisation representing the nightlife and entertainment industry (2007)), the Trade Association of Hungarian Caterers (a Hungarian Organisation of hospitality industry employers (2007)) and the Scottish Licensed Trade Association (SLTA, a Scottish organisation representing publicans, hoteliers, restaurateurs, entertainment venues, clubs, and licensed grocers in Scotland (2007)), were more vocal in opposing the European initiative. The SLTA (which was identified as an isolate in the quantitative network analysis) had been contacted by representatives of the UK TMA in 2000 in an attempt to counter restrictions of smoking in Scottish workplaces (Corporate Responsibility Consulting, 2000) and had subsequently collaborated with tobacco companies in vociferously opposing Scottish smoke-free policy (Harrison & Hurst, 2005). The SLTA’s submission to the EC consultation (2007), which reiterated arguments that the organisation had previously expressed in the Scottish context (Harrison & Hurst, 2005), shows that SLTA continued to support the tobacco companies’ position on smoke-free policy.

8.5.3 Other industries and trade associations

The documentary and interview data indicate that social partners and European umbrella associations were generally supportive of tobacco industry positions and willing to interact with tobacco industry representatives on EU smoke-free policy. The interview data, for example, suggest that representatives of BusinessEurope (an organisation representing industry associations across Europe), the European Trade Union Confederation, the EATNP, EFFAT and BDA had all been in contact with representatives of tobacco manufacturers. An analysis of submissions to the EC consultation (n=16) further shows that social partners

either expressed general reservations about the policy initiative (n=10) or supported EU smoke-free policy with exemptions (n=6). The overwhelming majority (n=13) called on the EC to maintain the status quo or develop voluntary measures, with none of the social partners opting for binding EU legislation.

The data, however, also suggest that European umbrella associations representing certain industry sectors (like HOTREC or EATNP) and social partners representing employers or employees (like UEAPME, EFFAT or BusinessEurope) were faced with particular difficulties when developing a position on EU smoke-free policy. The membership and statutes of European umbrella organisations often obliged them to consolidate the different positions and views of a multitude of actors, which frequently seemed to result in controversial negotiations and considerable difficulties to develop consensus. A representative of an umbrella organisation admitted that *“always hav[ing] to coordinate things with everyone”* and building compromise between a heterogeneous membership often led to *“very general and sometimes [...] non-committal”* (public health advocate) positions. In addition to having to consolidate the views of their national members, European umbrella organisations were part of a network of European organisations with whom they tried to collaborate. The interview data suggest that coming to an agreement was often not easy and that at European level, *“the process of building consensus is a bit more complex because sometimes there are national interests that oppose each other”* (Gerstein). Mirroring this complexity, a social partner representative reported that she had struggled *“to kind of find a middle ground [because] some members would have liked us to have gone much further [in opposing the initiative whereas] others would have liked to have been much more positive”* (social partner representative). One of the additional problems seemed to be that European organisations were carefully trying to present themselves as constructive stakeholders in the European policy arena and as actors that cared for social issues and were supportive of the European idea more generally. The following quote provides evidence that some social partners had decided to generally endorse the proposal although this included a compromise regarding an organisation’s opposition to European regulation.

Although obviously we are not in favour of any EU level legislation on this, I think we do say that member states should be encouraged [...] to take steps in the direction of [...] reducing exposure to second-hand smoke in the workplace etc. So we’re not so extreme. [...] If we put ourselves in a really far position, then I just don’t think it would be good for our image, generally, as kind of progressive employers and also understanding of workers’ needs and the public health dimension. [...] We don’t want to appear [...] to be part of a kind of old-

school, old type of business. We want to [...] reflect the reality of companies. That companies are obviously innovative, they are developing. To be modern, not to look like a kind of old-school style organisation that only has very definite negative opinions about things. Yes, it's not good to appear [like that] at European level. [...] Because it's important in terms of how you place yourself in the kind of bigger political debates. At the end of the day, things like this can always have an impact on that as well. (social partner representative)

While balancing different positions and building a compromise seemed to present a major challenge for European umbrella associations and social partners, it also seemed to provide an opportunity to present a unified position which potentially carried more political weight than the view of an individual organisation or company. Interviewees reported that a consensual, positive position was advantageous when lobbying decision makers who were pressed to find compromises that could be supported by a majority, and even more useful when decision makers were unable to agree on a policy.

The EATNP provided a particularly interesting example of a stakeholder that tried to occupy the middle ground in the debates on EU smoke-free policy. While the quantitative network analysis identified the association as an outlier with no links to any of the other political actors, the interview data suggest that the organisation had relationships with tobacco industry representatives and *“very much seemed to take the [tobacco] industry side”* (representative of the EC) on EU smoke-free policy. The EATNP's connection with tobacco industry representatives was unsurprising given the tobacco industry's previous engagement in debates and standards of ventilation technologies (Campaign for Tobacco-free kids, 2013; Dearlove, et al., 2002) and the apparent potential benefit of jointly arguing for ventilation. The interview with the representative of the EATNP, however, showed that the EATNP was keen to situate itself as occupying an intermediary position between the supporters and opponents of EU smoke-free policy.

We would, basically, be situated right in the middle. We are obviously close to the cigarette industry because we create an island where the cigarette industry can still market its products. And we are very close to the NGOs because we guarantee non-smoker protection for all non-smokers. (Koch)

The EATNP representative stressed that this *“unique position”* as neither tobacco industry nor NGO presented *“a very exciting situation for a lobbyist”* because it implied the potential to *“present the ideal line for compromise [...] and [...] the smallest common denominator for all parties involved”* (Koch).

The interviews show that, while generally opposed to comprehensive EU smoke-free policy and willing to interact with tobacco company representatives, social partners and

representatives of other industry sectors had strong concerns about being publicly associated with tobacco industry representatives. The interview data indicate that organisations representing other industries, employers and trade tried to distance themselves from the tobacco industry, showed reluctance to vociferously oppose comprehensive EU smoke-free policy and put considerable efforts into presenting themselves as organisations which took a “balanced” (*social partner representative*) position on the issue. Similarly, a representative of an umbrella organisation which had tobacco company members was eager to highlight that the tobacco industry members did not “*punch above their weight*” and that the organisation was “*not there only to represent the tobacco industry [...but a...] cross-industry representative*” (*social partner representative*).

Other industry representatives showed reluctance to openly collaborate with tobacco industry representatives, with a representative of the ventilation industry stating that some members of the EATNP refused any contact with the tobacco industry because “*they want to avoid that they are, from an image point of view, shuffled onto the side of the cigarette industry*” (*Koch*). The interview data, however, show that EATNP attempts to avoid being associated with tobacco manufacturers had not been successful and that members of the Supporters’ Alliance had treated ventilation industry representatives with a high degree of suspicion. The EATNP representative reported that attending a joint stakeholder meeting with tobacco industry representatives and being perceived as tobacco industry partners had put considerable constraints on ventilation industry representatives regarding collaboration and partnerships with actors whose aim was to protect citizens from SHS.

The Commission has bundled us into a common hearing and the NGOs into the other. And the NGOs will automatically say: ‘They belong to the tobacco industry. Why would they otherwise have been in the tobacco industry meeting?’ [...And] that corrupts our communication line to the NGOs. The acceptance of the NGOs and our ability to communicate with them would have been disproportionately greater if we had been in the NGO meeting. (Koch)

Reflecting such reluctance to engage with tobacco company representatives, tobacco industry attempts to build collaboration with other political actors on EU smoke-free policy had frequently been rejected. Tobacco company representatives reported that they had tried to recruit representatives of the alcohol industry to smoke-free policy debates by highlighting that a respective policy would have a detrimental economic impact on the alcohol industry and drive consumers to switch from on trade to off trade drinking. They, however, also had to acknowledge that their efforts had met with no success because alcohol

industry representatives did not want to be associated with the tobacco industry and feared that such collaboration would lead to the acceleration of alcohol regulation.

8.6 Tobacco companies' struggle with isolation and disagreement

In addition to showing that tobacco industry representatives frequently met with reluctance and rejection when trying to recruit allies to the debate, the interview and documentary data indicate that tobacco companies struggled to align their positions amongst themselves and advance a unified tobacco industry response. While BAT, Gallaher, ITG and JTI were able to agree on an opinion (evidenced by their joint consultation submission via CECCM), PMI submitted a separate consultation response. Whether the tobacco companies' differing positions on smoke-free policy contributed to PMI's decision to leave CECCM in 2006 (Tobacco tactics, 2012a) remains subject to speculation. The submission of separate consultation responses, however, clearly demonstrates a lack of agreement among the major tobacco manufacturers on EU smoke-free policy. While the responses of both CECCM and PMI highlighted the need for exemptions in the hospitality sector, a detailed analysis of the consultation submissions points to a number of aspects which tobacco companies disagreed on. By supporting "a total smoking ban [...] in general public indoor spaces, such as stores, banks, hospitals, public buildings, and public transportation" (Philip Morris International, 2007, p. 1), PMI's submission clearly exceeded CECCM's position (which stressed that policies should allow employers to set aside "physically separated, ventilated designated parts of [the] premises, where adults who choose to smoke may continue to do so" (Confederation of European Community Cigarette Manufacturers, 2007, p. 1). Perhaps more significantly, the submissions differed with regard to harm reduction, an issue which CECCM was silent about but played a prominent role in PMI's response. PMI (2007, p. 1) called upon decision makers to consider the benefits of harm reduction products when contemplating smoke-free policy and suggested that exemptions to EU smoke-free policy could be "based on the nature of the product", with consumption being restricted to products that did not burn tobacco and thus produced significantly less SHS.

Mirroring PMI's submission, the interview data indicate that tobacco companies perceived the debates on EU smoke-free policy as an opportunity to instigate, join and frame debates on harm reduction and smokeless tobacco products (interview with a tobacco industry representative). Assuming that tobacco companies had to develop alternative

business strategies and diversify their product range, one interviewee reported that tobacco industry lobbying in the EU had increasingly focused on harm reduction, snus and other non-combustible tobacco products. The interviewee speculated that tobacco companies saw harm reduction as a way to alleviate the negative economic impact of declining smoking prevalence in the EU and thus put considerable efforts into questioning the ban on snus across the EU and pushed debates on harm reduction. One of the tactics that tobacco company representatives seemed to use in this context was to portray smokeless tobacco as a healthier alternative to cigarettes.

Because of all the public health awareness, [tobacco consumption] has started to decline significantly. [Tobacco companies] are now looking how to diversify. And they want to introduce new products and market new products which are less harmful... [...] They really want to push snus. [...] They really invest a lot of hope in being able to bring this to the market in Europe. But they're stopped by the fact that there is a ban on snus. [...] So everything the tobacco industry has been doing in the last few years is [...] trying to find as many policy hooks as they can, including [the Council Recommendation on smoke-free environments], in order to build up support for snus as a safer alternative or even as a kind of a smoking cessation aid. (lobbyist)

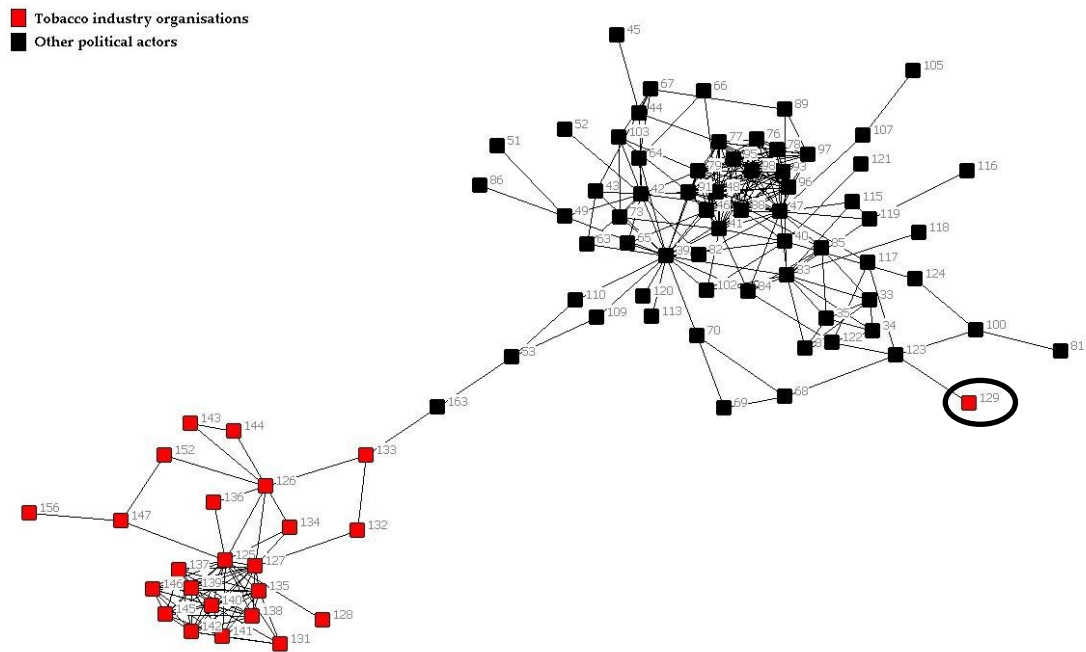


Figure 8.3: Positions of tobacco industry organisations in the policy network

Tobacco companies seemed to perceive harm reduction as an opportunity to position themselves in political discussions and explore potential common ground with the supporters of comprehensive EU smoke-free policy. The analysis of the documentary data

suggests that the ISTC (number 129, figure 8.3) employed similar arguments as Novartis (number 123, figure 8.3, evidenced by shared citations) and sought to engage with the public health discourse on harm reduction to justify pushing for smokeless tobacco as an alternative to smoking (International Smokeless Tobacco Company Inc., 2007). Drawing on discussions that were held among the scientific community, the ISTC submission (2007, p. 3) called on the EC to introduce “smokeless tobacco availability as a complementary policy option” to EU smoke-free policy. The ISTC (2007) pointed out that, due to the comparatively lower risks of smokeless tobacco, smokers were able to reduce their health risks by substituting smoking with the consumption of smokeless tobacco. Emphasising the comparatively lower risk of smokeless tobacco seemed to allow the ISTC to differentiate itself from manufacturers of traditional tobacco products. The analysis of documentary data, however, reveals discrepancies between the company’s arguments and the fact that, as an affiliate of the US Smokeless Tobacco Company (International Smokeless Tobacco Company Inc., 2007), a major manufacturer of smokeless tobacco products in the USA and a wholly-owned subsidiary of the Altria Group (US Smokeless Tobacco Co, 2012), the ISTC had close links to PMI and other tobacco manufacturers⁸⁰.

Despite these links, the ISTC (2007, p. 6) made considerable efforts to demonstrate agreement with those supporting comprehensive smoke-free policy by claiming that “the international public health community believe that the availability and use of smokeless tobacco could be an effective option to reduce ETS [environmental tobacco smoke] exposure and related health risks”. Advocating for making smokeless tobacco widely available across the EU, the company highlighted the “support in the international public health community for adopting a [European] tobacco harm reduction strategy as a component of a comprehensive public health program [and] a non-discriminatory regulatory program that would apply to all non-combustible oral tobacco products” (International Smokeless Tobacco Company Inc., 2007, pp. 7, 13). The ISTC response substantiated its claims by referring to a 2003 article on EU smokeless tobacco policy published by UK- and Sweden-based researchers (Bates et al., 2003) and a report that summarised the debates that had been held at a 2005 ERS Research Seminar on harm reduction strategies (McNeill, 2003). While the respective publications showed support for a regulatory framework which comprised all nicotine-containing products, including smokeless tobacco, the ERS report also stressed that

⁸⁰ Apart from the US Smokeless Tobacco Company, the Altria Group includes Philip Morris USA and John Middleton, a US cigar and pipe manufacturer (Altria, 2012).

public health researchers were in disagreement on whether snus should be made available in other countries than Sweden, acknowledged that an international regulatory framework was unlikely to be achieved in the near future and raised concerns about the tobacco industry's efforts to advance research and product development in the area of harm reduction (McNeill, 2003). Reflecting such reservations, several interviewees highlighted that "*the tobacco control community was divided*" (Brussels-based European public affairs expert) on the issue of harm reduction.

8.7 Discussion

This chapter analysed tobacco industry engagement in the development of the Council Recommendation on smoke-free environments. It investigated the composition, collaboration and leadership of the alliance of political actors that opposed comprehensive EU smoke-free policy. While the coalition mainly consisted of tobacco manufacturers, the findings reveal that a number of actors, including representatives of the hospitality and other industry sectors engaged in interactions with tobacco industry representatives and joined them in opposing the policy initiative. Although, due to the strong scientific evidence and political support for comprehensive EU smoke-free policy, members of the Opponents' Alliance had difficulties in justifying their opposition against the proposed policy initiative, they tried to hamper the development of the impending policy by countering the scientific evidence, criticising the policy process and arguing against regulation of tobacco products and their packaging being mentioned in the final policy document. The chapter explored the reasons for the tobacco industry's limited opposition to the policy proposal, specifically focusing on the industry's difficulties in linking up and building alliances with other actors. The data suggest that some tobacco companies, most prominently PMI and the ISTC, engaged in debates on harm reduction in order to overcome isolation and position themselves as legitimate stakeholders in the discussions on EU smoke-free policy.

8.7.1 Tobacco industry strategies – old wine in new bottles?

The findings presented above are in line with Farquharson's (2003) reflections on opposition to global tobacco control in that they show that the Opponents' Alliance consisted of tobacco industry organisations and other actors affiliated with the tobacco industry that collaborated across national boundaries and tried to ensure that regulation was minimal. Members of the Opponents' Alliance employed a range of arguments and strategies to counter

comprehensive EU smoke-free policy and prevent its detrimental impact on their business. Comparison with previous literature on tobacco industry influence shows that tobacco companies had previously applied several of these arguments and strategies in the national, European and global context to counter smoke-free and other tobacco control policies. Plenty of evidence exists, for example, that questioning the scientific evidence on the harms of SHS and the effectiveness of comprehensive smoke-free policies is a long-established tobacco industry strategy (Bornhäuser, McCarthy, & Glantz, 2006; Diethelm & McKee, 2006; Hirschhorn & Bialous, 2001; Muggli, et al., 2001; Ong & Glantz, 2000; Trotter & Chapman, 2003). Similar to arguments employed in the EU context, the tobacco industry has previously linked such arguments to claims that policies have detrimental economic impacts (Mangurian & Bero, 2000), that the harmful effects of SHS are difficult to measure and that more risk assessment is needed to come to definite conclusions (Hirschhorn & Bialous, 2001). Research also shows that in former attempts to avoid comprehensive smoke-free policies, tobacco company representatives argued for what they termed “appropriate” (Dearlove, et al., 2002, p. 99) solutions, for exemptions to comprehensive policies and for other measures which have proven to be ineffective in protecting people from SHS (Campbell & Balbach, 2011; Dearlove, et al., 2002; Drope, Bialous, & Glantz, 2004).

The findings suggest that tobacco industry representatives were able to link their opposition to comprehensive EU smoke-free policy to calls for additional consultations and a different kind of IA, thereby building on previous tobacco industry success of implementing principles of “good governance” and “better regulation” at the European level (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010, p. 509). Having previously been successful in implementing routine consultation and a business-oriented form of IA within the EU policy process (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010), tobacco industry organisations and their allies now argued for more consultation with stakeholders that were opposed to comprehensive EU smoke-free policy and criticised DG SANCO for insufficiently assessing the economic impact of the policy initiative. The data show that tobacco companies further tried to discredit DG SANCO representatives and instigate division among EC DGs. While such tactics seemed to meet with limited success, the findings mirror research by Grüning et al. (2011), which outlines how tobacco companies created intra-governmental conflict and division among different German ministries during the FCTC negotiations.

Reflecting previous attempts to build alliances with decision makers and other stakeholders to counter effective tobacco control policies (World Health Organization, 2008a), tobacco industry representatives seemed able to engage with like-minded actors, including representatives of the hospitality and other industry sectors, to discuss and coordinate positions and political activities. The findings, however, also suggest that the diminished credibility and marginalisation of tobacco industry representatives from the political debate negatively impacted on their ability to build coalitions. The analysis shows that the tobacco industry's credibility deficit created tensions and weakened their ability to build a homogenous coalition which conveyed a strong message against EU smoke-free policy. Other stakeholders seemed to be concerned that being associated with the tobacco industry would put them at a disadvantage and were thus reluctant to openly engage with tobacco industry representatives or join forces to oppose the EC proposal. The tobacco industry's difficulty in building alliances seemed to be exacerbated by the fact that very few industry sectors felt that they would be strongly or negatively affected by the suggested policy.

Previous studies on tobacco industry interference, including those analysing attempts to counter EU policy initiatives like the European tobacco advertising ban (Bitton, et al., 2002; Neuman, et al., 2002) and the TPD (Mandal, et al., 2009), suggest that tobacco companies fight every tobacco control battle and invest huge amounts of money into countering tobacco control policy. In addition, there is overwhelming evidence of tobacco industry attempts to counter evidence of the harmful effects of SHS and the development of smoke-free legislation (outlined in detail in section 3.7.2.3). Therefore, strong tobacco industry opposition against EU smoke-free policy could have been expected. While some of the data demonstrate how tobacco companies continue to employ the same old tactics to counter tobacco control, the findings outlined in this chapter on the limited tobacco industry opposition to the initiative paints a picture that is different from previously published research. The analysis indicates that tobacco industry representatives were clearly opposed to comprehensive EU smoke-free policy, but also shows that tobacco company representatives abstained from launching a major lobbying campaign. Instead, they carefully considered their opposition and subsequently framed their arguments in a way that suggested that they were in favour of EU smoke-free policy in workplaces and selected public places. Taking account of the fact that the tobacco industry's strategy differed from previous campaigns covered in the literature on tobacco industry resistance to tobacco

control policy, the following sections explore a number of reasons for the tobacco industry's limited opposition to comprehensive EU smoke-free policy.

8.7.2 Opposition to non-binding EU policy

One of the reasons the tobacco industry seemed to show limited opposition to the Council Recommendation on smoke-free environments was their recognition that the policy would be non-binding and thus non-enforceable at member state level. While non-binding EU initiatives can serve as an agenda setter, bring like-minded advocates together and seem to have a considerable impact in terms of knowledge exchange, dissemination of information and capacity-building (discussed in section 9.2.3), the final test for any smoke-free policy needs to be its implementation and the assessment of its effectiveness in terms of protecting citizens from SHS. The data suggest that, due to the non-binding nature of the impending policy, opponents of effective tobacco control felt that the fight was not worth their effort at the European level. A review of the literature, which shows that tobacco control opponents have made and continue to make considerable efforts to prevent the adoption of smoke-free legislation at member state level (Arnott, et al., 2007; Bornhäuser, et al., 2006; Currie & Clancy, 2011; Gonzalez & Glantz, 2011; Harrison & Hurst, 2005; Schneider, et al., 2011), suggests that tobacco industry representatives might have focused their efforts on the national level instead of countering EU policy. Focusing on legislatures where the threat of comprehensive smoke-free legislation is more imminent and consequentially more profound might be a sign of tobacco companies making efficient use of their resources. While this study shows that public health coalitions were able to record some success at EU level, there is reason to assume that public health advocates might be less able to exert influence over national debates on smoke-free policy and that their efforts to achieve comprehensive smoke-free policy might meet with less success in jurisdictions with competence to adopt, implement and enforce binding legislation.

8.7.3 Evidence on the effectiveness of smoke-free policies

The analysis further suggests that the evidence that had been gathered and the political momentum for smoke-free policies made it difficult for tobacco industry representatives to plead their case. Over the last decade, research and experience have accumulated regarding the likelihood of positive and the absence of negative effects of comprehensive smoke-free policies. The analysis shows that research on the (in)effectiveness of ventilation had further

established that only comprehensive smoke-free policy was able to effectively protect citizens from exposure to SHS. In addition to contributing to a changing public and political sentiment, the implementation of national smoke-free legislation seemed to result in overwhelming evidence supporting comprehensive policy and subsequently seemed to make it difficult for tobacco industry representatives to justify their opposition against the EU policy proposal.

A recent study by Warner and Tam (2012, p. 105), which surveyed 105 experts about whether they feel that research plays a role in the adoption of tobacco control policy, comes to the conclusion that research has had a “substantial impact” on the adoption of smoke-free policy. This study confirms the crucial role of research and evidence in policymaking and suggests that the breadth and conclusiveness of the evidence, which supporters of comprehensive EU smoke-free policy were able to draw from, were important drivers of EU smoke-free policy, with national legislation serving as pilots. In addition, the findings presented in this chapter show that the evidence and the way in which it was presented in the policy debates made it difficult for opponents of comprehensive EU smoke-free policy to argue their case. The findings thus provide evidence for Mangurian and Bero’s (2000) and Dearlove and colleagues’ (2002) hypothesis that, while industry arguments against smoke-free policies might have been successful prior to the evaluation of respective legislation, they seem to lose strength as evidence on the effectiveness of smoke-free policies accumulates.

8.7.4 Attempts to overcome diminished credibility and isolation

In addition to defending their positions in face of the growing evidence on SHS and smoke-free policies, tobacco industry representatives were confronted with suspicion on the part of other political actors. In the decade prior to the adoption of the Council Recommendation on smoke-free environments, plenty of research had been conducted which showed that tobacco companies had successfully countered national policies aimed at regulating exposure to SHS. This research as well as other research on tobacco industry misconduct seemed to result in a loss of credibility of tobacco company representatives in the debate on EU smoke-free policy. It also made tobacco industry representatives more vulnerable to challenges by the supporters of comprehensive policy that argued that tobacco industry representatives were illegitimate stakeholders and should be excluded from the policy process (for detail, see section 6.4). Stakeholders who favoured tobacco industry exclusion from the debates skilfully drew on research outlining tobacco industry misconduct,

employed FCTC article 5.3 to warn about tobacco industry interference in EU smoke-free policy and argued for the protection of the policy from the interests of the tobacco industry. Such framing of the debates seemed to lead to reluctance on the part of potential allies to publicly collaborate with industry representatives and considerably decreased the tobacco industry's status in the policy debates. As a result, the ability of tobacco industry representatives to engage in the policy process and build alliances with other actors seemed to be hampered.

The analysis shows that, aware of their declining credibility, tobacco company engagement in EU smoke-free policy was driven by a desire to avoid unnecessary negative publicity and portray themselves as reasonable, responsible stakeholders. The tobacco industry's specific response to its partial exclusion from and isolation in the process towards EU smoke-free policy seemed to be two-fold. First, industry representatives seemed to build covert alliances with actors that, while not wanting to openly be associated, were in agreement with the industry's position. Research by Givel and Glantz (2001) and Dearlove and colleagues (2002) on industry influence on smoke-free legislation suggests that tobacco companies have previously tried to avoid drawing attention to their engagement in smoke-free policy and instead exerted power by building covert alliances with other political actors. Being of mutual benefit, the concealment of collaboration between tobacco companies and other political actors on the one hand allows tobacco companies to stay out of the spotlight and avoid questions about their credibility on smoke-free policy (Dearlove, et al., 2002). On the other hand, it appears to be advantageous for industry allies that, while being funded, resourced and supported by tobacco companies, can maintain their public image and credibility as independent political actors (Dearlove, et al., 2002). The case study at hand confirms Dearlove et al.'s (2002) conclusion that covert alliances provide challenges for those with an interest in comprehensive smoke-free policy. It also adds to the literature by showing that an alliance which skilfully and jointly fights for comprehensive smoke-free policy and against tobacco industry interference can minimise the chances of tobacco industry representatives to use allies to manipulate the public and political perception in their favour.

The second tactic which tobacco company representatives pursued was to align their arguments with debates on harm reduction in order to build a positive reputation in the European arena. The literature suggests that employing this strategy in the context of EU smoke-free policy might have been the starting point for a long-term industry strategy with

respect to harm reduction. Recent research by Gilmore (2012) on the importance of harm reduction, for example, shows that tobacco companies have invested significantly in the market for smokeless tobacco and nicotine products other than tobacco. Similarly, a 2010 report by Rand Europe (2010) on the revision of the TPD indicates that all major tobacco companies now also produce smokeless tobacco⁸¹. Increasing attempts of tobacco companies to engage in debates on harm reduction and push for the legalisation of smokeless tobacco and other forms of tobacco which do not involve combustion or smoke inhalation across the EU have become apparent in the EC's recent consultation report on the revision of the TPD (Directorate General Health and Consumers, 2011b). Mirroring arguments brought forward by the ISTC (2007) in the European consultation on smoke-free policy, tobacco companies claim that the use of smokeless tobacco provides an effective way to reduce or quit smoking and that by banning certain forms of tobacco, the EU prevents the industry from developing less harmful products (Directorate General Health and Consumers, 2011b). In addition to portraying themselves as concerned about the harm of their products, debates on smokeless tobacco seem to allow tobacco companies to capitalise on disagreement within the tobacco control community on harm reduction. Research by McDaniel et al. (2006, p. 215) shows that PMI has successfully applied a "divide-and-conquer" strategy to exploit differences in opinion among tobacco control advocates in the past. This case study highlights debates on harm reduction as an area of potential division and stresses the need for tobacco control advocates to stand united in fighting for comprehensive tobacco control policy.

⁸¹ According to the Rand Europe report, BAT acquired the snus businesses of Skandinavisk Tobakskompagni in 2008 and PMI bought Swedish Match AB's South African operation in 2009 (Rand Europe, 2010).

9 Discussion

Over the last two decades, the EU has begun to play an increasingly prominent role in public health debates (Hervey, 2002; Lear & Mossialos, 2008) and in agenda setting and political decision making at the national level (Boessen & Maarse, 2008; Lamping, 2005).

Correspondingly, the activities of EU institutions and actors with an interest in public health policy have received increasing attention (Greenwood, 2003). As outlined in section 3.7.2, public health policy research, including my own (Mandal, et al., 2009; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; Smith, et al., 2009), has shown that corporate actors have previously been successful in influencing EU tobacco control policy (Bitton, et al., 2002; Gilmore & McKee, 2004; Hastings & Angus, 2004; Neuman, et al., 2002). Analyses of national and global tobacco control policy further show that public health advocates have, despite comparatively limited resources, successfully countered tobacco industry attempts by building coalitions with like-minded political actors and academics (Arnott, et al., 2007; Cairney, et al., 2011; Farquharson, 2003; Mamudu & Glantz, 2009) (see section 3.7.1).

This thesis analysed the engagement of tobacco industry representatives, public health advocates and other stakeholders in the development of EU smoke-free policy. As outlined in section 4.3, one of the objectives of the study has been to relate the findings to the public health policy literature and draw conclusions from the case study for public health advocacy, tobacco control and public health policy and future research. The main aim of this chapter is to discuss the study's contributions to methodological debates and the existing public health and public health policy literature and to outline the implications for policy, advocacy and future research. In addition, the main findings are summarised, the findings are related to the aim and objectives of the study and the limitations of the study are reflected upon.

9.1 Summary of the main findings

Drawing on the Council Recommendation on smoke-free environments as a case study, this project analysed a complex policy network involved in the development of EU tobacco control policy. It investigated the policy process from the publication of the EC Green Paper "Towards a Europe free from tobacco smoke" (Directorate General Health and Consumers, 2007b) to the adoption of the recommendation in the Council of the European Union (Council of the European Union, 2009b). A multitude of actors, including decision makers, health-related organisations, tobacco industry organisations, social partners and other

stakeholders, were clearly identified as showing interest in the initiative and engaging in the development of EU smoke-free policy. The study provided a detailed insight into the political engagement of these actors, their respective positions, the way in which they engaged and collaborated with other political actors, their reasons for engaging and building coalitions and the advantages and disadvantages of coalition-building.

The analysis reveals that the policy network was starkly polarised and split into two opposing coalitions, which were clearly distinct with regard to their position on the scope of the policy initiative. One coalition consisted of supporters of comprehensive EU smoke-free policy, whereas the other coalition opposed the respective policy. Both alliances were characterised by their transnational nature and collaboration between actors with a national, European and global remit. The Supporters' Alliance comprised a variety of health-related organisations, including health NGOs, scientific organisations, professional bodies and representatives of the pharmaceutical sector and was steered by a core group consisting of key organisations and individuals. The Opponents' Alliance consisted almost entirely of representatives of tobacco manufacturers, coordinated by their European umbrella organisation CECCM. The network analysis suggests that the members of each coalition collaborated almost exclusively with other members of their own coalition, rather than with members of the opposing coalition. Moreover, members of the Supporters' Alliance showed considerable reluctance to interact with members of the Opponents' Alliance and argued for tobacco industry exclusion from policy debates.

As outlined in chapter seven, the detailed analysis of the Supporters' Alliance shows that its members were primarily driven and united around their desire to protect European citizens from the harms caused by SHS, achieve effective smoke-free policy and resist any interference by the tobacco industry. Their shared policy aims and beliefs allowed alliance members to collectively support comprehensive EU smoke-free policy without exemptions and counter tobacco industry opposition. Contrasting previous literature (Farquharson, 2003; Read, 1992; Sato, 1999), the study suggests that members of the Supporters' Alliance were successful in advancing their interests, framing debates on tobacco industry stakeholdership and isolating tobacco industry representatives in the policy debates. The analysis indicates that tobacco control advocates were adept in drawing on scientific evidence and collaborating with tobacco control researchers and successfully used the scientific discourse which was in favour of comprehensive smoke-free policy to silence the opposition. The analysis demonstrates that the united and strategic approach of members of

the Supporters' Alliance to lobbying, combined with a strong political will on the part of key decision makers, notably DG SANCO representatives, contributed to the development of comprehensive EU smoke-free policy. Despite their general unity, the analysis also identified underlying tensions between members of the Supporters' Alliance, with discrepancies becoming apparent regarding their preferences for different types of policy, relating to their divergent underlying interests. Key individuals and lead organisations, notably Brussels-based and national tobacco control advocates, were perceived to be crucial in managing such tensions, overcoming barriers to collaboration, establishing a joint strategy and coordinating the engagement of alliance members. Backed by research, able to jointly communicate a strong key message and being coordinated by several lead organisations, the Supporters' Alliance emerged as a strong united force for comprehensive EU smoke-free policy.

Chapter eight explored the political engagement of tobacco company representatives and other members of the Opponents' Alliance. The analysis suggests that tobacco companies employed strategies that they had previously used at the national and European level, including countering the scientific evidence on SHS and smoke-free policies and criticising the procedures that were followed to involve stakeholders and assess the impact of the suggested policy. They also made substantial attempts to weaken the policy at the later stages of the policy process and tried to prevent the inclusion of flanking measures into the final document. Despite such efforts, the tobacco industry's commitment to and engagement in the development of the Council Recommendation on smoke-free environments remained limited, and scope for tobacco industry influence seemed to be considerably hampered by the breadth of evidence on both the harmful effects of SHS and the effectiveness of comprehensive smoke-free policies in reducing those harms; the momentum for smoke-free policies at national, European and global level; and the strength and unity of the supporters of comprehensive EU smoke-free policy, most of whom had ample experience in rebutting industry arguments. Tobacco industry efforts to interfere in the policy process seemed to be further weakened by some disagreement between tobacco companies about how to counter comprehensive EU smoke-free policy, the tobacco industry's diminished credibility and the reluctance of potential allies to do much to oppose the policy initiative or to publicly declare their support for tobacco industry positions. While the analysis shows that tobacco company representatives managed to oppose the policy initiative by engaging in the debates and enlisting some allies to the campaign, it also

highlights considerable obstacles to tobacco industry engagement in EU smoke-free policy. The analysis further underlines the potential value of harm reduction arguments to the tobacco industry and points to harm reduction and smoking cessation as areas which can potentially threaten the unity of supporters of comprehensive tobacco control policy. The study suggests that debates about individual-level tobacco control measures and alternatives to the complete elimination of tobacco can provide opportunities for corporate actors to engage in policymaking and advance their commercial interests in tobacco and tobacco control.

9.2 Alignment between the findings and the aim and objectives of the study

This thesis analyses the engagement and collaboration of organisational stakeholders in the development of the Council Recommendation on smoke-free environments. It applies a case study approach and draws on concepts of policy networks and coalition-building, notably by Rhodes and Marsh (Marsh, 1998a, 1998b; 1997b, 1997c, 1997d), Peterson, Bomberg and colleagues (2008; 2009), Sabatier and Jenkins-Smith (Jenkins-Smith & Sabatier, 1993; Sabatier, 1993, 1998; Sabatier & Jenkins-Smith, 1993a, 1993b; 2007) and Keck and Sikkink (1998), to analyse public health policymaking. Given that quantitative and qualitative network analysis is used to increase understanding of the formation and dynamics of policy networks and coalitions in EU smoke-free policy, the thesis provides compelling evidence that SNA is a suitable method to explore policy networks in the development of EU public health policy.

In a first step, the thesis identifies actors with an interest in the development of EU smoke-free policy and analyses their engagement in the policy process. The study is unique in that it uses quantitative network analysis to map and provide a graphical depiction of the policy network in EU smoke-free policy. The thesis further investigates the coalitions that emerged in the policy process and coalition members' positions on the policy issue. By exploring the polarised network in EU smoke-free policy, the study does not only confirm Farquharson's (2003) and Smith's (in press) hypotheses of tobacco control as a contested policy area but provides empirical evidence for the existence of two distinct, adversarial advocacy coalitions in tobacco control. Aimed at identifying reasons for the polarity, the two coalitions, their composition and their relationship with each other are explored in detail. By suggesting that debates about tobacco industry engagement, successful framing of the debates regarding the legitimacy in smoke-free policy and decision makers' will to develop

strong tobacco control policy contributed to the stark division between the Supporters' and the Opponents' Alliance, the analysis sheds lights on the reasons for the stark division of the network in EU smoke-free policy.

Focusing on the composition and engagement of the Supporters' Alliance, the thesis then examines the engagement of stakeholders who supported comprehensive EU smoke-free policy. Their views, values and motives for engagement in the policy process and the dynamics of coalition-building are examined, and a specific focus is placed on the investigation of collaboration among alliance members and leadership of the alliance. The analysis shows that the Supporters' Alliance displayed key features, like unity around normative beliefs and disagreement on secondary beliefs, of an advocacy coalition as described by Sabatier and Jenkins-Smith (Sabatier, 1993; 1993b), thus confirming that ACF provides a useful concept to analysing stakeholder engagement in EU policymaking. Building on Keck and Sikkink's concept of TANs (1998), the findings suggest that the transnational nature of alliances might be a feature that is particularly relevant to EU policymaking. Chapter seven further adds to the sparse literature on the European tobacco control coalition outlined in section 3.7.1 by analysing the composition and engagement of the alliance, shedding light on leadership in EU smoke-free policy and highlighting the disputed role of pharmaceutical interests in tobacco control.

Analysing the coalition of opponents of comprehensive EU smoke-free policy in detail, chapter eight provides a response to the fifth research objective of this thesis. It examines the engagement of stakeholders who attempted to prevent the passage of comprehensive EU smoke-free policy, their views, motives to engage in policymaking and the dynamics and collaboration between them. Given that the Opponents' Alliance was clearly led by tobacco industry representatives, the engagement of this group of actors and their difficulties and opportunities to participate in policymaking is investigated and discussed separately and in detail. Providing evidence of how tobacco industry representatives sought to counter the scientific evidence on SHS and smoke-free policies, criticised the policy process and opposed the initiative in the later policy stages, the findings mirror previous tobacco document research summarised in sections 3.7.2, 3.7.3 and 3.7.4 . The analysis, however, also suggests that tobacco industry opposition to the EU policy initiative was limited, a finding which might come as a surprise for those familiar with the existing literature on tobacco industry opposition to tobacco control. To explore the discrepancy between this finding and previously published studies which outline major

tobacco industry opposition to national, European and global tobacco control, the chapter explores the reasons for the tobacco industry's restricted resistance. The strength of the scientific evidence on the harmful effects of SHS and the effectiveness of smoke-free policies, the non-binding nature of the proposed policy initiative, the isolated position of tobacco industry representatives in the policy network and their attempts to overcome diminished credibility and isolation are identified as potential explanatory factors.

9.3 Strengths of the study

The strengths of this study lie in the important contributions that it makes to the literature on policy network analysis, tobacco control policy development and European tobacco control governance. Each of these is outlined in the following section.

9.3.1 Methodological contributions

By applying SNA to the study of the development of EU smoke-free policy, this study provides compelling evidence that SNA is a suitable method to analyse stakeholder engagement and policy networks in EU policymaking. As outlined in detail in section 3.6, political scholars have previously acknowledged the importance of policy networks and coalition-building in policymaking (Bomberg & Peterson, 1998; Bomberg, et al., 2008; Coen, 2007; Marsh, 1998b; Peterson, 2009; Peterson, et al., 2008; Rhodes, 1997a; Sabatier, 1998; Sabatier & Jenkins-Smith, 1993b; Watson & Shackelton, 2008). A number of concepts have been developed which rest on the assumption that stakeholder engagement and collaboration are central determinants of policy processes and outcomes (Marsh, 1998b; Peterson, 2009; Rhodes, 1997a; Sabatier, 1998; Sabatier & Jenkins-Smith, 1993b). Few academics, however, apply quantitative tools to the systematic analysis of policy networks. While Christopoulos (2010) has used quantitative network analysis to study actor constellations in EU policymaking, to the best of my knowledge, this study is the first which systematically explores and reflects on the value of SNA for empirically testing and analysing policy networks and coalition-building among political actors. The study demonstrates that SNA can be employed to analyse and depict a complex policy network and its subgroups, as well as providing valuable insights into the content and structure of the policy network and key network features, including coalition-building, unity, disagreement and leadership. More specifically, the study highlights the importance of

collaboration in the policy process and suggests that coalition-building is a crucial factor for successful interest representation.

In addition to highlighting the suitability of SNA for investigating policy networks, this study introduces a new technique of collecting and converting data in social network research. Previous studies have drawn on the population of actors involved in consultations to retrieve a sample of study participants (Christopoulos & Quaglia, 2009) and on websites and academic publications to extract relational data⁸² (cf. Bellotti, 2012; Catanese, et al., 2011; Hummon & Dereian, 1989; Lewis, et al., 2008). To the best of my knowledge, however, this study is the first to draw on consultation submissions as data sources for quantitative network analysis and to employ plagiarism detection software to convert textual data into a relational format. Plagiarism detection software has been used in English literature and authorship attribution studies (Vickers, 2004, 2009, 2011), but has not previously been employed in political science research. Using plagiarism detection software in the analysis of consultation submissions constitutes a novel approach to defining relationships between organisational actors and enabled me to systematically capture relationships between the members of a complex policy network without relying on egocentric networks and survey data. While the limitations of the approach are discussed below, the successful application of plagiarism detection software to identify relationships and analyse the network of stakeholders involved in EU smoke-free policy suggests that this innovative methodological approach might be applicable to future research projects. Future studies could, for example, employ plagiarism detection software to compare stakeholders' position papers with policy statements, policy proposals and final versions of legislative acts, compare policy documents in a specific policy area over a period of time or map similarities between policy documents adopted in different jurisdictions. Assuming that the similarities between documents identified in this manner could be considered as proxies for political influence, studies which use plagiarism detection software may advance understanding of stakeholder influence, the evolution and dynamics of policy debates and policy transfer in multi-level governance.

An equally important methodological contribution of this study is its contribution to debates held within the SNA literature. By employing a mixed methods approach, this

⁸² In order to analyse social networks, relational data have been elicited from websites (Catanese, De Meo, Ferrara, Fiumara, & Proveti, 2011; Lewis, Kaufman, Gonzalez, Wimmer, & Christakis, 2008), and citation patterns and co-authorship have been used as proxies to determine social links between academics (Bellotti, 2012; Hummon & Dereian, 1989).

project responds to recent criticism regarding the lack of studies which illustrate how mixed method approaches can be employed in social network research (Crossley, 2010) and rejects the antagonism between qualitative and quantitative approaches that has developed in social network research (Edwards & Crossley, 2009). Yin (2003) claims that the skilful combination of different data sources can provide a holistic, comprehensive picture of the political phenomenon and provide a comprehensive account of and elicit actors' opinions about the policy process. Scholars have previously complemented structured, quantitative surveys with qualitative data from in-depth interviews with political actors (Christopoulos & Quaglia, 2009) and public records of interaction (Christopoulos, 2006). Edwards and Crossley have highlighted the importance of mixed methods in SNA (Crossley, 2010; Edwards, 2010) and combined quantitative and qualitative approaches in the analysis of a network of members of the suffragette movement (Edwards & Crossley, 2009), the punk scene and a health club (Crossley, 2010). Previous research thus indicates that mixed methods help to gain an in-depth, multi-faceted and comprehensive understanding of networks in a number of social contexts. This study shows that triangulation is no less suited to developing insights into the structure and content of a policy network and is, as far as I am aware, the first to apply a comprehensive mixed method approach to the analysis of such a network of actors involved in a specific policy. It provides evidence that, by identifying network members and understanding actor constellations, quantitative network analysis can help provide an overview of a policy network. The study shows that the structural analysis and depiction of a policy network is extremely valuable in demonstrating the complexity of the network and drawing attention to crucial network features, unexpected membership, the homogeneity or heterogeneity of the network and coalitions and actors which hold crucial positions. By providing insights into the personal accounts and experiences of network actors, the analysis demonstrates that qualitative network approaches, on the other hand, expand knowledge about the inner workings and content of a policy network and allow the researcher to develop a more in-depth command of stakeholder engagement and its significance for policymaking. Qualitative approaches can also help identify the importance and role of particular actors within the policy network, understand how and why they engage in the policy process and comprehend the nature of, and reasons for, collaboration and coalition-building.

The analysis also shows that qualitative network analysis can alleviate some of the shortcomings of a quantitative analysis which focuses on the structure of a policy network at

a single point in time. While the quantitative analysis was valuable in providing a “snapshot” of the policy network at a particular time point (in this case during the EC consultation on smoke-free policy), it did not account for the dynamic nature of stakeholder engagement and coalition-building. By triangulating the quantitative network analysis with the analysis of interview and documentary data, earlier and later policy events and the dynamic character of the policy network and its evolution over the course of the policy negotiations could be explored.

It has been argued that the fact that triangulation produces “messy results” mirrors the “messiness” of social networks (Lievrouw, Rogers, Lowe, & Nadel, 1987, p. 245). By showing that a mixed method approach to SNA can be valuable in graphically mapping and analysing the content and structure of a complex policy network and coalition-building in tobacco control policy, this study demonstrates that combining the two provides important insights which are unlikely to have emerged if solely a quantitative or qualitative approach had been taken. The analysis suggests that the complex and disorganised world of policy networks can more fully be understood when quantitative and qualitative methods are combined. Assuming that those with an interest in EU policymaking might benefit from an analysis of a particular policy network, this study raises hopes that the systematic quantitative and qualitative analysis and graphical depiction of policy networks can help advocates and decision makers to understand the policy environment they operate in, enhance understanding of the development of EU policies and the forces that impact on the policy process and offer a potentially powerful tool for policy analysis.

9.3.2 Contributions to tobacco control policy research

As outlined in detail in section 3.7, previous studies on policymaking in tobacco control have acknowledged the significance of collaboration and coalition-building in tobacco control policy (Cairney, 2007a; Farquharson, 2003; Princen, 2007a; Read, 1992; Read, 1996; Sato, 1999). Drawing on the thematic analysis of documentary data, historical events and other material, studies have described the existence of two adversarial coalitions in tobacco control policy (Farquharson, 2003; Princen, 2007a; Read, 1992; Sato, 1999; Smith, in press). To date, no study, however, has systematically investigated the interactions of stakeholders who engage in the development of EU tobacco control policy or provided empirical evidence of the composition and dynamics of the respective coalitions. By employing SNA in tobacco control policy research, the study offers empirical evidence of two adversarial coalitions

which dominate EU smoke-free policy, suggests that the polarity between the two coalitions is rooted in the history of tobacco control policy and provides insights into the complexity of stakeholder engagement in the development of EU tobacco control policy.

As outlined in section 3.7.2, previous research on the tobacco industry has greatly advanced the public health literature and contributed to a better understanding of the factors opposing successful tobacco control policy. By revealing tobacco industry motives, attempts and achievements to influence policy at national, European and international level, tobacco industry research has contributed to identifying the industry as a powerful adversary of those who work to curb the epidemic (Bitton, et al., 2002; Gilmore & McKee, 2004; Hastings & Angus, 2004; Mandal, et al., 2009; Neuman, et al., 2002; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; Smith, et al., 2009). Such research has been instrumental in holding the industry to account, informing policymaking and helping those in favour of effective tobacco control to guard against tobacco industry interference in policy (Gilmore, 2012). In addition to providing insights into the internal workings of the tobacco industry and raising awareness of the industry's vested interests in tobacco control, the disclosure of industry strategies has had a remarkable impact on debates about the role of the tobacco industry in policymaking specifically and the legitimacy of commercial interests in public health policy more generally. Some of the literature on tobacco industry attempts to influence policymaking could, however, potentially be criticised for taking a partisan position and for overstating the considerable success of tobacco industry representatives to prevent, stall, derail and weaken tobacco control policies by singling out tobacco companies as actors in the policy process and studying them in isolation. By shifting the focus to the overall network of actors involved in the development of EU smoke-free policy and analysing stakeholder engagement from a variety of perspectives, this study aims to compare and contrast the actions of tobacco industry representatives with the political commitment of other network actors and situate tobacco industry engagement within the broader context of political interest representation. The analysis demonstrates that tobacco industry representatives were part of the larger policy network and suggests that their engagement in the policy process was influenced by their position in the network and the actions of other network actors. The study thus indicates that stakeholder engagement can more comprehensively be understood if analysis moves beyond the investigation of a particular organisational stakeholder and considers the broader structure and context in which the actor operates.

Tobacco control has frequently been compared to the unequal battle between David and Goliath, with tobacco control activists seeing themselves as under-resourced actors fighting enormously powerful tobacco companies (Chapman, 1980; Smith, in press). Research on the tobacco industry's history of preventing tobacco control policy, hiring third parties, including public relation firms and consultants (e.g. Carter, 2002; Drope, et al., 2004; Mamudu, et al., 2008; World Health Organization, 2008a) and creating, funding and managing front groups (e.g. Apollonio & Bero, 2007a, 2007b; Campbell & Balbach, 2011; Smith & Malone, 2007) and political coalitions (e.g. Balbach, et al., 2005; Balbach, et al., 2006; Neuman, et al., 2002; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; World Health Organization, 2008a) highlights the importance of financial and other resources in interest representation. This study, however, shows how tobacco control advocates, despite fewer financial resources, managed to build a coalition against the tobacco industry and for comprehensive EU smoke-free policy. It thereby provides evidence that the passion, dedication and strategic approach of tobacco control advocates, their ability to mobilise allies and the willingness of civil society organisations to collaborate and build coalitions can contribute to the establishment of a successful and powerful counterforce to tobacco industry influence.

9.3.3 Contributions to research on European tobacco control governance

By investigating the development of EU public health policy and emphasising the importance of stakeholder interests for potential solutions to major public health problems, this study adds to the literature on public health governance. One of the aspects of European governance that the analysis draws particular attention to is the role of the EU in public health policymaking. As outlined in detail in section 3.2, some scholars argue that the limited competence of the EU in public health constitutes a major hurdle to the adoption, implementation and evaluation of effective EU public health policy and limits the EU's role in public health (McKee, et al., 2010). Due to the limited competence and restricted mechanisms to enforce and monitor non-binding policies, the EU faces major obstacles when wanting to adopt and enforce comprehensive public health policy (Sbragia & Stolfi, 2008). Contributing to previous literature on European public health governance, the study draws attention to the consequences that the limited EU competence in public health has on

stakeholder engagement in the European policy process and to the EU's role in tobacco control governance.

Research has shown that, in the context of the European tobacco advertising ban, the EC developed tobacco control policy in a manner that largely ignored its limited competence in public health and the insufficient support for EU legislation (Duina & Kurzer, 2004). This approach first resulted in a deadlock in the Council of the European Union, with a group of member states fiercely opposing the directive, and after adoption, in the successful legal challenge of the directive in the ECJ (Duina & Kurzer, 2004). In contrast, the analysis of the development of EU smoke-free policy indicates that supporters of comprehensive tobacco control policies learned to pay careful attention to the assessment of the EU's legal base when planning their political action and made strategic decisions about how to develop legislation in an area of limited European competence. The juxtaposition of European tobacco advertising and smoke-free policy suggests that the history of EU tobacco control policy, including the experience of tobacco companies mounting legal challenges against previous European directives, might have alerted supporters of comprehensive tobacco control to the EU's limitations in developing respective policies and the risk of weaknesses being exploited by opponents. Being aware of the limited EU competence to adopt binding public health legislation and of the resulting obstacles that a proposal for a directive would face, they strategically decided to opt for non-binding measures which they felt would be easier to achieve. The study also demonstrates that the limited competence of the EU in public health played a considerable role in shaping the level of opposition to the policy proposal, evidenced by the limited interest of social partners in and restricted willingness to oppose non-binding EU smoke-free policy. The study highlights that the support and opposition to the policy, the policy positions of key political actors and the patterns of network interaction were all considerably influenced by the non-binding nature of the policy proposal and thus highlights that the EU's limited competence in public health has a considerable impact on stakeholder engagement. It thereby emphasises the need to consider the policy context and characteristic features of the respective policy venue when analysing stakeholder engagement in public health policy.

While the analysis demonstrates that the strategic move of some members of the Supporters' Alliance helped to achieve comprehensive EU smoke-free policy, it also indicates that the limited EU public health competence forced advocates to decide whether to prioritise the achievement of comprehensive, non-binding EU smoke-free policy or

binding, but possibly less comprehensive EU legislation. Following strategic considerations, many tobacco control advocates upheld their call for comprehensive EU smoke-free policy, despite a recognition that this meant that they had to accept that binding legislation would not be achieved at EU level. Supporters of non-binding EU policy thus diverged from principles three and four of the guidelines for implementation of FCTC article 8 which highlight the need for enforceable smoke-free legislation (see table 2.1) (World Health Organization, 2009b) and tactically subordinated enforceability to the primary goal of achieving comprehensive EU smoke-free policy without exemptions. Considering that tobacco industry representatives also favoured non-binding EU policy, it may be argued that the “scream test” (Chapman, 2007, p. 280) (which implies that tobacco control advocates are well advised to oppose any policies favoured by the tobacco industry) does not always constitute a guide to the most appropriate advocacy strategy. The findings rather highlight the need for adaptation of advocacy to the specific requirements of individual jurisdictions and indicate that the complexity of EU policymaking and the limited competence of the EU in public health may require deviation from what public health advocates would ideally aim to achieve.

This case study demonstrates the barriers that the limited legal competence of the EU poses to the development of effective tobacco control policy. It demonstrates that DG SANCO officials established and utilised relationships with, and garnered support from, stakeholders who were in favour of their intention to develop comprehensive EU smoke-free policy, thereby advancing an area of limited EU competence. The EC’s approach suggests that successful European tobacco control governance depends on the smart generation and utilisation of support and the effective management of the network of actors with an interest in and capacity to influence a respective policy. The analysis further indicates that the EU initiative on smoke-free policy helped to set the EC’s agenda with regard to subsequent tobacco control initiatives, serving as one of several triggers for collaboration between national, European and global actors with an interest in smoke-free policies. This suggests that the process of developing EU smoke-free policy, despite resulting in a non-binding policy, had a subtle but important impact on developments in tobacco control policy in Europe more broadly. By illustrating the EC’s role in stimulating collaboration on smoke-free policy, the study corroborates previous literature which highlights the increasing role of the EU in public health and tobacco control governance (Cairney, et al., 2011; Faid & Gleicher, 2011; Lamping, 2005; Mamudu & Studlar, 2009; Princen, 2004).

9.4 Reflections and limitations

The following section reflects on the study and highlights some of the study limitations. The section outlines the limitations of studying a single case and focusing on policy development. It further reflects on the methodology of the study and outlines the limitations of using of documentary data and interviewing political actors on the issue of EU smoke-free policy. In section 9.4.4, I reflect on my value position as a public health researcher and the implications for this study.

When reflecting on the study, it needs to be acknowledged that policy networks constitute only one of several conceptual approaches to analysing political decision making which focuses specifically on stakeholder engagement, collaboration and coalition-building, whereas other concepts emphasise, for example, the different stages of the policy process (Anderson, 1975) or patterns of major policy change (Baumgartner & Jones, 1993). A study employing a policy network approach cannot sufficiently consider other factors which are likely to impact on policy outcomes, including policy developments in other jurisdictions, political will or the translation of ideas between experts, advocates and decision makers (Marsh, 1998b). While throughout the analysis, I have repeatedly drawn attention to the broader context of the policy initiative and acknowledged that a multitude of other factors are likely to have contributed to the development of EU smoke-free policy, it needs to be recognised that this, or indeed any, study is unable to fully capture the complexity of EU public health policymaking and that the conceptual approach taken informed the results and analysis.

9.4.1 Studying a single case

While the scope and analytic depth of the study, combined with the restrictions of a PhD project, simply did not allow for a comparison of different cases, the decision to investigate a single case study constitutes a considerable limitation of the project. In this context, it needs to be highlighted that the analysis of a single case impedes generalisation to other areas of EU tobacco control policy. The fact that the case study investigates a policy network in the development of non-binding EU tobacco control policy means that the lessons it offers for stakeholder engagement in the development of binding, enforceable EU tobacco control policy and other areas of public health policy are likely to be limited. Although many conclusions intuitively seem to be applicable to other areas of tobacco control policy, the analysis suggests that several features may have been specific to the development of EU

smoke-free policy. Comparing the development of the Council Recommendation on smoke-free environments with the revision of the TPD (which was being negotiated at the time when the interviews were conducted⁸³), interviewees reported significantly fiercer tobacco industry efforts to counter the latter and enlist allies in the campaign against tobacco product regulation. Supporters of European tobacco control recalled that, in contrast to ongoing debates about tobacco product regulation, they had faced comparatively limited opposition and fought less aggressively for EU smoke-free policy. While such findings suggest that the content and enforceability of a policy strongly influence stakeholder engagement and coalition-building, they also highlight the restrictions of the study design which did not allow for a juxtaposition of policy networks and coalition-building between different EU policy initiatives.

9.4.2 Focus on policy development

While cross-sectional data have been found to provide valuable insights into networks and the positions, attitudes and relationships of their members (Provan, Veazie, Staten, & Teufel-Shone, 2005) and have been used to explore actor constellations in EU policy (Christopoulos & Quaglia, 2009), my decision to focus on stakeholder engagement in the process leading to the adoption of the Council Recommendation on smoke-free environments bears some major caveats. By focusing on policy negotiation, I was unable to investigate earlier or later stages of the policy process, including agenda setting or the implementation of the policy at national levels. Scholars have previously criticised studies investigating EU policymaking for placing an emphasis on the negotiation and adoption and neglecting the implementation of policy initiatives (Pierson, 2005). While feasibility issues often force researchers who investigate policymaking to focus on specific moments and individual events of political action and decision making, such an approach risks neglecting concomitant developments (Pierson, 2005). Studying policy enactment has been criticised for running the danger of over-emphasising the role of actors in moving policy forward and ignoring other features and factors that have an influence on policy over time (Pierson, 2005). Pierson (2005, p. 42) claims that “[t]he shaping of public policy is more than a matter of ‘policy choice’ at a particular moment in time” and that “[t]he moment of choice is framed by prior and later events and processes”. Moments of political decision making should thus be recognised as

⁸³ A public consultation on the possible revision of the TPD, providing stakeholders with an opportunity to comment on the EC's plans to revise the directive, had been conducted from 24 September 2010 to 17 December 2010, briefly before I undertook the fieldwork for this study.

only one part of a larger dynamic process and be considered in their historical context (Pierson, 2005).

Related disadvantages of focusing on the process prior to the adoption of the Council Recommendation on smoke-free environments become particularly apparent in section 8.8.2, where the limited attempts by tobacco companies to counter the EU policy initiative are contrasted with extensive industry attempts to derail smoke-free policies at member state level. In many ways, the strong wording of the Council Recommendation on smoke-free environments, the political support underlying the policy and the self-reported influence of the supporters of comprehensive tobacco control suggest that EU smoke-free policy is an example of a political 'win' in European tobacco control. However, a preliminary assessment of the strength of smoke-free policies implemented at national level indicates that the success of the policy network in EU smoke-free policy is patchy. Indeed, a map which visualises national smoke-free policies in 2012 (figure 2.3) shows that three years after adoption of the Council Recommendation on smoke-free environments, only 14 of 27 EU member states had adopted and enforced comprehensive smoke-free legislation, whereas 13 member states still provided insufficient protection from exposure to SHS. This suggests that, despite the successful adoption of the recommendation at EU level, major problems exist regarding implementation. Hence, perceptions that the battle for smoke-free policies in Europe has been 'won' would seem misplaced.

9.4.3 Methodological reflections

In an attempt to acknowledge that the choice of data sources and analytical methods for this study is not without shortcomings, the following section discusses the limitations and ethical considerations inherent to the quantitative analysis of documentary data and the qualitative analysis of semi-structured, narrative interviews with political actors about their engagement in the development of EU smoke-free policy.

9.4.3.1 Using documentary data

Researchers who analyse documentary data recognise that documents are subjective data sources, which are influenced by the choices that have been made by their authors and their social, historical and political context (Finnegan, 1996; Forster, 1994). Archives of policy documents, for example, are often biased towards official documents and final reports (Finnegan, 1996) which often try to consolidate a breadth of views and opinions (Smith,

2006a) and therefore tend to be rather vague “consensus documents” (Iannantuono & Eyles, 1997, p. 1611). While official documents might give the impression that policy issues are clear and uncontested, the breadth and richness of the documentary data available allowed a thorough understanding of the controversies that had been part of the political negotiations.

Among documentary data, consultation submissions have been identified as a rich and underused data source (Klüver, 2009). A small number of public health researchers have used data from consultation submissions to investigate public health (Clifford, 2009) and tobacco control policy (Bero, et al., 2001; Montini, et al., 2009; Montini, et al., 2002), and research which draws on consultation submissions as data sources has provided insight into the positions of stakeholders and their ways of engaging in political debates on exposure to SHS and the development of smoke-free policies (Bero, et al., 2001; Montini, et al., 2009; Montini, et al., 2002). Given that, to the best of my knowledge, this project is the first to use data from consultation submissions to statistically analyse and graphically depict a policy network in EU smoke-free policy, the following section outlines some of the caveats of using this novel approach.

9.4.3.1.1 Omission and reliability of the data

Archival data have been widely used in previous studies to quantitatively analyse networks (most prominently, in Padgett and Ansell’s study on 15th century Florence (1993), but also in several other network studies (Bellotti, 2012; Catanese, et al., 2011; Edwards & Crossley, 2009), including those investigating the development of EU policy (Christopoulos, 2006) and tobacco control policy (Wipfli, et al., 2010)). Due to their fragmented character (Finnegan, 1996), one of the main limitations of using archives as data sources for quantitative network research is the risk of missing data. Missing data, for example the omission of central actors or those with bridging function, can have pivotal implications for analysis and interpretation and render a whole network analysis invalid (Kossinets, 2006; 1983). With regard to the consultation data used in this study, it needs to be acknowledged that all organisations that submitted a response to the EC consultation had the option to object to their response being made publicly available, resulting in a degree of uncertainty whether all relevant actors and relationships were included.

Another limitation of the quantitative network analysis was that representatives of the EC, despite being crucial actors in the development of the Council Recommendation on smoke-free environments, could not be included. Their positions and roles in the network

and their relationships to other actors could therefore not be analysed and depicted. Given that previous research has used public-private relationships⁸⁴ as indicators for stakeholders' ability to exert influence over decision makers and decision makers' likelihood to be influenced by stakeholders (Real & Hasanagas, 2005), relationships between EC officials and stakeholders could have provided useful information about potential influence and successful political engagement.

An additional limitation was that several attributes (e.g. type and main focus of organisation, member state affiliation, position on the scope of the policy initiative and on the preferred policy option) were based on classifications undertaken by EC officials. While classifications were as carefully scrutinised as possible before assigning the organisation a respective category, classifications thus depended on my own and the EC official's knowledge and understanding of the respective organisations.

9.4.3.1.2 Extracting relational data from documents

Social network researchers have been creative in using textual data to identify relationships between actors, including data from communiqués (Christopoulos, 2006), public statements (Christopoulos, 2006), letters (Edwards & Crossley, 2009), websites, policy documents and legislative texts (Wipfli, et al., 2010). The problem that researchers face when relying on existent textual data is that the available data sources often do not contain data in the required format. In view of the same problem, I had to find ways of extracting, adapting and manipulating the data from consultation submissions and other publicly available sources before being able to analyse the network. One of the problems of treating similarities between consultation submissions as proxies for relationships was that this approach did not capture any detail about the relationship which helped to interpret the nature of interaction between political actors. The nature of the data did not allow the extraction of information about the quality, intensity or direction of a relationship, the duration of collaboration, whether the relationship was unilateral or reciprocated, any power differences between actors, the actor's actual level of engagement in the policy process, the policy network and the coalition, his reasons for collaboration or his assessment of the relationship.

With regard to the definition of relationships, the following limitations have to be acknowledged. Given that websites which did not provide information in English or

⁸⁴ A public-private relationship in this context is defined as a link between a private actor (e.g. an advocacy organisation, business representative or other stakeholder) and a public actor (i.e. a decision maker).

German were excluded from the searches, public relationships among organisations with an English or German internet presence were presumably more likely to be registered than public relationships between actors from non-English or non-German speaking EU member states. It is possible that some relationships were not registered because collaborations were not publicly declared or organisations might have made efforts to conceal links. The time lag between the policy initiative and the research project meant that some organisations or links between organisations might have ceased to exist, resulting in an under-reporting of short-term or past collaborations. With respect to the definition of active relationships, the percentage that was reported regarding the similarity between submissions (on which the definition of active relationships was based) constituted a limitation. The percentage report was related to the length of the submitted document, which meant that shorter documents were more likely to show higher degrees of similarity than longer submissions. Overall, due to rigorous cross-checking, conservative cut-off points and the reasons outlined above, it seems more likely that relationships were under- rather than over-reported.

9.4.3.1.3 Ethical considerations in quantitative network analysis

In the last decade, social network researchers, including those who have applied SNA to public health (Harris, 2008; Klovdahl, 2005) and organisational research (Borgatti & Molina, 2003) have increasingly drawn attention to the particular ethical issues that arise when analysing relational data. Scholars have argued that quantitative network analysis in particular aims to make the “invisible [...] visible” and tangible (Cross, Borgatti, & Parker, 2002, p. 25) and reveals connections and structures which would otherwise remain undetectable (Kadushin, 2005). The ethics of quantitative network research lie in making assertions about connections, the structure of the network and the position of individual organisations within it (Kadushin, 2005). Scholars have highlighted that neither research participants nor researchers can fully envisage the potential consequences of analysing relational information, a problem whose significance increases if the analysis can result in negative consequences for the network actor (Kadushin, 2005). A review by Harris (2008) of 50 articles using quantitative network analysis in public health research shows that few authors discuss issues of consent (18% of all studies) and confidentiality (24% of all studies), with organisational network research being least likely to discuss ethical concerns. The review provides evidence that, despite an obvious need for ethical considerations in quantitative network research, discussions of how consent and confidentiality are addressed

are rare and need to be facilitated in order to advance quantitative network research (Harris, 2008). Given that data from archives, online sources, repositories or databases and other public records are, by definition, freely available to everyone, ethical issues are particularly unlikely to feature in research projects dealing with secondary data (Harris, 2008). Kadushin (2005), however, stresses that drawing on data from public databases or archived material can limit the researcher's understanding of the validity, reliability and accuracy of the data and that ethical concerns are highly relevant to documentary research.

Being aware of the need for ethical consideration about the use of secondary data in social network research, I carefully considered the implications and potential risks of the conversion of the documentary data and the statistical analysis and graphical depiction of actors, their attributes and relationships in the context of this study. Weighing the limited potential risks against the considerable limitations that anonymising the quantitative data would have meant for the explanatory power of the quantitative network analysis, I decided to not disguise the identity of the network actors when graphically depicting the policy network. In order to alleviate the limitations of the quantitative analysis and avoid any harm to the actors that were mentioned in the network, I made sure to pay careful consideration to the diligent analysis and interpretation of the data and to contextualise the data as far as possible. By repeatedly acknowledging the limitations of the information that I was able to extract from the documentary data sources and highlighting that all graphically depicted relationships were proxies rather than definitely existing collaborations, I hoped to make clear that the network analysis provided a structural model but not a definite description of the policy network. The limitations of the documentary data and the quantitative network analysis meant that triangulation and contextualisation with data from in-depth interviews was crucial for the analysis.

9.4.3.2 Interviewing political actors on EU smoke-free policy

Social science researchers, including Ostrander (1995), Richards (1996) and Cormode and Hughes (1999) have stressed the importance of conducting research on decision makers, business elites and representatives of advocacy groups. Interviews with political actors have been found to increase knowledge and understanding of policymaking and assist in uncovering and scrutinising the position of political actors and the rationales they act upon (Ostrander, 1995). Due to the logistics and obstacles involved, Lilleker (2003, p. 207) highlights that qualitative researchers have to navigate "a potential minefield" when

interviewing political actors. Given that interviews are shaped by their social context (Holstein & Gubrium, 2004), a reflection on the context of interviewing is crucial to a thorough analysis of this project. I use the following section to reflect on the decisions that I made in the research process, the interview approach taken and specific features of the interview relationships. The section describes some of the difficulties that I encountered when interviewing political actors about the development of EU smoke-free policy and sheds light on the potential pitfalls and complexities of interviewing in a tobacco control policy context. It also highlights some of the most pertinent ethical issues when interviewing elites and outlines how they were addressed in the design and execution of the research project.

9.4.3.2.1 Accessing and interviewing political actors

Problems around gaining access have been raised as one of the major concerns with regard to studying political decision makers (Sabot, 1999) and business elites (Yeager & Kram, 1995). Their limited availability and the difficulties to access elites are assumed to prolong the research process (Puwar, 1997), lead to inappropriate reverence on the researcher's part and pressured interview situations (Thomas, 1995). Vigilant planning and careful preparation have been identified as alleviating some of these potential risks and as success factors of research projects which include interviews with elites (Lilleker, 2003; Ostrander, 1995; Thomas, 1995).

Conscious of impending difficulties, I paid careful attention to the recruitment process and prepared meticulously for each interview. Having to travel and pool interviews with actors who had busy schedules and were dispersed across Europe made recruitment and interviewing a logistically challenging task. I put considerable efforts into early recruitment and the establishment of good relationships with the interviewees and any gatekeepers, provided clear, transparent and consistent information about the study, the interview process and the ways in which the findings would be used, tried to be as accommodating as possible regarding interview dates, times and venues and responded conscientiously and sincerely to any concerns, sensitivities and questions that interviewees raised.

9.4.3.2.2 Language

With language being a means of data production in an interview and shaping people's identities and social context (Tinggaard, 2009), language barriers between the interviewer and the interviewee have been identified as a concern regarding research with individuals

who speak different languages (Lewis, 2009; Smith, Chen, & Liu, 2008; Squires, 2009). While several studies focus on problems that arise when the research process involves translation (Smith, et al., 2008; Squires, 2009), a lack of studies explores the obstacles of conducting research in a language that is not the interviewee's or interviewer's native tongue. The difficulty of this research project was that interviews were conducted in a language that was often neither my or the interviewee's native tongue. Although many respondents were fluent in English with a considerable number using English as a working language, this situation entailed additional barriers to communication. I thus set aside time at the start of the interview to ensure that the respondent understood all information provided in the information sheet and was able to give informed consent to participate in the study. After conducting a few interviews, I realised that establishing rapport tended to be easier when both interview partners spoke their native tongue and that I was less likely to provide explanations about the reasons for asking a specific question and convey my own viewpoints when conducting the interview in German or when speaking to someone with an excellent command of English. Due to such conversational barriers, I decided to offer German speakers the choice to be interviewed in German. While this meant that I had to translate these interviews (risking that the translation was affected by my understanding and interpretation of the data), interviewing participants in their native tongue seemed to improve the chances of establishing good rapport and obtaining rich interview accounts and thus constituted the most acceptable compromise.

9.4.3.2.3 Narrative reconstruction

Narrative reconstruction, i.e. the process of recalling, designing and manufacturing involved in telling a story, has been acknowledged as an inherent feature of interviews (Jovchelovitch & Bauer, 2000). When participants are asked to recall events, recall bias and failure of memory can lead to the omission of important aspects (Gaskell, 2000; Richards, 1996). Boyce (2000) highlights that the informant's and the researcher's contemporary perspective and hindsight are likely to influence their account and interpretation of the past. Asking my interviewees to give accounts of events that had happened two to five years prior to the interview and expecting them to not only recall what had happened but also who was involved and their personal feelings, opinions and views at the time meant that narrative reconstruction was of relevance to my research. I thus placed specific emphasis on working with visual aids and triangulating the interviews with documentary data.

9.4.3.2.4 Power and transparency

A large body of literature suggests that elites are more difficult to penetrate than other groups (Lilleker, 2003; Puwar, 1997; Sabot, 1999; Thomas, 1995; Yeager & Kram, 1995), more likely to skilfully avoid issues they prefer not to talk about (Lilleker, 2003) and provide official, organisational views rather than personal accounts (Puwar, 1997; Thomas, 1995) and better able to steer and dominate the interview agenda and manipulate research results and dissemination (Bradshaw, 2001; Lilleker, 2003; Ostrander, 1995; Puwar, 1997; Richards, 1996; Smith, 2006a). Similarly, previous research on political actors and representatives of corporations (Bradshaw, 2001; Desmond, 2004) suggests that, with elite interviewees being accustomed to negotiating terms and conditions, researchers are faced with particular power issues when interviewing them (Ostrander, 1995). On the other hand, a researcher's autonomy in analysing and interpreting the data and producing research outputs can be seen as a way of exercising power in the research process (Spencer, Ritchie, & O'Connor, 2009; White, Woodfield, & Ritchie, 2003) and an opportunity to exert considerable power in the later stages of a research project (McDowell, 1998).

While, as outlined in the ethical review form, I did not expect the research project to cause psychological harm or discomfort for the participants, I acknowledged that the interviewee's accounts would potentially touch on sensitive issues, that research participants might not want to be identified and that they needed to receive comprehensive information in order to be able to give informed consent to participate in the study. Aiming to minimise information imbalance in the interview process and allow potential participants to make informed decisions about their participation in the study, I made considerable efforts to supply extensive information about the research project, myself, my institutional affiliation and my value position. In order to increase transparency, I included a signature in all e-mail correspondence which contained my contact details and a link to my regularly updated web profile (which included previous publications) and provided information about my affiliation with the Centre for Population Health Sciences of the University of Edinburgh, the purpose of the study, the recruitment and interview process and the interviewee's choices regarding confidentiality in the invitation letter and information sheet. I further encouraged participants to contact me if they had any questions and provided my supervisor's contact details in case potential interviewees wanted to raise concerns or make a complaint. At the start of each interview, I recalled the aims of the study and the research process and invited the interviewee to ask questions. Although risking increasing formality and reluctance to

report more personal details, I decided to approach the interview in a very formal way, thereby reminding myself and the interviewee of the professional and academic nature of the interview. I felt that this was particularly important when interviewing tobacco control advocates who were likely to disclose personal and confidential information because they were personally acquainted with me or had been initially approached about participating in the study by one of my supervisors. I realised that being faced with very skilled public speakers, it was not always easy to strike a good balance between following the interviewee's account on the one hand and keeping the interview focused on my research interests on the other. After I had conducted a few interviews, I was, however, better able to use the start of the interview to explain the purpose of the interview, clarify the ground rules and announce that I might interrupt the interviewee's account and steer the interview in order to ensure adherence to the agreed time frame.

Overall, interviewees seemed to be satisfied with the transparency and clarity of the information that they had received and with the approach I took to interviewing, with some interviewees specifically complimenting me for the diligence with which I had prepared the interview and the information that I had provided. Regarding power in elite interviews, my experience mirrors that of Smith (2006b) in that I did not feel disempowered at any point during the interviews. In fact, interviews were usually pleasant encounters and characterised by mutual respect and an openness to share information. My experience suggests that the success of the interviews was increased by the clarity and transparency which characterised my interaction with potential interviewees and that the detailed preparation which was tailored to each interviewee added to the ease with which I conducted the interviews.

9.4.4 Reflections on my value position as a public health researcher

While ethical approval from the Research Ethics Committee at the School of Health in Social Science of the College for Humanities and Social Sciences was all that was formally required to conduct the study (see section 5.4.2.5), the thesis would be incomplete without a more specific reflection on my value position as a public health researcher analysing the development of EU tobacco control policy. Throughout the course of the research project, I became increasingly aware of the challenges the project posed in terms of reflecting on my approach to critically analysing stakeholder engagement in EU policymaking and appraising the public health implications of the engagement of different actors. Previous research

suggests that a tension between value-neutral research and activism is central to tobacco control research (Berridge, 2005; Mair & Kierans, 2007; Mamudu, et al., 2011). Research on advocacy in tobacco control by Mamudu et al. (2011), for example, suggests that tobacco control researchers are particularly willing to engage in political debates and collaborate with tobacco control advocates. The willingness of tobacco control researchers to get involved in policy debates and the alliance between academics and tobacco control advocates have been hailed as major strengths of tobacco control (Mamudu, et al., 2011). Tobacco control advocacy seems to benefit from public health researchers' acknowledgement that policies considerably affect public health, their recognition that they have a professional and moral obligation to help reduce the political barriers to public health and their willingness to take a normative approach to studying tobacco control (Berridge, 2005; Mamudu, et al., 2011; Warner & Tam, 2012). The willingness of tobacco control researchers to highlight the political implications of their research, collaborate with advocates and get involved in political debates has, however, also been subject to critique. Reflecting on UK tobacco control policy, Berridge (2005, p. 112), for example, crucially scrutinises what she calls "health activism", i.e. a joint movement of academics, experts and advocates who pursue a joint policy objective and use science as a "battering ram in advocacy". Mair and Kierans (2007) criticise tobacco control researchers for allowing their normative stance to impede their capacity to study the subject with an open mind, showing little interest to engage in critical debate on the issue and making tobacco control research a moral rather than a scientific activity. The criticism of the normative approach to tobacco control research and the calls for value-neutral research seem to have been heightened by the adversarialism that characterises tobacco control policy (cf. Smith, in press).

Conducting research on tobacco control policy, I thus had to position myself within a strongly contested area of public health policy and research. Recruitment and interviewing advocates who had starkly opposing views on the issue under investigation particularly highlighted the intricacies of tobacco control research and forced me to reflect on my own position and values. Throughout recruitment, I took special care to be transparent about my affiliation with a public health department and the public health perspective of the study. Knowing that the framing of research issues is key to the researcher's ability to gain access to participants (Yeager & Kram, 1995), I was aware that such an approach would risk losing potential study participants and was therefore unsurprised that individuals working for organisations that represented tobacco industry interests declined participation more

frequently than individuals who worked for organisations that were supportive of or neutral to tobacco control. While the reasons that were given to explain the refusal of interviews did not specifically indicate this, it seemed that tobacco industry representatives were cautious to contribute to research which was likely to take a critical stance towards their engagement in EU policy. The fact that I had previously been involved in research which had uncovered tobacco industry lobbying strategies (Grüning, et al., 2011; Mandal, et al., 2009; Smith, Fooks, Collin, Weishaar, & Gilmore, 2010; Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; Smith, et al., 2009; Weishaar, et al., 2012) and resulted in negative publicity for the industry may have contributed to their scepticism about talking to me.

The same reasons seemed to contribute to the fact that tobacco control advocates, on the other hand, were often very willing to talk to me and contribute to my research. When recruiting tobacco control advocates, I seemed to be able to capitalise on the fact that I had conducted, published and presented research on tobacco industry influence on EU policymaking in scientific journals and at tobacco control conferences and events and was thus perceived as a researcher who was supportive of tobacco control and identified with the tobacco control community. The fact that I had previously been employed on a SFP funded research project seemed to further add to my credentials among tobacco control advocates. The willingness of some interviewees to be interviewed by me seemed also partially influenced by the fact that I had worked as an intern for EPHA, was supervised by two tobacco control experts who were internationally recognised as contributing to policy-relevant tobacco control research and had previously met the interviewee or knew someone they knew.

I was aware that the perception of me “being part of ‘them’” (i.e. the tobacco control community) could have resulted in an inappropriate degree of familiarity and trust on the part of tobacco control advocates and mistrust from tobacco industry representatives. As outlined in detail in section 5.4.2, extra efforts were therefore made to set the interview up in a way which highlighted its professional nature and made the interviewee aware that I would critically analyse all information they provided. While I felt that I had to guard against too much intimacy with tobacco control advocates, my apprehension about interviewing tobacco industry representatives stemmed from my expectation that we would be overly critical of each other’s value positions. I was, however, positively surprised that tobacco industry representatives were very welcoming and professional in their approach to the interview, and that I seemed to be able to convey that I tried to be unprejudiced and was

genuinely interested in their views of the policy process. Blaikie (2000) highlights that in-depth interviews require a considerable degree of involvement in the social world. Similarly, I found that personally interacting with interviewees forced me to make efforts to understand their worldviews, attitudes and actions, reflect on my own and their value positions and critically appraise normative assumptions held by the interviewees and myself.

Throughout data analysis and writing up of the results, I paid special attention to presenting my results in a convincing manner and being alert to any personal values or views which would potentially bias the analysis and description. I then, however, allowed myself to discuss the findings from a public health perspective, which focused on the analysis of actors and factors which facilitated and impeded effective EU smoke-free policy, and to draw conclusions for public health and tobacco control policy.

9.5 Implications for policy and advocacy

Throughout the research project, I experienced a tension between wanting to remain detached in the analysis of EU policymaking and wanting to critically analyse the factors that contributed and hampered effective EU smoke-free policy from a public health perspective. This constant balancing act made me increasingly aware of the difficulties involved in combining value-neutral research with my identity as a public health researcher. While I tried to be ethical, critical and reflective and conduct unprejudiced research, I acknowledge that I remain a conflicted researcher and that my value positions as a public health researcher and my dedication to fighting tobacco-related mortality and morbidity will have influenced my research project. Eventually, this thesis is motivated by a hope that it might help those pushing for effective tobacco control policy to understand the policy environment they operate in, to guard against opposing forces and to successfully develop and implement public health policies. Following this motivation, the following section focuses on the implications of the findings for policy and advocacy. It discusses the importance of legitimacy in EU public health policymaking, the complexity of EU policymaking and coalition-building in tobacco control.

9.5.1 Legitimacy of stakeholders in EU tobacco control policy

By highlighting the considerable efforts that advocates made to portray themselves as legitimate stakeholders, this study raises questions about legitimacy and stakeholdership in

EU public health policymaking. Official European commitments to involving stakeholders in the policy process (European Commission, 2001, 2002a, 2002b) have generated both enthusiasm and concern (Kohler-Koch & Finke, 2007; Smith, Fooks, Collin, Weishaar, & Gilmore, 2010), with some claims that EU institutions are more amenable to business than civil society interests (Alliance for Lobbying Transparency and Ethics Regulation in the EU, 2010; Miller & Harkins, 2010). Over the last decade, the EU has undertaken a series of regulatory initiatives, which include a shift to what has been termed “simplified” legislation (European Commission, 2001, p. 30), “good governance” (European Commission, 2001, p. 10) and “better regulation” (European Commission, 2001, p. 23). The promotion of more and different forms of IA of policy proposals and a “culture of consultation and dialogue” with “interested parties” (European Commission, 2002b, p. 1) forms a crucial part of these reforms (European Commission, 2002a). Critics argue that corporate interests have not only shaped this agenda but continue to benefit from the resultant opportunities for engagement (Smith, Fooks, Collin, Weishaar, Mandal, et al., 2010; Smokefree Partnership, 2010). A number of academics and advocates have voiced reservations about the EU’s approach to stakeholder consultation, noting that commitments to giving all actors an equal say in the development of policy potentially conflict with the EU’s legal obligation to FCTC article 5.3 and have to be reviewed (Smith, et al., 2009; Smokefree Partnership, 2010).

Efforts to engage in stakeholder dialogue (e.g. British American Tobacco, 2013), company reports which demonstrate their response to societal problems (e.g. British American Tobacco, 2007) and social responsibility programmes (Fooks et al., 2011) provide evidence that tobacco companies invest heavily in initiatives which help justify their political engagement and their legitimacy as stakeholders in the European policy arena. Fooks et al. (2011) suggest that tobacco companies increasingly employ corporate social responsibility initiatives as means of securing access to decision makers and increasing chances of influencing policy decisions.

The analysis presented in this thesis suggests that members of the Supporters’ Alliance successfully seized the debates on smoke-free policy to question the credibility and legitimacy of tobacco industry representatives in tobacco control. While depicting themselves as credible stakeholders who were able to make valuable contributions to the political debate, they portrayed tobacco industry representatives as illegitimate stakeholders who were not to be involved in the development of EU smoke-free policy. The findings show that public health advocates drew on FCTC article 5.3 when framing such debates,

suggesting that the negotiation of EU smoke-free policy provided an opportunity for tobacco control advocates to draw attention to the unfulfilled commitment of the EU and its member states to implementing this aspect of the FCTC. The analysis indicates that the substantial consensus that had been reached about the illegitimacy of tobacco industry representatives and the relevance of FCTC article 5.3 for EU smoke-free policy helped to counter and diminish opposition to the policy initiative. By providing a rationale to reject any request for consultation or engagement with tobacco industry representatives, beyond official consultations and written demonstration of interest, FCTC article 5.3 further seemed to aid the decision makers working to develop comprehensive EU smoke-free policy.

The analysis, however, also highlights that tobacco control advocates had differing opinions about the appropriate degree of tobacco industry engagement in policymaking and the practicalities of putting FCTC article 5.3 into practice. While these disagreements did not seem to cause conflict in the context of lobbying for EU smoke-free policy, they could potentially lead to disputes and friction among tobacco control advocates in the future. The lack of clarity among tobacco control advocates about FCTC article 5.3 identified in this thesis highlights the need to work towards developing a more consistent position on this issue within the tobacco control community and suggests that clearer strategies regarding the implementation of FCTC article 5.3 are required.

The analysis presented in this thesis suggests that public health advocates were successful in employing FCTC article 5.3 to argue against tobacco industry engagement in the development of EU smoke-free policy, frame debates on stakeholdership and question the legitimacy of tobacco industry interests in EU smoke-free policy. While it is unrealistic to assume that FCTC article 5.3 will completely prevent future tobacco industry interference in EU tobacco control policy, it seems to provide a useful tool for advocates to employ in raising awareness of the vested interests of tobacco industry representatives and in drawing attention to their potentially detrimental impact on tobacco control. The analysis suggests that one of the reasons why the strategy of using FCTC article 5.3 might have been particularly persuasive in this particular instance was that the issue of smoke-free policy lend itself to arguing that tobacco industry representatives had little to contribute to the policy debates and that DG SANCO representatives were willing to consider how to protect the policy from vested interests. In contrast to DG SANCO's receptiveness to the arguments of tobacco control advocates on this issue, illicit trade agreements between the EC and three major transnational tobacco companies (European Commission, 2004, 2007, 2010b) indicate

that the other parts of the EC are pursuing a different, more collaborative approach (Lieberman, 2012; Lieberman, et al., 2011). Representatives of other DGs and decision makers who deal with areas of tobacco control policy which do not relate to public health as obviously and directly as smoke-free policies might be less aware of FCTC article 5.3 and less likely to guard against tobacco industry interference. Given that policies dealing with tobacco taxation or illicit trade are often not perceived as public health but as economic and crime measures, decision makers working on such policies can be expected to see less need to take precautionary measures against tobacco industry interests.

9.5.2 Dealing with the complexity of EU policymaking

Over and above highlighting the importance of legitimacy in EU policymaking, the case study emphasises the complexity of European interest representation and coalition-building. The analysis sheds light on the variety of interests that impact on the development of EU tobacco control policy and suggests that an inconsistency in smoke-free policies across the EU hampered the development of consensus and a joint strategy. It highlights the difficulties involved in trying to navigate the multitude of institutional venues, decision makers and stakeholders involved in EU policy. Differences between national situations deriving from the fact that some EU member states had already implemented comprehensive smoke-free policies, others were in the process of developing respective policies and a few had no intention of adopting policies to protect their citizens from SHS, allowed actors to compare the effectiveness of different types of legislation and exchange information (discussed in detail in section 8.4.1). These differences, however, also meant that EU smoke-free policy was expected to have differing effects in different EU member states. Such expectations shaped actors' respective interests in the EU policy process, with some actors supporting comprehensive EU smoke-free policy in anticipation of its effects at the national level and others strongly opposing EU smoke-free policy because it threatened to reverse their efforts at European level.

The complexity and diversity of interests was illustrated by the inability of some European social partners, multi-issue organisations and umbrella associations to build consensus. One of the obstacles that these organisations faced was the need to come to an agreement and consolidate the opinions of member organisations from 27 EU member states. Despite generally being sceptical of regulation, many European organisations were unable to develop a clear joint position against EU smoke-free policy. While European

hospitality associations like HOTREC struggled to uniformly and strongly position themselves, individual national representatives of the hospitality sector (e.g. Hungarian, Polish, Portuguese and Scottish organisations) strongly voiced their opposition against comprehensive EU smoke-free policy. By highlighting the difficulty of European umbrella organisations to come to an agreement and oppose comprehensive EU smoke-free policy, the analysis suggests that the complexity of European interest representation was an additional explanatory factor for the isolation of the tobacco industry in the policy debates.

9.5.3 Coalition-building for tobacco control

Previous research has shown that coalitions of like-minded actors have increased the ability of stakeholders to exert political influence (Bomberg & Peterson, 1998; Coen, 2007; Haas, 1992; Keck & Sikkink, 1998; Long & Lörinczi, 2009; Mahoney, 2007b; Watson & Shackelton, 2008) and been instrumental in achieving national smoke-free policy in some EU member states (Arnott, et al., 2007; Currie & Clancy, 2011; Drope, 2010; Harrison & Hurst, 2005). By underlining the importance of coalition-building for tobacco control policy, this study builds on these previous studies. It demonstrates that unity between members of the Supporters' Alliance, agreement on underlying values, willingness to collaborate and a strategic approach to coalition-building all contributed to the adoption of comprehensive EU smoke-free policy. While drawing attention to some underlying tensions, diverging interests and secondary agendas of different members of the Supporters' Alliance, including economic interests and desires to build a positive public profile, the study highlights that health-related organisations were successful in not drawing attention but overcoming disagreement and demonstrating unity. Due to strategic considerations and a high level of trust, alliance members were able to build a coalition across national boundaries, professional disciplines and specific interests and pursue a joint strategy throughout the negotiations of the Council Recommendation on smoke-free environments. The analysis provides plenty of evidence that stakeholders perceived coalition-building with other actors as an advantage and helpful for trying to persuade decision makers. By highlighting solid support for comprehensive EU smoke-free policy and strong opposition to tobacco industry arguments, the case study supports Keck and Sikkink's (1998) hypothesis that stakeholders are particularly likely to engage in policy debates which identify the actions of individuals (or in this case, corporations) as causes of physical harm to vulnerable individuals. The analysis further

suggests that the awareness among alliance members of their own limited resources facilitated collaboration and coalition-building.

While highlighting successful coalition-building among supporters of comprehensive EU smoke-free policy, the findings also show that network members were aware of the disadvantages of collaborating with other political actors and carefully considered whether to engage in coalitions. The study illustrates that engaging in collaborative working meant that barriers to coalition-building had to be overcome and alliance members had to surrender some autonomy and agree on a common message. The analysis suggests that leadership by and strategic direction from individuals who were familiar with EU policymaking generally and developments on EU smoke-free policy specifically were crucial to overcoming some of these obstacles to collaboration. Guided by a thorough understanding of the EU policy process, core actors astutely handled difficult issues, including questions about the limited public health competence of the EU, and were skilful in capitalising on the existing political will and momentum towards smoke-free policy. Lead organisations further successfully mobilised allies, suggesting that the collaborative approach of the Supporters' Alliance was essential to its success. As such, the case study suggests that the collaboration of health-related organisations in the context of EU smoke-free policy was exemplary of intelligent European interest representation and tobacco control advocacy. While the success of the Supporters' Alliance might be specific to this particular instance of policymaking, the case study, which provides evidence of the success of public health advocates to unite, join forces and strategically approach a policy issue, may serve as a model for future European tobacco control advocacy.

9.6 Implications for future research

Beyond implications for policy and advocacy, this study points towards areas of future research, most prominently research in the area of comparative public health policy research. The following sections outline two specific ideas for future research.

9.6.1 Comparing tobacco control networks and studying network evolution

As outlined in detail above, one of the main limitations of this project was its exclusive focus on the development of EU smoke-free policy as a single case. Initial results on the dynamic nature of the network point to the comparison of tobacco control networks and studies on

network evolution as interesting areas of future research. Previous research, which shows that the tobacco industry has fiercely opposed national level smoke-free legislation (Kyriss, et al., 2008; Lee & Glantz, 2001; Muggli, et al., 2008; Schneider, et al., 2011), suggests that tobacco industry engagement in EU smoke-free policy was modest compared to tobacco industry attempts in other jurisdictions. Comparing national policy networks with the network of actors involved in EU smoke-free policy could be used to test the hypothesis that tobacco industry representatives are more assertive in opposing binding national legislation. Research further indicates that tobacco industry representatives have successfully established themselves as legitimate stakeholders in tobacco control policy and considerably managed to influence tobacco control policy within some EU member states, notably in Germany (Grüning & Gilmore, 2007; Grüning, et al., 2008; Grüning, et al., 2011). Based on the assumption that stakeholder engagement and coalition-building in smoke-free policy differ considerably across different jurisdictions, a comparative study of policy networks in the following three, distinct contexts could provide valuable insights into correlations between the structure and content of a network and policy outcomes: EU member states which have already introduced comprehensive smoke-free legislation; member states with partial policies; and member states which still largely fail to protect their citizens from exposure to SHS. Such a comparison could, for example, help analyse the extent or lack of polarisation of policy networks across different jurisdiction, explore whether the same types of actors form coalitions in different EU member states and reveal differing opportunities for tobacco industry representatives to engage in national debates on smoke-free policy. Comparing coalition-building between member states with strong and weak policies could, on the one hand, facilitate the identification of factors which contribute to successful advocacy and foster the development of effective smoke-free policies, and on the other hand, increase understanding of network features which impede the development of such policies and enable opponents to dominate the debates.

The analysis presented above also suggests that previous and ongoing global, European and national level tobacco control initiatives had an impact on the development of EU smoke-free policy and on the formation and dynamics of the policy network. The FCTC negotiations, for example, seemed to be a catalyst for EU action on smoke-free policy and previous interactions between political actors seemed to facilitate collaboration and coalition-building in the context of the Council Recommendation on smoke-free environments. These findings suggest that previous developments and collaboration and the

wider context in which networks operate need to be taken into account when analysing the behaviour of network actors with respect to a specific policy. Longitudinal network studies are required to explore the formation and development of policy networks in EU tobacco control policy and the embeddedness of policy networks in their wider historical and geographical context. The substantial opposition that supporters of tobacco product regulation face in the context of the revision of the TPD and the collaboration between EU decision makers and tobacco industry representatives on illicit trade further suggest that comparative studies could provide information about the extent to which policy networks vary between different policy initiatives and areas of tobacco control policy.

9.6.2 Comparing policy networks and coalition-building in public health

Tobacco control has been hailed as a positive example of public health governance (Brand, 2010; Collin, 2004) with potential implications for other areas of public health policy (American Public Health Association, 2006; Casswell & Thamarangsi, 2009; Editors of the *Lancet*, 2007; Jernigan, Monteiro, Room, & Saxena, 2000; World Medical Association, 2005). This project provides compelling evidence that public health could benefit from studies which compare policy networks across policy domains. Having successfully explored a policy network in European tobacco control, this study provides a potential comparison for future studies aimed at investigating stakeholder engagement in other public health domains. Respective studies could build on literature which has highlighted similarities between the major risk factors for non-communicable diseases and causes of preventable death and ill health, including tobacco, alcohol and food and beverages containing high amounts of fat and sugar (Daube, 2012; Dorfman, Cheyne, Friedman, Wadud, & Gottlieb). Recent research has drawn attention to parallels between the tobacco epidemic and other public health concerns, including alcohol consumption and obesity (Cohen, 2011; Daube, 2012; Gilmore, Savell, & Collin, 2011; Jahiel & Barbor, 2007). Public health problems that are related to the consumption of commercial products, and at least partially caused by their promotion, have been referred to as “industrial epidemics” (Jahiel & Barbor, 2007, p. 1335). While other industries often try to highlight that they are different to the tobacco industry (Metherell, 2011), initial research suggests that different commercial actors share similar concerns about regulation and can employ the same strategies in their efforts to influence political and public opinion (Bond, Daube, & Chikritzhs, 2010; Daube, 2012; Dorfman, et al.,

2012; Freudenberg & Galea, 2008; Moodie et al., 2013; White & Bero, 2011). In addition to research on the tobacco industry, most studies in this area to date have focused on the alcohol (Bond, et al., 2010; Daube, 2012; Jahiel & Barbor, 2007; Miller & Harkins, 2010) and food and soft drink (Brownell & Warner, 2009; Dorfman, et al., 2012; Freudenberg & Galea, 2008) industries.

Most industry sectors seem to employ similar strategies when trying to influence the regulatory environment. Existing research shows that representatives of the alcohol industry, for example, have previously “tried to claim a place at the table” when policies are negotiated (Hawkins, Holden, & McCambridge, 2012, p. 302), funded lobbyists (Daube, 2012), lobbied decision makers (Daube, 2012) and built coalitions with like-minded actors (Yoon & Lam, 2012). At the EU level, the Corporate Europe Observatory has drawn attention to the considerable resources that the food industry spent on a lobbying campaign against the introduction of a “traffic light system” for food labelling⁸⁵ (Corporate Europe Observatory, 2010). Commercial actors have also been successful in preventing and influencing European alcohol regulation (European Centre for Monitoring Alcohol Marketing, 2011).

A review of the literature, however, also reveals some important differences. While tobacco companies have been widely recognised as a “pariah industry” (Daube, 2012, p. 108) and restricted from public health policy influence via the FCTC, the EU’s partnership approach to tackling obesity suggests that food, soft drink and other companies enjoy more acceptance and legitimacy (Schäfer Elinder, 2011). This is, for example, evident in the EU Platform for diet, physical activity and health, which includes commercial actors, as well as in the “public-private partnerships” between EU decision makers and corporate actors (Directorate General for Health and Consumers, 2013a). Indeed, serious concerns have been voiced about the closeness between EU decision makers and commercial actors (Schäfer Elinder, 2011). Schäfer Elinder (2011) calls on European officials to give clear priority to public (rather than corporate) interests and unmistakably manage partnerships with corporate actors with this objective in mind. In order to limit industry interference in public health policymaking and “policy capture” (Miller & Harkins, 2010, p. 564), public health

⁸⁵ The so-called “traffic light system” is a labelling system for food and beverages which assigns a green label for healthy food and drinks and a red label for food and beverages which contain high amounts of salt, fat and sugar (Corporate Europe Observatory, 2010). Australian research has shown that the traffic light system helps consumers to quickly identify healthier food options (Kelly et al., 2008).

advocates and scholars request the regulation of commercial sector engagement in policy (Cohen, 2011; Moodie, et al., 2013).

Despite the striking parallels between tobacco and other public health policy issues and the increasing importance that has been paid to the role of policy networks in the development of policy, comparative research on stakeholder engagement and policy networks in public health policy remains limited (Berridge, 2006; Bond, et al., 2010; Jahiel & Barbor, 2007). This study suggests that studies which compare networks across policy domains may increase understanding of policymaking and stakeholder engagement in the development of public health policy. Such studies could explore which types of actors engage in the development of policy, in what way and why, and whether, how and why they collaborate. By providing a spectrum of policy successes and failures, different case studies offer opportunities to identify policy features which might contribute to the development of effective public health policy. Comparing the role of corporate actors in the different areas of public health policy could increase understanding about the interests and engagement of corporate representatives in EU public health policymaking and increase recognition of commercial actors as vectors of epidemics. Future studies could explore the composition, leadership and dynamics of different public health coalitions in more detail and focus on specific types of relationship, including those between researchers and advocates or between public health advocates and decision makers. By enhancing understanding of the political forces which undermine and contribute to the development of effective public health policy, comparative studies could facilitate cross-sectoral learning and knowledge transfer and aid advocates and decision makers to guard against vested interests and advance effective public health policy.

10 Conclusions

Whilst conducting the research for this project, I have repeatedly been asked why the analysis of stakeholder engagement in EU public health policy should be the topic of a PhD in public health. By influencing the conditions under which people live and work, effective public health policy can considerably minimise the burden of disease. This implies that the investigation of policymaking and the factors influencing it, or what could be termed the “political determinants of health” (Bambra, Fox, & Scott-Samuel, 2005, p. 188), constitutes an essential part of public health research. Despite this recognition, systematic research on public health policy and its determinants remains limited. By investigating a policy network in EU tobacco control policy and providing evidence of the crucial role that political actors and their interests play in the policy processes, this thesis makes an important contribution to this body of public health literature and provides valuable insights into the factors which contribute to effective public health policy.

Focusing on stakeholder engagement in the development of EU smoke-free policy, this case study shows that tobacco control is a highly controversial policy area, dominated by two adversarial coalitions of supporters and opponents. Current developments concerning the revision of the TPD (outlined in the introduction to this thesis) suggest that the battle between those supporting and opposing EU tobacco control policy is getting fiercer and supporters of comprehensive tobacco control face more severe opposition than ever before. Following Dalli’s departure in November 2012, Tonio Borg, former minister of foreign affairs of Malta, was appointed as new European Commissioner for Health and Consumer Policy. In a hearing in the EP prior to his appointment, Borg committed to making the fight against conflicts of interest a top priority of his term in office and release the policy proposal for the revision of the TPD by January 2013 (European Public Health Alliance, 2012a). On 19 December 2012, only three weeks after Borg took office, DG SANCO published the proposal for the revision of the TPD (Directorate General Employment Social Affairs and Inclusion, 2012). While the proposal falls short of calls by public health advocates for plain packaging, it foresees the introduction of mandatory pictorial health warning labels to be displayed on 75% of both sides of the packages of tobacco products, the continuous prohibition of the sale of oral tobacco products across the EU, a ban on characterising flavours, slim and super slim cigarettes, the regulation of the sale of tobacco products over the internet, and other tobacco control policy measures (Directorate General Employment Social Affairs and Inclusion, 2012). The directive could be adopted before the

end of the EP term in 2014. Brussels-based public health organisations have welcomed the EC proposal as a positive intermediary result, but have also expressed concern about the tobacco industry's opposition to the initiative and the lack of transparency of the policy process (European Public Health Alliance, 2012b; European Respiratory Society, 2012; Smokefree Partnership, 2012b). It remains to be seen whether decision makers are sufficiently committed to comprehensive EU tobacco control policy and whether the EU will make another important step towards effectively protecting the health of its citizens.

11 References

- Action on Smoking and Health England. (2007). ASH Response to the European Commission's Green Paper: 'Towards a Europe free from tobacco smoke: policy options at EU level'. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-080_en.pdf
- Action on Smoking and Health Finland. (2007). Response to Commission of the European Communities Green Paper Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 31 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-064_en.pdf
- Action on Smoking and Health Scotland. (2007). Response to European Commission Green Paper: Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-081_en.pdf
- Action on Smoking and Health UK. (2009). ASH essential information on Tobacco policy and the European Union. *ASH essential information* Retrieved 5 November, 2009, from http://www.ash.org.uk/files/documents/ASH_125.pdf
- Action on Smoking and Health UK. (2010). The smoke filled room: How big tobacco influences health policy in the UK. Retrieved 23 September, 2010, from <http://www.ash.org.uk/SmokeFilledRoom>
- Afectados por el Tabaco/No Fumadores. (2007). Response to European Commission Green Paper. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-061_en.pdf
- Alliance for Lobbying Transparency and Ethics Regulation in the EU. (2010). *Bursting the Brussels Bubble. The battle to expose corporate lobbying at the heart of the EU*. Brussels: Alliance for Lobbying Transparency and Ethics Regulation in the EU (ALTER-EU).
- Allwright, S., Paul, G., Greiner, B., Mullally, B. J., Pursell, L., Kelly, A., et al. (2005). Legislation for smoke-free workplaces and health of bar workers in Ireland: before and after study. *British Medical Journal*, 331(7525), 1117-1120.
- Altria. (2012). About Altria. Retrieved 5 September, 2012, from www.altria.com
- American Public Health Association. (2006). A call for a framework convention on alcohol control. Retrieved 10 April, 2012, from <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1339>
- Amos, A., Bauld, L., Clifford, D., Fidler, J. A., Hill, S., Hiscock, R., et al. (2011). Tobacco Control, Inequalities in Health and Action at the Local Level in England. Retrieved 29 January, 2013, from http://phrc.lshtm.ac.uk/project_2005-2011_a910r.html
- Amos, A., Sanchez, S., Skar, M., & White, P. (2008). *Exposing the evidence - women and second hand smoke in Europe*. Brussels: International Network of Women against Tobacco and European Network for Smoking Prevention.
- Anderson, J. E. (1975). The Study of Public Policy. In J. E. Anderson (Ed.), *Public Policy-Making* (pp. 1-28). London: Nelson.
- Anger, S., Kvasnicka, M., & Siedler, T. (2010). One Last Puff? Public Smoking Bans and Smoking Behaviour. *SOEP papers on Multidisciplinary Panel Data Research* Retrieved 27 April, 2009, from

- http://www.diw.de/documents/publikationen/73/diw_01.c.354679.de/diw_sp0289.pdf
- Apollonio, D. E., & Bero, L. (2007a). The creation of industry front groups: The tobacco industry and "get government off our back". *American Journal of Public Health*, 97(3), 419-427.
- Apollonio, D. E., & Bero, L. (2007b). Industry front groups: a tobacco case study. *Journal für Verbraucherschutz und Lebensmittelsicherheit*, 2, 341-348.
- Arksey, H., & Knight, P. T. (1999). *Interviewing for Social Scientists*. London: Sage.
- Arnott, D., Dockrell, M., Sandford, A., & Wilmore, I. (2007). Comprehensive smoke-free legislation in England: how advocacy won the day. *Tobacco Control*, 16, 423-428.
- Arnott, D., & Willmore, I. (2006, 19 July 2006). Smoke and Mirrors. *The Guardian*. Retrieved from <http://www.guardian.co.uk/society/2006/jul/19/health.healthandwellbeing>
- Asociación Empresarial del Tabaco. (2007). Submission by the Spanish Association of Tobacco Companies to the European Commission consultation on the Green Paper "Towards a Europe free from tobacco smoke". Retrieved 2 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-131_en.pdf
- Aspect Consortium. (2004). *Tobacco or Health in the European Union*. Luxembourg: Office for Official Publications of the European Communities.
- Associação da Restauração e Similares de Portugal. (2007). Comments by ARESP to the Green Paper "Towards a Europe free from tobacco smoke". Retrieved 1 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-162_en.pdf
- Association of European Cancer Leagues. (2013). About ECL and its activities. Retrieved 7 February, 2013, from <http://www.europeancancerleagues.org/about-ecl/ecl-and-its-activities.html>
- Association of European Cancer Leagues, Cancer Research UK, European Heart Network, European Respiratory Society, & La Ligue Nationale Contre le Cancer. (2005). The Limassol recommendations to obtain comprehensive smoke free legislation. Retrieved 18 December, 2012, from http://old.ensp.org/files/limassol_recommendations-en.pdf
- Association of the European Self-Medication Industry. (2007). Consultation submission by AESGP: AESGP Response to the questions posed in the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 6 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-117_en.pdf
- Association of the European Self-Medication Industry. (2012). Who we are. Retrieved 10 July, 2012, from <http://www.aesgp.eu/about-us/who-we-are/>
- Asthma and Respiratory Foundation of New Zealand. (2005). Aotearoa New Zealand smokefree workplaces: a 12-month report. Retrieved 28 April, 2010, from http://www.no-smoke.org/pdf/NZ_TwelveMonthReport.pdf
- Atkinson, P., & Coffey, A. (2004). Analysing documentary realities. In D. Silverman (Ed.), *Qualitative Analysis. Issues of Theory and Method* (pp. 56-75). London: Sage.
- Augustin, R., Metz, K., Heppekausen, K., & Kraus, L. (2005). Tabakkonsum, Abhängigkeit und Änderungsbereitschaft. Ergebnisse des Epidemiologischen Suchtsurvey 2003. *Jahrbuch Sucht*, 51(S1), 40-48.

- Austrian Smokers Network. (2007). Response to European Commission Green Paper. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-147_en.pdf
- Bache, I., & Flinders, M. (2004). *Multi-level Governance*. Oxford: Oxford Scholarship Online.
- Bajoga, U., Lewis, S., McNeill, A., & Szatkowski, L. (2011). Does the introduction of comprehensive smoke-free legislation lead to a decrease in population smoking prevalence? *Addiction*, *106*, 1346–1354.
- Balbach, E. D., Barbeau, E. M., Manteufel, V., & Pan, J. (2005). Political Coalitions for Mutual Advantage: The Case of the Tobacco Institute's Labor Management Committee. *American Journal of Public Health*, *95*(6), 985-993.
- Balbach, E. D., Herzberg, A., & Barbeau, E. M. (2006). Political coalitions and working women: how the tobacco industry built a relationship with the Coalition of Labor Union Women. *Journal of Epidemiology and Community Health*, *60*(Supplement II), ii27-ii32.
- Bambra, C., Fox, D., & Scott-Samuel, A. (2005). Towards a politics of health. *Health Promotion International*, *20*(2), 187-193.
- Barnoya, J., & Glantz, S. (2005). Cardiovascular effects of secondhand smoke: nearly as large as smoking. *Circulation* *111*(20), 2684–2698.
- Barone-Adesi, F., Vizzini, L., Merletti, F., & Richiardi, L. (2006). Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction. *European Heart Journal*, *27*(20), 2468-2472.
- Bates, C., Fagerstroem, K., Jarvis, M. J., Kunze, M., McNeill, A., & Ramstroem, L. (2003). European Union policy on smokeless tobacco: a statement in favour of evidence based regulation for public health. *Tobacco Control*, *12*, 360-367.
- Bauer, M. W. (2000). Classical Content Analysis: a review. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 131-151). London: Sage.
- Bauer, M. W., & Aarts, B. (2000). Corpus Construction: a Principle for Qualitative Data Collection. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 19-37). London: Sage.
- Bauer, M. W., Gaskell, G., & Allum, N. C. (2000). Quality, quantity and knowledge interests: avoiding confusions. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 3-17). London: Sage.
- Baumgartner, F. R. (2007). EU lobbying: a view from the US. *Journal of European Public Policy* *14*(3), 482-488.
- Baumgartner, F. R., & Jones, B. D. (1991). Agenda dynamics and political subsystems. *Journal of Politics*, *53*(4), 1044-1074.
- Baumgartner, F. R., & Jones, B. D. (1993). *Agendas and Instability in American Politics*. Chicago: University of Chicago Press.
- Bellotti, E. (2012). Getting funded. Multi-level network of physicists in Italy. *Social Networks*, *34*(2), 215-229.
- Benford, R. D., & Snow, D. A. (2000). Framing processes and social movements: an overview and assessment. *Annual Reviews Sociology*, *26*, 611-639.
- Bennet, R. J. (1999). Business Routes of Influence in Brussels: Exploring the Choice of Direct Representation. *Political Studies*, *47*(2), 240-257.
- Bennett, C. J. (1991). What is policy convergence and what causes it? *British Journal of Political Science*, *21*(2), 215-233.

- Bero, L., Montini, T., Bryan-Jones, K., & Mangurian, C. (2001). Science in regulatory policy making: case studies in the development of workplace smoking restrictions. *Tobacco Control, 10*, 329-336.
- Berridge, V. (2005). Issue Network versus Producer Network? ASH, the Tobacco Products Research Trust and UK Smoking Policy. *Clio Medica, 75*, 101-124.
- Berridge, V. (2006). Current and future alcohol policy: the relevance of history. Retrieved 9 January, 2012, from <http://www.historyandpolicy.org/papers/policy-paper-38.html>
- Bitton, A., Neuman, M., & Glantz, S. A. (2002). *Tobacco industry attempts to subvert European Union tobacco advertising legislation*. San Francisco: University of California. Centre for Tobacco control Research and Education.
- Blaikie, N. (2000). Methods for answering research questions. In N. Blaikie (Ed.), *Designing Social Research: The Logic of Anticipation* (pp. 227-276). Cambridge: Polity Press.
- Boessen, S., & Maarse, H. (2008). The impact of the Treaty basis on health policy legislation in the European Union: a case study on the tobacco advertising directive. *BMC Health Services Research, 8*, 77.
- Boessen, S., & Maarse, H. (2009). A Ban on Tobacco Advertising: The Role of Interest Groups. In D. Coen & J. Richardson (Eds.), *Lobbying the European Union: Institutions, Actors, and Issues* (pp. 212-232). New York: Oxford University Press.
- Boffetta, P., Aagnes, B., Weiderpass, E., & Andersen, A. (2005). Smokeless tobacco use and risk of cancer of the pancreas and other organs. *International Journal of Cancer, 114*, 992-995.
- Bogdanovica, I., Godfrey, F., McNeill, A., & Britton, J. (2010). Smoking prevalence in the European Union: a comparison of national and transnational prevalence survey methods and results. *Tobacco Control*.
- Bomberg, E. (1998). Issue networks and the environment: explaining European Union environmental policy. In D. Marsh (Ed.), *Comparing Policy Networks* (pp. 165-184). Buckingham: Open University Press.
- Bomberg, E., & Peterson, J. (1998). European Union Decision Making: the role of Sub-national Authorities. *Political Studies, 46*(2), 219-235.
- Bomberg, E., & Stubb, A. (2008). The EU's Institutions. In E. Bomberg, J. Peterson & A. Stubb (Eds.), *The European Union: How Does it Work?* (pp. 45-70). Oxford: Oxford University Press.
- Bomberg, E., Stubb, A., & Peterson, J. (2008). Introduction. In E. Bomberg, J. Peterson & A. Stubb (Eds.), *The European Union: How does it work?* (pp. 3-21). Oxford: Oxford University Press.
- Bond, L., Daube, M., & Chikritzhs, T. (2010). Selling addictions: Similarities in approaches between Big Tobacco and Big Booze. *Australasian Medical Journal, 3*(6), 325-332.
- Bondy, S. J., Zhang, B., Kreiger, N., Selby, P., Benowitz, N., Travis, H., et al. (2009). Impact of an Indoor Smoking Ban on Bar Workers' Exposure to Secondhand Smoke. *Journal of Occupational and Environmental Medicine, 51*(5), 612-619.
- Borgatti, S., & Molina, J. L. (2003). Ethical and Strategic Issues in Organizational Social Network Analysis. *Journal of Applied Behavioural Science, 39*(3), 337-349.
- Borgatti, S. P. (2002). NetDraw Software for Network Visualization. Lexington, KY: Analytic Technologies.
- Borgatti, S. P., & Everett, M. G. (1999). Models of core/periphery structures. *Social Networks, 21*, 375-395.
- Borgatti, S. P., Everett, M. G., & Freeman, L. C. (2002). Ucinet for Windows: Software for Social Network Analysis. Harvard, MA: Analytic Technologies.

- Borgatti, S. P., Mehra, A., Brass, D. J., & Labianca, G. (2013). Network Analysis in the Social Sciences. Retrieved 22 February, 2013, from http://www.steveborgatti.com/papers/SNA_Review_for_Science.pdf
- Borland, R., Yong, H.-H., Siahpush, M., Hyland, A., Campbell, S., Hastings, G., et al. (2006). Support for and reported compliance with smoke-free restaurants and bars by smokers in four countries: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control*, 15(Supplement III), iii34–iii41
- Bornhäuser, A., McCarthy, J., & Glantz, S. A. (2006). German tobacco industry's successful efforts to maintain scientific and political respectability to prevent regulation of secondhand smoke. *Tobacco Control*, 15, e1.
- Börzel, T. A., & Heard-Laureote, K. (2009). Networks in EU Multi-level Governance: Concepts and Contributions. *Journal for Public Policy*, 29(2), 135-152.
- Boseley, S. (2012, 18 October 2012). Anti-smoking campaigners accuse tobacco lobby after office break-in. *The Guardian*. Retrieved from <http://www.guardian.co.uk/world/2012/oct/18/anti-smoking-campaigners-accuse-tobacco-lobby-burglary>
- Bouwen, P. (2002). Corporate lobbying in the European Union: the logic of access. *Journal of European Public Policy*, 9(3), 365-390.
- Boyatzis, R. E. (1998). *Transforming qualitative information: thematic analysis and code development*. Thousand Oaks: Sage.
- Boyce, R. W. D. (2000). Fallacies in Interpreting Historical and Social Data. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 318-335). London: Sage.
- Bradshaw, M. (2001). Contracts and member checks in qualitative research in human geography: reason for caution? *Area*, 33(2), 202-211.
- Brand, H. (2010). From 'Public Health in Europe' to 'European Public Health'. *European Journal of Public Health*, 20(2), 127–129.
- Brezis, M. (2008). Big pharma and health care: unsolvable conflict of interests between private enterprise and public health. *Israel Journal of Psychiatry & Related Sciences*, 45(2), 83-89.
- Bridevaux, P. O., Cornuz, J., Gaspoz, J. M., Burnand, B., Ackermann-Liebrich, U., Schindler, C., et al. (2007). Secondhand smoke and health-related quality of life in never smokers: results from the SAPALDIA cohort study 2. *Archives of Internal Medicine*, 167(22), 2516-2523.
- British American Tobacco. (1999). Clubber: Magazine of British-American Tobacco No 1 [1] (pp. 321276280-321276298). British American Tobacco.
- British American Tobacco. (2007). EU Stakeholder Dialogues 2006. Report. Retrieved 27 February, 2013, from http://www.batresponsibility.eu/downloads/Complete_Ipsos_MORI_Report.pdf [accessed 22.05.2008]
- British American Tobacco. (2013). The first EU social reporting cycle of British American Tobacco. Retrieved 12 February, 2013, from <http://www.batresponsibility.eu/index.html>
- British Heart Foundation. (2007). Response of the British Heart Foundation to the Commission of the European Communities' "Towards a Europe free from tobacco smoke: policy options at the EU level" Green Paper. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-082_en.pdf

- British Medical Association. (2002). Towards smoke-free public places. Retrieved 26 March, 2010, from http://www.bma.org.uk/images/smokefree_tcm41-191297.pdf
- British Medical Association. (2007). Response to the European Commission consultation on smoke free public places. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-115_en.pdf
- British Psychological Society. (2007). Response to the Commission of the European Communities consultation: Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-109_en.pdf
- Britton, J. (2009). In defence of helping people to stop smoking. *Lancet*, 373, 703–705.
- Brownell, K., & Warner, K. E. (2009). The Perils of Ignoring History: Big Tobacco Played Dirty and Millions Died. How Similar Is Big Food? *Milbank Quarterly*, 87(1), 259–294.
- Bundesvereinigung für Gesundheit e.V. (2007). Opinion of the Bundesvereinigung für Gesundheit e.V. on the Commission Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" (COM (2007) 27 final). Retrieved 31 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-053_en.pdf
- Burchell, B., Fagan, C., O'Brien, C., & Smith, M. (2007). *Working Conditions in the European Union: The gender perspective*. Luxembourg: Office for Official Publications of the European Communities.
- Buse, K., Mays, N., & Walt, G. (2005). *Making health policy*. Maidenhead: Open University Press.
- Butts, C. T. (2009). Revisiting the Foundations of Network Analysis. *Science*, 325, 414.
- Cains, T., Cannata, S., Poulos, R., Ferson, M. J., & Stewart, B. W. (2004). Designated "no smoking" areas provide from partial to no protection from environmental tobacco smoke. *Tobacco Control*, 13, 17-22.
- Cairney, P. (2007a). A "Multiple Lenses" Approach to Policy Change: The case of tobacco policy in the UK. *British Politics*, 2, 45-68.
- Cairney, P. (2007b). Using devolution to set the agenda? Venue shift and the smoking ban in Scotland. *The British Journal of Politics and International Relations*, 9, 73-89.
- Cairney, P., Studlar, D. T., & Mamudu, H. M. (2011). *Global Tobacco Control: Power, Policy, Governance and Transfer*. New York: Palgrave Macmillan.
- Callinan, J. E., Clarke, A., Doherty, K., & Kelleher, C. (2010). Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption. *Cochrane Database of Systematic Reviews*, 4.
- Campaign for Tobacco-free kids. (2013). Fact Sheet: Tobacco Industry Tactics Used to Undermine Smoke-free Policies. *Fact Sheets* Retrieved 5 February, 2010, from <http://tobaccofreecenter.org/files/pdfs/en/SF-TI-tactics-en.pdf>
- Campbell, R. B., & Balbach, E. D. (2011). Manufacturing Credibility: The National Energy Management Institute and the Tobacco Institute's Strategy for Indoor Air Quality. *American Journal of Public Health*, 101(3), 497-503.
- Caron, L., Karkazis, K., Raffin, T. A., Swan, G., & Koenig, B. A. (2005). Nicotine addiction through a neurogenomic prism. *Nicotine & Tobacco Research*, 7(2), 181–197.
- Carter, S. M. (2002). Mongoven, Biscoe & Duchin: destroying tobacco control activism from the inside. *Tobacco Control*, 11, 112-118.

- Carter, S. M., & Little, M. (2007). Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research*, 17(10), 1316-1328.
- Casswell, S., & Thamarangsi, T. (2009). Reducing the harm from alcohol: call to action. *Lancet*, 373, 2247-2257.
- Catanese, S. A., De Meo, P., Ferrara, E., Fiumara, G., & Provetti, A. (2011). *Crawling Facebook for Social Network Analysis Purposes*. Paper presented at the International Conference on Web Intelligence, Mining and Semantics.
- Cesaroni, G., Forastiere, F., Agabiti, N., Valente, P., Zuccaro, P., & Perruci, C. A. (2008). Effect of the Italian smoking ban on population rates of acute coronary events. *Circulation*, 117(9), 1183-1188.
- Chapman, S. (1980). A David and Goliath story: tobacco advertising and self-regulation in Australia. *British Medical Journal*, 281, 1187-1190.
- Chapman, S. (2003). Other people's smoke: what's in a name? *Tobacco Control*, 12, 113-114.
- Chapman, S. (2007). *Public Health Advocacy and Tobacco Control. Making smoking history*. Oxford: Blackwell.
- Chapman, S., & MacKenzie, R. (2010a). The Global Research Neglect of Unassisted Smoking Cessation: Causes and Consequences. *PLoS Medicine*, 7(2), e1000216.
- Chapman, S., & MacKenzie, R. (2010b). The Global Research Neglect of Unassisted Smoking Cessation: Causes and Consequences. *PLoS Medicine*, 7(2).
- Christakis, N. A., & Fowler, J. H. (2008). The Collective Dynamics of Smoking in a Large Social Network. *New England Journal of Medicine*, 358(21), 2249-2258.
- Christopoulos, C. (2006). Relational attributes of political entrepreneurs: a network perspective. *Journal of European Public Policy*, 13(5), 757-778.
- Christopoulos, C. (2008). The Governance of Networks: Heuristic or Formal Analysis? A reply to Rachel Parker. *Political Studies*, 56, 475-481.
- Christopoulos, C. (2010). Network Analysis in the Social Science: A Short Introduction to Concepts. Retrieved 26 October, 2011, from http://www.hks.harvard.edu/netgov/files/snasyllabi/Dimitris_Christopoulos_Intro.pdf
- Christopoulos, C., & Quaglia, L. (2009). Network Constraints in EU Banking Regulation: The Capital Requirements Directive. *Journal of Public Policy*, 29(2), 179-200.
- Clifford, D. (2009). How have respondents to the Consultation on the Future of Tobacco Control used the concept of health inequalities to support their position on tobacco control policy? Unpublished MSc thesis. University of Edinburgh.
- Coen, D. (2007). Empirical and theoretical studies in EU lobbying. *Journal of European Public Policy*, 14(3), 333-345.
- Coen, D., & Richardson, J. (2009). Learning to Lobby the European Union: 20 Years of Change. In D. Coen & J. Richardson (Eds.), *Lobbying the European Union: Institutions, Actors, and Issues* (pp. 3-18). New York: Oxford University Press.
- Cohen, D. (2011). Will industry influence derail UN summit? *British Medical Journal*, 343.
- Collin, J. (2004). Tobacco Politics. *Development*, 47(2), 91-96.
- Collin, J. (2012). Tobacco control, global health policy and development: towards policy coherence in global governance. *Tobacco Control*, 21, 274-280.
- Collin, J., & Gilmore, A. (2002). Tobacco control, the European Union and WHO. Two Conventions provide opportunities to advance public health. *European Journal of Public Health*, 12, 242-243.
- Collin, J., & Lee, K. (2003). Globalisation & Transborder health risk in the UK. Case studies in tobacco control and population mobility. Retrieved 25 February, 2013, from

- <http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/globalisation-and-transborder-health-risk-in-the-uk-feb03.pdf>
- Collin, J., & Lee, K. (2009). Globalization and the Politics of Health Governance: The Framework Convention on Tobacco Control. In A. Cooper & J. Kirton (Eds.), *Innovation in Global Health Governance: Critical Cases* (pp. 219-244). Farnham: Ashgate Publishing Group.
- Collin, J., Lee, K., & Bissell, K. (2002). The framework convention on tobacco control: the politics of global health governance. *Third World Quarterly*, 23(2), 265-282.
- Collin, J., LeGresley, E. M., MacKenzie, R., Lawrence, S., & Lee, K. (2004). Complicity in contraband: British American Tobacco and cigarette smuggling in Asia. *Tobacco Control*, 13, 104-111.
- Collins, C. (2000). Developing the Linguistic Turn in Urban Studies: Language, Context and Political Economy. *Urban Studies*, 37(11), 2027-2043.
- Committee on the Environment Public Health and Food Safety of the European Parliament. (2007). Report on the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" (2007/2105(INI)). Retrieved 8 June, 2010, from <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A6-2007-0336+0+DOC+PDF+V0//EN>
- Confederation of European Community Cigarette Manufacturers. (2007). CECCM Response to European Commission Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level'. Retrieved 24 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-120_en.pdf
- Confederation of European Community Cigarette Manufacturers. (2012). CECCM Members. Retrieved 23 August, 2012, from <http://www.ceccm.eu/members.html>
- Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology*, 18, 209-232.
- Contiero, M. (2006). Toxic Lobby. How the chemicals industry is trying to kill REACH. Retrieved 17 December, 2012, from <http://www.greenpeace.org/international/Global/international/planet-2/report/2006/5/toxic-lobby-how-the-chemical.pdf>
- Cormode, L., & Hughes, A. (1999). The economic geographer as a situated researcher of elites. *Geoforum*, 30, 299-300.
- Corporate Europe Observatory. (2005). Brussels. The EU quarter. Retrieved 27 October, 2011, from <http://www.corporateeurope.org/sites/default/files/publications/CEOlobbylow.pdf>
- Corporate Europe Observatory. (2010). A red light for consumer information. The food industry's €1-billion campaign to block health warnings on food. Retrieved 2 September, 2011, from <http://www.dewereldmorgen.be/sites/default/files/attachments/2010/12/30/ceo-food-labelling.pdf>
- Corporate Responsibility Consulting. (2000). Activity Report: TMA Monthly Review - Hospital Sector Activity. In British American Tobacco (Ed.) (pp. 325133106-325133107).
- Council of the European Union. (1996). Council Resolution of 26 November 1996 on the reduction of smoking in the European Community. Retrieved 4 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=31996Y1211%2804%29&model=guichett

- Council of the European Union. (2007a). Corrigendum to the draft minutes of the 2803rd meeting of the Council of the European Union (employment, social policy, health and consumer affairs), held in Brussels on 30 and 31 May 2007. Retrieved 4 November, 2010, from <http://register.consilium.europa.eu/pdf/en/07/st10/st10155-co05re01.en07.pdf>
- Council of the European Union. (2007b). Draft minutes of the 2803rd meeting of the Council of the European Union (Employment, social policy, health and consumer affairs), held in Brussels on 30 and 31 May 2007. Retrieved 17 November, 2010, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-002.pdf
- Council of the European Union. (2007c). Press release. 2803rd Council meeting. Employment, Social Policy, Health and Consumer Affairs. Retrieved 17 November, 2010, from <http://europa.eu/rapid/pressReleasesAction.do?reference=PRES/07/119&format=HTML&aged=0&lg=en&guiLanguage=en>
- Council of the European Union. (2009a). Addendum to the "A" Item note. 2009/0088 (CNS). Addendum to the "A" Item note. Proposal for a Council Recommendation on smoke-free environments. Adoption. Retrieved 26 May, 2010, from <http://register.consilium.europa.eu/pdf/en/09/st16/st16066-ad01re02.en09.pdf>
- Council of the European Union. (2009b). Council recommendation of 30 November 2009 on smoke-free environments (2009/C 296/02). *Official Journal of the European Union, C 296/6*.
- Council of the European Union. (2009c). Council Recommendation of 30 November 2009 on smoke-free environments (2009/C 296/02). *Official Journal of the European Union, C 296/4*.
- Council of the European Union. (2009d). Interinstitutional file 1009/0088 (CNS). Revised "A" Item Note. Proposal for a Council Recommendation on smoke-free environments. Adoption. Retrieved 26 May, 2010, from <http://register.consilium.europa.eu/pdf/en/09/st16/st16066-re01.en09.pdf>
- Council of the European Union. (2009e). Press release 30 November 2009: Council acts against tobacco smoke exposure. Retrieved 26 May, 2010, from <http://europa.eu/rapid/pressReleasesAction.do?reference=PRES/09/350&format=HTML&aged=0&language=EN&guiLanguage=en>
- Crombez, C. (2003). The Democratic Deficit in the European Union. Much Ado about Nothing? *European Union Politics*, 4(1), 101–120.
- Cross, R., Borgatti, S. P., & Parker, A. (2002). Making Invisible Work Visible: Using Social Network Analysis to support strategic collaboration. *California Management Review*, 44(2), 25-46.
- Crossley, N. (2010). The Social World of the Network. Combining Qualitative and Quantitative Elements in Social Network Analysis. *Sociologica* 1.
- Currie, L. M., & Clancy, L. (2011). The road to smoke-free legislation in Ireland. *Addiction*, 106(1), 15–24.
- Daube, M. (2012). Alcohol and tobacco. *Australian and New Zealand Journal of Public Health*, 36(2), 108-110.
- Dearlove, J. V., Bialous, S. A., & Glantz, S. A. (2002). Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. *Tobacco Control*, 11, 94-104.
- Desmond, M. (2004). Methodological challenges posed in studying an elite in the field. *Area*, 36(3), 262-269.

- Deutsches Krebsforschungszentrum. (2006). *Passivrauchen – ein unterschätztes Gesundheitsrisiko*. Heidelberg: Deutsches Krebsforschungszentrum.
- Diethelm, P., & McKee, M. (2006). *Lifting the Smokescreen. Tobacco industry strategy to defeat smoke free policies and legislation*. Brussels: European Respiratory Society.
- Diethelm, P. A., Rielle, J.-C., & McKee, M. (2004). The whole truth and nothing but the truth? The research that Philip Morris did not want you to see. *The Lancet*, 366, 86-92.
- Dinan, W., & Wesselius, E. (2010). Brussels - a lobbying paradise? In Alliance for Lobbying Transparency and Ethics Regulation in the EU (ALTER-EU) (Ed.), *Bursting the Brussels Bubble - The battle to expose corporate lobbying at the heart of the EU*. Brussels: Alliance for Lobbying Transparency and Ethics Regulation in the EU (ALTER-EU).
- Directorate General Employment Social Affairs and Inclusion. (2012). Proposal for a directive of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products. Retrieved 21 December, 2012, from http://ec.europa.eu/health/tobacco/docs/com_2012_788_en.pdf
- Directorate General for Health and Consumers. (2009). Implementation of smoke-free laws in the EU (as of June 2009). Retrieved 3 February, 2013, from http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/tobacco_map.pdf
- Directorate General for Health and Consumers. (2011). Overview of smoke-free legislation in the EU. Retrieved 16 February, 2013, from http://ec.europa.eu/health/tobacco/docs/tobacco_overview2011_en.pdf
- Directorate General for Health and Consumers. (2013a). High Level Group on Nutrition and Physical activity. Retrieved 13 February, 2013, from http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm
- Directorate General for Health and Consumers. (2013b). Smoke-free environments. Retrieved 3 February, 2013, from http://ec.europa.eu/health/tobacco/smoke-free_environments/index_en.htm
- Directorate General for Health and Consumers. (2013c). Tobacco. Retrieved 5 February, 2013, from http://ec.europa.eu/health/tobacco/introduction/index_en.htm
- Directorate General Health and Consumers. (2006). *Attitudes of Europeans towards tobacco*. Brussels: European Commission.
- Directorate General Health and Consumers. (2007a). Attitudes of Europeans towards Tobacco. *Eurobarometer* Retrieved 30 March, 2010, from http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/ebs272c_en.pdf
- Directorate General Health and Consumers. (2007b). Green Paper. Towards a Europe free from tobacco smoke: policy options at EU level. *COM(2007) 27 final* Retrieved 10 June, 2010, from http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/gp_smoke_en.pdf
- Directorate General Health and Consumers. (2007c). List of responses to smoke-free environments consultation. Retrieved 1 August, 2012, from http://ec.europa.eu/health/tobacco/law/free_environments/free_environments_consultation/index_en.htm#3
- Directorate General Health and Consumers. (2007d). Report on the Green Paper Consultation "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 14 May, 2010, from

- http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/smoke_free_frep_en.pdf
- Directorate General Health and Consumers. (2007e). Submissions to the consultation on the European Commission's Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 22 March, 2010, from http://ec.europa.eu/health/tobacco/law/free_environments/free_environments_consultation/index_en.htm
- Directorate General Health and Consumers. (2008). Accompanying document to the proposal for a Council Recommendation on smoke-free environments. Annexes to impact assessment. {COM(2009) 328 final}. {SEC(2009) 894}. Retrieved 18 November, 2010, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/tobacco_ia2009_annex_en.pdf
- Directorate General Health and Consumers. (2009a). Accompanying document to the proposal for a Council Recommendation on smoke-free environments. Impact Assessment. {COM(2009) 328 final}. {SEC(2009) 894}. Retrieved 19 November, 2010, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/tobacco_ia2009_en.pdf
- Directorate General Health and Consumers. (2009b). Commission staff working document accompanying document to the proposal for a Council Recommendation on smoke-free environments. Summary of the impact assessment. Retrieved 12 December, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/tobacco_ia2009_exs_en.pdf
- Directorate General Health and Consumers. (2009c). Flash Eurobarometer. Survey on Tobacco. Analytical Report. Retrieved 3 November, 2012, from http://ec.europa.eu/public_opinion/flash/fl_253_en.pdf
- Directorate General Health and Consumers. (2009d). Proposal for a Council Recommendation on smoke-free environments. COM(2009) 328 final. Retrieved 22 March, 2009, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0328:FIN:EN:PDF>
- Directorate General Health and Consumers. (2010a). Implementation of Smoke-free laws in the EU: Measures by Member State (Situation as of May 2010). Retrieved 1 June, 2010, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/tobacco_implementation_en.pdf
- Directorate General Health and Consumers. (2010b). Special Eurobarometer. Tobacco. *Eurobarometer* Retrieved 27 May, 2010, from http://ec.europa.eu/health/tobacco/docs/ebs332_en.pdf
- Directorate General Health and Consumers. (2011a). Public consultation on the possible revision of the Tobacco Products Directive 2001/37/EC. Retrieved 17 December, 2012, from http://ec.europa.eu/health/tobacco/consultations/tobacco_cons_01_en.htm
- Directorate General Health and Consumers. (2011b). Report on the public consultation on the possible revision of the Tobacco Products Directive (2001/37/EC). Retrieved 8 August, 2012, from http://ec.europa.eu/health/tobacco/docs/consultation_report_en.pdf

- Directorate General Health and Consumers. (2012a). Attitudes of Europeans towards tobacco. Retrieved 26 September, 2012, from http://ec.europa.eu/health/tobacco/docs/eurobaro_attitudes_towards_tobacco_2012_en.pdf
- Directorate General Health and Consumers. (2012b). Attitudes of Europeans towards Tobacco. *Eurobarometer* Retrieved 31 October, 2012, from http://ec.europa.eu/health/tobacco/docs/eurobaro_attitudes_towards_tobacco_2012_en.pdf
- Directorate General Health and Consumers. (2012c). Who we are. Retrieved 8 December, 2012, from http://ec.europa.eu/dgs/health_consumer/about_us/who_we_are_en.htm
- Dolowitz, D. P., & Marsh, D. (2000). Learning from abroad: the role of policy transfer in contemporary policy-making. *Governance*, 13(1), 5-24.
- Dorfman, L., Cheyne, A., Friedman, L. C., Wadud, A., & Gottlieb, M. (2012). Soda and Tobacco Industry Corporate Social Responsibility Campaigns: How Do They Compare? *PLoS Medicine*, 9(6), e1001241.
- Drope, J. (2010). The politics of smoke-free policies in developing countries: Lessons from Africa. *CVD Prevention and Control*.
- Drope, J., Bialous, S. A., & Glantz, S. A. (2004). Tobacco industry efforts to present ventilation as an alternative to smoke-free environments in North America. *Tobacco Control*, 13, i41-i47.
- Duina, F., & Kurzer, P. (2004). Smoke in your eyes: the struggle over tobacco control in the European Union. *Journal of European Public Policy*, 11(1), 57-77.
- Durham Regional Health Department. (2012). Smokefree outdoor public places. Retrieved 2 February, 2013, from <http://www.durham.ca/departments/health/idt/sfOutdoorPublicPlacesReport.pdf>
- Dutch Cancer Society, Dutch Astma Foundation, Netherlands Heart Foundation, & STIVORO - for a smoke free future. (2007). Response draft green paper 'Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-076_en.pdf
- Dutch Cigar Industry Association. (2007). Response of the Dutch Cigar Industry Association to the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 28 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-138_en.pdf
- Editors of the Lancet. (2007). A framework convention on alcohol control. *Lancet*, 370, 1102.
- Edwards, G. (2010). Mixed-Method Approaches to Social Network Analysis. *ESRC National Centre for Research Methods Review paper* Retrieved 18 December, 2012, from http://eprints.ncrm.ac.uk/842/1/Social_Network_analysis_Edwards.pdf
- Edwards, G., & Crossley, N. (2009). Measures and Meanings: Exploring the Ego-Net of Helen Kirkpatrick Watts, Militant Suffragette. *Methodological Innovations Online* 4, 37-61.
- Edwards, M. (2004). *Civil Society*. Cambridge: Polity Press.
- Eising, R. (2004). Multilevel Governance and Business Interests in the European Union. *Governance*, 17(2), 211-245.
- Eising, R. (2007). The access of business interests to EU institutions: towards elite pluralism? *Journal of European Public Policy*, 14(3), 284-403.
- Ely, R. (1989). FOREST. In British American Tobacco (Ed.) (pp. 301151283-301151284).

- Emirbayer, M. (1997). Manifesto for a Relational Sociology. *The American Journal of Sociology*, 103(2), 281-317.
- Emirbayer, M., & Goodwin, J. (1994). Network Analysis, Culture and the Problem of Agency. *American Journal of Sociology*, 99, 1411-1454.
- Equilibrium Association. (2007). Response to European Commission Green Paper "Towards a Europe free from tobacco smoke". Retrieved 2 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-161_en.pdf
- Eriksen, M., Mackay, J. M., & Ross, H. (2012). *The tobacco atlas*. Atlanta, Georgia: American Cancer Society.
- Eurofound. (2012). European social partners. Retrieved 17 September, 2012, from <http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/EUROPEANSOCIALPARTNERS.htm>
- Eurofound. (2013a). Open Method of Coordination. Retrieved 8 February, 2013, from <http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/opmethodofcoordination.htm>
- Eurofound. (2013b). Soft Law. Retrieved 28 January, 2013, from <http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/softlaw.htm>
- Europe Region of the International Union against Tuberculosis and Lung Disease. (2007). Comments on the Green Paper of the Commission of the European Communities 'Towards a Europe free from tobacco smoke: policy options at EU level'. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-086_en.pdf
- European Association of Craft Small and Medium-sized Enterprises. (2007). UEAPME position paper on the Commission's green paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 25 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-151_en.pdf
- European Centre for Monitoring Alcohol Marketing. (2011). The seven key messages of the alcohol industry. Information for everyone who wants to be aware of the real intentions of the alcohol industry. Retrieved 6 May, 2011, from <http://www.eucam.info/eucam/home/marketing-products-and-reports.html?bericht2248=1099#p2248>
- European Cigar Manufacturers Association. (2007). Response to European Commission Consultation on smoke-free environments. Retrieved 28 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-121_en.pdf
- European Coal and Steel Community. (1951). Treaty establishing the European Coal and Steel Community Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/en/treaties/index.htm>
- European Commission. (1989). Proposal for a Council Directive on the advertising of tobacco products in the press and by means of bills and posters. Retrieved 3 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:1989:0163:FIN:EN:PDF>
- European Commission. (1993). Communication concerning the application of the Agreement on social policy presented by the Commission to the Council and to the European

- Parliament COM(93) 600 final. Retrieved 23 January, 2012, from <http://aei.pitt.edu/5194/1/5194.pdf>
- European Commission. (2000). Commission Discussion Paper: "The Commission and non-governmental organisations: building a stronger partnership". COM (2000) 11. Retrieved 26 July, 2010, from http://ec.europa.eu/transparency/civil_society/ngo/docs/communication_en.pdf
- European Commission. (2001). European Governance. A White Paper. COM(2001) 428 final. Retrieved 26 July, 2010, from http://eur-lex.europa.eu/LexUriServ/site/en/com/2001/com2001_0428en01.pdf
- European Commission. (2002a). Communication from the Commission. Action plan "Simplifying and improving the regulatory environment" COM(2002) 278 final. Retrieved 15 July, 2010, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2002:0278:FIN:EN:PDF>
- European Commission. (2002b). Towards a reinforced culture of consultation and dialogue - General principles and minimum standards for consultation of interested parties by the Commission COM(2002)704. Retrieved 23 June, 2010, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2002:0704:FIN:en:PDF>
- European Commission. (2003). 2003/641/EC: Commission Decision of 5 September 2003 on the use of colour photographs or other illustrations as health warnings on tobacco packages (Text with EEA relevance) (notified under document number C(2003) 3184). Retrieved 4 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=32003D0641&model=guichett
- European Commission. (2004). Press release 9 July 2004: European Commission and Philip Morris International sign 12-year Agreement to combat contraband and counterfeit cigarettes. Retrieved 25 November, 2009, from <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/04/882&format=HTML&aged=1&language=EN&guiLanguage=fr>
- European Commission. (2005a). Commission Decision of 26/V/2005 on the library of selected source documents containing colour photographs or other illustrations for each of the additional warnings listed in annex 1 to Directive 2001/37/EC of the European Parliament and of the Council. Retrieved 4 February, 2013, from http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/com_1452_en.pdf
- European Commission. (2005b). Impact Assessment Guidelines. Commission Staff Working Document. SEC (2005)791. Retrieved 17 December, 2012, from http://www.mfcr.cz/cps/rde/xbcr/mfcr/SEC_2005_791_Impact_Assessment_Guidelines_2006update.pdf
- European Commission. (2006a). Commission Decision of 12/IV/2006 amending Commission Decision C(2005) 1452 final of 26 May 2005 on the library of selected source documents containing colour photographs or other illustrations for each of the additional warnings listed in Annex 1 to Directive 2001/37/EC of the European Parliament and of the Council. Retrieved 4 February, 2013, from http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/com_1502_en.pdf
- European Commission. (2006b). Green Paper. European Transparency Initiative. COM(2006) 194 final. Retrieved 3 May, 2012, from http://ec.europa.eu/transparency/eti/docs/gp_en.pdf

- European Commission. (2007). Press release 14 December 2007: European Commission and JT International (Japan Tobacco) sign 15-year Agreement to combat contraband and counterfeit cigarettes. Retrieved 25 November, 2009, from <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/07/1927&format=HTML&aged=1&language=EN&guiLanguage=en>
- European Commission. (2009). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Action Against Cancer: European Partnership. Retrieved 4 February, 2013, from http://ec.europa.eu/health/ph_information/dissemination/diseases/docs/com_2009_291.en.pdf
- European Commission. (2010a). European Sectoral Social Dialogue. Recent developments. Retrieved 21 February, 2013, from <http://ec.europa.eu/social/main.jsp?catId=738&furtherPubs=yes&langId=en&pubId=570>
- European Commission. (2010b). Press Release 15 July 2010: European Commission and British American Tobacco sign agreement to combat illicit trade in tobacco. Retrieved 24 November, 2011, from <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/10/951&format=HTML&aged=0&language=EN&guiLanguage=en>
- European Commission. (2012a). The European Transparency Website. Retrieved 3 May, 2012, from http://ec.europa.eu/transparency/index_en.htm
- European Commission. (2012b). Proposal for a Directive of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products. Retrieved 4 February, 2013, from http://ec.europa.eu/health/tobacco/docs/com_2012_788_en.pdf
- European Court of Auditors. (2012). Management of conflict of interest in selected EU Agencies. Retrieved 5 February, 2013, from <http://eca.europa.eu/portal/pls/portal/docs/1/17190743.PDF>
- European Court of Justice. (2006). Judgment of the Court (Grand Chamber) of 12 December 2006. Federal Republic of Germany v European Parliament and Council of the European Union. Retrieved 5 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:62003CJ0380:EN:PDF>
- European Economic and Social Committee. (2009). Opinion of the European Economic and Social Committee on the Proposal for a Council Recommendation on smoke-free environments. COM(2009) 328 final - 2009/0088 (CNS). Retrieved 10 June, 2010, from <http://eescopinions.eesc.europa.eu/eescopiniondocument.aspx?language=en&docnr=1715&year=2009>
- European Economic Community. (1957). Treaty establishing the European Economic Community. Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/en/treaties/index.htm>
- European Federation of Allergy and Airways Diseases patients' Associations, & International Primary Care Respiratory Group. (2007a). Response to EC Consultation Green Paper – Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-044_en.pdf

- European Federation of Allergy and Airways Diseases Patients' Associations, & International Primary Care Respiratory Group. (2007b). Response to EC Consultation Green Paper – Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 31 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-044_en.pdf
- European Federation of Food Agriculture and Tourism Trade Unions. (2007). UEAPME position paper on the Commission's green paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 3 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-151_en.pdf
- European Heart Network. (2007). European Heart Network's response to the European Commission's Green Paper on "Towards a Europe free from tobacco smoke: policy options at EU level" (COM(2007) 27 final). Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-047_en.pdf
- European Heart Network. (2013). About Us. Retrieved 7 February, 2013, from <http://www.ehnheart.org/about-us/overview.html>
- European Medical Students' Association. (2007). The European Medical Students' Association Response to the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-099_en.pdf
- European Network for Smoking and Tobacco Prevention. (2012). Transparency Register. Profile of European Network for Smoking and Tobacco Prevention. Retrieved 7 February, 2013, from <http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=17882036839-35>
- European Network for Smoking and Tobacco Prevention. (2013). Mission Statement. Combining efforts for tobacco control in Europe. Retrieved 7 February, 2013, from http://www.ensp.org/mission_statement
- European Network for Smoking Prevention. (2001). Smoke free workplaces: Improving the health and well-being of people at work. European Status Report. Retrieved 26 March, 2010, from <http://www.ensp.org/publications/enspreports#33>
- European Network for Smoking Prevention. (2007). Response to EC Consultation Green Paper: Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-042_en.pdf
- European Network for Smoking Prevention. (2008). Annual Report. Retrieved 10 September, 2012, from http://old.ensp.org/files/ensp_annual_report_2008_final.pdf
- European Network of Quitlines. (2007). Response to the EC Green Paper - Towards a Europe Free From Tobacco: Policy Options at EU Level. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-098_en.pdf
- European Network of Quitlines. (2013). Retrieved 7 February, 2013, from <http://www.enqonline.org/public/aboutus.php>
- European Parliament. (2007a). European Parliament resolution of 24 October 2007 on the Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level'

- (2007/2105(INI)). Retrieved 8 June, 2010, from <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2007-0471+0+DOC+XML+V0//EN>
- European Parliament. (2007b). *Report on the Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level'* (2007/2105(INI)). Committee on the Environment, Public Health and Food Safety. Brussels: European Parliament.
- European Pharmaceutical Students' Association. (2007a). European Commission public consultation Green Paper "Towards a Europe free from tobacco smoke: Policy options at the EU level". EPSA response. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-100_en.pdf
- European Pharmaceutical Students' Association. (2007b). Green Paper "Towards a Europe free from tobacco smoke: Policy options at the EU level". EPSA response. Retrieved 18 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-100_en.pdf
- European Pharmaceutical Union. (2007). EPU Response to Consultation on the Green Paper: "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-101_en.pdf
- European Public Health Alliance. (2007). EPHA response to the Commission Green Paper on a smokefree Europe. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-046_en.pdf
- European Public Health Alliance. (2012a). EPHA public statement on the European Parliament's nomination of Dr Borg as new European Commissioner for Health and Consumer Policy. 22 November 2012. Retrieved 15 February, 2013, from <http://www.eph.org/spip.php?article5452>
- European Public Health Alliance. (2012b). Tobacco Product Directive: Commission proposes bigger health warnings & no plain packaging at EU level. Retrieved 16 February, 2013, from <http://www.eph.org/a/5510>
- European Public Health Alliance. (2013). About EPHA. Retrieved 7 February, 2013, from <http://www.eph.org/r/163>
- European Respiratory Society. (2012). ERS welcomes Tobacco Products Directive. Retrieved 16 February, 2013, from <http://www.ersnet.org/news/item/4607-ers-welcomes-tobacco-products-directive.html>
- European Respiratory Society. (2013). Who we are. Retrieved 7 February, 2013, from <http://www.ersnet.org/about-us/who-we-are.html>
- European Smoking Tobacco Association. (2007). Response to European Commission consultation. Retrieved 28 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-122_en.pdf
- European Tobacco Wholesalers Association. (2007). Response to Green Paper from the European Commission "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 31 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-141_en.pdf

- European Union. (1967). Council Directive 67/548/EEC of 27 June 1967 on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances. Retrieved 8 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31967L0548:en:NOT>
- European Union. (1983). Council Directive of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work. Retrieved 3 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1983:263:0025:0032:EN:PDF>
- European Union. (1987). Single European Act. *Official Journal of the European Communities*, No L 169/1.
- European Union. (1989a). Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the health and safety of workers at work. Retrieved 3 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1989:183:0001:0008:EN:PDF>
- European Union. (1989b). Council Directive 89/552/EEC of 3 October 1989 on the coordination of certain provisions laid down by Law, Regulation or Administrative Action in Member States concerning the pursuit of television broadcasting activities. Retrieved 3 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=31989L0552&model=guichett
- European Union. (1989c). Council Directive 89/622/EEC of 13 November 1989 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the labelling of tobacco products. Retrieved 3 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=31989L0622&model=guichett
- European Union. (1989d). Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace (first individual directive within the meaning of Article 16 (1) of Directive 89/391/EEC). Retrieved 3 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=31989L0654&model=guichett
- European Union. (1989e). Resolution of the Council and the Ministers for Health of the Member States, meeting within the Council of 18 July 1989 on banning smoking in places open to the public. Retrieved 3 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexplus!prod!CELEXnumdoc&numdoc=41989X0726&lg=EN
- European Union. (1990a). Council Directive 90/239/EEC of 17 May 1990 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the maximum tar yield of cigarettes. Retrieved 4 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=31990L0239&model=guichett
- European Union. (1990b). Council Directive 90/394/EEC of 28 June 1990 on the protection of workers from the risks related to exposure to carcinogens at work (Sixth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC). Retrieved 4 February, 2013, from http://eur-lex.europa.eu/Notice.do?val=161307:cs&lang=en&list=161307:cs,&pos=1&page=1&nb_l=1&pgs=10&hwords=

- European Union. (1992a). Council Directive 92/41/EEC of 15 May 1992 amending Directive 89/622/EEC on the approximation of the laws, regulations and administrative provisions of the Member States concerning the labelling of tobacco products. Retrieved 28 January, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0041:EN:HTML>
- European Union. (1992b). Council Directive 92/78/EEC of 19 October 1992 amending Directives 72/464/EEC and 79/32/EEC on taxes other than turnover taxes which are levied on the consumption of manufactured tobacco Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0078:EN:HTML>
- European Union. (1992c). Council Directive 92/79/EEC of 19 October 1992 on the approximation of taxes on cigarettes Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0079:en:HTML>
- European Union. (1992d). Council Directive 92/80/EEC of 19 October 1992 on the approximation of taxes on manufactured tobacco other than cigarettes Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0080:en:HTML>
- European Union. (1992e). Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding (tenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC). Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0085:en:html>
- European Union. (1992f). Directive 92/57/EEC on minimum safety and health requirements of workers at temporary or mobile construction sites. Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1992:245:0006:0022:EN:PDF>
- European Union. (1992g). Directive 92/91/EEC on minimum safety and health requirements of workers in the mineral-extracting industries through drilling. Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1992:348:0009:0024:EN:PDF>
- European Union. (1992h). Directive 92/104/EEC on minimum safety and health requirements of workers in surface and underground mineral-extracting industries. Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1992:404:0010:0025:EN:PDF>
- European Union. (1992i). Treaty on European Union. *Official Journal of the European Communities*, C 191.
- European Union. (1994). Acts concerning the conditions of accession of the Kingdom of Norway, the Republic of Austria, the Republic of Finland and the Kingdom of Sweden and the adjustment to the treaties on which the European Union is found. Retrieved 6 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:1994:241:FULL:EN:PDF>
- European Union. (1997a). Directive 97/36/EC of the European Parliament and of the Council of 30 June 1997 amending Council Directive 89/552/EEC on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the pursuit of television broadcasting activities. Retrieved 4 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=31997L0036&model=guichett

- European Union. (1997b). Treaty of Amsterdam amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts. Retrieved 20 September, 2012, from <http://www.europarl.europa.eu/topics/treaty/pdf/amst-en.pdf>
- European Union. (1998). Directive 98/43/EC of the European Parliament and of the Council of 6 July 1998 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products. Retrieved 4 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1998:213:0009:0012:EN:PDF>
- European Union. (2001a). Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products. Retrieved 24 November, 2011, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32001L0037:EN:NOT>
- European Union. (2001b). Treaty of Nice amending the Treaty on European Union, the Treaties establishing the European Communities and certain related acts. *Official Journal of the European Communities*, C 80/1.
- European Union. (2002). Council Recommendation of 2 December 2002 on the prevention of smoking and on initiatives to improve tobacco control. Retrieved 4 February, 2013, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=en&numdoc=32003H0054&model=guichett
- European Union. (2003). Directive 2003/33/EC of the European Parliament and of the Council of 26 May 2003 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products. Retrieved 5 December, 2011, from http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexapi!prod!CELEXnumdoc&lg=EN&numdoc=32003L0033&model=guichett
- European Union. (2004a). Council Decision 2004/513/EC of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control *Official Journal of the European Union*, L 213/8.
- European Union. (2004b). Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work (Sixth individual Directive within the meaning of Article 16(1) of Council Directive 89/391/EEC). Retrieved 5 February, 2013, from <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:229:0023:0034:EN:PDF>
- European Union. (2009). Questions and answers on the Commission proposal on smoke-free environments. Retrieved 19 June, 2012, from <http://europa.eu/rapid/pressReleasesAction.do?reference=MEMO/09/307&type=HTML>
- European Union. (2010). Consolidated versions of the Treaty on European Union and the Treaty on the Functioning of the European Union (2010/C 83/01). *Official Journal of the European Union*, 53(C83).
- European Union. (2011a). Council Directive 2011/64/EU of 21 June 2011 on the structure and rates of excise duty applied to manufactured tobacco. *Official Journal of the European Union*, L 176/24.

- European Union. (2011b). Transparency Register. Profile of British American Tobacco. Retrieved 14 December, 2011, from <http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=2427500988-58>
- European Union. (2011c). Transparency Register. Profile of Japan Tobacco International SA. Retrieved 14 December, 2011, from <http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=71175716023-03>
- European Union. (2011d). Transparency Register. Profile of Philip Morris International Inc. Retrieved 14 December, 2011, from <http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=51925911965-76>
- European Union. (2013). Regulations, Directives and other acts. Retrieved 28 January, 2013, from http://europa.eu/about-eu/basic-information/decision-making/legal-acts/index_en.htm
- European Voice. (2012). John Dalli resigns. Retrieved 23 February, 2013, from <http://www.europeanvoice.com/article/2012/october/john-dalli-resigns/75389.aspx>
- Evans, G. (1982). [Letter from Geoffrey Evans to Michael Scott regarding new arrangements between FOREST and tobacco companies]. In British American Tobacco (Ed.) (pp. 303695982-303695984).
- Faid, M., & Gleicher, D. (2011). *Dancing the tango. The experience and roles of the European Union in relation to the Framework Convention on Tobacco Control*. Geneva: The Graduate Institute. Global Health Programme.
- Farquharson, K. (2003). Influencing Policy Transnationally: Pro- and Anti-Tobacco Global Advocacy Networks. *Australian Journal of Public Administration*, 62(4), 80-92.
- Fathallah, N., Maurel-Donnarel, E., Baumstarck-Barrau, K., & Lehucher-Michel, M. (2012). Three-year follow-up of attitudes and smoking behaviour among hospital nurses following enactment of France's national smoke-free workplace law. *International Journal of Nursing Studies*, 49(7), 803-810.
- Federació Catalana de Locals d'Oci Nocturn. (2007). Comments from Fecalon on the Green Paper "Towards a Europe free from tobacco smoke". Retrieved 1 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-159_en.pdf
- Fichtenberg, C. M., & Glantz, S. A. (2002). Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal*, 325(27 July), 188-194.
- Finnegan, R. (1996). Using Documents. In R. Sapsford & V. Jupp (Eds.), *Data Collection and Analysis* (pp. 138-151). London: Sage.
- Finnish Heart Association. (2007). Comments of Finnish Heart Association on the Commission of the European Communities Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 31 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-066_en.pdf
- Finnish Tobacco Industries' Federation. (2007). Finnish Tobacco Industries' Federation (FTIF) Response to European Commission Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level'. Retrieved 2 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-132_en.pdf

- Fong, G. T., Hyland, A., Borland, R., Hammond, D., Hastings, G., McNeill, A., et al. (2006). Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey. *Tobacco Control*, 15(Supplement III), iii51-iii58.
- Fooks, G., Gilmore, A., Smith, K., Collins, J., Holden, C., & Lee, K. (2011). Corporate Social Responsibility and Access to Policy Elites: An Analysis of Tobacco Industry Documents. *PLoS Medicine*, 8(8).
- Forces Germany. (2007). Comments on the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" presented by the European Commission. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-148_en.pdf
- Forster, N. (1994). The Analysis of Company Documentation. In C. Cassell & G. Symon (Eds.), *Qualitative Methods in Organizational Research - A practical guide* (pp. 147-166). London: Sage Publications.
- Frank, A. (2002). Why Study People's Stories? The Dialogical Ethics of Narrative Analysis. *International Journal of Qualitative Methods*, 1(1), 109-117.
- Frank, K. (1995). Identifying cohesive subgroups. *Social Networks*, 17, 27-56.
- Freedom Organisation for the Right to Enjoy Smoking Tobacco. (2007). Green Paper Consultation: Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-150_en.pdf
- Freedom Organisation for the Right to Enjoy Smoking Tobacco. (2012). About FOREST. Frequently asked questions. Retrieved 2 September, 2012, from <http://www.forestonline.org/about/faq/>
- Freeman, L. C. (1979). Centrality in Social Networks: Conceptual clarification. *Social Networks*, 1, 215-239.
- Freeman, R. E. (1984). *Strategic Management: A stakeholder approach*. Boston: Pitman.
- Freudenberg, N., & Galea, S. (2008). The impact of corporate practices on health: Implications for Health Policy. *Journal of Public Health Policy*, 26, 86-102.
- Galán, I., Mata, N., Estrada, C., Díez-Gañán, L., Velázquez, L., Zorrilla, B., et al. (2007). Impact of the "Tobacco control law" on exposure to environmental tobacco smoke in Spain. *BMC Public Health*, 7, 224.
- Gartner, C. E., Hall, W., Chapman, S., & Freeman, B. (2007). Should the Health Community Promote Smokeless Tobacco (Snus) as a Harm Reduction Measure? *PLoS Medicine*, 4(7), e185.
- Gartner, C. E., Hall, W., Vos, T., Bertram, M. Y., Wallace, A. L., & Lim, S. S. (2007). Assessment of Swedish snus for tobacco harm reduction: an epidemiological modelling study. *Lancet*, 369(9578), 2010-2014.
- Gaskell, G. (2000). Individual and Group Interviewing. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 38-56). London: Sage.
- Gaskell, G., & Bauer, M. W. (2000). Towards Public Accountability: beyond Sampling, Reliability and Validity. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 336-350). London: Sage.
- Generáció 2020 Egyesület. (2007). Opinion on the Green Paper of the Commission. Retrieved 31 July, 2012, from

- http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-074_en.pdf
- George, S. (2004). Multi-level Governance and the European Union. In I. Bache & M. Flinders (Eds.), *Multi-level Governance* (pp. 107-126). Oxford: Oxford University Press.
- German Cancer Aid. (2007). Deutsche Krebshilfe's comments on the Commission's Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-054_en.pdf
- German Cancer Research Center. (2007). Position of the Deutsches Krebsforschungszentrum (German Cancer Research Center) on questions of the European Commission regarding "Greenpaper: Towards a Europe free from tobacco smoke: Policy options at EU level". Retrieved 19 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-088_en.pdf
- German Federal Association for the Cigar Industry. (2007). Response to European Commission Green Paper. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-128_en.pdf
- German Lung Foundation. (2007). Opinion of the Deutsche Lungenstiftung e.V. on the Green Paper presented by the European Commission "Towards a Europe free from tobacco: policy options at EU level" COM(2007)27 final. Retrieved 1 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-058_en.pdf
- German Medical Action Group Smoking or Health. (2007). Stellungnahme des Ärztlichen Arbeitskreises Rauchen und Gesundheit e.V. zum Grünbuch der EU-Kommission „Für ein rauchfreies Europa: Strategieoptionen auf EU-Ebene“. Retrieved 1 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-105_de.pdf
- German Medical Association. (2007). Statement of the German Medical Association on the Commission's Green Paper entitled "Towards a Europe free from Tobacco Smoke: policy options at EU level" COM(2007) 27 final. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-104_en.pdf
- German Pneumology Society. (2007). Comments from the German Pneumology Society on the European Commission's Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" COM(2007) 27 final. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-089_en.pdf
- German Pneumology Society. (2007). Comments from the German Pneumology Society on the European Commission's Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" COM(2007) 27 final. Retrieved 1 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-089_en.pdf

- German Smokefree Forum. (2007). Opinion of the Forum Rauchfrei (Smoke-Free Forum) to the Green Paper "Towards a Europe free from tobacco smoke" of 30 January 2007. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-055_en.pdf
- Gilmore, A., Collin, J., & McKee, M. (2006). British American Tobacco's erosion of health legislation in Uzbekistan. *British Medical Journal*, 332, 355-358.
- Gilmore, A., & McKee, M. (2004). Tobacco-Control Policy in the European Union. In E. Feldman & R. Bayer (Eds.), *Unfiltered: Conflicts over Tobacco Policy and Public Health* (pp. 219-254). Cambridge, Mass: Harvard University Press.
- Gilmore, A., Savell, E., & Collin, J. (2011). Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease? *Journal of Public Health*, 33(1), 2-4.
- Gilmore, A. B. (2012). Understanding the vector in order to plan effective tobacco control policies: an analysis of contemporary tobacco industry materials. *Tobacco Control*, 21(2), 119-126.
- Girvan, M., & Newman, M. E. J. (2002). Community structure in social and biological networks. *Proceedings of the National Academy of Sciences of the United States of America*, 99, 7821-7826.
- Givel, M. S., & Glantz, S. A. (2001). Tobacco lobby political influence on US state legislatures in the 1990s. *Tobacco Control*, 10, 124-134.
- GlaxoSmithKline, & Novartis. (2008). *Tobacco Control Compendium for EU Policymakers. From Smoke Free Environments to Smoke Free Citizens – Smoking Cessation, Helping Europe to Quit*. Brussels: GlaxoSmithKline, Novartis.
- GlaxoSmithKline, Novartis, European Network of Quitlines, Quit UK, Pharmaceutical Group of the European Union, Smokefree Partnership, et al. (2006). *Flyer for an evening dinner debate on 10 October 2006 in the European Parliament. Supporting smoke free environments with smoking cessation*. Brussels: GlaxoSmithKline, Novartis, European Network of Quitlines, Quit UK, Pharmaceutical Group of the European Union, Smokefree Partnership, Standing Committee of European Doctors.
- Global Smokefree Partnership. (2009a). Global Voices. Status Report 2009. Rebutting the tobacco industry winning smokefree air. Retrieved 28 January, 2009, from http://www.globalsmokefree.com/gsp/ficheiro/GV_report_09.pdf
- Global Smokefree Partnership. (2009b). Smokefree Air Law Enforcement: Lessons from the field. Retrieved 22 February, 2020, from http://www.fctc.org/dmdocuments/Smokefree_Air_Law_Enforcement.pdf
- Global Smokefree Partnership. (2010). Status Report on Article 8. Retrieved 6 May, 2011, from <http://www.globalsmokefreepartnership.org/resources/ficheiros/statusreportonarticle8.pdf>
- Godfrey, F. (2000). An overview of European Union tobacco control legislation. *Central European Journal of Public Health*, 8(2), 128-131.
- Gonzalez, M., & Glantz, S. (2011). Failure of policy regarding smoke-free bars in the Netherlands. *European Journal of Public Health*, 23(1), 139-146.
- Gonzalez, M., Green, L. W., & Glantz, S. A. (2011). Through tobacco industry eyes: civil society and the FCTC process from Philip Morris and British American Tobacco's perspectives. *Tobacco Control*, 21(4), e1.
- Granovetter, M. (1973). The Strength of Weak Ties. *The American Journal of Sociology*, 78(6), 1360-1380.

- Greenwood, J. (2003). *Interest representation in the European Union*. Hampshire: Palgrave Macmillian.
- Greer, S. L. (2009). The Changing World of European Health Lobbies. In D. Coen & J. Richardson (Eds.), *Lobbying the European Union: Institutions, Actors, and Issues* (pp. 189-211). New York: Oxford University Press.
- Groupement des Industries Européennes du Tabac. (2007). Response to European Commission Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 28 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-123_en.pdf
- Grüning, T., & Gilmore, A. (2007). Germany: tobacco industry still dictates policy. *Tobacco Control, 16*, 2.
- Grüning, T., Gilmore, A., & McKee, M. (2006). Tobacco Industry Influence on Science and Scientists in Germany. *Health Policy and Ethics, 96*(1), 20-32.
- Grüning, T., Strunck, C., & Gilmore, A. (2008). Puffing away? Explaining the Politics of Tobacco Control in Germany. *German Politics, 17*(2), 140-164.
- Grüning, T., Weishaar, H., Collin, J., & Gilmore, A. (2011). Tobacco industry attempts to influence and use the German government to undermine the WHO Framework Convention on Tobacco Control. *Tobacco Control, 21*(1), 30-38.
- Gullberg, A. T. (2008). *Strategy counts, resources decide: Lobbying European Union climate policy*. University of Oslo, Oslo.
- Haas, P. M. (1992). Introduction: Epistemic Communities and International Policy Coordination. *International Organization, 46*(1), 1-35.
- Hackshaw, L., McEwen, A., West, R., & Bauld, L. (2010). Quit attempts in response to smoke-free legislation in England. *Tobacco Control, 19*, 160-164.
- Hammersley, M. (1992). *What's wrong with ethnography? Methodological explorations*. London: Routledge.
- Hanneman, R. A., & Riddle, M. (2005). Introduction to social network methods. Retrieved 7 March, 2011, from <http://faculty.ucr.edu/~hanneman/>
- Harary, F., Norman, R., & Cartwright, D. (1966). *Structural models: An introduction to the theory of directed graphs*. New York: Wiley.
- Harden, J., Backett-Milburn, K., Hill, M., & MacLean, A. (2010). Oh, what a tangled web we weave: experiences of doing 'multiple perspectives' research in families. *International Journal of Social Research Methodology, 13*(5), 441-452.
- Harris, J. K. (2008). Consent and confidentiality: Exploring ethical issues in public health social network research. *Connections, 28*(1), 81-96.
- Harris, J. K., Luke, D. A., Burke, R. C., & Mueller, N. B. (2008). Seeing the forest and the trees: Using network analysis to develop an organizational blueprint of state tobacco control systems. *Social Science and Medicine, 67*, 1669-1678.
- Harrison, R., & Hurst, J. (2005). The unwelcome guest. How Scotland invited the tobacco industry to smoke outside. Retrieved 9 February, 2010, from <http://www.ashscotland.org.uk/ash/4366>
- Hastings, G., & Angus, K. (2004). The influence of the tobacco industry on European tobacco-control policy. In Aspect Consortium (Ed.), *Tobacco or health in the European Union* (pp. 195-222). Luxembourg: Office for the Official Publications of the European Communities.
- Haw, S., & Gruer, L. (2007). Changes in exposure of adult non-smokers to secondhand smoke after implementation of smoke-free legislation in Scotland: national cross sectional survey. *British Medical Journal, 335*, 549-552.

- Hawkins, B., Holden, C., & McCambridge, J. (2012). Alcohol industry influence on UK alcohol policy: a new research agenda for public health. *Critical Public Health*, 22(3), 297-305.
- Health Professionals against Tobacco. (2007). The EU-Commission's Green Paper Towards a Europe free from tobacco smoke: policy options at the EU Level (COM(2007)27 final). Retrieved 18 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-108_en.pdf
- Heath, S., Fuller, A., & Johnston, B. (2009). Chasing Shadows: Defining Network Boundaries in Qualitative Social Network Analysis. *Qualitative Research. Special Issue 'Qualitative Research and Methodological Innovation'*, 9(5), 645-661.
- Hecl, H. (1975). Issue networks and the executive establishment. In A. King (Ed.), *The New American Political System*. Washington: American Enterprise Institute.
- Helmert, U. (2010). *Vom Teufel bezahlt. Die verhängnisvolle verdeckte Zusammenarbeit zwischen der Tabakindustrie und deutschen Wissenschaftlern unter besonderer Berücksichtigung der Arbeitsmediziner. Befunde aus den vormals internen Tabakindustriedokumenten*. Bremen: Zentrum für Sozialpolitik.
- Heloma, A., & Jaakkola, M. S. (2003). Four-year follow-up of smoke exposure, attitudes and smoking behaviour following enactment of Finland's national smoke-free workplace law. *Addiction*, 98(8), 1111-1117.
- Hervey, T. K. (2001). Community and National Competence in Health after Tobacco Advertising. *Common Market Law Review*, 38, 1421-1446.
- Hervey, T. K. (2002). Mapping the contours of European Union Health Law and Policy. *European Public Law*, 8(1), 69-105.
- Heyward, M. (2008). Legal analysis of the agreements between the European Union, Member States, and multinational tobacco companies. Retrieved 7 January, 2012, from http://www.ftc.org/index.php?option=com_content&view=article&id=466:legal-analysis-of-the-agreements-between-the-european-union-member-states-and-multinational-tobacco-companies&catid=222:meeting-resources&Itemid=230
- Hirayama, T. (1981). Non-smoking wives of heavy smokers have a higher risk of lung cancer: a study from Japan. *British Medical Journal*, 282, 183-185.
- Hirschhorn, N. (2000). Shameful science: four decades of the German tobacco industry's hidden research on smoking and health. *Tobacco Control*, 9, 242-248.
- Hirschhorn, N., & Bialous, S. A. (2001). Second hand smoke and risk assessment: what was in it for the tobacco industry? *Tobacco Control*, 10, 375-382.
- Hix, S., & Goetz, K. (2000). Introduction: European Integration and National Political Systems. *West European Politics*, 23(4), 1-26.
- Hoedeman, O. (2010). A failure to act - the Commission turns a blind eye to conflicts of interest. In Alliance for Lobbying Transparency and Ethics Regulation in the EU (ALTER-EU) (Ed.), *Bursting the Brussels Bubble. The battle to expose corporate lobbying at the heart of the EU*. Brussels: Alliance for Lobbying Transparency and Ethics Regulation in the EU (ALTER-EU).
- Holstein, J., & Gubrium, J. (2004). The active interview. In D. Silverman (Ed.), *Qualitative research: theory, method and practice* (pp. 140-161). London: Sage.
- Hooghe, L., & Marks, G. (2001). *Multi-level governance and European Integration*. Maryland: Rowman & Littlefield.
- Hooghe, L., & Marks, G. (2003). *Unraveling the Central State, but how? Types of multi-level governance*. Vienna: Institute for Advanced Studies.

- Hopkins, D. P., Razi, S., Leeks, K. B., Kalra, G. P., Chattopadhyay, S. K., Soler, R. E., et al. (2010). Smokefree Policies to Reduce Tobacco Use. *American Journal of Preventive Medicine*, 38(2S), S275-S289.
- Hotels Restaurants & Cafés in Europe. (2007). Comments by HOTREC to the Green Paper Towards a Europe free from tobacco smoke: Policy options at EU level. Retrieved 1 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-158_en.pdf
- Hummon, N. P., & Dereian, P. (1989). Connectivity in a citation network: The development of DNA theory. *Social Networks*, 11(1), 39-63.
- Hyland, A., Hassan, L., Higbee, C., Boudreau, C., Fong, G. T., Borland, R., et al. (2010). The impact of smokefree legislation in Scotland: results from the Scottish ITC Scotland/UK longitudinal surveys. *European Journal of Public Health*, 19(2), 198-205.
- Iannantuono, A., & Eyles, J. (1997). Meanings in Policy: A textual analysis of Canada's "Achieving Health for All" Document. *Social Science and Medicine*, 44(11), 1611-1621.
- International Agency for Research on Cancer of the World Health Organization. (2002). *Tobacco Smoke and Involuntary Smoking*. Geneva: World Health Organization.
- International Agency for Research on Cancer of the World Health Organization. (2009). *Evaluating the Effectiveness of Smoke-free Policies*. Lyon: International Agency for Research on Cancer.
- International Network of Women against Tobacco. (2007). INWAT Europe Board response to the European Commission's Green Paper Towards a Europe free from tobacco smoke: policy options at an EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-043_en.pdf
- International Network of Women against Tobacco. (2013). Website of INWAT. Retrieved 7 July, 2013, from <http://www.inwat.org/>
- International Smokeless Tobacco Company Inc. (2007). Submission in relation to the Green Paper "Towards a Europe free from tobacco smoke: Policy options at EU level". Retrieved 18 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-124_en.pdf
- iParadigms LLC. (2012). Turnitin. Retrieved 4 June, 2012, from http://turnitin.com/en_us/home
- Jack, S. (2010). Approaches to studying networks: Implications and outcomes. *Journal of Business Venturing*, 25, 120-137.
- Jahiel, R. I., & Barbor, T. F. (2007). Industrial epidemics, public health advocacy and the alcohol industry: lessons from other fields. *Addiction*, 102, 1335-1339.
- Jamrozik, K. (2006). An estimate of deaths attributable to passive smoking in Europe. In Smokefree Partnership (Ed.), *Lifting the Smokescreen. 10 Reasons for a smoke free Europe*. Brussels: Smokefree Partnership.
- Jenkins-Smith, H. C., & Sabatier, P. A. (1993). The Dynamics of Policy-Oriented Learning. In P. A. Sabatier & H. C. Jenkins-Smith (Eds.), *Policy Change and Learning* (pp. 41-56). Boulder, San Francisco, Oxford: Westview Press.
- Jenkins, B. (1997). Policy analysis. Models and approaches. In M. Hill (Ed.), *The policy process. A Reader* (pp. 30-38). London u.a.: Prentice Hall.
- Jenkins, W. (1978). *Policy Analysis: A Political and Organisational Perspective*. London: Martin Robertson.

- Jernigan, D., Monteiro, M., Room, R., & Saxena, S. (2000). Towards a global alcohol policy: alcohol, public health and the role of WHO. *Bulletin of the World Health Organization*, 78, 491–499.
- John, P. (1998). *Analysing public policy*. London: Continuum.
- Johnson and Johnson. (2007). Consultation submission from Johnson and Johnson: Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Comments and suggestions from Johnson & Johnson. Retrieved 6 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-116_en.pdf
- Jones, S., & Muller, T. (2006). Public attitudes to smoke free policies in Europe. In Smokefree Partnership (Ed.), *Lifting the Smokescreen. 10 Reasons for a smoke free Europe*. Brussels: European Respiratory Society and Institut National du Cancer.
- Joossens, L., & Raw, M. (2008). Progress in combating cigarette smuggling: controlling the supply chain. *Tobacco Control*, 17, 399-404.
- Joossens, L., & Raw, M. (2011). The Tobacco Control Scale 2010 in Europe. Retrieved 24 March, 2011, from http://www.ensp.org/sites/default/files/TCS_2010_in_Europe_FINAL.pdf
- Joossens, L., Raw, M., & Godfrey, F. (2004a). The development of European Union tobacco-control policy. In Aspect Consortium (Ed.), *Tobacco or health in the European Union* (pp. 99-136). Luxembourg: Office for Official publications of the European Communities.
- Joossens, L., Raw, M., & Godfrey, F. (2004b). The impact of tobacco-control policy on smoking in the European Union. In Aspect Consortium (Ed.), *Tobacco or Health in the European Union* (pp. 139-164). Luxembourg: Office for the Official Publications of the European Communities.
- Jovchelovitch, S., & Bauer, M. W. (2000). Narrative Interviewing. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative Researching with text, image and sound. A practical handbook* (pp. 57-74). London: Sage.
- Kadushin, C. (2005). Who benefits from network analysis: ethics of social network research. *Social Networks*, 27, 139-153.
- Kay, A. (2005). A Critique of the Use of Path Dependency in Policy Studies. *Public Administration*, 83(3), 553–571.
- Keating, D. (2012, 25 October 2012). New twist to Dalli affair. *European Voice*. Retrieved from <http://www.europeanvoice.com/article/imported/new-twist-to-dalli-affair/75480.aspx>
- Keck, M. E., & Sikkink, K. (1998). *Activists beyond Borders. Advocacy Networks in International Politics*. Ithaca and London: Cornell University Press.
- Kelly, B., Hughes, C., Chapman, K., Louie, J., Dixon, H., King, L., et al. (2008). Front-of-pack food labelling. Traffic light labelling gets the green light. Retrieved 13 February, 2013, from http://www.cancercouncil.com.au/wp-content/uploads/2010/11/foodlabelling_frontofpack_surveyreport.pdf
- Khanna, D. (2001). The Defeat of the European Tobacco Advertising Directive. *Yearbook of European Law*, 20, 113-138.
- Klijn, E.-H. (2008). Governance and governance networks in Europe. *Public Management Review*, 10(4), 505-525.
- Klijn, E.-H., Edelenbos, J., & Steijn, B. (2010). Trust in Governance Networks: Its Impacts on Outcomes. *Administration & Society*, 42(2), 193-221.
- Klov Dahl, A. (2005). Social network research and human subjects protection: towards more effective infectious disease control. *Social Networks*, 27, 119-137.

- Klüver, H. (2009). *Lobbying in the European Union: The power of information*. Paper presented at the Fifth ECPR General Conference.
- Knill, C., & Lehmkuhl, D. (2002). The National Impact of European Union Regulatory Policy: Three Europeanization Mechanisms. *European Journal of Political Research*, 41(2), 255-280.
- Knoke, D., & Kuklinski, J. H. (1982). *Network analysis*. Beverly Hills, London, New Delhi: Sage Publications.
- Knox, H., Savage, M., & Harvey, P. (2006). Social networks and the study of relations: networks as method, metaphor and form. *Economy and Society*, 35(1), 113-140.
- Kohler-Koch, B., & Finke, B. (2007). The Institutional Shaping of EU-Society Relations: A Contribution to Democracy via Participation? *Journal of Civil Society*, 3(3), 205-221.
- Kossinets, G. (2006). Effects of missing data in social networks. *Social Networks*, 28(3), 247-268.
- Kyriss, T., Pötschke-Langer, M., & Grüning, T. (2008). Der Verband der Cigarettenindustrie - Verhinderung wirksamer Tabakkontrollpolitik in Deutschland. *Gesundheitswesen*, 70, 1-10.
- Lamping, W. (2005). European integration and health policy. In M. Steffen (Ed.), *Health Governance in Europe: Issues, challenges and theories* (pp. 18-48). London: Routledge.
- Lamping, W., & Steffen, M. (2005). The European Union and Health Policy. The Dynamics of Integration. In University of Hanover (Ed.), *Diskussionspapiere und Materialien. Number 19*. Hanover: University of Hanover.
- Laumann, E., Marsden, P., & Prensky, D. (1983). The boundary specification problem in network analysis. In R. Burt & M. Minor (Eds.), *Applied Network Analysis* (pp. 18-34). Beverley Hills, CA: Sage.
- Laumann, E., Marsden, P., & Prensky, D. (1992). The boundary specification problem in network analysis. In L. C. Freeman, D. R. White & A. K. Romney (Eds.), *Research Methods in Social Network Analysis* (pp. 61-79). New Bruntswick: George Mason University Press.
- Lazuras, L., Rodafinos, A., Panagiotakos, D. B., Thyrian, J. R., John, U., & Polychronopoulos, E. (2009). Support for smoke-free policies in a pro-smoking culture: findings from the European survey on tobacco control attitudes and knowledge. *International Journal of Public Health*, 54(6), 403-408.
- Lear, J., & Mossialos, E. (2008). EU law and health policy in Europe. *Euro Observer*, 10(3), 1-3.
- Lee, C.-Y., & Glantz, S. A. (2001). *The Tobacco Industry's Successful Efforts to Control Tobacco Policy Making in Switzerland*. San Francisco: University of California.
- Legacy Tobacco Documents Library. (2012). About the Library. Retrieved 7 December, 2012, from http://legacy.library.ucsf.edu/about/about_the_library.jsp?jsessionid=634660FE3DF6FA6C5AE6039B77A23545.tobacco03
- LeGresley, E. M. (1999). A "Vector Analysis" of the Tobacco Epidemic. *Bulletin of the Medicus Mundi Switzerland*, 72.
- Leischow, S. J., Luke, D. A., Mueller, N., Harris, J. K., Ponder, P., Marcus, S., et al. (2010). Mapping U.S. government tobacco control leadership: Networked for success? *Nicotine & Tobacco Research*, 12(9), 888-894.
- Levenstein, C., Delaurier, G. F., Ahmed, S., & Balbach, E. D. (2005). Labor and the tobacco institute's labor management committee in new york state: the rise and fall of a political coalition. *New Solutions*, 15, 135-152.

- Lewis, J. (2009). Design Issues. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Design. A guide for Social Science Students and Researchers* (pp. 47-76). London: Sage Publications.
- Lewis, J., & Ritchie, J. (2009). Generalising from Qualitative Research. In D. Ritchie & J. Lewis (Eds.), *Qualitative Research Design. A guide for Social Science Students and Researchers* (pp. 263-286). Los Angeles: Sage.
- Lewis, K., Kaufman, J., Gonzalez, M., Wimmer, A., & Christakis, N. (2008). Tastes, ties, and time: A new social network dataset using Facebook.com. *Social Networks*, 30(4), 330-342.
- Liberman, J. (2012). Combating counterfeit medicines and illicit trade in tobacco products: minefields in global health governance. *Journal of law, medicine & ethics*, 40(2), 326-347.
- Liberman, J., Blecher, E., Carbajales, A. R., & Fishburn, B. (2011). Opportunities and risks of the proposed FCTC protocol on illicit trade. *Tobacco Control*, 20, 436-438.
- Lievrouw, L., Rogers, R., Lowe, C., & Nadel, E. (1987). Triangulation as a Research strategy for Identifying Invisible Colleges among Biomedical Scientists. *Social Networks*, 9, 217-248.
- Lilleker, D. G. (2003). Interviewing the Political Elite: Navigating a Potential Minefield. *Politics*, 23(3), 207-214.
- Long, T., & Lörinczi, L. (2009). NGOs as Gatekeepers: A Green Vision. In D. Coen & J. Richardson (Eds.), *Lobbying the European Union: Institutions, Actors, and Issues* (pp. 169-188). New York: Oxford University Press.
- Ludbrook, A., Bird, S., & van Teijlingen, E. (2005). International Review of the Health and Economic Impact of the Regulation of Smoking in Public Places. Summary Report 2005. Retrieved 29 June, 2010, from <http://www.healthscotland.com/uploads/documents/InternationalReviewShortReport.pdf>
- Luke, D. A., & Harris, J. K. (2007). Network Analysis in Public Health: History, Methods, and Applications. *Annual Review of Public Health*, 28, 69-93.
- Luke, D. A., Harris, J. K., Shelton, S., Allen, P., Carothers, B. J., & Mueller, N. B. (2010). Systems Analysis of Collaboration in 5 National Tobacco Control Networks. *American Journal of Public Health*, 100(7), 1290-1297.
- Mackay, D. F., Haw, S., & Pell, J. P. (2011). Impact of Scottish Smoke-Free Legislation on Smoking Quit Attempts and Prevalence. *Plos ONE*, 6(11), e26188.
- Mahoney, C. (2007a). Lobbying success in the United States and the European Union. *Journal of Public Policy*, 27(1), 35-56.
- Mahoney, C. (2007b). Networking vs. allying: the decision of interest groups to join coalitions in the US and the EU. *Journal of European Public Policy*, 14(3), 366-383.
- Mair, M., & Kierans, C. (2007). Critical reflections on the field of tobacco research: The role of tobacco control in defining the tobacco research agenda. *Critical Public Health*, 17(2), 103-112.
- Mamudu, H. M. (2005). *The Politics of the Evolution of Global Tobacco Control: The Formation and Functioning of the Framework Convention on Tobacco Control (FCTC)*. West Virginia University, Morgantown.
- Mamudu, H. M., & Glantz, S. A. (2009). Civil society and the negotiation of the Framework Convention on Tobacco Control. *Global Public Health*, 4(2), 150-168.
- Mamudu, H. M., Gonzalez, M., & Glantz, S. (2011). The Nature, Scope, and Development of the Global Tobacco Control Epistemic Community. *American Journal of Public Health*, 101(11), 2044-2054.

- Mamudu, H. M., Hammond, R., & Glantz, S. A. (2008). Tobacco Industry attempts to counter the World Bank Report "Curbing the Epidemic" and obstruct the WHO Framework Convention on Tobacco Control. *Social Science and Medicine*, 67, 1690–1699.
- Mamudu, H. M., & Studlar, D. T. (2009). Multilevel Governance and Shared Sovereignty: European Union, Member States, and the FCTC. *Governance*, 22(1), 73-97.
- Mandal, S. (2006). Tobacco Industry Efforts to influence the 2001 European Union Tobacco Products Directive. Unpublished MSc thesis. London School of Hygiene and Tropical Medicine.
- Mandal, S., Gilmore, A. B., Collin, J., Weishaar, H., Smith, K. E., & McKee, M. (2009). Block, amend, delay: tobacco industry efforts to influence the European Union's Tobacco Products Directive (2001/37/EC). Retrieved 3 July, 2012, from [http://www.smokefreepartnership.eu/IMG/pdf/EU TI TPD report May 2012.pdf](http://www.smokefreepartnership.eu/IMG/pdf/EU_TI_TPD_report_May_2012.pdf)
- Mangurian, C., & Bero, L. (2000). Lessons learned from the tobacco industry's efforts to prevent the passage of a workplace smoking regulation. *American Journal of Public Health*, 90, 1926-1930.
- Marin, A., & Wellman, B. (2011). Social Network Analysis: An Introduction. In P. Carrington & J. Scott (Eds.), *The Sage Handbook of Social Network Analysis* (pp. 11-25). London: Sage.
- Marsh, D. (1998a). The development of the policy network approach. In D. Marsh (Ed.), *Comparing Policy Networks* (pp. 3-17). Buckingham: Open University Press.
- Marsh, D. (1998b). The utility and future of policy network analysis. In D. Marsh (Ed.), *Comparing Policy Networks* (pp. 185-197). Buckingham: Open University Press.
- Marsh, D., & Smith, M. (2000). Understanding policy networks: towards a dialectical approach. *Political Studies*, 48(1), 4-21.
- Mathews, J. T. (1997). Power Shift. *Foreign Affairs*, 76(1), 50-66.
- Mathison, S. (1988). Why triangulate? *Educational Researcher*, 17(2), 13-17.
- McDaniel, P. A., Smith, E. A., & Malone, R. (2006). Philip Morris's Project Sunrise: weakening tobacco control by working with it. *Tobacco Control*, 15, 215-223.
- McDowell, L. (1998). Elites in the City of London: some methodological considerations. *Environment and Planning A*, 30, 2133-2146.
- McKee, M., Belcher, P., & Kosinska, M. (2012). The EU Tobacco Products Directive must not be derailed. *Lancet*, 380, 1447-1448.
- McKee, M., Hervey, T., & Gilmore, A. B. (2010). Public health policies. In E. Mossialos, G. Permanand, R. Baeten & T. K. Hervey (Eds.), *Health Systems Governance in Europe. The Role of European Union Law and Policy*. Cambridge: Cambridge University Press.
- McKee, M., & Mossialos, E. (2006). Health policy and European law: Closing the gaps. *Public Health*, 120(Supplement 1), 16-21.
- McNeill, A. (2003). *Tobacco Smoking: Harm Reduction Strategies. An ERS Research Seminar*. Brussels: European Respiratory Society.
- McNeill, A. (2004). Tobacco use and effects on health. In Aspect Consortium (Ed.), *Tobacco or health in the European Union* (pp. 25-62). Luxembourg: Office for Official Publications of the European Communities.
- McNeill, A., Craig, L., Willemsen, M. C., & Fong, G. T. (2012). Tobacco control in Europe: A deadly lack of progress. *The European Journal of Public Health*, 22(Supplement 1), 1-3.
- McPherson, M., Smith-Lovin, L., & Cook, J. M. (2001). Birds of a Feather: Homophily in Social Networks. *Annual Review of Sociology*, 27, 415-444.
- Mercken, L., Snijders, T. A. B., Steglich, C., Vartiainen, E., & de Vries, H. (2010). Dynamics of adolescent friendship networks and smoking behavior. *Social Networks*, 32, 72-81.

- Metherell, M. (2011, 29 June 2011). Alcohol industry upset over link in plain packaging ads. *The Sydney Morning Herald*. Retrieved from <http://www.smh.com.au/business/alcohol-industry-upset-over-link-in-plain-packaging-ads-20110628-1gp2p.html>
- Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis*. Beverly Hills: Sage.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. London: Sage.
- Miller, D., & Harkins, D. (2010). Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health. *Critical Social Policy*, 30(4), 564-589.
- Miller, V. (2010). How much legislation comes from Europe? Research Paper 10/62. *Research Papers* Retrieved 5 February, 2013, from <http://www.parliament.uk/briefing-papers/RP10-62>
- Mons, U., Nagelhout, G. E., Allwright, S., Guignard, R., van den Putte, B., Willemsen, M. C., et al. (2012). Impact of national smoke-free legislation on home smoking bans: findings from the International Tobacco Control Policy Evaluation Project Europe Surveys. *Tobacco Control*.
- Mons, U., Nagelhout, G. E., Guignard, R., McNeill, A., van den Putte, B., Willemsen, M. C., et al. (2012). Comprehensive smoke-free policies attract more support from smokers in Europe than partial policies. *The European Journal of Public Health*, 22(Supplement 1), 10-16.
- Montini, T., & Bero, L. (2001). Policy makers' perspectives on tobacco control advocates' roles in regulation development. *Tobacco Control*, 10, 218-224.
- Montini, T., George, A., Martin-Mollard, M., & Bero, L. A. (2009). The role of public participation in public health initiatives: An analysis of the WHO Framework Convention on Tobacco Control. *Global Public Health*, 5(1), 48-61.
- Montini, T., Mangurian, C., & Bero, L. (2002). Assessing the Evidence Submitted in the Development of a Workplace Smoking Regulation: The Case of Maryland. *Public Health Reports*, 117, 291-298.
- Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T., et al. (2013). Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet*, 381, 670-679.
- Muggli, M. E., Forster, J. L., Hurt, R. D., & Repace, J. L. (2001). The Smoke You Don't See: Uncovering Tobacco Industry Scientific Strategies Aimed Against Environmental Tobacco Smoke Policies. *American Journal of Public Health*, 91(9), 1419-1423.
- Muggli, M. E., Hurt, R. D., & Becker, L. B. (2004). Turning free speech into corporate speech: Philip Morris' efforts to influence U.S. and European journalists regarding the U.S. EPA report on secondhand smoke. *Preventive Medicine*, 39, 568-580.
- Muggli, M. E., Lee, K., Gan, Q., Ebbert, J. O., & Hurt, R. D. (2008). "Efforts to Reprioritise the Agenda" in China: British American Tobacco's Efforts to Influence Public Policy on Secondhand Smoke in China. *PLoS Medicine*, 5(12), 1729-1769.
- Mulcahy, M., Evans, D. S., Hammond, S. K., Repace, J. L., & Byrne, M. (2005). Secondhand smoke exposure and risk following the Irish smoking ban: an assessment of salivary cotinine concentrations in hotel workers and air nicotine levels in bars. *Tobacco Control*, 14, 384-388.
- National Cancer Institute. (2007). *Greater Than the Sum. Systems Thinking in Tobacco Control*. Bethesda: National Cancer Institute.
- Nebot, N., Lopez, M. J., Tomas, Z., Ariza, C., Borrell, C., & Villalbi, J. R. (2004). Exposure to environmental tobacco smoke at work and at home: a population based survey. *Tobacco Control*, 13, 95-96.

- Neuman, M., Bitton, A., & Glantz, S. A. (2002). Tobacco industry strategies for influencing European Community tobacco advertising legislation. *The Lancet*, 359(9314), 1323-1330.
- Novartis. (2007). Response from Novartis OTC to the questions posed in the Green Paper Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 6 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-118_en.pdf
- Nugent, N. (2006). *The Government and Politics of the European Union*. New York: Palgrave Macmillan.
- Office for National Statistics. (2007). Omnibus Survey Report No. 36. Smoking-related Behaviour and Attitudes. Retrieved 26 March, 2010, from http://www.statistics.gov.uk/downloads/theme_health/smoking2007.pdf
- Office of Tobacco Control. (2005). Smoke-Free Workplaces in Ireland. A One-Year Review. Retrieved 8 April, 2010, from http://www.otc.ie/uploads/1_Year_Report_FA.pdf
- Ong, E. K., & Glantz, S. A. (2000). Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. *The Lancet*, 355, 1253-1259.
- Origo, F., & Lucifora, C. (2010). The Effect of Comprehensive Smoking Bans in European Workplaces. IZA Discussion Paper No. 5290. Retrieved 2 February, 2013, from <http://ssrn.com/abstract=1700459>
- Ostrander, S. A. (1995). "Surely You're Not in This Just to Be Helpful". Access, Rapport, and Interviews in Three Studies of Elites. In R. Hertz & J. B. Imber (Eds.), *Studying elites using qualitative methods* (pp. 133-150). Thousand Oaks: Sage.
- Padgett, J. F., & Ansell, C. K. (1993). Robust Action and the Rise of the Medici, 1400-1434. *American Journal of Sociology*, 98(6), 1259-1319.
- Pan, J., Barbeau, E. M., Levenstein, C., & Balbach, E. D. (2005). Smoke-free airlines and the role of organized labor: a case study. *American Journal of Public Health*, 95(3), 398-404.
- Pargneau, G. (2013, 6 February 2013). In the Shadow of John Dalli's Case, a New Scandal? *Huffington Post*. Retrieved from http://www.huffingtonpost.com/gilles-pargneau/in-the-shadow-of-john-dalli_b_2602652.html
- Parsons, W. (2005). *Public policy. An introduction to the theory and practice of policy analysis*. Cheltenham: Edward Elgar.
- Peeters, S., & Gilmore, A. B. (2012). *Understanding the tobacco industry's real interests in smokeless tobacco and harm reduction in order to inform policy*. Paper presented at the 15th World Conference on Tobacco or Health.
- Pell, J. P., Haw, S., Cobbe, S., Newby, D. E., Pell, A. C. H., Fischbacher, C., et al. (2008). Smokefree legislation and hospitalizations for acute coronary syndrome. *New England Journal of Medicine*, 359(5), 482-491.
- Peterson, J. (2009). Policy Networks. In A. Wiener & T. Diez (Eds.), *European Integration Theory* (pp. 105-124). Oxford: Oxford University Press.
- Peterson, J., & Bomberg, E. (1999). *Decision-making in the European Union*. London: Macmillan Press.
- Peterson, J., Bomberg, E., & Stubb, A. (2008). Conclusion. In E. Bomberg, J. Peterson & A. Stubb (Eds.), *The European Union: How does it work?* (pp. 222-233). Oxford: Oxford University Press.
- Pfizer Global Pharmaceuticals. (2007). Public Consultation on the European Commission's Green Paper: Towards a Europe free from tobacco smoke: policy options at EU level. Views of Pfizer. Retrieved 6 June, 2012, from

- http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-119_en.pdf
- Pharmaceutical Group of the European Union. (2007). PGEU Response to the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level [COM(2007) 27 final]. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-102_en.pdf
- Philip Morris. (2000). FOCUS (pp. 2085245020/2085245030). Philip Morris.
- Philip Morris International. (2007). Comments on the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 2 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-125_en.pdf
- Phillips, R., Amos, A., Ritchie, D., Cunningham-Burley, S., & Martin, C. (2007). Smoking in the home after the smoke-free legislation in Scotland: qualitative study. *British Medical Journal*, 335, 553-557.
- Physicians for a Smoke-Free Canada. (2010). Smokefree outdoor public spaces: A community advocacy toolkit. Retrieved 2 February, 2013, from http://www.smoke-free.ca/pdf_1/Smoke-free%20outdoor%20spaces%20advocacy%20-sept2010.pdf
- Pickett, M. S., Schober, S. E., Brody, D. J., Curtin, L. R., & Giovino, G. A. (2006). Smoke-free laws and secondhand smoke exposure in US non-smoking adults, 1999-2002. *Tobacco Control*, 15(4), 302-307.
- Pierson, P. (2005). The study of policy development. *The Journal of Policy History*, 17(1), 34-51.
- Polish Bartender Association. (2007). Response to European Commission Green Paper "Towards a Europe free from Tobacco smoke". Retrieved 2 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-161_en.pdf
- Polish Federation of the Trade Unions of the Tobacco Industry Employees. (2007). Response to the European Commission Green Paper "Towards a Europe free from tobacco smoke". Retrieved 2 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-169_en.pdf
- Portuguese Confederation on Smoking Prevention. (2007). Response to Green Paper. Towards a Europe free from tobacco smoke: policy options at EU level. Retrieved 31 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-078_en.pdf
- Princen, S. (2004). *No Smoking: Venue Choice and the Europeanisation of Anti-Smoking Policy*. Paper presented at the Second Pan-European Conference. Standing Group on EU Politics. Retrieved from <http://www.jhubc.it/ecpr-bologna/docs/266.pdf>
- Princen, S. (2007a). Advocacy Coalitions and the Internationalisation of Public Health Policies. *International Public Policy*, 27(1), 13-33.
- Princen, S. (2007b). Agenda-setting in the European Union: a theoretical exploration and agenda for research. *Journal of European Public Policy*, 14(1), 21-38.
- Provan, K. G., Beagels, J., & Leischow, S. J. (2011). Network formation, governance, and evolution in public health: The North American Quitline Consortium case. *Health Care Management Review*, 36(4), 315-326.
- Provan, K. g., Veazie, M. A., Staten, L. K., & Teufel-Shone, N. I. (2005). The Use of Network Analysis to Strengthen Community Partnerships. *Public Administration Review*, 65(5), 603-613.

- Pulmonary Association Heli. (2007). Response to Green Paper Towards a Europe free from tobacco smoke; policy options at EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-067_en.pdf
- Puwar, N. (1997). Reflections on Interviewing Women MPs. *Sociological Research Online*, 2(1).
- QSR International. (2007). QSR NVivo Version 7.0.281.0.SP4. Southport: QSR International.
- Quitkat, C., & Finke, B. (2008). The EU Commission Consultation Regime. In B. Kohler-Koch, D. DeBièvre & W. Maloney (Eds.), *Opening EU-Governance to Civil Society. Gains and Challenges* (pp. 183-222). Mannheim: Mannheim Centre for European Social Research.
- Rada, A. G. (2011). WHO warns anti-smoking campaigners not to become too close to drug firms. *British Medical Journal*, 342.
- Radaelli, C. M. (2004). Europeanisation: Solution or problem? *European Integration Online Papers*, 8(16), 1-26. Retrieved from <http://eiop.or.at/eiop/pdf/2004-016.pdf>
- Raebeck, A., Campbell, R., & Balbach, E. D. (2010). Unhealthy Partnerships: The Tobacco Industry and African American and Latino Labor Organizations. *Journal of Immigrant and Minority Health*, 12(2), 228-233.
- Rand Europe. (2010). Assessing the Impacts of Revising the Tobacco Products Directive. Study to support a DG SANCO Impact Assessment. Final report. Retrieved 8 August, 2012, from http://ec.europa.eu/health/tobacco/docs/tobacco_ia_rand_en.pdf
- Read, M. (1992). Policy Networks and Issue Networks: The Politics of Smoking. In D. Marsh & R. A. W. Rhodes (Eds.), *Policy Networks in British Government* (pp. 124-148). Oxford: Clarendon.
- Read, M. (1996). *The politics of tobacco: policy networks and the cigarette industry*. Aldershot: Avebury.
- Real, A., & Hasanagas, N. D. (2005). Complete Network Analysis in Research of Organized Interests and Policy Analysis: Indicators, Methodical Aspects and Challenges. *Connections*, 26(2), 89-106.
- Regional Union of Tobacco Growers in Augustov. (2007). Response to European Commission Green Paper. Retrieved 2 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-170_en.pdf
- Regional Union of Tobacco Growers in Grudziadz. (2007a). Re: Green Paper "Towards a Europe free from tobacco smoke" Retrieved 2 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-146_en.pdf
- Regional Union of Tobacco Growers in Grudziadz. (2007b). Response to European Commission Consultation on smoke-free environments. Retrieved 28 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-146_en.pdf
- Reich, M. R. (2002). Reshaping the state from above, from within, from below: implications for public health. *Social Science and Medicine*, 54, 1669-1675.
- Rhodes, R. A. W. (1997a). The European Union, cohesion policy and sub-national authorities in the United Kingdom. In R. A. W. Rhodes (Ed.), *Understanding Governance. Policy Networks, Governance, Reflexivity and Accountability* (pp. 137-162). Buckingham: Open University Press.
- Rhodes, R. A. W. (1997b). Governing without Government: order and change in British politics. In R. A. W. Rhodes (Ed.), *Understanding Governance. Policy Networks*,

- Governance, Reflexivity and Accountability* (pp. 3-25). Buckingham, Philadelphia: Open University Press.
- Rhodes, R. A. W. (1997c). The new governance: governing without Government. In R. A. W. Rhodes (Ed.), *Understanding Governance. Policy Networks, Governance, Reflexivity and Accountability* (pp. 46-60). Buckingham, Philadelphia: Open University Press.
- Rhodes, R. A. W. (1997d). *Understanding Governance. Policy Networks, Governance, Reflexivity and Accountability*. Buckingham, Philadelphia: Open University Press.
- Richards, D. (1996). Elite Interviewing: Approaches and Pitfalls. *Politics*, 16(3), 199-204.
- Ritchie, J. (2009). The Applications of Qualitative Methods to Social Research. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice. A Guide for Social Science Students and Researchers* (pp. 24-46). London: Sage Publications.
- Ritmeester Cigars. (2007). Response to European Commission Green Paper. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-301_en.pdf
- Royal College of Nursing. (2007). RCN Response to the European Commission's Green Paper: 'Towards a Europe free from tobacco smoke: policy options at EU level'. Retrieved 11 June, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-112_en.pdf
- Sabatier, P. A. (1993). Policy Change over a Decade or More. In P. A. Sabatier & H. C. Jenkins-Smith (Eds.), *Policy Change and Learning* (pp. 13-39). Boulder, San Francisco, Oxford: Westview Press.
- Sabatier, P. A. (1998). The advocacy coalition framework: revisions and relevance for Europe. *Journal of European Public Policy*, 5(1), 98-130.
- Sabatier, P. A., & Jenkins-Smith, H. C. (1993a). The Advocacy Coalition Framework: Assessment, Revisions, and Implications. In P. A. Sabatier & H. C. Jenkins-Smith (Eds.), *Policy Change and Learning* (pp. 211-235). Boulder, San Francisco, Oxford: Westview Press.
- Sabatier, P. A., & Jenkins-Smith, H. C. (1993b). *Policy Change and Learning: An Advocacy Coalition Approach*. Boulder: Westview Press.
- Sabatier, P. A., & Weible, C. M. (2007). The Advocacy Coalition Framework. Innovations and Clarifications. In P. A. Sabatier (Ed.), *Theories of the Policy Process* (pp. 189-222). Boulder: Westview Press.
- Sabot, E. C. (1999). Dr Jekyll, Mr H(i)de: the contrasting face of elites at interview. *Geoforum*, 30, 329-335.
- Saloojee, Y., & Dagli, E. (2000). Tobacco industry tactics for resisting public policy on health. *Bulletin of the World Health Organization*, 78(7), 902-910.
- Sandberg, J. (2005). How Do We Justify Knowledge Produced Within Interpretive Approaches? *Organizational Research Methods*, 8(1), 41-68.
- Sato, H. (1999). The Advocacy Coalition Framework and the Policy Process Analysis: The Case of Smoking Control in Japan. *Policy Studies Journal*, 27(1), 28-44.
- Sbragia, A., & Stolfi, F. (2008). Key policies. In E. Bomberg, J. Peterson & A. Stubb (Eds.), *The European Union: How does it work?* (pp. 116-137). Oxford: Oxford University Press.
- Schäfer Elinder, L. (2011). Obesity and chronic diseases, whose business? *European Journal of Public Health*, 21(4), 402-403.
- Schlager, E., & Blomquist, W. (1996). A Comparison of Three Emerging Theories of the Policy Process. *Political Research Quarterly*, 49(3), 651-672.

- Schneider, N. K., Sebrie, E. M., & Fernandez, E. (2011). The so-called "Spanish model" - Tobacco industry strategies and its impact in Europe and Latin America. *BMC Public Health*, *11*, 209.
- Schwalba-Hoth, F. (2011). Stakeholder.eu. The directory for Brussels. Retrieved 17 May, 2011, from <http://www.stakeholder.eu/>
- Scientific Committee on Tobacco or Health. (2004). *Secondhand Smoke: Review of evidence since 1998. Update of evidence on health effects of secondhand smoke*. London: UK Department of Health.
- Scoggins, A., de Vries, H., Conklin, A., & Hatzianandreu, E. (2009). *Analysis to support the Impact Assessment of the Commission's smoke-free initiatives*. Brussels: Rand Europe.
- Scollo, M., Lal, A., Hyland, A., & Glantz, S. A. (2003). Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, *12*, 13-20.
- Scott, J. (1991). *Social Network Analysis. A handbook*. London, Newbury Park, New Delhi: Sage Publications.
- Scottish Licensed Trade Association. (2007). Response to the European Commission Green Paper "Towards a Europe free from tobacco smoke". Retrieved 29 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-163_en.pdf
- Scutchfield, D., Ireson, C., & Hall, L. (2004). The Voice of the Public in Public Health Policy and Planning: The Role of Public Judgment. *Journal of Public Health Policy*, *25*(2), 197-205.
- Sims, M., Maxwell, R., Bauld, L., & Gilmore, A. (2010). Short term impact of smoke-free legislation in England: retrospective analysis of hospital admissions for myocardial infarction. *British Medical Journal*, *340*(c2161).
- Sittermann, B. (2006). Europeanisation – A Step Forward in Understanding Europe? Retrieved 18 December, 2012, from http://nez.uni-muenster.de/download/Sittermann_Literature_Review_Europeanisation_FINAL2006.pdf
- Smith, E. A., & Malone, R. (2007). 'We will speak as the smoker': the tobacco industry's smokers' rights groups. *European Journal of Public Health*, *17*(3), 306-313.
- Smith, H. J., Chen, J., & Liu, X. (2008). Language and rigour in qualitative research: Problems and principles in analyzing data collected in Mandarin. *BMC Medical Research Methodology*, *8*, 44.
- Smith, K. E. (2006a). *Health inequalities in Scotland and England: the translation of ideas between research and policy*. University of Edinburgh, Edinburgh.
- Smith, K. E. (2006b). Problematising power relations in "elite" interviews. *Geoforum*, *37*, 643-653.
- Smith, K. E. (in press). Understanding the Influence of Evidence in Public Health Policy: What can we learn from the 'tobacco wars'? *Social Policy & Administration*.
- Smith, K. E., Fooks, G., Collin, J., Weishaar, H., & Gilmore, A. B. (2010). Is the increasing policy use of Impact Assessment in Europe likely to undermine efforts to achieve healthy public policy? *Journal of Epidemiology and Community Health*, *64*(6), 478-487.
- Smith, K. E., Fooks, G., Collin, J., Weishaar, H., Mandal, S., & Gilmore, A. B. (2010). "Working the System" —British American Tobacco's Influence on the European Union Treaty and Its Implications for Policy: An Analysis of Internal Tobacco Industry Documents. *PLoS Medicine*, *7*(1).

- Smith, K. E., Gilmore, A., Fooks, G., Collin, J., & Weishaar, H. (2009). Tobacco industry attempts to undermine Article 5.3 & the 'good governance' trap. *Tobacco Control, 18*, 509-511.
- Smokefree Partnership. (2006). Lifting the Smokescreen. 10 Reasons for a smoke free Europe. Retrieved 22 October, 2009, from <http://www.smokefreepartnership.eu/documents/lifting-smokescreen-10-reasons-going-smokefree>
- Smokefree Partnership. (2007). Response to the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level". Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-041_en.pdf
- Smokefree Partnership. (2008). *Spotlight on the Framework Convention on Tobacco Control (FCTC). Issue 2. Article 8: Protection from Exposure to Tobacco Smoke*. Brussels: Smoke Free Partnership.
- Smokefree Partnership. (2009a). Court of First Instance Cases related to tobacco. Retrieved 5 November, 2009, from <http://www.smokefreepartnership.eu/Court-of-First-Instance>
- Smokefree Partnership. (2009b). European Court of Justice Cases related to tobacco. Retrieved 5 November, 2009, from <http://www.smokefreepartnership.eu/European-Court-of-Justice>
- Smokefree Partnership. (2010). The Origin of EU Better Regulation - The disturbing truth. Retrieved 23 September, 2010, from http://www.smokefreepartnership.eu/IMG/pdf/Report_version_27012010_-2.pdf
- Smokefree Partnership. (2011). Smoke-free map. Retrieved 19 November, 2012, from <http://www.smokefreepartnership.eu/smokefreemap>
- Smokefree Partnership. (2012a). Finances and Funding. Retrieved 18 July, 2012, from <http://www.smokefreepartnership.eu/Finances-and-funding>
- Smokefree Partnership. (2012b). SFP welcomes the release of the Tobacco Products Directive proposal. Retrieved 16 February, 2013, from <http://www.smokefreepartnership.eu/news/sfp-welcomes-release-tobacco-products-directive-proposal>
- Smokefree Partnership. (2012c). Transparency Register. Profile of the Smoke Free Partnership. Retrieved 7 February, 2013, from <http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=6403725595-50>
- Smokefree Partnership. (2013). About Us. Retrieved 7 February, 2013, from <http://www.smokefreepartnership.eu/about-us>
- Snape, D., & Spencer, L. (2003). The Foundations of Qualitative Research. In D. Ritchie & G. H. Lewis (Eds.), *Qualitative Research in Practice. A Guide for Social Science Students and Researchers* (pp. 1-23). Los Angeles: Sage.
- Spencer, L., Ritchie, J., & O'Connor, W. (2009). Analysis: Practices, Principles and Processes. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice. A Guide for Social Science Students and Researchers* (pp. 199-218). London: Sage.
- Squires, A. (2009). Methodological Challenges in Cross-Language Qualitative Research: A Research Review. *International Journal of Nursing Studies, 46*(2), 277-287.
- Suchman, M. C. (1995). Managing legitimacy: Strategic and institutional approaches. *Academy of Management Review, 20*(3), 571-610.
- Swedish National Institute of Public Health. (2007). Public Health Survey. Retrieved 26 March, 2010, from <http://www.fhi.se/en/>

- Szatkowski, L., Coleman, T., McNeill, A., & Lewis, S. (2011). The impact of the introduction of smoke-free legislation on prescribing of stop-smoking medications in England. *Addiction*, *106*, 1827–1834.
- Tanggaard, L. (2009). The Research Interview as a Dialogical Context for the Production of Social Life and Personal Narratives. *Qualitative Inquiry*, *15*(9), 1498-1515.
- The Dutch Nonsmokers Association Clean Air Nederland. (2007). Contribution to EU Commission Green Paper Towards A Europe free from tobacco smoke: Policy options at EU level. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-077_en.pdf
- The Imported Tobacco Products Advisory Council. (2007). Submission to the Directorate-General Health and Consumer Protection in response to the Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level'. Retrieved 24 July, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-145_en.pdf
- Thomas, R. J. (1995). Interviewing Important People in Big Companies. In R. Hertz & J. B. Imber (Eds.), *Studying elites using qualitative methods* (pp. 3-17). Thousand Oaks: Sage.
- Thompson, C. (2012, 6 April 2012). Big Tobacco campaigns on freedom. *Financial Times*. Retrieved from <http://www.ft.com/cms/s/0/bf180b30-74e5-11e1-a98b-00144feab49a.html#axzz20JIRGSny>
- Thompson, G. F. (2004). Is all the world a complex network? *Economy and Society*, *33*(3), 411-424.
- Thomson, G., Wilson, N., & Howden-Chapman, P. (2007). The use and misuse of health research by parliamentary politicians during the development of a national smokefree law. *Australia and New Zealand Health Policy*, *4*, 24.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing* *3*, 68-70.
- Tiessen, J., Hunt, P., Celia, C., Fazekas, M., De Vries, H., Staetsky, L., et al. (2010). Assessing the Impacts of Revising the Tobacco Products Directive. Study to support a DG SANCO Impact Assessment. Retrieved 4 February, 2013, from http://ec.europa.eu/health/tobacco/docs/tobacco_ia_rand_en.pdf
- Tobacco Manufacturers Association of Denmark. (2007). Response to the European Commission Green Paper "Towards a Europe free from tobacco smoke". Retrieved 2 February, 2013, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-129_en.pdf
- Tobacco tactics. (2012a). Confederation of European Community Cigarette Manufacturers. Retrieved 16 August, 2012, from http://www.tobaccotactics.org/index.php/Confederation_of_European_Community_Cigarette_Manufacturers#cite_note-14
- Tobacco tactics. (2012b). Forest. Retrieved 16 August, 2012, from http://www.tobaccotactics.org/index.php/Forest#cite_note-8
- Tobacco tactics. (2013). Tobacco Workers' Alliance. Retrieved 25 February, 2013, from http://tobaccotactics.org/index.php/Tobacco_Workers%E2%80%99_Alliance
- Trade Association of Hungarian Caterers. (2007). Response to the European Commission Paper "Towards a Europe free from tobacco smoke". Retrieved 1 September, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-160_en.pdf

- Trotter, L., & Chapman, S. (2003). "Conclusions about exposure to ETS and health that will be unhelpful to us": How the tobacco industry attempted to delay and discredit the 1997 Australian National Health and Medical Research Council report on passive smoking. *Tobacco Control*, 12(Supplement 3), iii102-iii106.
- Turner, A. D. C. (1994). A strategic plan for the issue of smoking in the workplace and in public places. In Philip Morris (Ed.) (pp. 2501358202/2501358212).
- Twose, J., Schiaffino, A., García, M., Borrás, J. M., & Fernández, E. (2007). Correlates of exposure to second-hand smoke in an urban Mediterranean population. *BMC Public Health*, 7, 194.
- UK Tobacco Manufacturers Association. (2007). Response to the European Commission Consultation on smoke-free environments. Retrieved 28 August, 2012, from http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/r-140_en.pdf
- Universal Leaf International. (2000). European Union & Tobacco: Background Information (pp. 321287811-321287868). British American Tobacco.
- US Department of Health and Human Services. (2006). *The Health Consequences of Involuntary Exposure to Tobacco Smoke. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- US Smokeless Tobacco Co. (2012). Our History. Retrieved 29 June, 2012, from http://www.us smokeless.com/en/cms/Company/History/2000_Present.aspx
- Valente, P. (2010). *Social Networks and Health. Models, Methods, and Applications*. Oxford: Oxford University Press.
- Valente, T., Chou, C., & Pentz, M. (2007). Community coalitions as a system: effects of network change on adoption of evidence-based substance abuse prevention. *American Journal of Public Health*, 97, 880-886.
- van Duijn, M. A. J., & Vermunt, J. K. (2006). What Is Special About Social Network Analysis? *Methodology*, 2(1), 2-6.
- Vickers, B. (2004). The Troublesome Raigne, George Peele, and the Date of King John. In B. Boyd (Ed.), *Words That Count: Early Modern Authorship. Essays in Honor of MacDonald P. Jackson* (pp. 78-116). Newark: University of Delaware.
- Vickers, B. (2009). Thomas Kyd, Secret Sharer. *British Academy Review*, 14, 41-44.
- Vickers, B. (2011). Shakespeare and Authorship Studies in the Twenty-First Century. *Shakespeare Quarterly*, 62(1), 106-142.
- Vink, M. P. (2003). What is Europeanisation? And other questions on a new research agenda. *European Political Science*, 3(1), 63-74.
- Vogel, T. (2012, 11 October 2012). EU agencies criticised over conflicts of interest. *European Voice*. Retrieved from <http://www.europeanvoice.com/article/2012/october/eu-agencies-criticised-over-conflicts-of-interest/75383.aspx>
- von Sydow, E. (1996). The struggle centred on Brussels. *A forum for Networks* Retrieved 24 November, 2009, from <http://www.health.fi/smoke2html/Pages/Smoke2-49.html>
- Wander, N., & Collin, J. (2009). *A gentleman's disagreement: Cooperation versus competition among transnational tobacco companies*. Paper presented at the 14th World Conference on Tobacco or Health.
- Warner, K. E., & Mendez, D. (2010). Tobacco control policy in developed countries: yesterday, today, and tomorrow. *Nicotine & Tobacco Research*, 12(9), 876-887.
- Warner, K. E., & Tam, J. (2012). The impact of tobacco control research on policy: 20 years of progress. *Tobacco Control*, 21(2), 103-109.

- Wasserman, S., & Faust, K. (1994). *Social Network Analysis: Methods and Applications*. Cambridge: Cambridge University Press.
- Watson, R., & Shackelton, M. (2008). Organized interests and lobbying. In E. Bomberg, J. Peterson & A. Stubb (Eds.), *The European Union: How does it work?* (pp. 92-111). Oxford: Oxford University Press.
- Watt, A., De Vries, H., Conklin, A., & Hatziaandreu, E. (2008). Analysis to support the Impact Assessment of the Commission's smoke-free initiatives. Retrieved 4 February, 2013, from http://www.rand.org/pubs/technical_reports/TR646.html
- Weishaar, H., Collin, J., Smith, E. A., Grüning, T., Mandal, S., & Gilmore, A. (2012). Global Health Governance and the Commercial Sector: A Documentary Analysis of Tobacco Company Strategies to Influence the WHO Framework Convention on Tobacco Control. *PLoS Medicine*, 9(6), e1001249.
- White, C., Woodfield, K., & Ritchie, D. (2003). Reporting and presenting qualitative data. In D. Ritchie & G. H. Lewis (Eds.), *Qualitative Research Practice. A Guide for Social Science Students and Researchers* (pp. 287-321). Los Angeles: Sage.
- White, J., & Bero, L. (2011). Corporate Manipulation of research: Strategies are similar across five industries. *Stanford Law and Policy Review*, 21, 105-134.
- Wilkenfeld, J. P. (2005). *Saving the World from Big Tobacco: The real coalition of the willing*. University of Pittsburgh: Ridgway Centre.
- Willetts, P. (2001). Transnational Actors and International Organizations in Global Politics. In J. B. Baylis & S. Smith (Eds.), *The Globalisation of World Politics* (pp. 356-383). Oxford and New York: Oxford University Press.
- Winickoff, J. P., Friebely, J., Tanski, S. E., Sherroda, C., Matt, G. E., Hovell, M. F., et al. (2009). Beliefs about the health effects of "thirdhand" smoke and home smoking bans. *Pediatrics*, 123, e74-79.
- Wipfli, H. L., Fujimoto, K., & Valente, T. W. (2010). Global Tobacco Control Diffusion: The Case of the Framework Convention on Tobacco Control. *Tobacco Control*, 100(7), 1260-1266.
- World Bank. (1999). *Curbing the Epidemic. Governments and the Economics of Tobacco Control*. Washington: World Bank.
- World Health Organization. (2003). *WHO Framework Convention on Tobacco Control*. Geneva: World Health Organization.
- World Health Organization. (2008a). Tobacco Industry Interference with Tobacco Control. Retrieved 5 May, 2009, from http://www.who.int/tobacco/resources/publications/tob_ind_int_cover_150/en/index.html
- World Health Organization. (2008b). *WHO Report on the global tobacco epidemic. The MPOWER package*. Geneva: World Health Organization.
- World Health Organization. (2009a). *Implementing smoke-free environments*. Geneva: World Health Organization.
- World Health Organization. (2009b). *WHO Framework Convention on Tobacco Control. Guidelines for implementation. Article 5.3; Article 8; Article 11; Article 13*. Geneva: World Health Organization.
- World Health Organization. (2011). WHO report on the global tobacco epidemic. Warning about the dangers of tobacco. Retrieved 19 November, 2012, from http://whqlibdoc.who.int/publications/2011/9789240687813_eng.pdf
- World Health Organization Committee of Experts on Tobacco Industry Documents. (2000). *Tobacco Company Strategies to undermine tobacco control activities at the World Health Organization*. San Francisco: University of California.

- World Health Organization Regional Office for Europe. (2002). European Strategy for Tobacco Control. Retrieved 5 November, 2009, from <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/tobacco/publications/2002/european-strategy-for-tobacco-control>
- World Medical Association. (2005). World Medical Association statement on reducing the global impact of alcohol on health and society. Retrieved 10 April, 2012, from <http://www.wma.net/en/30publications/10policies/a22/>
- Yeager, P. C., & Kram, K. E. (1995). Fielding Hot Topics in Cool Settings. The Study of Corporate Ethics. In R. Hertz & J. B. Imber (Eds.), *Studying elites using qualitative methods* (pp. 40-60). Thousand Oaks: Sage.
- Yin, R. K. (2003). *Case Study Research. Design and Methods*. Thousand Oaks: Sage.
- Yoon, S., & Lam, T.-H. (2012). The alcohol industry lobby and Hong Kong's zero wine and beer tax policy. *BMC Public Health*, 12, 717.
- Zanni, R. (2008). [Letter from Roberto Zanni to Alexander Italianer regarding impact assessment on the follow-up initiative on smoke-free environments]. Unpublished Personal communication.
- Ziegler, J. (2009). The LEDA Tutorial. Version 0.5.3.pre7. Retrieved 16 April, 2012, from <http://www.leda-tutorial.org/en/unofficial/>

Appendix I: Chronological overview of introduction of smoke-free policies across the EU, 2011

| Entry into force | EU member state | General workplace | Enclosed public places | Restaurants | Bars | Public transport |
|--|-----------------|-------------------|------------------------|-------------|------|------------------|
| November 1999 (amendments in force since September 2006) | Hungary | ■ | ■ | - | - | ■ |
| January 2002 | Poland | ☒ | ■ | ☒ | ☒ | ☒ |
| March 2004 | Ireland | ■ | ■ | ■ | ■ | ■ |
| May 2004 and January 2007 (hospitality venues) | Lithuania | ☒ | ■ | ■ | ☒ | ■ |
| January 2005 (changes in 2010) | Bulgaria | ☒ | ☒ | ■ | ■ | ■ |
| January 2005 | Italy | ☒ | ☒ | ☒ | ☒ | ☒ |
| June 2005 | Sweden | ☒ | ☒ | ☒ | ☒ | ☒ |
| October 2005 | Malta | ☒ | ☒ | ☒ | ☒ | ☒ |
| January 2006 | Belgium | ☒ | ☒ | ☒ | ■ | ■ |
| January 2006 | Czech Republic | ■ | ■ | - | - | ☒ |
| January 2006 | Spain | ■ | ■ | ■ | ■ | ■ |
| March 2006 – July 2007 (depending on region) | United Kingdom | ■ | ■ | ■ | ■ | ■ |
| June 2006 (changes in 2010) | Latvia | ☒ | ■ | ■ | ■ | ☒ |
| September 2006 | Luxembourg | ☒ | ■ | ☒ | ■ | ☒ |
| June 2007 | Finland | ☒ | ☒ | ☒ | ■ | ☒ |
| August 2007 | Denmark | ☒ | ☒ | ☒ | ■ | ☒ |
| August 2007 | Slovenia | ☒ | ☒ | ☒ | ☒ | ☒ |
| August 2007 - 2009 | Germany | ☒ | ☒ | ■ | ■ | ☒ |
| September 2007 | Estonia | ■ | ■ | ☒ | ☒ | ■ |
| January 2008 | Portugal | ■ | ■ | ■ | ■ | ■ |
| January 2008 (hospitality venues) and February 2007 (all other venues) | France | ☒ | ☒ | ☒ | ☒ | ■ |
| July 2008 | Netherlands | ☒ | ☒ | ☒ | ☒ | ☒ |
| January 2009 | Austria | ☒ | ☒ | ■ | ■ | ☒ |
| January 2009 | Romania | ☒ | ☒ | ■ | ■ | ■ |
| April 2009 | Slovakia | ☒ | ■ | ☒ | ■ | ☒ |
| July 2009 | Greece | ■ | ■ | ■ | ■ | ■ |
| January 2010 | Cyprus | ☒ | ■ | ■ | ■ | ■ |

The overview does not take the enforcement of the policy into account.

- Comprehensive smoke-free policy with no exemptions
- Smoke-free policy with exemption, allowing for designated smoking rooms
- Partial smoke-free policy, allowing for smoking zones or exemptions for certain categories of venues
- Recommendations, suggestions or no policy

Data sources: DG SANCO (2011; 2010a)

Appendix II: History of EU tobacco control policy

| Date | European developments of relevance to tobacco control | Description |
|----------------------|--|--|
| Prior to 1980 | | |
| 23 July 1952 | Treaty establishing the European Coal and Steel Community | Founding members are Belgium, France, Germany, Italy, Luxembourg and the Netherlands (European Coal and Steel Community, 1951). |
| 1 Jan 1958 | Treaty of Rome | The treaty establishes the European Economic Community. It says that the European Economic Community would promote “an accelerated raising of the standard of living” (European Economic Community, 1957). |
| 1970 | Start of subsidies for tobacco growing through CAP | |
| 1980 | | |
| 19 Sep 1983 | Directive 83/477/EEC: Asbestos Directive | Directive implementing measures to protect workers from the risks related to exposure to asbestos at work (European Union, 1983) |
| 1 July 1987 | Single European Act | European Act introducing the Internal Market (European Union, 1987) |
| 1987 | EACP established | EACP launches first EACP Action Plan to combat cancer (1987-1989) |
| 1988 | BASP established | |
| 18 Apr 1989 | Comprehensive advertising and sponsorship ban proposed by the EC | First EC proposal for a Council Directive on tobacco advertising (European Commission, 1989) |
| 12 June 1989 | Directive 89/391/EEC: Framework Directive on Health and Safety in the Workplace | Directive requiring a health assessment to be carried out by employees which should include exposure SHS (European Union, 1989a) |
| 18 July 1989 | Council Resolution on banning smoking in places open to the public | Nonbinding resolution inviting member states to adopt smoking bans in enclosed premises open to the public and in public transport and provide smoking areas (European Union, 1989e) |
| 3 Oct 1989 | Directive 89/552/EEC: Advertising directive banning TV advertising: “Television without frontiers” | Directive banning all forms of television advertising of tobacco products and sponsoring of television programmes by tobacco manufacturers (European Union, 1989b) |
| 13 Nov 1989 | Directive 89/622/EEC: Labelling directive | Directive requiring health warning labels (4/6/8% size of pack, “clear and legible” on “contrasting background”) and information on tar and nicotine yields on cigarette packs (European Union, 1989c) |
| 30 Nov 1989 | Directive 89/654/EEC concerning the minimum safety and health requirements for the workplace | Directive introducing protection of non-smokers against discomfort caused by tobacco smoke in the workplace (European Union, 1989d) |
| 1990s | | |
| 17 May 1990 | Directive 90/239/EEC: Tar yield directive | Directive setting maximum tar yield at 15mg/cigarette from 1993 and 12mg/cigarette from 1998 (European Union, 1990a) |
| May 1990 | Adoption second EACP Action Plan | Council of the European Union adopts second EACP Action Plan (1990-1994) |
| 18 June 1990 | Directive 90/394/EEC: Carcinogens Directive | Directive restricting smoking in workplace areas where carcinogenic substances are handled (European Union, 1990b) |
| 15 May 1991 | EC adopts new proposal for advertising ban | Due to the vote in the EP favouring an amended, stronger proposal, the EC withdraws its initial 1989 proposal and proposes a more comprehensive ban (including bans on all forms of advertising, except for point-of-sales |

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| | | advertising, indirect advertising and free distribution of tobacco products). |
| 1992 | EACP moved to Luxembourg | |
| 1992 | Community Fund for Research and Information on Tobacco created | Fund created through a 1% levy of the financial support given to tobacco producers as part of CAP in order to develop new tobacco varieties and cultivation methods, alternative uses for tobacco and other crop, help tobacco growers to switch to other crops and improve public awareness through education and information |
| 1992-1997 | Progress on advertising ban stalled in Council of Ministers | Germany, Netherlands and the UK (and partly Greece and Denmark) form the blocking minority in the Council of Ministers |
| 11 Feb 1992 | EP votes in favour of EC proposal for comprehensive advertising ban | |
| 15 May 1992 | Directive 92/41/EEC to ban marketing of oral tobacco | Directive amending 1998 labelling directive to ban the marketing of oral tobacco with the exemption of Sweden (European Union, 1992a) |
| 24 June 1992 | Directive 92/57/EEC on minimum safety and health requirements of workers at temporary or mobile construction sites | Directive requiring employers to ensure that workers have access to fresh air and ventilation (European Union, 1992f) |
| 19 Oct 1992 | Directives 92/78/EEC, 92/79/EEC, 92/80/EEC: Tax directives | Directives aiming at the approximation of tobacco taxes across the EU, setting minimum level of excise duty on tobacco at 57% (European Union, 1992b, 1992c, 1992d) |
| 19 Oct 1992 | Directive 92/85/EEC on pregnant workers and workers who have recently given birth or are breastfeeding | Directive introducing measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding, including protection from exposure to carbon monoxide (European Union, 1992e) |
| 3 Nov 1992 | Directive 92/91/EEC on minimum safety and health requirements of workers in the mineral-extracting industries through drilling | Directive requiring employers to ensure that workers have access to fresh air and ventilation (European Union, 1992g) |
| 3 Dec 1992 | Directive 92/104/EEC on minimum safety and health requirements of workers in surface and underground mineral-extracting industries | Directive requiring employers to ensure that workers have access to fresh air and ventilation (European Union, 1992h) |
| 1 Nov 1993 | Treaty on European Union/ Maastricht Treaty | The treaty expands the EU's role in health but also emphasises markets and subsidiarity (European Union, 1992i). Article 3(p): "...the activities of the Community shall include...a contribution to the attainment of a high level of health protection" Article 129(1): "The Community shall contribute towards ensuring a high level of human health protection by encouraging cooperation between the Member States and, if necessary, lending support to their action. Community action shall be directed towards the prevention of diseases [...] by promoting research into their causes and their transmission, as well as health information and education." Article 129(2): "Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1." |
| 1995 | BASP closed | |
| 1996 | Adoption third EACP Action Plan | Council of the European Union and EP adopt third EACP Action Plan (1996-2000) |

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| 26 Nov 1996 | Council Resolution on the reduction of smoking in the European Community | Council of the European Union calls on the EC to do work in the area of tobacco control (Council of the European Union, 1996) |
| 1997 | Establishment of ENSP and European Network on Young People and Tobacco (ENYPAT) | Networks to coordinate tobacco control in Europe are established |
| 30 June 1997 | Directive 97/36/EC: Television broadcasting activities Directive | Directive amending and specifying the 1998 Council Directive concerning the pursuit of television broadcasting activities (European Union, 1997a) |
| 6 July 1998 | Directive 98/43/EC: Directive on tobacco advertising and sponsorship | The European advertising ban is passed. Germany and Austria oppose and Spain and Denmark abstain from the vote. The directive includes a ban on sponsorship but exempts publications in third countries, Greek kiosks and includes the possibility to postpone implementation (European Union, 1998). |
| Sept 1998 | Legal challenge in the ECJ against the directive on advertising and sponsorship | Germany and four British tobacco companies mount a legal challenge. Arguments against the directive include that it violates several principles of treaty law and misuse of EU legislative power as EU has no competence in health protection. |
| 1 May 1999 | Treaty of Amsterdam | The treaty elaborates on the competence of the EU in public health (European Union, 1997b). It introduces article 95(3): "The Commission, in its proposals envisaged in paragraph 1 concerning health, safety, environmental protection and consumer protection, will take as a base a high level of protection, taking account in particular of any new development based on scientific facts. Within their respective powers, the European Parliament and the Council will also seek to achieve this objective" Other references to public health are also made in the following articles: Article 137: "the Community shall support and complement the activities of the Member States in the [...] improvement in particular of the working environment to protect workers' health and safety" Article 152(1): "A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health." Article 152(2): "The Community shall encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action." Article 152(4): "The Council [...] shall contribute to the achievement of the objectives referred to in this Article through adopting [...] (c) incentive measures designed to protect and improve human health, excluding any harmonisation of the laws and regulations of the Member States." |
| Oct 1999 | EC receives first mandate from Council of Ministers to negotiate on behalf of EU member states on the FCTC | |
| 2000s | | |
| 5 Oct 2000 | Annulment of Directive on tobacco advertising and sponsorship | ECJ annuls directive on the grounds of a lack of legal basis and proportionality but also formulates guidelines for a legally acceptable policy. |
| April 2001 | EC receives second mandate to negotiate on behalf of EU member states on the FCTC | |
| June 2011 | EC proposes new directive on advertising and sponsorship | |

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| 5 June 2001 | Directive 2001/37/EC: Tobacco Products Directive (TPD) | Adoption of the Directive on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products which includes the introduction of ceilings for tar, nicotine and carbon monoxide, enlargement of health warning labels (30% of front and 40% of back pack surface area with warnings and yields to be in black type), disclosure of all ingredients and additives, prohibition of the use of misleading descriptors such as 'mild' and 'lights', prohibition of the sale of oral tobacco and prohibition of export outside the EU of products which do not comply with these regulations (European Union, 2001a) |
| 18 – 19 Feb 2002 | WHO European Ministerial Conference for a Tobacco-free Europe | Launch of a European Strategy for Tobacco Control suggesting cooperation and a comprehensive tobacco control approach across the EU (World Health Organization Regional Office for Europe, 2002) |
| 2 Dec 2002 | Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control | Recommendation to member states to adopt policies regarding the sale of tobacco to children and adolescents, banning forms of advertising and promotion, disclosure of information on advertising by tobacco manufacturers, education and price measures (European Union, 2002) |
| 1 Feb 2003 | Treaty of Nice | Decision to enlarge the EU to 25 member states (European Union, 2001b) |
| 26 May 2003 | Directive 2003/33/EC: Tobacco advertising Directive | Adoption of the Directive which bans the advertising of tobacco products the press and other printed publications, radio broadcasting, information society services and through tobacco related sponsorship, including the free distribution of tobacco products (European Union, 2003) |
| 8 June 2003 | The EU signs the FCTC | |
| 5 Sept 2003 | Commission Decision 2003/641/EC on EU library of graphic health warning labels | Decision introducing the EU library of colour photographs or other illustrations to depict and explain the health consequences of smoking and regulating the use of graphic health warning labels on tobacco packages (European Commission, 2003) |
| April 2004 | Council of Agriculture Ministers CAP reform package | Agreement to introduce a reform package of measures including the gradual phasing out of tobacco subsidies, i.e. de-coupling of subsidies starting in 2006, completed by 2010 |
| 1 May 2004 | 10 new member states join the EU | New members include Czech Republic, Estonia, Cyprus, Latvia, Lithuania, Hungary, Malta, Poland, Slovakia and Slovenia. |
| 2 June 2004 | Council Decision 2004/513/EC concerning the conclusion of the FCTC | Decision approving the FCTC (European Union, 2004a) |
| 9 July 2004 | 12-year agreement between EC and PMI | Agreement between the EC and PMI to fight against cigarette smuggling and counterfeiting (European Commission, 2004) |
| July 2004 | Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work | Directive banning smoking in work areas where carcinogens and mutagens were handled (European Union, 2004b). |
| 26 May 2005 | Commission Decision C(2005) 1452 on the library of graphic health warning labels | Decision on selected source documents containing colour photographs or other illustrations (European Commission, 2005a) |
| 30 June 2005 | EU ratifies the FCTC | |
| 2006 | Ruling for Tobacco Advertising Directive | ECJ dismisses legal challenge by Germany on second Tobacco Advertising Directive. |
| 2006 | EC refers Germany to the ECJ for lack of advertising ban | |

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| | transposition | |
| 12 Apr 2006 | Commission decision C (2006) 1502 on amendments of library of graphic health warning labels | Decision amending Commission Decision C(2005) 1452 final of 26 May 2005 on the library of selected source documents containing colour photographs or other illustrations (European Commission, 2006a) |
| 1 Jan 2007 | Smoking ban in all EP buildings | |
| 1 Jan 2007 | 2 new member states join the EU | Romania and Bulgaria join the EU |
| 30 Jan 2007 | Adoption of the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" | Green Paper to start a broad consultation process for developing EU policy to protect citizens from SHS (Directorate General Health and Consumers, 2007b) |
| 12 Feb 2007 | Vote by EP Bureau against smoking ban in EP | |
| 14 Dec 2007 | 15-year agreement between EC and JTI International | Agreement between the EP and JTI to fight against cigarette smuggling and counterfeiting (European Commission, 2007) |
| 19 Dec 2008 | DG EMPL launch of first stage consultation on smoke free measures in the workplace | |
| 24 July 2009 | Proposal for a European partnership for Action Against Cancer | EC proposes a European Partnership for Action Against Cancer to support member states in their efforts to tackle cancer for the period 2009-2013 (European Commission, 2009) |
| 30 Nov 2009 | 2009/C 296/02: Council Recommendation on smoke-free environments | Council recommendation recommending member states to adopt comprehensive smoking bans in public places according to FCTC article 8 (Council of the European Union, 2009c) |
| 1 Dec 2009 | Treaty of Lisbon | The main objectives of the treaty are to make the EU more democratic, accountable, transparent and open to participation. |
| 2010s | | |
| 15 July 2010 | 20-year agreement between EC and BAT | Agreement between the EC and BAT to fight against cigarette smuggling and counterfeiting (European Commission, 2010b) |
| 24 Sept - 17 Dec 2010 | Public consultation on the possible revision of the TPD 2001/37/EC | |
| Sept 2010 | IA of the possible revision of the TPD | Report by Rand Europe assessing the impacts of revising the TPD (Tiessen et al., 2010) |
| 21 June 2011 | Council Directive 2011/64/EU on the structure and rates of excise duty applied to manufactured tobacco | Directive on general principles for the harmonisation of the structure and rates of the excise duty for tobacco products (European Union, 2011a) |
| July 2011 | EC Report on the public consultation on the possible revision of the TPD | Report summarising the consultation on the possible revision of the TPD (Directorate General Health and Consumers, 2011b) |
| 19 December 2012 | EC proposal for a directive revising the TPD | Among other things, the proposal suggests to maintain the ban on snus across the EU and enlarge graphic health warning labels to cover 75% of both sides of the packages of tobacco products (European Commission, 2012b). |

Data sources: Gilmore and McKee (2004), Aspect Consortium (2004), Mamudu and Studlar (2009), DG SANCO (2013c) and other sources

Appendix III: Documents included in the thematic analysis

| Title | Author | Date | Aim/Summary |
|--|-------------------|---------------------|---|
| WHO Framework Convention on Tobacco Control (FCTC) | WHO | 21 May 2003 | First treaty negotiated under the auspices of the WHO; outlines a comprehensive list of tobacco control measures (World Health Organization, 2003) |
| Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" | EC | 30 Jan 2007 | Green Paper outlining the issue of smoke-free policies, the current regulatory environment in the EU and the scope and policy options for European smoke-free policy; aimed at launching a broad consultation process and an open public debate (Directorate General Health and Consumers, 2007b) |
| 169 Submissions to the European Commission consultation on smoke-free policies | Various authors | Jan until June 2007 | Responses by 169 organisational stakeholders to the EC Green Paper and the questions set out in it (Directorate General Health and Consumers, 2007c) |
| FCTC Guidelines for article 8 | WHO | 6 July 2007 | Guidelines on FCTC article 8; specifies measures to achieve protection from SHS (World Health Organization, 2009b) |
| Report on the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" (2007/2105(INI)) | EP ENVI Committee | 19 Sept 2007 | Response to EC Green Paper by the EP Committee on the Environment, Public Health and Food Safety (ENVI); strongly supports national and EU action on protection from SHS (Committee on the Environment Public Health and Food Safety of the European Parliament, 2007) |
| Resolution of 24 October 2007 on the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" (2007/2105(INI)) | EP | 24 Oct 2007 | EP resolution in response to EC Green Paper; follows report by ENVI Committee and strongly supports national and EU action on protection from SHS (European Parliament, 2007a) |
| Report on the Green Paper Consultation: Towards a Europe free from tobacco smoke: policy options at EU level | EC | 30 Nov 2007 | Report by the EC on the consultation; summarises the key outcomes and main positions put forward by stakeholders on the scope and type of policy initiative (Directorate General Health and Consumers, 2007d) |
| Mandate of the impact assessment inter-service steering group | ISSG of the EC | 21 Dec 2007 | Mandate of the IA steering group; outlines the main task for the ISSG of the EC in accompanying the preparation of the IA (Directorate General Health and Consumers, 2008) |
| Minutes from the stakeholders consultations on | EC | 19 Apr 2008 | Minutes of a stakeholder meeting held at the EC; outlines stakeholder positions, grouped by categories of stakeholders (Directorate General |

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| smoke-free environment | | | Health and Consumers, 2008) |
| Summary of written contributions by stakeholders | EC | 19 Apr 2008 | Lists and summarises the written contributions by stakeholders following the stakeholder meeting at the EC, grouped by categories of stakeholders (Directorate General Health and Consumers, 2008) |
| Analysis to support the Impact Assessment of the Commission's smoke-free initiatives | Rand | July 2008 | Full report by Rand Europe on the impact of European smoke-free policy; assesses the expected health, economic, social and environmental impacts of the five policy options (Watt, De Vries, Conklin, & Hatzianreou, 2008) |
| Technological approaches to controlling ETS (environmental tobacco smoke) | EC | 19 Apr 2008 | Summary of a review of literature on technological approaches to controlling SHS; provides an overview of technological strategies and their effectiveness (Directorate General Health and Consumers, 2008) |
| Accompanying document to the proposal for a Council Recommendation on smoke-free environments. Impact Assessment | EC | 30 June 2009 | EC's IA of a Council Recommendation on smoke-free environments; includes a problem definition, rationale for EU action and an assessment of the social, economic and environmental impact of the different policy options (Directorate General Health and Consumers, 2009a) |
| Accompanying document to the proposal for a Council Recommendation on smoke-free Environments. Summary of the impact assessment | EC | 30 June 2009 | Summary of the EC's IA of a Council Recommendation on smoke-free environments (Directorate General Health and Consumers, 2009b) |
| Questions and answers on the Commission proposal on smoke-free environments | EC | 30 June 2009 | Provides questions and answers with regard to the EC proposal for a Council Recommendation on smoke-free environments (European Union, 2009) |
| Proposal for a Council Recommendation on smoke-free environments | EC | 30 June 2009 | EC proposal for a Council Recommendation on smoke-free environments; calls on member states to provide effective protection from exposure to tobacco smoke and complement smoke-free policies with the promotion of cessation of tobacco use, adequate treatment for tobacco dependence and the introduction of graphic health warnings (Directorate General Health and Consumers, 2009d) |
| Opinion of the European Economic | EESC | 5 Nov | Opinion by the EESC on the EC proposal for a Council Recommendation on smoke-free |

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| and Social Committee on the proposal for a Council Recommendation on smoke-free environments COM(2009) 328 final – 2009/0088 (CNS) (2010/C 128/15) | | 2009 | environments; generally supportive of the proposal; suggests a number of amendments, e.g. shortening the three-year adoption timeframe proposed by the EC, stressing protection of children and adolescents (European Economic and Social Committee, 2009) |
| Press Release “Council acts against tobacco smoke exposure” | Council of the European Union | 30 Nov 2009 | Press release announcing the Council Recommendation on smoke-free environments (Council of the European Union, 2009e) |
| Council Recommendation of 30 November 2009 on smoke-free environments | Council of the European Union | 30 Nov 2009 | Final policy document; Council Recommendation on smoke-free environments (Council of the European Union, 2009b) |

Appendix IV: Topic guide for interviews

| | | |
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| 1 | Introduction | |
| | Thank you | |
| | Summary of project (affiliation, supervisors, content) | |
| | Outline of interview (time, open questions, prompts, encourage questions) | |
| | Ethics (any questions, consent form, official job description) | |
| | Recording | |
| 2 | Contextual information on engagement in tobacco control | |
| | Involvement in tobacco control/tobacco control policy For how long? In what way? Which organisation? What role? | |
| 3 | Involvement in the development of EU smoke-free policy | |
| | Personal narrative | |
| | Important memories | |
| | Personal engagement/Engagement of the organisation Reasons for engagement Ways of engagement Time of engagement Level of engagement (time, resources) Facilitators of engagement Barriers to engagement | |
| | Position on the issue | |
| | Development of position | |
| | Relevant debates | |
| 4 | Policy network and coalition-building | |
| | Own involvement in policy network and collaboration Specific partners and partner organisations Ways of collaboration Reasons for collaboration Benefits of collaboration Most effective collaboration | |
| | Observation of wider policy network and collaboration between other actors | |
| | Polarisation of stakeholders in tobacco control policy | |
| | Evaluation of policy network and collaboration Facilitators and barriers of collaboration Impact of collaboration on process and outcome Any comments on collaboration | |
| 5 | If time, prompt: Wider developments in tobacco control policy | |
| | Events of relevance Which events relevant? In what way relevant to development of recommendation? In what way relevant to engagement in the process? | |
| 7 | Personal assessment | |
| | Assessment of outcome/final policy document | |
| | Assessment of stakeholder engagement | |

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| | Evaluation of consultation and policy process | |
| | Potential barriers to effective public health policy | |
| | Missed opportunities | |
| | Lessons learned | |
| | 5 most important factors of successful smoke-free policy | |
| | Suggestions for improvement | |
| 9 | Close of interview | |
| | Check whether all areas covered | |
| | Further comments? | |
| | Follow up? | |
| | Check again: Ethics and level of anonymity | |
| | Want to be informed about results? | |
| | Thank you | |

Appendix V: Participant information sheet and consent form



Participant information sheet and consent form for potential interviewees

Part I: Information about the research project and the interview process

Project title: Participation in policymaking – Stakeholder engagement in the development of EU smoke-free policy

I would like to invite you to take part in the above research study. This information sheet explains why this research is being carried out and what it will involve. I would be grateful if you could read the following information carefully.

What is the purpose of the study?

The project I am undertaking and am asking you to participate in is part of my PhD at the University of Edinburgh. It aims to investigate stakeholder engagement in the development of the European Council Recommendation on smoke-free environments. The PhD will assess which stakeholders were engaged in the development of the recommendation, in what way, and what their positions were on EU smoke-free policy.

Why have you been invited?

I am hoping to gather the views of a variety of political actors and stakeholders who were involved in the development of the European Council Recommendation from 2006 until 2009. In order to identify relevant people, policy documents (e.g. official political documents, consultation submission) and other literature (e.g. scientific reports) have been reviewed. Some of the people identified through these searches have been asked whether they could suggest other people. You were identified through this process as someone whose view of the development of the European Council Recommendation could provide a valuable insight into stakeholder engagement in the development of the European Council Recommendation. This is why I have contacted you. Participation in this study is entirely voluntary. You are free to withdraw at any time, and without giving a reason.

What will your participation involve?

If you agree to take part, I will interview you for around one hour in a location (or by telephone) and at a time that is convenient to you. If you give your consent, the interview will be digitally recorded and then transcribed. If you prefer the interview not to be recorded, I will take notes instead.

What are the possible benefits of taking part?

Participants will be contributing to a project which will explore interest representation in European tobacco control policy and the scope that non-governmental actors have to get involved in the political process. It will help to map stakeholder engagement in EU tobacco control policymaking. The findings might further help to explore the role of European institutions and European stakeholders in addressing public health issues. The research aims to provide the evidence and insights necessary to improve the development of health policies in the EU. The main aim of the project is to generate a PhD thesis, but the data will also form

the basis for peer-reviewed academic publications and be communicated to a variety of key stakeholders with the aim of feeding into the policy debate.

Will your taking part in the study be kept confidential?

If you agree to be interviewed, I will check whether or not you would prefer to be identified or not in research outputs. You will be asked to indicate which of the following three options you prefer:

(i) You are willing to participate on the basis that all identifiable features will be removed and your participation in the research will not be disclosed. You agree to be quoted given that all quotes will be made anonymous.

(ii) You are willing to participate on the basis that you will be identified as an interviewee but under the provision that no quotations will be directly attributed to you.

(iii) You are willing to participate on the basis that you are happy to be identified as an interviewee and for quotations, if used, to be directly attributed to you.

Confidential data handling will be maintained at all stages of the research process. If you request not to be identified, I will treat the data from your interview as confidential and only myself and the supervisors of my PhD project (and any transcription company I employ, who will be bound by a confidentiality and non-disclosure agreement) will see the data prior to anonymisation.

All electronic versions of audio-files and transcripts will be stored on password protected files and any paper copies will be kept in a locked filing cabinet in secure offices in the University of Edinburgh. All files will be disposed of following completion of a PhD thesis and other publications that might derive from this research.

Who is funding the research?

The PhD is funded by a scholarship of the University of Edinburgh College of Medicine and Veterinary Medicine. The funding body has no influence over the content of the project or the analysis of the data.

Contact details

I am the main contact for the study. My contact details are: Heide Weishaar, PhD Student Public Health Sciences, Centre for Population Health Sciences, University of Edinburgh, Medical School, Teviot Place, Edinburgh EH8 9AG, UK, Tel: +44 (0)131 650 3043, H.B.Weishaar@sms.ed.ac.uk. If you have any questions about the project, please do not hesitate to contact me.

Problems or complaints

If you have any concerns you wish to raise, or if you wish to make a complaint, please contact the supervisor of this PhD project, Amanda Amos, Professor of Health Promotion, Head of Public Health Sciences, Centre for Population Health Sciences, University of Edinburgh, Medical School, Teviot Place, Edinburgh EH8 9AG, UK, Tel: +44 (0)131 650 3236, Fax: +44 (0)131 650 6909, Amanda.Amos@ed.ac.uk.

Thank you for considering taking part in this study and taking the time to read this information.

Part II: Anonymity & consent to be interviewed

If you are willing to be interviewed for this research, please complete this declaration, which is a requirement of the University of Edinburgh's ethical guidance.

Please tick one of the following boxes, depending on your preference:

(i) I am happy to be interviewed for this research on the basis that all identifiable features will be removed and my participation in the research will not be disclosed.

(ii) I am happy to be interviewed for this research and to be identified as an interviewee but I do not want quotations to be attributed directly to me.

(iii) I am happy to be interviewed for this research and, if any quotations are taken from the interview and used in research outputs, for these quotations to be directly attributed to me.

I am happy for the interview to be digitally recorded. Yes No

In signing the declaration below, I am declaring that I:

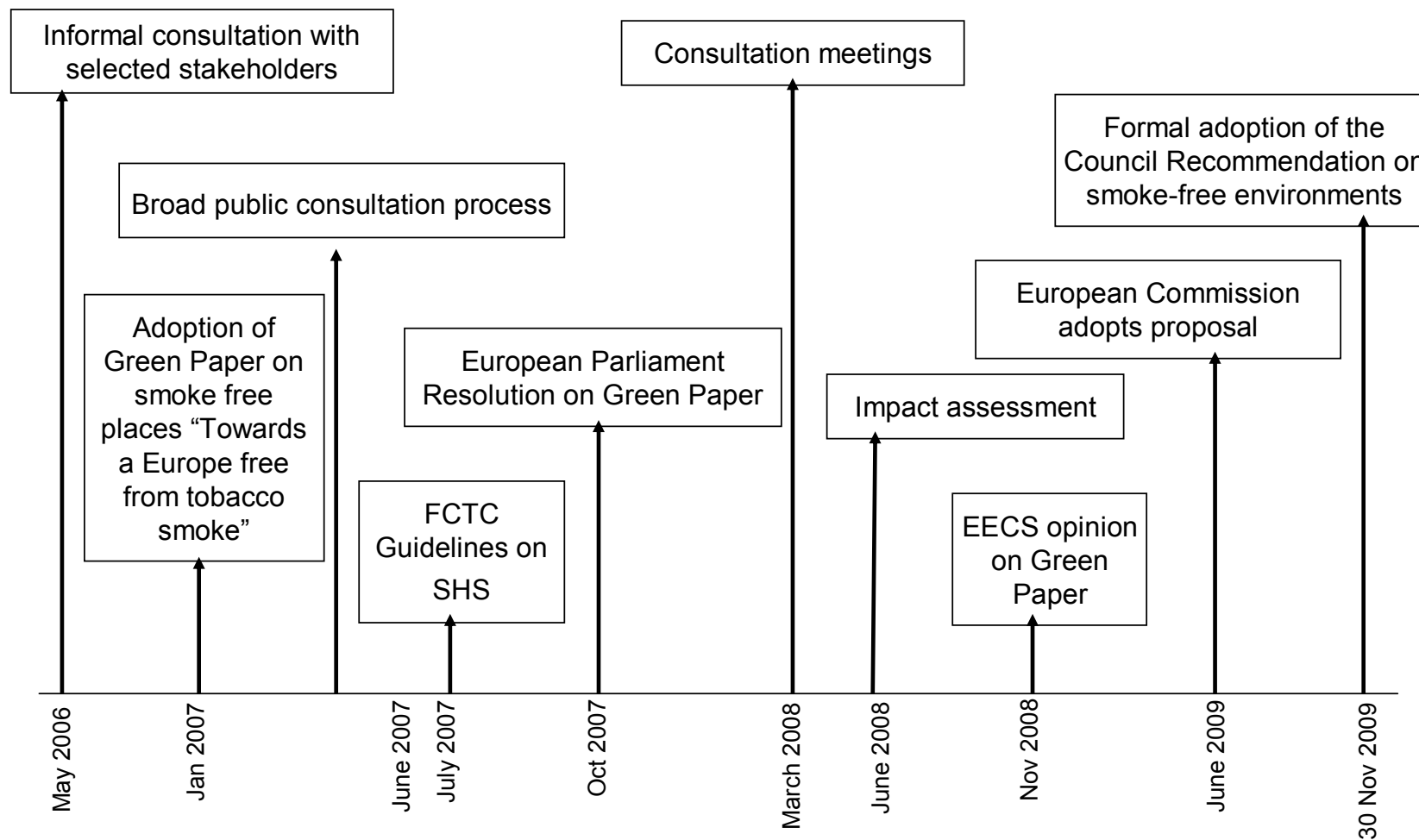
- have read the participant information listed above;
- have had the opportunity to ask questions about the study and have received satisfactory answers to questions, and any additional details requested;
- understand that I may withdraw from the study at any time by advising the researcher of this decision;
- understand that this project has been reviewed by, and received ethics clearance through, the University of Edinburgh School of Health in Social Science Research and Research Ethics Committee;
- understand who will have access to the data provided, how the data will be stored, and what will happen to the data at the end of the project;
- agree to participate in the study;
- agree that I will not discuss the details of this interview with anyone outside my own organization or misrepresent the nature of this interview (which is being conducted purely for research purposes) to others.

Name in block letters _____

Signed (interviewee) _____ **Date** _____

Signed (interviewer) _____ **Date** _____

Appendix VI: Timeline of events 2006-2009



Appendix VII: Self-audit checklist for level 1 ethical review

University of Edinburgh,
School of Health in Social Science
RESEARCH ETHICS COMMITTEE
Self-Audit Checklist for Level 1 Ethical Review

The audit is to be conducted by

- *For funded research: The Principal Investigator.*
- *Postdoctoral research fellowships – the applicant in collaboration with the proposed mentor.*
- *Postgraduate research (PhD and Masters by Research) – the students in collaboration with supervisor.*
- *Taught Masters dissertation work and Undergraduate dissertation/project work: the applicant in collaboration with dissertation/project supervisor*

Note: all members of staff and students should conduct ethical self-audit of their proposed research as part of the proposal process.

1. IRAS or LOCAL AUTHORITY/SOCIAL WORK ethical review

Does the project require IRAS review or review by bodies abroad? NO

2. Protection of research subject confidentiality

Are there any issues of CONFIDENTIALITY which are not ADEQUATELY HANDLED by normal tenets of academic confidentiality? YES

These include well-established sets of undertakings that may be agreed more or less explicitly with collaborating individuals/organisations, for example, regarding:

- (a) Non-attribution of individual responses;
- (b) Individuals and organisations anonymised in publications and presentation;
- (c) Specific agreement with respondents regarding feedback to collaborators and publication.

3. Data protection and consent

Are there any issues of DATA HANDLING and CONSENT which are not ADEQUATELY DEALT WITH and compliant with established procedures? NO

These include well-established sets of undertakings, for example regarding:

- (a) Compliance with the University of Edinburgh's Data Protection procedures (see www.recordsmanagement.ed.ac.uk);
- (b) Respondents giving consent regarding the collection of personal data;
- (c) No special issues arising about confidentiality/informed consent.

4. Moral issues and Researcher/Institutional Conflicts of Interest

Are there any SPECIAL MORAL ISSUES/CONFLICTS OF INTEREST? NO

- (a) An example of conflict of interest would be a financial or non-financial benefit for him/herself or for a relative of friend.
- (b) Particular moral issues or concerns could arise, for example where the purposes of research are concealed, where respondents are unable to provide informed consent, or where research findings would impinge negatively/differentially upon the interests of participants.

5. Potential physical or psychological harm, discomfort or stress

- (a) Is there a SIGNIFICANT FORSEEABLE POTENTIAL FOR PSYCHOLOGICAL HARM OR STRESS for participants? NO
 (b) Is there a SIGNIFICANT FORSEEABLE POTENTIAL FOR PHYSICAL HARM OR DISCOMFORT? NO
 (c) Is there a SIGNIFICANT FORSEEABLE RISK TO THE RESEARCHER? NO

6. Bringing the University into disrepute

Is there any aspect of the proposed research which might bring the University into disrepute?
 NO

7. Vulnerable participants

Are any of the participants or interviewees in the research vulnerable, e.g. children and young people, people who are in custody or care, such as students at school, self help groups, residents of nursing home? NO

8. Duty to disseminate research findings

Are there issues which will prevent all participants and relevant stakeholders having access to a clear, understandable and accurate summary of the research findings? NO

Overall assessment

If all the answers are NO, the self audit has been conducted and confirms the ABSENCE OF REASONABLY FORESEEABLE ETHICAL RISKS. The following text should be emailed to the relevant person, as set out below:

Text: "I confirm that I have carried out the School Ethics self-audit in relation to [my / name of researcher] proposed research project [name of project and funding body] and that no reasonably foreseeable ethical risks have been identified."

- **Research grants**– the Principal Investigator should send this email to the SHSS Research Ethics Administrator (L.Sheal@ed.ac.uk) it will be kept on file with the application.
- **Postdoctoral research fellowships** – the Mentor should ensure that the Fellow email the SHSS Research Ethics Administrator Office (L.Sheal@ed.ac.uk) where it will be kept on file with the application.
- **Postgraduate research** (PhD and Masters by Research) – there is no need to send the Level 1 email. The ethical statement should be included in the student's Review reports.
- **Taught Masters dissertation work and Undergraduate dissertation/project work** – there is no need to send the level 1 email. The dissertation/project supervisor should retain the ethical statement with the student's dissertation/project papers.

If one or more answers are YES, risks have been identified and level 2 audit is required. See the School Research Ethics Policy and Procedures webpage for full details.

Appendix VIII: Ethical review form for level 2 and 3 auditing

University of Edinburgh
School of Health in Social Science
RESEARCH AND RESEARCH ETHICS COMMITTEE
Ethical review form for level 2 and level 3 auditing



This form should be used for any research projects carried out under the auspices of SHSS that have been identified by self-audit as requiring detailed assessment - i.e. level 2 and level 3 projects under the three-tier system of ethical approval that has been developed by the Research Ethics Committee of the School. The levels within the system are explained in the SHSS Research Ethics Policy and Procedures document. Please indicate which level applies to your research.

This form provides general School-wide provisions. Proposers should feel free to supplement these with detailed provisions that may be stipulated by research collaborators (e.g. NHS) or professional bodies (e.g. BSA, SRA). The signed and completed form should be submitted, along with a copy of the research proposal, research instruments and information and consent sheets to the relevant person (Subject Area Research Ethics Co-ordinator for staff, postdoctoral fellows and postgraduate students, Dissertation supervisor for undergraduate student projects;). Level 3 requests should also be lodged, (if possible electronically) with the School Research Ethics Administrator for forwarding to the Research Ethics Committee.

Research Ethics Committee will monitor level 2 proposals yearly to satisfy themselves that the School Ethics Policy and Procedures are being complied with. They will revert to proposers in cases where there may be particular concerns or queries. For level 2 and 3 audits, work should not proceed until issues raised have been considered, by the appropriate people. Level 3 applications should be submitted well in advance of a required date of approval (see submission dates on shared area address).

The form developed by the College of Humanities and Social Science will be used for level 2 and 3 reviews. If the answer to any of the questions below is 'yes', please give details of how this issue is being/will be addressed to ensure that ethical standards are maintained.

| 1 THE RESEARCHERS | |
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| Your name and position | Heide Weishaar, PhD student Public Health Sciences |
| Proposed title of research | Participation in policymaking – Stakeholder engagement in the development of EU smoke-free policy |
| Funding body | University of Edinburgh MVM Scholarship |
| Time scale for research | 36 months (2009-2012) |
| List those who will be involved in conducting the research, including names and positions (e.g. 'PhD student') | Heide Weishaar, PhD student |
| 2 RISKS TO, AND SAFETY OF, RESEARCHERS | |
| Those named above need appropriate training to enable them to conduct the proposed research safely and in accordance with the ethical principles set out by the College | No The student has accessed relevant training throughout the course of obtaining a Master of Science in Public Health Research and is familiar with the principles outlined in the College of Humanities and Social Sciences handbook. |
| Researchers are likely to be sent or go to any areas where their safety may be | No The student is conducting research in public places, European institutions and |

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| compromised, or they may need support to deal with difficult issues. | lobbying organisations in Brussels or over the phone. It is therefore unlikely that her safety will be compromised. |
| Could researchers have any conflicts of interest? | No |
| 3 RISKS TO, AND SAFETY OF, PARTICIPANTS | |
| Could the research induce any psychological stress or discomfort? | No |
| Does the research involve any physically invasive or potentially physically harmful procedures? | No |
| Could this research adversely affect participants in any other way? | No Accounts of engagement in policymaking may potentially represent a sensitive issue or discussion point and the main ethical issue for this research is the potential risk of the identification of research participants. This will be addressed by offering to make data confidential, securing participant consent, emphasising the voluntary nature of both participation and eventual disclosure and by actions taken to address the anonymity of participants who want their participation to remain confidential and to ensure the secure storage of all data (as discussed below). Therefore, the risk is considered low, particularly as the opinions of many of the interviewees will already be publicly known. |
| 4 DATA PROTECTION | |
| Will any part of the research involve audio, film or video recording of individuals? | Yes If possible and where appropriate, all interviews will be digitally recorded to allow detailed analysis. The participants will be asked for their written consent. |
| Will the research require collection of personal information from any persons without their direct consent? | No |
| How will the confidentiality of data, including the identity of participants (whether specifically recruited for the research or not) be ensured? | All interviewees will be requested to select one of the following three options in advance of the interview: (i) they are participating on the basis that, through the rigorous maintenance of research records, all will be done to ensure that their participation in the project will remain completely confidential; (ii) they are participating on the basis that they will be identified as an interviewee but with the provision that no quotations will be directly attributed to them; (iii) they are participating on the basis that they are happy to be identified as an interviewee and for quotations, if used, to be directly attributed to them. Therefore, any quotations that are |

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| | <p>used in project outputs will be non-attributable unless interviewees have specifically stated that they are happy for quotations to be attributed to them. Through the rigorous maintenance of research records, all will be done to preserve anonymity for those interviewees who wish their involvement in the research to remain confidential.</p> <p>Unless participants opt for their data not to be made anonymous, identifying participant information will be kept separate from interview transcripts, identifying codes will be used to make transcripts anonymous and no identifying information will be presented in reports or papers. If participants who do not want to be identified reveal any specific identifying information, this information will be removed from transcripts and will not be shared with other stakeholders.</p> <p>The context of the PhD project, which does not involve any participants considered to be particularly vulnerable and does not focus on 'sensitive' topics, suggests it is unlikely that legal requirements will require confidentiality to be breached. This risk is considered particularly low, given that the opinions of many of the interviewees will already be publicly known.</p> |
| <p>Who will be entitled to have access to the raw data?</p> | <p>Heide Weishaar, PhD Student Prof. Amanda Amos, supervisor Dr. Jeff Collin, supervisor</p> |
| <p>How and where will the data be stored, in what format, and for how long?</p> | <p>Softcopies will be stored on a personal computer. Transcribed hardcopies will be kept in a secure filing-cabinet. All data will ultimately be deleted following the completion of a PhD thesis and other research outputs.</p> |
| <p>What steps have been taken to ensure that only entitled persons will have access to the data?</p> | <p>The relevant PC is password protected and filing-cabinets will be locked.</p> |
| <p>How will the data be disposed of?</p> | <p>Through University of Edinburgh confidential waste disposal procedures.</p> |
| <p>How will the results of the research be used?</p> | <p>The main aim of the project is to generate a PhD thesis. Attempts will be made to disseminate the findings from the project at academic conferences and through academic articles in peer-reviewed journals. In addition to this, alternative strategies might be located in order to disseminate the findings to audiences with a professional or personal interest in the topic including policymakers, political actors and stakeholders, health professionals and others. Dissemination strategies could potentially include dissemination via tobacco control networks like the UK Centre for Tobacco Control Studies, workshops</p> |

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| | and group trainings, policy briefings, fact sheets, newsletters, magazines, newspapers, the internet or other media. |
| What feedback of findings will be given to participants? | In case of interest, potential resulting reports, articles or other material will be made available to participants. |
| Is any information likely to be passed on to external companies or organisations in the course of the research? | Yes Digital recordings will either be transcribed internally by the PhD student or through a professional transcription company with whom confidentiality will be agreed. |
| Will the project involve the transfer of personal data to countries outside the European Economic Area? | No |
| 5 RESEARCH DESIGN | |
| The research involves living human subjects specifically recruited for this research project <i>If 'no', go to section 6</i> | Yes The research will involve interviews with political stakeholders and policymakers, e.g. European Commission officials, politicians, representatives of transnational tobacco corporations, of tobacco industry allies, of organisations with an interest in EU smoke-free policy, representatives of public health and tobacco control organisations. |
| How many participants will be involved in the study? | Approximately 20 participants will be interviewed in either telephone or face-to-face, semi-structured interviews. |
| What criteria will be used in deciding on inclusion/exclusion of participants? | An initial search of literature, policy documents, consultation submissions and websites will serve to identify relevant participants who have an interest in EU smoke-free policy and/or engaged with European Commission officials in the development of the European Council Recommendation on smoke-free environments. Further individuals will be identified through existing contacts known to the research team and other colleagues working in tobacco control and through asking interviewees for recommendations of other potential interviewees. |
| How will the sample be recruited? | All participants will be identified on the basis of their professional involvement in either the policymaking process in the EU (including lobbying activities) or in their more general involvement in tobacco control within Europe. Purposive sampling will be undertaken. All potential participants will be approached on an individual basis via formal letters and/or e-mail (see invitation letter attached). This written approach will briefly explain the background to the research and the purpose of the proposed interview and include a participant information sheet (see attached). If, having read the participant |

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| | information sheet, individuals confirm that they are willing to be interviewed, the researchers will arrange a date and a time for the interview that is convenient to both the interviewer and the interviewee. |
| Will the study involve groups or individuals who are in custody or care, such as students at school, self help groups, residents of nursing home? | No |
| Will there be a control group? | No |
| What information will be provided to participants prior to their consent? (e.g. information leaflet, briefing session) | An introductory letter and relevant information about the study and the researcher's affiliation will be provided when interviewees are contacted. Prior to the interview, participants will be given a form containing information about the study, aims and objectives and confidentiality procedures and a consent form on which they can state their written consent (see documents attached). |
| Participants have a right to withdraw from the study at any time. Please tick to confirm that participants will be advised of their rights, including the right to continue receiving services if they withdraw from the study. | <input checked="" type="checkbox"/> |
| Will it be necessary for participants to take part in the study without their knowledge and consent? (e.g. covert observation of people in non-public places) | No The study will not require participants to take part without their informed consent. However, participants in the study might disclose information about people not involved in the study. This could, for example, happen by mentioning someone's name, the conduct of a stakeholder or an organisation or by passing on documentary material. All data obtained in the interview, including data obtained through specific incidents like the ones described above, will be handled according to the specified confidentiality procedures and the level of anonymity requested by the respective interviewee. |
| Where consent is obtained, what steps will be taken to ensure that a written record is maintained? | Participants will be invited to discuss any queries with the researcher prior to their participation. Particularly important issues, such as consent to record interviews and agreement as to whether interviewees would prefer for the interview data to be subsequently anonymised or to be attributed to them directly will be highlighted again at the start of all interviews. At this point, all interviewees will be asked to select their preferred option and to sign the declaration of consent. Where telephone interviews are conducted and there has been no in person |

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| | contact, email consent will be considered sufficient and copies of emails giving consent and indicating which option in terms of anonymity is preferred by the interviewee will be kept. Copies of every signed declaration (or equivalent) will be held in a locked cabinet. |
| In the case of participants whose first language is not English, what arrangements are being made to ensure informed consent? | As most interviewees will be interviewed in English and are likely to work or have worked in an international environment in Brussels, it can be assumed that their command of English is good enough to provide informed consent in English. In the event of participants being interviewed in German and insufficient command of English language by the interviewee, the student will translate all relevant information into German and obtain written informed consent in German. |
| Will participants receive any financial or other benefit from their participation? | No |
| Are any of the participants likely to be particularly vulnerable, such as elderly or disabled people, adults with incapacity, your own students, members of ethnic minorities, or in a professional or client relationship with the researcher? | No |
| Will any of the participants be under 16 years of age? | No |
| Do the researchers named above need to be cleared through the Disclosure/Enhanced Disclosure procedures? | No |
| Will any of the participants be interviewed in situations which will compromise their ability to give informed consent, such as in prison, residential care, or the care of the local authority? | No |
| 6 EXTERNAL PROFESSIONAL BODIES | |
| Is the research proposal subject to scrutiny by any external body concerned with ethical approval? | No |
| If so, which body? | |
| Date approval sought | |
| Outcome, if known <i>or</i> | |
| Date outcome expected | |
| 7 ISSUES ARISING FROM THE PROPOSAL | |
| In my view, ethical issues have been satisfactorily addressed. | |
| Signature | |
| Date | |

Appendix IX: Invitation letter to potential participants

Heide Weishaar
 PhD student in Public Health Sciences
 Centre for Population Health Sciences
 University of Edinburgh
 Medical School, Teviot Place
 Edinburgh EH8 9AG
 UK
 +44 (0)131 650 3043
H.B.Weishaar@sms.ed.ac.uk



[Address]

Edinburgh, [date]

Request for participation in a research project on stakeholder engagement in EU health policy

Dear [name],

I am contacting you to ask whether you are willing to take part in a research project on stakeholder engagement in the development of EU smoke-free policy. The project is part of my PhD at the University of Edinburgh, Scotland, funded by a scholarship from the College of Medicine and Veterinary Medicine and supervised by Professor Amanda Amos and Dr Jeff Collin. It aims to gather the views of a variety of officials and stakeholders who were involved in the development of the European Council Recommendation on smoke-free environments from 2006 to 2009. Participants will be contributing to a project which will explore interest representation in European tobacco control policy and the scope of stakeholders to engage in political processes.

I would greatly appreciate if I could conduct an interview of about one hour with you in person or, if this is not possible, via the telephone on the above topic. If possible, the interview would be conducted [time] [place]. However, if you are not available during that period, I would make every effort to accommodate any of your preferences in terms of time and place. I am attaching an information sheet to provide you with more detailed information about the study and the interview process. I am also happy to send you an outline of the topics covered in the interview in advance and can assure you that all identifiable features will be removed from the data if you wish not to be identified.

I appreciate that you have an extremely busy schedule but would be most grateful if you can spare the time to contribute to this research. If you would like any further information about the project or the interviewing process before responding, please do not hesitate to contact me. I will contact you again in one week to confirm whether you would be interested in participating in this research.

I look forward to your reply and to meeting you.
 Yours sincerely,

H. Weishaar