THE MOUSE THAT ROARED? LESSON DRAWING ON TOBACCO REGULATION ACROSS THE CANADA-UNITED STATES BORDER

DONLEY T. STUDLAR

I. INTRODUCTION

The United States and Canada are similar in political institutions, have close historical, economic, and social connections, and share many values (Hartz, 1955; Lipset, 1990). If any two countries in the world constitute a "family of nations" (Castles, 1993) who would have congruent policies in many areas based on borrowing across the border, it would likely be these two democracies occupying the same continent. Yet because of longstanding constitutional and cultural ties, in some policy areas Canada has more closely followed British domestic policy rather than that of the United States (Studlar and Tatalovich, 1996). Canada also largely followed the British practice of negotiated implementation of regulatory rules. Even though the study of lesson drawing (also called policy borrowing, policy emulation, policy copying, and policy transfer) is only now developing theoretically and empirically (Waltman, 1980; Rose,

*A list of acronyms used in this article is provided on page 57.

1993; Studlar, 1993; Gray, 1994; Robertson and Waltman, 1993; Wolman, 1992: Dolowitz and Marsh, 1996; Dolowitz, 1998), several of the most significant theoretical and empirical works in the field have been produced by Canadian scholars (Bennett, 1990; 1991a; 1991b; 1997; Bennett and Howlett, 1992; Manfredi, 1990; Hoberg, 1991). Canadians are sensitive to the influence of larger, more powerful countries, especially the United States, on their affairs, as in Prime Minister Trudeau's famous statement that living next to the United States "is like sleeping with an elephant. No matter how friendly and even-tempered the beast, one is affected by every twitch and grunt."

All of these Canadian academic studies either assume or demonstrate that lesson drawing runs principally in one direction, from the United States to Canada. They attempt to explain why the example of the United States was accepted (positive lesson drawing) or resisted (negative lesson drawing) in the development of Canadian public policy. For instance, in his careful study of comparative

---

A specialist in the comparative politics and public policy of advanced industrial democracies, Donley T. Studlar is Eberly Family Distinguished Professor of Political Science at West Virginia University. During the past two decades he has published extensively on Australian, British, Canadian, and American politics, including Britain: Decline or Renewal? *(1996);* Political Economy Public Policies in the United States and Britain *(co-editor, 1987);* Dilemmas of Change in British Politics *(co-editor, 1984); "Gender and Electoral Opportunity Structure in the Canadian Provinces" (with R.E. Matland)* in Political Research Quarterly *51: 117-140 (1998); "Canadian Gender and voting in the 1997 British General Election: Did Labour Quotas Matter?" (with Ian McAllister) in* Journal of Legislative Studies *4 (3): 71-90 (1998); "Abortion Policy in the United States and Canada: Do Institutions Matter? (with Ray Tatalovich) in M. Githens and D.M. Stetson, eds.,* in Abortion Politics: Public Policy in Cross-Cultural Perspective *(1996); and "Popular Versus Elite Views of Privatization: The Case of Britain" (with Ian McAllister), in* Journal of Public Policy *9 (July, 1989), among other articles. During the 1999-2000 academic year he will be a Fulbright Senior Scholar in Toronto, preparing a book on the politics of tobacco regulation in Canada and the United States. E-mail: dstudlar@wvu.edu*

environmental policies, Hoberg (1991) indicates that in nine out of ten cases involving pesticide regulation, Canadian policy was influenced by the United States to some degree; the last case showed coterminous policy development rather than policy borrowing. More generally, Hoberg (1991:125) concludes, "these case studies demonstrate that American influence over Canadian environmental, health and safety regulation is pervasive." Other studies have found Canadian policy emulation from the United States in civil liberties (Manfredi, 1990; Bennett 1990), women's rights and affirmative action (Backhouse and Flaherty, 1992), and various economic matters (Brooks, 1993). On the other hand, with its size, resources, and sense of distinctiveness, the United States may be relatively resistant to lesson drawing from other countries. Even when it occurs, public officials may be more likely to remain quiet about it.

Less populous and internationally powerful states tend to draw lessons from more populous and powerful ones, especially those close regionally and/or linguistically (Castles 1993; Rose 1993). Thus U.S. influence over Canadian public policy through lesson drawing might be expected on several grounds, including population size, proximity, language, technology, economies of scale, and media dominance (Bennett, 1990; Hoberg, 1991; Rose, 1993) as well as international agreements (Rosenau *et al.*, 1995). But recently there have been at least two cases, comprehensive health care reform and regulation of tobacco, in which Canadian public policy may have served as an explicit model from which lessons are drawn for United States policymaking.

President Bill Clinton's abortive proposal for national health security sparked considerable discussion of the Canadian national health insurance system, even though the plan which most closely resembled the Canadian one was not the president's but the alternative "single-payer" version sponsored by Representative Jim McDermott of Washington (Johnson and Broder, 1996). More significantly, in August, 1995, President Clinton directed the Food and Drug Administration (FDA) to propose tighter restrictions on cigarette advertising and reduced availability to minors. His earlier proposal for higher cigarette taxes in the comprehensive health care legislation had been lost with the failure of Congress to pass the bill in 1994. After a year of written commentary on the proposed regulations, on August 23, 1996, the President announced that the FDA would begin to regulate cigarettes as drug (nicotine) delivery

devices in an attempt to combat underage tobacco use. The specifics of the regulations are listed in Appendix B. By claiming that the FDA had such authority over tobacco products, no legislation was necessary. The tobacco companies challenged the legal basis of such broad, previously unclaimed regulatory authority in federal courts. After a split decision by a North Carolina district court judge, the federal appeals court ruled in 1998 that the FDA had exceeded its statutory authority. President Clinton announced that this decision would be appealed to the United States Supreme Court.

The FDA rules bear a striking resemblance to the recent tobacco control policies of the Canadian federal government in three pieces of legislation: the Tobacco Products Control Act (TPCA) of 1988, the Tobacco Sales to Young Persons Act (TSYPA) of 1993, and the most recent comprehensive Canadian federal legislation, the Tobacco Act, 1997. A comparison of the FDA regulations with the 1988 and 1997 Canadian legislation, the latter one necessary because of the Supreme Court of Canada's 1995 invalidation of the 1988 act (see Appendices A, B, and C), indicates that this claim has considerable face validity.

In the United States, further tobacco regulatory activities occurred through the national tobacco settlement of 1997. This was a consolidation of previous lawsuits by individual states negotiated by state attorneys-general with the tobacco companies in an attempt not only to gain financial benefits for the public health care costs of tobacco-related illnesses but also to establish a comprehensive framework for tobacco regulation in the U.S. complementing the FDA rules (Pringle, 1998; Mollenkamp *et al.*, 1998). Because of federal tax implications and provisions for FDA authority through legislation, this settlement required approval by the U.S. Congress in order to go into effect. It was defeated, however, in the U.S. Senate in 1998. But state out-of-court settlements with the tobacco companies in 1997 and 1998—Mississippi, Florida, Minnesota, and Texas individually, followed by the 46-state settlement of the remaining state attorneys general lawsuit—constituted a more modest version of the national settlement and set new countrywide tobacco regulatory policy in the United States even without the necessity of action by the president and Congress (Appendix D). The provisions of the state settlement, too, bear resemblance to Canadian legislation. Table 1 presents a composite picture of tobacco regulatory activity over the years in the two countries.

TABLE 1: FEDERAL LAWS/REGULATIONS/EVENTS CONCERNING TOBACCO BY COUNTRY AND YEAR

	United States	Canada
First Official Health Officer Concern	1957	1963
First Legislative Hearings	1958	1969
First Warning Labels	1965	1971 (voluntary)
Warning Labels Language Strengthened	1971, 1984, 1996	1988, 1993
Warning Labels on Front of Packages		1988
Advertising Restrictions	1996, 1998	1988, 1997
Airline No-Smoking (Domestic)	1987 (2 hour flights, partial) 1989 (comprehensive)	1987 (2 hour flights)
Airline No-Smoking (International)	1994	1994
Age 18 and Above Sales Only	1996	1993
Vending Machines Restricted	1996	1993
Vending Machines Banned		1997
No-Smoking in Federal Government Facilities	1997	1989
Sponsorship Regulated	1996, 1998	1988, 1997
Special Levies on Tobacco Companies	1996, 1998	1992, 1994, 1997
Taxation Increased	1983, 1990, 1997	several years esp. 1989, 1991, 1997
Taxation Reduced		1994
Federal Preemption Laws	Yes	No
Package Warnings No Liability Protection		1988
Name on Non-nicotine Products Banned	1996, 1998	1988, 1997
Discounts and Prizes Banned		1988, 1997
Kiddie Packs Banned	1996	1992
Free Samples Banned	1996, 1998	1988
Mail Order Sales Banned		1997
Black and White Ads Only (Partial)	1996	
Incentives to Leave Tobacco Farming		1987
Cartoon Characters Banned	1998	
Video and Film Promotions Banned	1998	

The tobacco regulatory case, then, is a potential instance of what might be called "lesson drawing in reverse." The smaller country, Canada, serves at least partially as a model for policy formulation in the larger country, the United States, in contrast to normal expectations. This paper will examine tobacco regulatory policy in the two countries more carefully, especially in the 1990s, to find whether this hypothesis can be confirmed and, if true, what conditions influence the phenomenon. The focus is principally on the federal level in both countries, but some attention is also devoted to others, especially the provincial / state level, since in both countries tobacco regulation is truly a "federal" issue with some policy coordination as well as policy making by both levels. The paper particularly investigates the nature of international communications networks on the question of tobacco control, especially those between Canada and the United States, and considers what effects these communications networks and political institutions in the two countries have had on tobacco regulatory policy.

II. THEORETICAL LITERATURE AND METHODOLOGY

Why countries adopt similar public policies in the same time periods is a fascinating question. Among industrialized societies, this is sometimes called the study of "convergence" (Kerr, 1983) or "diffusion" (Collier and Messick, 1975), focusing on the existence of similar policies rather than closely examining their content and paths of inheritance. As improved communication, trade, and travel have encouraged closer links among countries, the process by which countries develop similar policies, including lessons from abroad, has become of greater concern (Gray, 1994; Keck and Sikkink, 1998).

Although one systematic study was published earlier (Waltman, 1980), until recently lesson drawing has been largely neglected. Even in the past decade it has only developed slowly. Research in lesson drawing is difficult because it involves in-depth knowledge of the content of policy and policy development in two or more countries. As Hall (1993:290) notes, "Like subatomic particles, ideas do not leave much of a trail when they shift."

The empirical conditions facilitating and hindering borrowing in different policy areas need to be carefully delineated. These conditions may be institutional, cultural, or policy-specific, but only systematic comparative studies can clarify these relationships. As Wolman (1992: 29) says, "We know little about the role policy

information from abroad plays, either in a systematic or an idiosyncratic fashion, in the broader policy process and under what kinds of circumstances policy transfer is likely to occur." The research here was carried out through examination of relevant written records—legislative debates, statutes, executive and legislative committee reports, newspaper stories, academic research reports, and journalistic commentaries—as well as interviews with people concerned with tobacco regulation in both countries. A list of the persons interviewed is contained in Appendix E.

III. THE POLITICS OF TOBACCO CONTROL IN THE U.S.

The history of increasing cigarette consumption in the United States, the parallel rise in the epidemic of lung cancer (not that tobacco is related only to this disease) in the twentieth century, and attempts to regulate tobacco through legislative, executive, and judicial actions have been well documented. (Kluger, 1996; Hilts, 1996; Glantz *et al.*, 1996; Whelan, 1980; White, 1988; Gottsegen, 1940; Wagner, 1971; Troyer and Markle, 1983). The story of tobacco as an economic, social, and political phenomenon in Canada is less well known, with only one book devoted to the topic (Cunningham, 1996). Some single-country studies of tobacco and smoking regulation as a public policy issue have appeared (Fritschler and Hoeffler, 1996; Pross and Stewart, 1994), but heretofore there has been more comparison of Britain and the United States on this issue than of Canada and the United States (Wilkinson, 1984; Taylor, 1985; Leichter, 1991; Friedman, 1975; Kogan and Vogel, 1993). There are also broader comparative studies of government attempts to control tobacco use (Roemer, 1993; Sasco, 1992; U.S. Department of Health and Human Services, 1992).

In the United States cigarettes only replaced cigars and pipes as the tobacco delivery vehicle of choice in the early twentieth century after the invention of mechanized means for manufacturing packages of cigarettes. There were attempts at controlling tobacco use, especially through the states in regard to minors, early in the century, but the mass consumption of cigarettes as a source of relaxation for U.S. troops in World War I broadened their appeal and made it difficult either to legislate or enforce existing laws on tobacco regulation. Instead, tobacco products became a source of tax revenue in the states although rates have continued to vary widely, with major tobacco-producing states at the bottom of the taxation table

(*The Tax Burden on Tobacco, 1997*). Not only did the federal government begin subsidies to tobacco growers in the 1930s, but tobacco was also included in the postwar "Food for Peace" foreign aid program as well as in subsequent government efforts to open foreign markets to U.S. products. The U.S. became the world's largest exporter of tobacco products, a position it still holds. Eventually, four tobacco companies came to dominate the U.S. market: Philip Morris, RJ Reynolds, Brown and Williamson, and Lorillard.

Although the first widely-distributed scientific concerns about the long-term effects of smoking cigarettes surfaced in 1950, it was only late in the decade that the issue was seriously discussed in Congress. The landmark Surgeon General's Report of 1964 brought widespread and concentrated media attention to this issue, although the quality of discussion was not necessarily high (Kluger, 1996), and some have contended that the commercial imperatives of U.S. media inhibited discussion (Warner *et al*, 1992). Increased congressional attention resulted in few pieces of legislation (Baumgartner and Jones, 1993). The bills that did pass came at the price of restrictions on the role of independent regulatory agencies which had taken initiatives in tobacco control, as well as on the states, plus exemptions for tobacco from some federal laws and regulations (Fritschler and Hoefler, 1996). Preempting the attempt of the Federal Trade Commission to impose a health warning on cigarette packages, Congress legislated a relatively small and mild health warning label on cigarette packages in 1965, followed by a somewhat stronger but still small warning in 1970. Only after a protracted struggle in 1984 were four more stringent warnings introduced (Pertschuk, 1986). In comparison to other countries, the labels are still relatively small and obscure, often askew on the sides of packages.

The second major initiative in the late 1960s, this time by the Federal Communications Commission (FCC), allowed free broadcast and telecast "public service" announcements on the dangers of cigarette smoking in a ratio of one anti-smoking announcement for every three smoking advertisements. These were so effective that by 1970 the tobacco manufacturers and their congressional allies were willing to agree to federal legislation banning cigarette advertising on radio and television; this also eliminated the mandate for counter-advertising (Fritschler and Hoefler, 1996; Doron, 1979). There were no governmental restrictions on advertising through other means such as newspapers, magazines, and billboards. Until 1998 all three

continued relatively unabated. Although an increasing number of newspapers and magazines refused tobacco advertising, billboards and convenience stores remained prolific outlets. The 1998 state settlement promised the virtual elimination of billboard advertising.

Government skirmishes with the tobacco industry continued but little substantial regulation occurred. The 1980s anti-smoking campaigner, Surgeon General C. Everett Koop, declared that "cigarette smoking is clearly identified as the chief preventable cause of death in our society." In 1982 the first increase in federal cigarette taxes occurred since 1951, followed by another increase in 1989 and a third in 1997, but these were relatively small and spread over several years. In fact, not only is overall U.S. taxation of tobacco astonishingly low in comparison to other advanced industrial countries including Canada (see Table 2), but the relative share has dropped from over 50 percent of the retail cost of cigarettes in the early 1960s to around 30 percent in recent years (*The Tax Burden on Tobacco, 1997*). Reports on the health effects of environmental tobacco smoke led to a series of measures restricting smoking in government buildings and on common carriers under federal regulation, culminating in an airline treaty with Canada and Australia in 1994.

The 1990s brought more measurable success for anti-tobacco forces. The Synar amendment of 1992 gave financial incentives to states which substantially reduced teenage tobacco usage. In 1993 the House of Representatives subcommittee on health and environment held hearings on the tobacco industry in which company executives were grilled about their knowledge of the addictive properties of nicotine. In early 1994 the largest U.S. anti-smoking group, the Coalition on Smoking OR Health, issued a report card on 30 years of federal efforts at smoking prevention which gave Congress, the White House, and most federal agencies grades of "D" or "F". Only the Environmental Protection Agency and the Veterans Administration managed a grade as high as "B" (Leary, 1994). Revelations about the internal knowledge and decision-making of tobacco companies, often from company documents themselves as in *The Cigarette Papers* (Glantz *et al.*, 1996) and in court cases, especially the state of Minnesota lawsuit against tobacco companies, have encouraged at least permissive public support for tobacco control and given credence to government regulatory actions (Hilts, 1996; Pringle, 1998; Mollenkamp *et al.*, 1998). U.S. states also have become increasingly active over the past two decades in tobacco regulation (Jacobson *et al.*, 1993).

TABLE 2.
TOBACCO AND SMOKING DATA, CANADA AND THE UNITED STATES

Estimated Annual Per Capita Cigarette Consumption, 15 years+

	Canada	United States
1970-72	3,910	3,700
(Rank)	(1)	(3)
1980-82	3,800	3,560
(Rank)	(1)	(2)
1990-92	2,540	2,670
(Rank)	(13)	(11)
Age Standardized Annual Death Rate per 100,000 Lung Cancer		
Males (early 1990's)	82.9	85.9
Female (early 1990's)	31.5	36.9
Total Deaths Attributed to Smoking		
1995	46,000 (23% of total)	529,000 (24% of total)
Economics of Tobacco		
Arable Land in Tobacco (hectares) 1985	39,893	278,430
Arable Land in Tobacco (hectares) 1995	31,140 (0.1%)	277,630 (0.1%)
Share of World Tobacco Production 1990	(1.1%)	(9.8%)
Employment in Tobacco Manufacturing 1990	5,000 (0.4%)	49,000 (0.4%)
Annual Cigarette Production 1994	49,000M	725,600M
Economics of Tobacco		
Average Price of Pack of Cigarettes US$ 1990	3.41	1.44
Taxes as Share of Price 1990	69%	27%
Average Price of Pack of Cigarettes US$ 1995	2.92	1.89
Taxes as Share of Price 1995	64%	30%

Sources: World Health Organization 1997; "Tobacco Taxes in Industrialized Countries" 1990; *Tobacco Taxes: What's Next?* 1995

The 1997 national settlement, negotiated by the attorneys general of 39 states and the tobacco companies with limited participation by a representative of the Center for Tobacco-Free Kids and encouragement from the Clinton administration, was designed to alleviate the threat of one-by-one lawsuits from states for recovery of costs paid for smokers under the Medicaid program, whereby the federal government and the states pay for health care for qualifying poor people. In return for dropping the suits, the tobacco companies agreed to several additional restrictions as well as to large financial payments and a federal tax increase in return for limited protection against further lawsuits (Mollenkamp *et al.*, 1998). The disputed authority of the FDA over cigarette ingredients was to be enshrined in law. But agreement requiring congressional approval foundered in 1998. Much of the health care community, led by former Surgeon General Koop and former FDA Commissioner David Kessler, opposed the settlement for allowing the tobacco companies off too easily, as did some states such as Minnesota with lawsuits pending. When the agreement reached Congress, the price tag for the tobacco companies was raised from $369 billion over 25 years to $516 billion, and protection of the companies from class action litigation was dropped. At that point the companies withdrew their support of the bill and engaged in a massive advertising campaign to defeat the legislation as a "tax grab." Eventually the bill was defeated in the Senate.

During the battle over the national settlement, the tobacco companies suffered considerable public embarrassment from documents and testimony revealed in court. They eventually agreed to settle the individual lawsuits of Mississippi, Florida, Minnesota, and Texas. Finally, in late 1998, an agreement was reached between 39 remaining state attorneys-general and the tobacco industry. This more limited version of the national settlement did not need congressional approval. The financial figure was $206 billion over 25 years; other than that, the major differences from the national settlement were that FDA authority was not at issue, no federal tax increases were included, there were no limits on individual liability suits, and no goals for reduction of teenage smoking and financial penalties for not meeting them were provided. The tobacco companies did get protection from suits by local governments in the states, another case of preemption. Within one week all 46 states, even those that had not participated in the negotiations, signed the agreement. Subsequently,

squabbling emerged over whether the federal government should receive a share of the settlement since it provides some of the funds for state Medicaid programs. By early 1999 the U.S. Justice Department was contemplating its own lawsuit against the tobacco companies for health care costs.

Despite over thirty years of scientific research and political advocacy for greater tobacco regulation and a resurgence of activity in the late 1990s, the pattern of federal control over tobacco remains erratic and uneven. The tobacco industry is incredibly wealthy, politically astute, and can afford to hire some of the best available lawyers and lobbyists. With so much at stake financially, tobacco companies have not been hesitant to deploy massive resources in their own defense, only moving to compromise when more serious damage might result from holding on to non-negotiable positions. One company alone, Philip Morris, has spent millions of dollars and been at or near the top of American firms' lobbying expenditures in recent years. Tobacco companies also give heavily to state parties and their candidates (Abramson, 1998). In contrast, because of stricter party finance rules and greater party cohesion in legislatures, tobacco company campaign contributions are considerably smaller in Canada (Alexander, 1998).

Tobacco control also became a 1996 presidential election campaign issue through the maladroit public pronoucements of Republican candidate Bob Dole concerning nicotine addition, and President Clinton's espousal of FDA regulations on tobacco (Kaplan, 1996). In moving against smoking, albeit with an emphasis on the threat to teenagers rather than on a society-wide basis, President Clinton became the first U.S. leader of either party to take a firm anti-tobacco stance. But over the years, especially as Republicans have gained more elected congressional positions in the south, they have replaced southern Democrats as the preferred partisan vehicle for tobacco interests. Although, with few exceptions, the most vociferous critics of tobacco have been non-southern Democrats, this group lacks voting cohesion on the issue.

Baumgartner and Jones's (1993) analysis of agenda-setting in U.S. politics argues that tobacco control measures began to be discussed once the "cozy triangle" of pro-tobacco forces in Congress, the executive branch, and interest groups was damaged by the 1964 Surgeon General's report, and new groups with substantial public support were able to penetrate the policymaking process. Still, it is

noteworthy that anti-tobacco groups and public health advocates have gained ground only grudgingly from the previously entrenched forces. Agenda access has been more prevalent than legislative or executive success at the federal level. Some minor victories have been won, but the power of tobacco continues strong, both in Congress and even in President Clinton's executive branch. Tobacco farmers still receive agricultural price supports, and there is no concerted federal effort to encourage them to grow other crops (Lugar, 1998). Instead, the tobacco companies have provided a fund to help U.S. tobacco farmers stay in the market, thus maintaining their grassroots political support in the process ("Tobacco Fund for Farmers," 1999). The Commerce Department still helps tobacco companies find foreign markets, especially in less economically developed countries. In short, the institutional framework of the U.S. federal government has allowed even an interest group on the defensive over a long period of time to prevent comprehensive federal legislative or executive action against its product, despite a widespread public perception buttressed by almost a half century of scientific studies that smoking is both addictive and a serious danger to the public health.

Because of the difficulties mobilizing federal policy action, anti-tobacco forces have turned to other venues available to them in the U.S. policy process, notably the judiciary and both state and local levels of government. Lawsuits, both by individual smokers claiming tobacco company liability for their addictions and diseases and, more recently, by state governments and cities seeking tobacco company compensation for the costs to state health programs because of smoking-related illnesses, have successfully challenged the political position of tobacco interests.

Other major struggles for tobacco control have occurred at the state and local level. Four states—California (1988), Massachusetts (1992), Arizona (1994), and Oregon (1996)—have enacted, through referenda, measures increasing tobacco taxes and dedicating these funds for public health and regulatory objectives; a similar initiative was defeated in Colorado (Siegel and Biener, 1997; Monardi *et al.*, 1996; Heiser and Begay, 1995). In California there has been a continuing political battle about the disposition of funds from Proposition 99, the tobacco control measure (Jacobson and Wasserman 1997; Monardi *et al.*, 1996). In other states various battles have been waged, especially over the issue of state preemption of local regulations on tobacco, which usually means weaker regulations in the long run (Mintz, 1996; Brokaw, 1996).

At the local level, communities have taken a range of actions to combat teenage smoking in advance of that of the FDA. But the major issue of local regulation has been second-hand smoke in restaurants and public facilities. In 1997 California became the first state to eliminate smoking in all public places, even bars and restaurants.

In general the lower the level of government, the more success anti-smoking groups have had, which is one reason tobacco companies try to get preemption at the state and/or federal levels. In most jurisdictions public opinion maintains a permissive consensus in allowing tobacco and smoking regulations to be placed on the statute books. Attempts by tobacco companies and smokers' rights groups to cast the issue in the light of "individual civil liberties" and "commercial free speech" have met with little success; anti-taxation arguments carry more weight, especially with Republican officials (Jacobson *et al.*, 1993; Brokaw, 1996). As long as smoking is not completely prohibited, the public is not antipathetic to tobacco regulation. In the United States the higher the office, the more difficult it has been to restrict smoking, at least until the 1996 FDA regulations. Tobacco lobbying, often carried out behind the scenes, has been critical in hindering tobacco regulation at higher levels, especially in legislatures. The power of money in U.S. politics, combined with the lack of cohesive political parties, means that tobacco companies have lots of opportunity for political damage control.

The national settlement of 1997 and the state settlement of 1998 involved extraordinary processes for making of national public policy. They reveal how the usual institutions for policymaking, especially legislatures, have to be bypassed in order to achieve greater regulation of tobacco. Individual legal actions emanating from the states were combined into one lawsuit that was encouraged by the president. When the first attempt went unratified by Congress, a second settled for the making of policy without the need for formal approval from Congress. Although vertical policymaking is usually considered to be from the federal government to the states (Gray, 1994), in this case it was in the reverse direction.

IV. THE POLITICS OF TOBACCO CONTROL IN CANADA

Tobacco in Canada has had a strikingly similar history to that in the United States. Cigarette smoking diffused somewhat later in

Canada (Ferrence, 1989). By mid-century a larger percentage of the Canadian public, especially in Francophone Quebec (see Table 2), smoked than in the United States. The three major tobacco companies—Imperial Tobacco, Rothmans, Benson and Hedges, and RJR-Macdonald —make cigarettes blended especially for the Canadian market. U.S. companies control less than five percent of the Canadian market.

Perhaps surprisingly, as a share of the economy (except for export of manufactured products) tobacco is nearly as important in Canada as it is in the United States (see Table 2). It is grown in Canada in four provinces—Ontario, Quebec, Nova Scotia, and New Brunswick (and formerly in Prince Edward Island)—with 90 percent of the harvest in the first-named. Overall, Ontario is the fourth leading tobacco province/state in North America, trailing only North Carolina, Kentucky, and Tennessee. While subsidized in various ways by the government, tobacco farming does not receive direct price supports as in the U.S. Since 1987 there has been an active government program fostering alternatives to tobacco agriculture which, unlike the United States, has had some success in reducing the number of farmers dependent on tobacco. (see Table 2) (Cunningham, 1996). The major manufacturing plants are in Montreal and Quebec City, with an additional facility in Guelph, Ontario. With tobacco production playing a significant role in the economies of the two most populous provinces, there is a regional dimension to the politics of tobacco in Canada, muted by the fact that in Ontario tobacco is only the eighth leading cash crop in an agricultural economy that is less than two percent of the total provincial GDP. Provincial tobacco taxes in Canada have generally been higher than in the United States, although there is considerable variation, with levels in the Western provinces being greater than in the East.

Although it is a federal polity, Canada also has a parliamentary-cabinet system usually combined with a single-party majority on the central level. This gives the prime minister and cabinet immense power over the legislature, effectively meaning that executive proposals are highly likely to become law. Thus there is a concentration of power at the central level impossible to achieve in the United States under the separation of powers system. Although there are entrenched interests in Canada as elsewhere, this concentration of power means that support within the cabinet is a key in formulating public policy. Since the enactment of the 1982 Canadian Constitu-

tion, the federal judiciary has used its interpretive powers to play a larger policy role. Even though technically the government can override court decisions through the "notwithstanding clause" of the Constitution which preserves British-like parliamentary supremacy, it has been reluctant to do so. There was some thought among government officials, however, about invoking the "notwithstanding clause" when the Canadian Supreme Court invalidated the Tobacco Products Control Act in 1995. Canadian scholars have suggested that there has been an "Americanization" of the policy process in the emerging impact of the federal judiciary in selected areas of federal policy (Manfredi, 1990).

The 1964 U.S. Surgeon General's Report received considerable attention in Canada, as did the earlier 1962 Report of the Royal College of Physicians in the United Kingdom. The earlier report was little noticed, except in specialized professional circles, in the United States. Health and Welfare Canada had issued its own report on the harmful effects of smoking in 1963, but it did not generate as much public attention as the two external reviews. In Canada, private member bills, introduced without government support and with little chance of passage, sometimes stimulate a government to put forward its own legislation on a subject after hearing the arguments and gauging public support. In the late 1960s there were several private members' bills seeking to regulate cigarettes or cigarette advertising. These encouraged exploratory legislative hearings on the issue, culminating in the *Isabelle Report* (1969) from the House of Commons standing committee on health, welfare, and social affairs urging restrictions on the advertising and promotion of tobacco products. In 1971 the Liberal government led by Pierre Trudeau put forward legislation to ban advertising of tobacco products, but no debate occurred on the bill before the government and industry had agreed to voluntary guidelines. This reflected a traditional Canadian preference, derived from the British, for voluntary regulatory agreements if possible (Vogel, 1986).

In the mid-1970s a comparison of the politics of tobacco regulation in the two countries reflected unfavorably on Canadian attempts: "In the United States, action beyond words was possible because the authoritative actors were partly independent of the elected public officials...While the Canadian system appeared to facilitate higher level consideration of the problem, and even possi-

bly broader investigation, government response in Canada has not been markedly quick or effective" (Friedman, 1975: 155).

Although some municipal bylaws restricting smoking were passed in the 1970s, little more was heard on the tobacco question on the federal level until the 1980s. Then, beginning in 1982, the Canadian federal government began to raise taxes on tobacco products above the rate of inflation (Cunningham, 1996). Since smoking-related illnesses were a charge against the taxpayer-financed Medicare system of national health insurance in Canada, perhaps the government decided to make smokers and the tobacco industry pay more for the problems they generated (Symonds, 1995). A federal/provincial health ministers conference in 1983 identified smoking as a health issue requiring national attention, leading to the first government attempt at widespread public education on smoking since 1963. The National Strategy to Reduce Tobacco Use was announced in 1985 (McElroy, 1990); the strategy also allowed public health voluntary organizations to work closely with both federal and provincial health ministries, paving the way for more substantial cooperation later.

Legislative controversies over tobacco were stimulated in 1986 by the introduction of a private member's bill by Lynn McDonald, an avid anti-smoking New Democratic Party M.P., which banned all tobacco advertising and mandated smoke-free zones in all areas under federal jurisdiction, including common carriers. Although the bill was initially unwelcomed by the government, it generated considerable support, including from public health organizations. After negotiations with the tobacco industry over a new voluntary agreement had collapsed, the Progressive-Conservative government, led by Health Minister Jake Epp, introduced its own bill in 1987 providing for a comprehensive policy of tobacco regulation which became the Tobacco Products Control Act. The act prohibited advertising of tobacco products in Canada, banned special promotions for tobacco products (free distribution, discount coupons, gifts, or lotteries), and use of tobacco trademarks on other products, mandated prominent health warnings (originally four different ones, the largest in the world at the time, on the front and back of the package) and lists of toxic constituents on packages. It did allow use of tobacco company corporate names (but not brand names) in sponsoring entertainment events (see Appendix A). The act did not address the nonsmoking provisions in McDonald's bill. Despite some government reservations, her nonsmokers' health bill ultimately became law as well

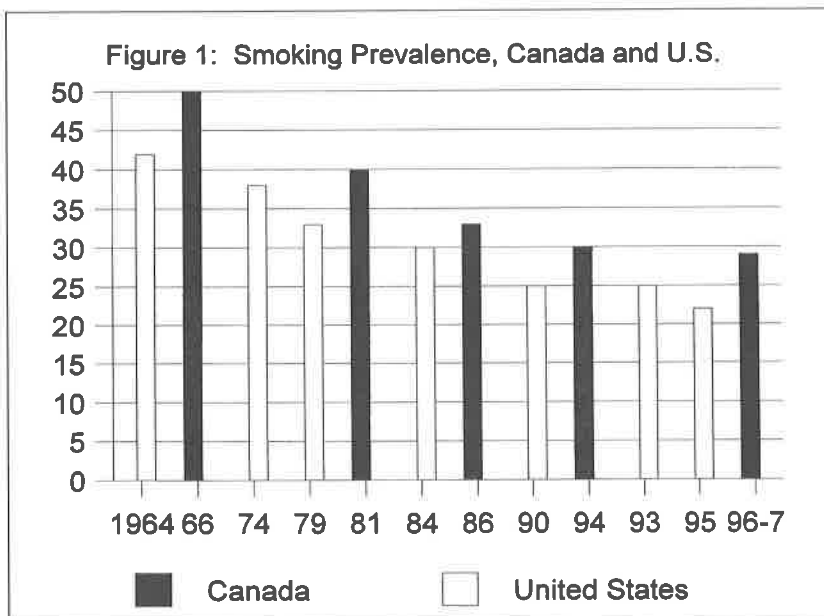
(Kyle, 1990; Kagan and Vogel, 1993; Pross and Stewart, 1994).

In 1990 the Sixth World Conference on Smoking and Health, held in Perth, Australia, passed a resolution commending the Canadian government for "its leadership in improving the health of Canadians and for setting an outstanding example in comprehensive tobacco control policy" (Cunningham, 1996: 197). Major tax increases on cigarettes occurred in 1989 and 1991, raising federal rates by 60 percent and 80 percent, respectively. In 1993, the Tobacco Sales to Young Persons Act raised the minimum age for purchasing tobacco products to 18 and limited locations for vending machines.

Unlike the United States, Canadian federal regulations did not preempt stronger action at another level. Any provincial law regulating tobacco products is permissible as long as it does not weaken requirements of federal laws. As in the United States, provincial laws regarding tobacco vary considerably but contain a stronger orientation toward regulation because of the lack of federal preemption (National Clearinghouse on Tobacco and Health, 1995). For instance, six provinces have a minimum age of 19 for tobacco purchases, two have banned all vending machine sales, and three have prohibited pharmacies from selling tobacco products (Studlar, 1999). Recently British Columbia went beyond the federal government by suing tobacco companies for health care costs and requiring large licensing fees from them, which in turn are used to finance an anti-smoking campaign on the California and Massachusetts models. Quebec's 1998 law provides more stringent terms for the phasing out of tobacco company sponsorships of events than the federal government's regulation.

By the late 1980s Canada was experiencing impressive reductions in smoking (Kaiserman and Rogers, 1991). Note that the average price of a package of 20 cigarettes was over twice as high in Canada as in the United States by early 1994. But therein lay an emerging problem. As the cost of tobacco products in Canada accelerated far beyond that of the American border states, smuggling of cigarettes became more common, especially through the Akwesasne Native American reservation on the borders of New York, Ontario, and Quebec. These were Canadian brands of cigarettes exported to the United States (hence avoiding Canadian taxes) and then smuggled back and resold in Canada at about half the legal, taxed price. Public health became intertwined with questions of tax revenues, law and order, treatment of aboriginal peoples, and Quebec politics.

The Quebec Liberal government was anticipating a provincial election against the separatist Parti Quebecois later in the year. In consultation with their provincial counterparts, the federal Liberal government of Prime Minister Jean Chretien decided to help bring about "law and order" by reducing the federal tax on cigarettes and offering to match further limited provincial reductions. This would reduce the price differential between cigarettes in the U.S. and Canada, making smuggling less lucrative. Anti-tobacco organizations such as the Canadian Council on Smoking and Health, the Nonsmokers Rights Association, the Canadian Cancer Society, and the Heart and Stroke Foundation, which had played a key role in lobbying for earlier legislation on tobacco control (Kyle, 1990; Mintz, 1990; Kogan and Vogel, 1993; Pross and Stewart, 1994), were outraged and argued strenuously that cutting taxes would only encourage more smoking and higher health costs in Canada. Nevertheless, the government went ahead with its tax reduction plans, which were matched, often reluctantly, by tax reductions in five Eastern provinces, including Ontario. Subsequently, the price of cigarettes in



Sources: World Health Organization 1997. Nathanson and Oaks 1996. National Population Health Survey 1999; Centers for Disease Control and Prevention 1997.

Canada dropped to early 1980s levels and, depending on the data source, smoking rates have either increased or remained on a plateau (see Figure 1). (Cunningham, 1996:16; Callard, 1998).

In contrast to a few years earlier, the cost of cigarettes in Ontario in 1997, at C$2.99 per pack, was *lower* than in any province or bordering state due to increases in prices and taxes in the United States as well as to the Canadian tax reductions, even though some of the 1994 reductions have been restored (see Table 3). In February, 1998, the price of cigarettes in Ontario was about 60 percent of the January, 1994, level.

TABLE 3
AVERAGE PRICE IN CANADIAN DOLLARS (C$), PACK OF 20 CIGARETTES, CANADIAN PROVINCES AND U.S. BORDER STATES, NOVEMBER 1997*

Province	Price	Bordering U.S. States	Price
1. British Columbia	$5.14	1. Alaska	$4.19
		Washington	4.34
		Idaho	2.96
		Montana	2.56
2. Alberta	4.29	2. Montana	2.56
3. Saskatchewan	4.88	3. Montana	2.56
		North Dakota	3.23
4. Manitoba	4.75	4. North Dakota	3.23
		Minnesota	3.51
5. Ontario	2.99	5. Minnesota	3.51
		Michigan	3.61
		New York	3.51
6. Quebec	3.30	6. New York	3.51
		Vermont	3.28
		New Hampshire	2.88
		Maine	3.65
7. New Brunswick	3.63	7. Maine	3.65
8. Nova Scotia	3.78		
9. Price Edward Island	3.88		
10. Newfoundland (Labrador excepted)	5.87		

*Source: Smoking and Health Action Foundation

In partial mollification of anti-tobacco forces, at the same time as the 1994 tax reduction was announced the Chretien government introduced the Tobacco Demand Reduction Strategy (TDRS), a three-year program of legislation, research, and public education designed with the help of provincial and local governments and health voluntary organizations to reduce smoking in Canada. In order to finance these programs, a profits surtax was levied on Canadian tobacco companies. The revenue from this surtax, which was renewed in 1997 for three additional years, originally generated a plethora of programs; subsequently the revenues for the TDRS were cut substantially in the interests of deficit reduction (Cunningham, 1996).

Another blow to tobacco regulatory forces in Canada occurred in the Canadian Supreme Court decision of September 21, 1995, which overturned key sections of the Tobacco Products Control Act dealing with advertising, trademarks, and labeling. In a narrowly argued 5-4 decision, the court held that such regulation was, in principle, within federal jurisdiction. It nevertheless found that some provisions of the TPCA violated freedom of expression because they were too broad, and that there was inadequate justification for their likely effectiveness. The tobacco companies indicated that they would continue observing the major provisions of the TPCA in the short term, but this ended in a few months with the announcement of an industry "voluntary advertising code." Although there were several documented violations of this code, health warnings remained on cigarette packages.

In December, 1995, the Department of Health issued a blueprint for new comprehensive law on tobacco regulation and invited comment from interested parties. The blueprint went beyond the TPCA of 1988, and included treating tobacco products similar to hazardous products and drugs, a total ban on advertising, banning tobacco trademarks on other goods and services, severely restricting sponsorships, banning mail-order sales and vending machines, restricting product displays, controlling package designs, and eventually granting authority to regulate tobacco product constituents and emissions. The proposed transfer of control over tobacco into a framework similar to that of the Hazardous Products Act and the Food and Drugs Act is especially significant because it would put regulation of tobacco into orders-in-council, or executive orders, rather than having the government bring forward legislation for debate to meet changing conditions. In a cabinet shakeup early in

1996, the new health minister, David Dingwall, promised that legislation would be introduced by the fall. Objections by Bloc Quebecois and some Liberal MPs, especially from Quebec, about the stringency of the restrictions on sponsorship slowed the process, but the tobacco bill became law in April, 1997.

The legislation (see Appendix C), though somewhat modified, was still generally satisfactory to public health advocates, retaining most of the provisions of the blueprint. Furthermore, Ottawa also announced a modest federal tax increase on cigarettes. Thus the Canadian government seemed poised to regain its former position as a leading tobacco control regime. But other problems arose which led some observers (Callard, 1997) to question its commitment. The government was slow to promulgate the regulations necessary to enforce the Tobacco Act. First it announced a delay in the restrictions on sponsorship until October, 1998, and then later indicated that it wanted to amend the Tobacco Act to exempt motor sports from some of the sponsorship provisions. Meanwhile the tobacco companies challenged the act in court. In 1998 the government had the speaker of the house rule Bill S-13, the Tobacco Industry Responsibility Act, already passed by the Senate, out of order on the technical grounds that all revenue bills had to originate in the House. Bill S-13, explicitly modeled after a similar program in California, would have imposed a 50-cent levy on every carton of cigarettes with the proceeds going into a fund to combat teenage smoking.

There has been increased tobacco regulatory activity at the provincial and municipal levels in Canada. Some of the provincial legislation has already been noted. A variety of mechanisms diffuse tobacco control through the provinces. Periodic federal-provincial meetings of health ministers, and also sometimes conferences of provincial health ministers alone, coordinate strategies on a variety of health care measures. In recent years, more attention has been devoted to tobacco control at these meetings, especially in learning about the experience of British Columbia's innovative and aggressive legal actions against tobacco companies. The province hosted such a meeting in the fall of 1998 and used it as a forum for its approach to provincial tobacco regulation.

The judiciary has not been a major battleground for tobacco control because Canada follows the British practice of tort law, namely that the loser must pay all court costs, which discourages contingency lawsuits on the basis of the plaintiffs' attorneys collect-

ing their fees if the suit is won, the usual practice in lawsuits concerning tobacco in the United States. In fact, in the United States tobacco companies do not win lawsuits against them so much on the demonstrable merits of their cases as by being able to outspend their opponents by appealing cases they lose at lower levels, thereby forcing litigants' lawyers to face the prospect of incurring further immediate court costs with no payoff in sight. Nevertheless, individual and class action cases are pending in Ontario and Quebec. The province of British Columbia has changed its laws to enable it to file a suit, similar to those in the United States, over the cost of treating smoking-related diseases under the public health insurance plan (Canadian Medicare). The newly reelected government in Newfoundland has pledged to do the same, and other provinces, including Ontario, are investigating the possibility.

Recently Canada has experienced more local anti-smoking initiatives as well. Prominent among them are the decisions of municipal governments in the Vancouver and Toronto areas to ban smoking in indoor facilities, including restaurants and, in Toronto, even bars. This has generated considerable controversy, and it remains to be seen how thoroughly they will be implemented, as well as whether such regulations will spread to other local jurisdictions.

Over the past decade, then, Canada has been one of the most pro-active countries in the world in attempting to reduce tobacco use. While hardly cohesive on the issue, most political parties have been willing to endorse at least some forms of regulation. Redoubts of support for tobacco remain especially in some sectors of the federal Liberal Party, which dominates Ontario seats, and in the Bloc Quebecois. No party heretofore has made tobacco control a major electoral issue. With no preemption statutes and extremely limited capacity to exercise leverage over individual legislators, tobacco companies have found themselves persistently on the defensive in political terms on all three levels of government—municipal, provincial, and federal—and have resorted to heavy lobbying of the executive and, when that fails, to the courts to try to protect their interests.

V. LESSON-DRAWING ACROSS THE BORDER?

The questions remains: how have policy advocates and policymakers in Canada and the United States taken account of the experience of the other country in formulating their own positions and policies? In answering this question, I rely on interviews held

with government officials, policy advocates, and tobacco company spokespersons on both sides of the border (Appendix E) as well as on documentary research. Table 1 attempts to put some perspective on these questions by providing the dates when similar policy actions have been taken by the federal governments of the two countries.

First, most observers agree that a pattern of lesson drawing does exist across the border of these two countries, and indeed even wider internationally, but the pattern is not necessarily the simple one of an inevitable leader and follower. As Hoberg (1991) found for lesson drawing on health and safety regulations affecting drugs and pesticides, the superior scientific research capacity of the United States plays a role in policy formation. The difference is not only one of scale. There is no Canadian equivalent of the Food and Drug Administration as a single-minded regulatory enforcer or the Surgeon General as a public health advocate. Furthermore, the U.S. federal government funds health research through the National Institutes of Health and other organizations at a higher level than does the Canadian federal government. In such circumstances it is only logical for Canada to look to the United States for much of the scientific evidence on which to base its health regulations, and inevitably a large portion of these decisions will closely follow U.S. ones. More behavioral research on tobacco use is also done in the United States by a wider variety of researchers.

Because the majority of Canadians use the same language and are in physical proximity to the United States, as well as the fact that most Canadian libraries purchase considerable U.S. material, it is relatively easy for Canadian policy advocates and officials to acquire this information. Since the population structures of the two countries are similar, U.S.-based behavioral research is often used by those in Canadian policy networks. This is the classic free rider approach which many Canadians are only too pleased to acknowledge: as an official of a voluntary health organization said, "We are a small country; we'll steal ideas from anyone." One indication of this is that the health ministry blueprint contains several references to U.S. medical and behavioral research as well as to research in other countries. Thus, lacking the requisite resources themselves and having the benefit of easily accessible research nearby, Canadians tend to use U.S.-based studies in crafting their tobacco regulation policies.

Direct policy borrowing from the United States executive and legislature on the federal level may have occurred in the early days of tobacco control (see Table 1), but it hard to discern again until the mid-1990s, especially with the announcement in 1995 of the proposed FDA regulations. Nevertheless, Canadian tobacco control advocates have been attentive to state and local jurisdictions in the United States and, somewhat surprisingly, to the courts. There is little doubt that U.S. federal-level political developments in regard to tobacco have been significant for Canadian policymakers. The Surgeon General's reports, particularly those in 1964 and 1986 (the latter on the effects of second-hand smoke) not only provided a scientific basis for concern but also gave public justification for government action in these areas. Both federal governments acted in similar ways and in the same time period (1965-71) by ordering warning labels on tobacco products and by removing tobacco advertising from the airwaves. The U.S. moved earlier and more restrictively in both cases with legislation, but the first was undertaken to ward off action by the Federal Trade Commission, and both involved extensive negotiations with tobacco company lobbyists and their supporters in Congress. Since the preferred Canadian regulatory approach has traditionally been based on negotiated agreements between the government and economic sectors whenever possible rather than through "command and control" directives, the later Canadian action centered on a voluntary agreement with tobacco companies rather than on legislation. Even in the mid-1980s, this approach was tried before bills were introduced. Ironically, the national settlement and the state settlement indicate that the United States may be more willing than Canada to consider a "grand compromise" between governments and the tobacco companies as a substitute for the legal uncertainty of FDA regulations.

Although Canadian policy has also been heavily concerned with youth access to tobacco, its overall objectives have been broader than those in the United States (Glantz 1996), with reduction of smoking by adults prominent among them. Both Canada and the United States have developed federally-funded programs to help provinces/states reduce smoking. The U.S. has ASSIST funds from the National Cancer Institute and the IMPACT program of the Centers for Disease Control and Prevention, while Canada has had provincial aid as part of its Tobacco Demand Reduction Strategy. But the U.S. program is more specifically geared to the youth access

problem and is, prior to the FDA regulations, the major federal effort (through legislation, in this case) at greater tobacco regulation. In Canada, on the other hand, funding under the Tobacco Demand Reduction Strategy was less targeted, in both jurisdictions and policy, and more short-term.

There are other clear connections between community-based programs in the two countries. Brant County in Ontario was included in the COMMIT (Community Intervention Trial for Smoking Cessation) program of the U.S. National Cancer Institute, the forerunner to the ASSIST program (Ontario Tobacco Control Research Unit 1995: 10). The Ontario Tobacco Strategy, one of the first provincial ones, is based on ASSIST. In turn the Ontario Strategy influenced the later federal Tobacco Demand Reduction Strategy (Ontario Tobacco Research Unit, 1995: 7).

Although the Canadian government entered the arena of government-mandated warning labels some 25 years after the United States, by 1993 Canada had the strongest health warning labels in the world at that time (Cunningham, 1996). They were larger (25% of the package, on both front and back), more easily read, and more direct in their language than their U.S. counterparts, even considering that the U.S. labels changed to four rotating warnings in 1984 (Pertschuk, 1986).

In federal taxation of tobacco products, overall Canada has outstripped the United States despite the tax rollback of 1994 and recent U.S. state and federal tax increases (see Tables 2 and 3). The Canadian smuggling problem largely occurred because of the wide disparity of tobacco taxes between the two countries, especially among eastern provinces/states. If U.S. federal and state taxes had been closer to the Canadian norm, then the problem would have been lessened if not entirely eliminated. Canada was left to treat the smuggling problem as a "domestic" political issue. In that sense the U.S. is still the elephant, and one that, on the federal level, has been reluctant to raise cigarette taxes. Canada was forced to make a choice about adjusting to this situation in 1994. Prices of cigarettes in the two countries have converged since that time (see Table 3), but this is not a completely satisfactory explanation for the subsequent Canadian disinclination to increase tobacco taxes.

The United States is also not the only country to which Canadian policy advocates and officials pay attention. When the Tobacco Products Control Act of 1988 was being considered in parliamentary

hearings, there were also references in the testimony and debates to the experience of other countries, principally Finland and Norway, which at that time had more stringent regulations than other countries. More recently, Australia and New Zealand have emerged as countries that Canadian health advocates admire for their tobacco regulations. As one government official puts it: "The first question policymakers usually ask is, `what policies do other countries have on this issue?'"

Three decades ago, Canada clearly looked to the United States federal government as a policy leader on tobacco regulation. But over the years U.S. federal policy leadership has waned, as other countries, including Canada, have become more active against tobacco. Aside from the Synar Amendment and the treaty with Canada and Australia banning smoking on international flights (see below), major U.S. federal government action on tobacco was largely stalemated until the recent FDA regulations, and it is still problematical whether they will stay in force as envisioned. The FDA regulations, however, have enabled the U.S. to reclaim more policy influence with Canada. Upon their promulgation in August, 1996, Health Minister David Dingwall publicly promised an equally stringent set of regulations for Canada in the forthcoming Tobacco Act: "I think we have to have an equally comprehensive package addressing a variety of different aspects of the smoking issue" (Montreal *Gazette*, August 28, 1996). Policy advisers within the Canadian bureaucracy were kept apprised of developments in the United States and sought evidence from the U.S. and elsewhere to buttress the case for their own legislation (Winsor, 1997).

Largely blocked at the federal executive and legislative levels, U.S. tobacco control advocates have pursued their objectives through the courts, states, and local municipalities. Lawsuits are only now beginning to be pursued in Canada, but Canadian observers have been following U.S. developments for years. These court cases, including individual suits claiming liability for cancer by tobacco companies, the suits of U.S. states for medicaid costs, and the leaked documents and revelations of tobacco-company whistle blowers, have been covered in Canadian media. Even if there have been only limited similar developments in Canada, people interested in tobacco regulatory policy on both sides of the issue follow U.S. developments and draw lessons for Canada, as Joe Hefferman, president and chief executive officer of Rothmans, Benson and Hedges, Inc.,

pointed out in a public letter to the minister of health in British Columbia on June 26, 1997: "...many of the features of the proposed U.S. settlement are already in place in Canada and have been for some time." A U.S. state government official involved in a major state lawsuit against the tobacco companies claimed to know very little about lesson drawing across countries in regard to tobacco control. The one instance he could recount was an invitation to Canada to participate in a forum about legal developments regarding tobacco in the United States. Perhaps learning from the U.S. experience of tobacco companies claiming immunity from legal liability for smokers' health problems because of the warnings on cigarette packages, the 1988 Tobacco Control Act included a provision which specifically said that Canadian companies could not be protected in the same way.

Insofar as there has been policy borrowing from the U.S. to Canada in the past decade, much of it has been inspired by state and local governments in the United States. As mentioned previously, local nonsmoking ordinances in the United States have acted as a stimulus for similar action in Canada, a fact mentioned even by Canadian federal officials. The two states that have taken the strongest nonjudicial policy actions against the tobacco companies on both a taxation and regulatory basis, California and Massachusetts, are constantly cited as exemplars in Canada, with the qualification that it is more difficult to get dedicated sources of tax revenue in Canada, as these states have been able to do through popular referenda, in order to finance their research and regulatory programs. One Canadian policy advocate, who unlike most others thought that there was little cross-border policy influence, produced a list of "20 lessons from California" which she used in her own educational programs across the country. Lessons from the experimental attempts to reduce teenage smoking in Woodridge, Illinois, have been carried to Canada not only through personal appearances by the police officer in charge of the program but also by a video produced by the Canadian Cancer Society, a leading voluntary anti-tobacco advocacy group. In short, even at times when lesson drawing on the federal level from the United States to Canada has been largely stymied, state and local lesson drawing from the United States has been of some influence at all levels of Canadian tobacco regulatory policymaking.

But what about the reverse process, from Canada to the United States? In contrast to the usual situation in policy borrowing, there is abundant evidence in this case that the smaller country has exerted some influence on the policies of the larger one. Since passage of the Tobacco Products Control Act in 1988, Canada has been widely viewed as one of the leading tobacco regulatory countries in the world. Even though most U.S. local and state initiatives probably owe little to the Canadian example, at least directly, since political interests and officials at this level tend not to look abroad for lessons (but see Kluger, 1996: 374), there is evidence of federal level lesson drawing.

A clear case of legislation as a result of policy borrowing from Canada to the United States on the federal level is the aforementioned treaty of 1994, signed by Canada, Australia, and the United States, mandating (with few exceptions) direct nonsmoking flights between the three countries (Kyle, 1994). Canada initiated nonsmoking on domestic airline flights in 1987, followed closely by the United States (see Table 1). These two countries then negotiated bilaterally for a treaty to allow only nonsmoking flights between the two countries. Although the U.S. Senate must approve all treaties, there is generally more leeway granted to the executive in international than domestic matters. Australia and New Zealand, which have become stringent tobacco regulatory countries since the late 1980s, joined the discussions. Finally, a treaty was signed in 1993 by the first three countries banning smoking on all international flights between them, with only a few exceptions. This, in turn, has served as a model for broader international negotiations concerning nonsmoking flights (Kyle and Du Melle, 1994).

The recent FDA regulations are another instance of the U.S. drawing lessons from Canadian public policy. Soon after President Clinton's announcement of the proposal, National Public Radio broadcast an interview with Canadian federal health minister Diane Marleau on the workings of Canadian restrictions through regulations on cigarette advertising and taxes. *Business Week* argued that Canada had "field-tested" virtually all of the proposed FDA regulations (Symonds, 1995). *Tobacco Control: A Blueprint to Protect the Health of Canadians* (1995: 13) commented diplomatically that "many components of the U.S. initiative mirrored the Canadian experience." Once the final FDA regulations were announced in August, 1996, there was another story on NPR about "lessons for President Clinton

from Canada" reiterating the history and effects of tobacco control in Canada since the late 1980s.

Over the years there has been a lot of information sharing between officials in Health Canada and their counterparts in the FDA and the Office of Smoking and Health in the United States. Policy advocates in leading Canadian anti-tobacco groups, such as the Nonsmokers' Rights Association, the Canadian Clearinghouse on Smoking and Health, and the Canadian Cancer Society, were asked to comment on various aspects of the FDA proposals in succeeding months. The CCS, in fact, submitted a formal document to the FDA reacting to the proposals in light of the Canadian experience, and David Sweanor of the Nonsmokers' Rights Association served as a consultant to the FDA on the report. Of course there were written and oral submissions by many other groups, mainly U.S. domestic ones, including the tobacco companies.

The FDA regulations were not solely or perhaps even principally based on Canadian policy. But in contrast to the usual U.S. avoidance of careful scrutiny of the policy experience of other countries, in this case there was systematic and substantial interest among policymakers in the United States in the content of Canadian policy and its effects, insofar as these could be measured over a short time period (Hilts, 1996). The FDA procedures for approval of new drugs are well known and sometimes criticized for being slow as well as thorough. As the FDA drug testing policies have sometimes been accused of, another country served as a laboratory in which the effectiveness of proposed policies could be tested before those policies were adopted in the United States.

More generally, since the late 1980s a myriad of cross-border links among tobacco control groups have helped spread information on regulatory policy. Groups in Canada and the United States are major actors in an international policy network of tobacco control. An early U.S. article on the TPCA in the *Washington Monthly* specifically advocated lesson drawing with the subtitle, "Canada showed how to beat the tobacco lobby. American anti-smoking groups, take note" (Mintz, 1990: 30). The Canadian Cancer Society and the American Cancer Society have been two of the most active anti-smoking health voluntary organizations. Since 1991 they have formally attempted to coordinate their efforts through what is called the Borderline Committee. Also, governmental links are not limited to the federal level alone. There is a provincial-state coordination

agency, the Great Lakes Tobacco Control Coalition, with headquarters in Columbus, Ohio, composed of the health agencies of two Canadian provinces (Manitoba and Ontario) and six U.S. states (Ohio, Indiana, Michigan, Illinois, Wisconsin, and Minnesota).

A more direct, policy-focused contact exists between these two countries than one would expect from professional scientific and public health conferences or even the periodic world conferences on tobacco or health. Leading anti-tobacco activists (policy entrepreneurs) frequently cross the border in an attempt to influence policy in the other country. For instance, David Sweanor of the Canadian Nonsmokers' Rights Association has engaged in a variety of activities in the United States, testifying as an expert witness before legislative committees on the federal and state level, serving on committees reviewing research grant applications for U.S. health agencies, and leading workshops for tobacco control training sessions. With his fellow NSRA activist Garfield Mahood, Sweanor appeared at the Washington Press Club to discuss tobacco control in Canada. Similarly, leading U.S. anti-tobacco advocates such as Michael Pertschuk of the Advocacy Institute have appeared in Canada to offer testimony before parliamentary committees among other activities. When the tobacco control community in Canada held its second National Conference on Tobacco or Health in 1996, a plenary session featured Sweanor, Mitchell Zeller, Assistant to FDA Commissioner David Kessler, and Gregory Connolly, head of the Tobacco Control Program in Massachusetts.

The National Clearinghouse on Tobacco and Health (NCTH) in Ottawa, which has no equivalent in the United States, has also served to gather a large amount of information relevant to tobacco regulation around the world, mainly for the use of anti-tobacco groups and government programs in Canada. The NCTH directory of organizations and personnel concerned with tobacco regulation, on all sides of the issue, includes many people in the United States and elsewhere in the world as well as in Canada.

The initiatives of the Canadian government and nonprofit groups extend elsewhere in the world. Canada has a comparatively unusual policy by which the federal government provides subsidies for advocacy groups in several fields (Pal, 1993; Came, 1997); the advent of the 1994 Tobacco Demand Reduction Strategy provided even more revenue, at least in the short-term, for such groups. The Nonsmokers' Rights Association works extensively with groups in

Africa and Southeast Asian countries, a major target for an expanded tobacco market, and another Ottawa-based group, the International Development Research Centre, is particularly concerned with tobacco regulation in developing countries (Cunningham, 1996). The Tobacco or Health Program on Substance Abuse of the World Health Organization in Geneva has been managed in recent years by Neil Collishaw, a former official of Health Canada who played an instrumental role in formulation and passage of the Tobacco Products Control Act. Under new WHO Director Gro Harlem Brundtland, the former premier of Norway, tobacco control has become a major priority. Small conferences of tobacco control experts were held in Halifax, Nova Scotia, in 1997, and Vancouver, British Columbia, in 1998.

Such cross-border links are not limited to anti-tobacco groups, of course. Tobacco companies also have international links through joint ownership schemes, professional trade organizations, and conferences (Hilts, 1996; Cunningham, 1996). In its ultimately successful fight against advertising restrictions before the Supreme Court, Canadian tobacco companies cited a limited amount of information from U.S. court cases in its brief. U.S. tobacco companies, in their submission to the FDA on its proposed regulations, also cited some Canadian behavioral studies. More recently, U.S. tobacco companies employed a former Canadian local official involved in the 1994 smuggling crisis in advertisements designed to defeat the congressional version of the national settlement.

Despite their small share of the Canadian cigarette market, U.S. tobacco companies took the expense and time to have their agent, former U.S. trade representative Julius Katz, testify before a House of Commons health committee in 1994 that if the Canadian government mandated plain packaging for cigarettes, then U.S. companies might sue under the North American Free Trade Act for interference with commercial sales through trademark infringement. Although the committee ultimately recommended plain packaging, the federal government has yet to adopt such a position. Some observers considered the episode a thinly veiled warning, on behalf of Canadian tobacco manufacturers as well as U.S. ones, that the industry would fight government plans for plain packaging.

While there may be no acknowledged international cooperation among tobacco companies, it is surely no coincidence that tobacco industry arguments against regulatory schemes bear considerable

similarity from country to country. For instance, in the face of challenges from the TPCA and FDA, tobacco companies in both countries have attempted to shift the arguments from public health considerations to a focus on individual rights, including free speech in advertising and the right to smoke as part of individual free choice. Legislative debates in both countries show "individual rights" to be a major focus of those critical of regulatory initiatives. (Jacobson *et al.*, 1993). Tobacco companies in both countries have been major funding sources of smokers' rights associations.

By the late 1990s, the Canadian and U.S. federal governments are not only keenly alert to the lessons of each country's research and regulatory experience on various levels, they are even publicly willing to acknowledge it, if somewhat less so in the United States. Although all of the common problems of tobacco regulation cannot be solved at a stroke or necessarily by the same policies in both countries, the perceived need of the two governments to have similar tobacco control policies are stronger than ever by the late 1990s. Furthermore, the institutions of an international tobacco control policy network have now been sufficiently developed to facilitate such a coordination and exchange (Studlar, 1999).

VI. CONCLUSION

There is abundant evidence that the policy networks on tobacco regulation in both Canada and the United States have drawn lessons from the experience of the other country and attempted to incorporate these lessons into their own policymaking. But the pattern is not necessarily a simple one. Canada appears to have borrowed extensively from the research experience of the United States on tobacco issues, both medical and behavioral, the official U.S. government endorsement of these views in Surgeon General's reports, and also to have taken particular note of recent U.S. local and state initiatives on environmental tobacco smoke. More recently, the FDA initiative on tobacco regulation, the national settlement, and the state settlement have influenced Canadian consideration of the lessons to be drawn from the U.S. But lesson drawing is not just a one-way street. In fact, on the federal level at least, there is more U.S. policy network attention to the Canadian experience than *vice versa*. With the Tobacco Products Control Act of 1988, Canada became a pioneer in the attempt to formulate a comprehensive tobacco regulation policy. Even after the tax reversal of 1994 and the Supreme Court decision of

1995, Canada had gone much further than the United States in regulation, including taxation, on the federal level at least until the advent of the U.S. FDA regulations. Anti-tobacco advocacy groups have systematically worked to incorporate the lessons of the Canadian policy experience into U.S. initiatives. In effect, Canada has served as a convenient laboratory for the first attempt at a comprehensive tobacco regulation policy in the United States, even if U.S. policies, with a focus on youth access, are in some respects more modest than the TPCA or the Tobacco Act.

Since the late 1980s there has been more policy coordination among affected groups on all sides of the tobacco regulation controversy. The geographical proximity, similar social and economic standing, and common language have facilitated cross-border lesson drawing. The multiplicity of professional conferences, intergovernmental meetings, the ease of cross-border travel, the exchange of journal and media reports, and, more recently, faxes and Internet communication between the two countries has facilitated lesson drawing. This is a graphic example of what Bennett (1991a) calls policy emulation by epistemic communities, abetted at times by formal government agreements as in the airline smoking ban.

Even though it is usually considered primarily a domestic rather than an international issue, tobacco control has received increased recognition as a global public health problem. Like related problems, there is considerable technical, scientific information which can be transmitted across country borders relatively easily to therefore facilitate lesson drawing. On the other hand, as Leichter (1991) points out, tobacco control as an issue presents barriers to lesson drawing across countries; it is not solely a relatively technical health question but also involves other dimensions such as individual rights and the immense economic investment and power of the industry. This makes lesson drawing and application across political jurisdictions profoundly political. Pross and Stewart (1994) argue that the intensity of lobbying on the Tobacco Products Control Act was possibly unprecedented for Canada. Whatever the general changes in recent years in Canadian political culture, interest group behavior, and policy subsystems, anti-tobacco interest groups seem to be in the forefront (Ondrick, 1991; Wilson 1991). In turn, the aggressive lobbying of Canadian anti-smoking forces has spread to the United States, partly through a joint Canada-U.S. conference for tobacco

activists hosted by the Advocacy Institute in preparation for the World Conference on Tobacco or Health in Perth, Australia, in 1990.

By the late 1990s, however, Canada's global leadership status was being increasingly questioned, and not only because of the 1995 decision of the Supreme Court and the lowering of taxes since 1994. As previously noted, the federal government was slow to develop regulations for the Tobacco Act, has backtracked about the phasing out of tobacco sponsorships of events, and has refused to support the bill for a tobacco company responsibility law. On taxes, the rise of cigarette prices from the increase in U.S. taxes in the 1997 budget and settlement of the attorneys general lawsuit has not led, as of this writing, to a Canadian tax increase, despite gestures in this direction in early 1999. Canadian taxes remain at about 60 percent of their 1994 levels. Increasingly greater regulation of tobacco in Canada results from provincial actions, as in British Columbia and Quebec in 1998 (Studlar, 1999), and on the municipal level.

Much of the worldwide concern about tobacco use is based on U.S. research, and public support for such regulation is similar in the two countries (Janofsky, 1994; National Population Survey Highlights, 1999). Why, then has Canada usually been the policy leader in tobacco regulation and the U.S., at least until recently, the laggard, especially on a comprehensive policy of federal control? The differences in federal tobacco regulation are at least partially institutional (Weaver and Rockman, 1993).

The Canadian legislative process on the federal level is designed to facilitate policymaking by an executive committed to particular legislation. Dissent may exist, but the control over the legislature exercised by the cabinet of a single-party majority government, based on near-uniform party cohesion in votes on government bills, makes the key issue one of getting the executive to propose legislation rather than getting it enacted. There are few democratic parliamentary systems in the world which enforce party discipline as rigorously as Canada's. Those who vote against government legislation on whipped votes risk losing not only parliamentary posts, such as committee chairmanships, but also being evicted from the parliamentary party caucus and losing the party endorsement for renomination in their constituency at the next election. A government committed to legislation, as the Progressive-Conservative government was in 1988 and the Liberal government was in 1996-97, can usually get its way, based on a fusion of powers and majority party

discipline. The key issue for tobacco regulation in Canada, then, is to have a government supporting particular policies.

With the enactment of the Canadian Constitution and the Charter of Rights and Freedoms in 1982, the possibility of using the courts in a policy role has increased. As in the U.S., tobacco companies have been able to employ their financial resources and legal acumen in this venue to oppose policy initiatives, notably the Tobacco Products Control Act (successfully) and Tobacco Act (thus far unsuccessfully). Nevertheless, the Canadian policy process on tobacco regulation has been relatively straightforward compared to that in the United States. If federal officials consider that they have sufficient information and commitment about a policy problem to act, there are few obstacles to a statute reaching the law books.

Problems in the United States arise from several institutional phenomena: the separation of powers, the lack of party cohesion in favor of temporary and compromised majorities, the decentralization of party control in Congress giving considerable authority to senior legislators who are often from the few large tobacco-producing Southern states (North Carolina, Kentucky, Tennessee, South Carolina, Virginia, Georgia), the need to finance political campaigns with contributions from well-heeled private organizations such as tobacco companies, and even federalism itself, which encourages shared responsibility for policy. Moreover, the courts serve as a major venue through which to challenge regulations.

Under these circumstances, it is difficult to take strong actions except in rare circumstances fostering overwhelming partisan control of both legislature and executive (New Deal, Great Society) or during national emergencies (World War II). This has certainly been true of tobacco regulatory politics in which tobacco manufacturers and their representatives in Congress have typically held out until the last minute to compromise and have often obtained specific exemptions for the industry from federal regulatory agencies, drug laws, and state action in the bargain (Kluger, 1996). The anti-tax sentiments prevalent in the United States over the past 20 years have made it even more difficult to raise federal tobacco taxes. The tobacco agenda in Congress may have changed (Baumgartner and Jones, 1993) but the process and results look familiar.

Of course, these same venues are open to interests opposing tobacco, and in the U.S. there has been increasing use of these channels for exactly that purpose. But this fragments regulatory

initiatives and, in the case of court cases, can lead to long delays. Possibly one reason that anti-tobacco groups in Canada, for all of their divisions, are more coherently organized than in the United States is that they can focus their efforts on the federal cabinet and bureaucracy, especially Health Canada, for maximum impact. In contrast, in the United States it is much harder to identify a single institution which is the key to policy change.

The question arises as to how the relative policy leadership positions in tobacco control could have shifted so much over the past 20 years. Friedman's early study (1975) found no evidence that would presage Canada's emerging leadership role only a little over a decade later. In recently testimony before the House of Commons committee on health, David Sweanor of the Nonsmokers Rights Association agreed that Canada had neglected to deal seriously with tobacco control until the early 1980s. Clearly, by the late 1990s, Canada and the United States had arrived at similar tobacco control regimes through their own routes.

One complicating factor for any institutional explanation of the policy differences is that, for the most part, political institutions have not varied in the two countries over time. The strongest hindrance to Canada's leadership position in international tobacco control in recent years has been the emergence of a Supreme Court using judicial interpretation of the 1982 Canadian Constitution in a U.S. fashion to override parliamentary legislation. But the Canadian Court has not ensconced protection of tobacco companies' rights to advertise in a fundamental civil liberties framework (commercial free speech). The second hindrance to a strong tobacco regulatory regime in Canada has been the proximity of lower taxation, including federal taxation, in the U.S. states bordering Canada, especially along the populous border with Ontario and Quebec.

The structure of political institutions, then, was more facilitative for tobacco control in Canada, but the political will for a strong regulatory regime first had to develop. In the United States, the lack of legal constraints on campaign finance helped sustain tobacco's strong defensive position in the federal Congress and presidency for many years through both Democratic and Republication administrations. The refusal of the otherwise tobacco-unfriendly Clinton administration to push for a long-delayed Occupational Health and Safety (OSHA) rule limiting smoking in workplaces, opposed by its labor union supporters, indicates that financial clout is still of some

significance in inhibiting the U.S. federal government from embracing a comprehensive public health perspective on tobacco matters.

One difference, perhaps critical, in terms of political will has been the relative organizational coherence of Canadian public health interest groups on the tobacco control question in contrast to those in the United States. Again, one must consider that Canadian advocacy groups have received some government subsidies as public interest lobbies, but they can also have their disbursements reduced or eliminated, as has also occurred. But even before public subsidies Canadian anti-tobacco public health groups were presenting a more united front in their lobbying efforts than their U.S. counterparts. The Canadian Council on Smoking and Health, an umbrella organization, was established in 1974; its counterpart in the United States, the Coalition on Smoking OR Health, only in 1982. For all practical purposes, it ceased to exist when the Campaign for Tobacco-Free Kids was established in 1996. There is always a certain amount of competition and rivalry among similar interest groups, based on their differing missions, priorities, and leadership, but there seems to be more of this in the United States among anti-smoking groups than in Canada. In both countries, the major push for tobacco regulation has come from a trio of public health organizations—usually labeled cancer, heart, and lung associations. But in Canada this has been abetted by the strong leadership of a Nonsmokers' Rights Association which has no counterpart in the United States. These groups took a large role in advocating stronger control of tobacco in the 1980s and have continued to do so ever since.

Perhaps more than any other country, the U.S. is reluctant to acknowledge lesson drawing from other countries even when it occurs. Positive or negative lessons may be interpreted, of course, in such a way as to reinforce the previous positions of those citing them (Robertson, 1991). But lesson drawing from abroad in general interferes with the political culture of the "city on the hill," the idea that the U.S. is different and better than other countries. Thus the FDA proposals do not specifically mention their Canadian counterparts, and U.S. books on the tobacco regulation controversy contain few references to Canada. Nevertheless, Hilts (1996:190-191) indicates that in preparing its regulations on tobacco, the FDA formed two working groups, one of which was to look at the potential effectiveness of new policies, including examination of the experiences of other countries. They did not have to look far afield. The

policy networks on tobacco regulation have grown closer, both formally and informally. Both governmental and nongovernmental organizations have increased their international links to each other as well as to their counterparts.

There is increasing recognition that the problems of tobacco control are "intermestic," a combination of domestic and international dimensions. There are several aspects of tobacco regulation, principally the economic and medical ones, which make it susceptible to lesson drawing and even international agreements. But there are others such as differing emphases on individual rights versus public health considerations which would seem to make it less susceptible to lesson drawing, formal or informal. If the trends of the past decade continue, the former appear to be overcoming the latter. That may be because the increased concern about controlling public health costs has led to a worldwide search for ways to control health risks. Health questions related to tobacco have assumed a more prominent part in the debate and led to greater efforts at international coordination and lesson drawing. Even so, and despite the attempts at a worldwide strategy of tobacco reduction since 1971 by the World Health Organization, "families of nations" who have not only a shared historical-cultural heritage (Castles, 1993) but also the institutional and communications links to benefit from each other's policy experience are more likely to adopt similar tobacco control policies. Thus Canadian policymakers, unashamed policy borrowers, look to the United States, Australia, and New Zealand, although, interestingly, not so much to their forebears in Britain and France, for lessons on tobacco regulation.

In recent years there has been much concern expressed in Canada about the implications of the integration of the Canadian and United States economies through the bilateral Free Trade Agreement and subsequently the North American Free Trade Agreement. Among the more prominent of these fears has been that Canadian social policies would be forced to change in line with U.S. standards (see Rosenau *et al.*, 1995). Instead, this significant social policy area presents several instances of the reversal of normal and expected lesson drawing, with the United States explicitly considering adoption of Canadian policy standards.

This study has focused on a policy area in which for most of the past decade Canada has been a leader and the United States a laggard, a situation which at least some policymakers in the United

States have openly acknowledged. This is an important area of social policy with economic ramifications for each country as well. In terms of future bilateral relations, it is important to understand the conditions for such a policy influence from Canada to the United States to take place. Lesson drawing is a two-way street. Sometimes the mouse leads and the elephant follows.

References

Abramson, Jill. 1998. "Tobacco Industry Gave Big to Parties in States Where It Faced Attack." *New York Times*, June 8.

Alexander, Dianne L., Joanna E. Cohen, Roberta G. Ferrence, Mary Jane Ashley, David A. Northrup, and John S. Pollard. 1997. "Tobacco Industry Campaign Contributions in Ontario, 1990-95." *Canadian Journal of Public Health* 88 (4): 230-231.

Backhouse, Constance and David H. Flaherty (eds). 1992. *Challenging Times: The Women's Movement in Canada and the United States.* Montreal and Kingston: McGill-Queen's University Press.

Baumgartner, Frank R. and Bryan D. Jones. 1993. *Agendas and Instability in American Politics.* Chicago: University of Chicago Press.

Bennett, Colin J. 1990. "The Formation of a Canadian Privacy Policy: The Art and Craft of Lesson Drawing." *Canadian Public Administration* 33: 331-570.

Bennett, Colin J. 1991a. "How States Utilize Foreign Evidence." *Journal of Public Policy* 11: 31-54.

Bennett, Colin J. 1991b. "Review Article: What Is Policy Convergence and What Causes It?" *British Journal of Political Science* 21: 215-233.

Bennett, Colin J. 1997. "Understanding Ripple Effects: The Cross-National Adoption of Policy Instruments for Bureaucratic Accountability." *Governance* 10: 213-233.

Bennett, Colin J. and Michael Howlett. 1992. "The Lessons of Learning: Reconciling Theories of Policy Learning and Policy Change." *Policy Sciences* 25: 275-294.

Brokaw, Jeanne. 1996. "The War in the States." *Mother Jones* May/June: 56-57.

Brooks, Stephen. 1993. *Public Policy in Canada*. 2nd ed. Toronto: McClelland and Stewart.

Callard, Cynthia. 1997. "The Canadian Set-Back: Tobacco Use in Canada 1986-1997." Paper presented at 10th World Conference on Tobacco or Health, Peking.

Came, Barry. 1997. "Elbows Fly in Smoking Wars." *Maclean's* April 14.

Castles, Francis G. (ed). 1993. *Families of Nations*. Aldershot: Dartmouth Publishing Co.

Centers for Disease Control and Prevention. *State Tobacco Control Highlights*—1996. Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1996, CDC Publication No. 099-4895.

Collier, David and Richard E. Messick. 1975. "Prerequisites Versus Diffusion: Testing Alternative Explanations of Social Security Adoption." *American Political Science Review* 69: 1299-1314.

Cunningham, Rob. 1996. *Smoke and Mirrors: The Canadian Tobacco War*. Ottawa: International Development Research Centre.

Dolowitz, David. 1998. *Learning from America: Policy Transfer and the Development of the British Workfare State*. Brighton: Sussex Academic Press.

Dolowitz, David and David Marsh. 1996. "Who Learns What from Whom: A Review of the Policy Transfer Literature." *Political Studies* 44: 343-357.

Doron, Gideon. 1979. *The Smoking Paradox: Public Regulation in the Cigarette Industry*. Cambridge, MA: Abt Books.

Ferrence, Roberta G. 1989. *Deadly Fashion: The Rise and Fall of Cigarette Smoking in North America* New York: Garland.

Friedman, Kenneth M. 1975. *Public Policy and the Smoking-Health Controversy*. Lexington, MA: Lexington Books.

Fritschler, A. Lee and James M. Hoefler. 1996. *Smoking and Politics: Policy Making and the Federal Bureaucracy*. 5th ed. Englewood Cliffs, NJ: Prentice-Hall.

Glantz, Stanton A. 1996. "Editorial: Preventing Tobacco Use—The Youth Access Trap." *American Journal of Public Health* 86: 156-158.

Glantz, Stanton A., John Slade, Lisa A. Bero, Peter Hanauer, and Deborah E. Barnes. 1996. *The Cigarette Papers*. Berkeley: University of California Press.

Gottsegen, Jack J. 1940. *Tobacco: A Study of Its Consumption in the United States*. New York: Pitman.

Gray, Virginia. 1994. "Competition, Emulation and Policy Innovation." In Lawrence C. Dodd and Calvin Jillson (eds) *New Perspectives in American Politics*. Washington: CQ Press.

Hall, Peter A. 1993. "Policy Paradigms, Social Learning, and the State." *Comparative Politics* 25: 275-296.

Hartz, Louis. 1955. *The Liberal Tradition in America*. New York: Harcourt Brace Jovanovich.

Heiser, Paul F. and Michael E. Begay. 1995. "The Campaign to Raise the Tobacco Tax in Massachusetts." Health Policy and Management Program, School of Public Health and Health Sciences, University of Massachusetts, Amherst.

Hoberg, George. 1991. "Sleeping with an Elephant: The American Influence on Canadian Environmental Regulation." *Journal of Public Policy* 11: 107-132.

Hilts, Philip J. 1996. *Smokescreen: The Truth Behind the Tobacco Industry Cover-up*. Reading, MA: Addison-Wesley.

Jacobson, Peter D., Jeffrey Wasserman and Kristiana Raube. 1993. "The Politics of Anti smoking Legislation. " *Journal of Health Politics, Policy and Law* 118: 787-819.

Jacobson, Peter D. and Jeffrey Wasserman. 1997. *Tobacco Control Laws: Implementation and Enforcement*. Santa Monica: RAND.

Janofsky, Michael. 1994. "Majority of American Say Cigarettes Spur Addiction." *New York Times*, May 1.

Johnson, Haynes and David S. Broder. 1996. *The System: The American Way of Politics at the Breaking Point*. Boston: Little, Brown

Kagan, Robert A. and David Vogel. 1993. "The Politics of Smoking Regulation: Canada, France, the United States." In Robert L. Rabin and Stephen D. Sugarman (eds) *Smoking Policy: Law, Politics and Culture*. New York: Oxford University Press.

Kaiserman, Murray J. and Byron Rogers. 1991. "Tobacco Consumption Declining Faster in Canada Than in the U.S." *American Journal of Public Health* 81: 902-904.

Kaplan, Sheila. 1996. "Tobacco Dole." *Mother Jones*, May/June: 38-41.

Keck, Margaret and Kathryn Sikkink. 1998. *Activists Beyond Borders: Advocacy Networks in International Politics*. Ithaca: Cornell University Press.

Kerr, Clark. 1983. *The Future of Industrial Societies*. Cambridge: Harvard University Press.

Kluger, Richard. 1996. *Ashes to Ashes: America's Hundred-Year Cigarette War, the Public Health, and the Unabashed Triumph of Philip Morris*. New York: Alfred A. Knopf.

Kyle, Ken. 1990. "Canada's Tobacco Legislation: A Victory for the Health Lobby." *Health Promotion* 28 (4): 8-12.

Kyle, Ken and Fran Du Melle. 1994. "International Smoke-Free Flights: Buckle Up for Take-Off." *Tobacco Control* 3: 3-4.

Leary, Warren E. 1994. "A 30-Year Report Card on Smoking Prevention." *New York Times*, January 12.

Leichter, Howard M. 1991. *Free to Be Foolish.* New York: Cambridge University Press.

Lipset, Seymour M. 1990. *Continental Divide.* New York: Routledge.

Lugar, Richard G. 1998. "A Good Time to End Tobacco Quotas." *New York Times*, April 7.

McElroy, Helen. 1990. "Break Free: Towards a New Generation of Nonsmokers." *Health Promotion* 28 (4): 2-7.

Manfredi, Christopher. 1990. "The Use of United States Decisions by the Supreme Court of Canada Under the Charter of Rights and Freedoms." *Canadian Journal of Political Science* 23: 499-518.

Mollenkamp, Carrick, Adam Levy, Joseph Menn and Jeffrey Rothfeder. 1998. *The People vs. Big Tobacco: How the States Took on the Cigarette Giants.* Princeton: Bloomberg Press.

Monardi, Fred M., Dith D.Balbach, Stelia Aguinaga and Stanton A. Glantz. 1996. "Shifting Allegiances: Tobacco Industry Political Expenditures in California, January 1995-March 1996." Institute for Health Policy Studies, School of Medicine, University of California, San Francisco.

Mintz, Morton. 1990. "No Ifs, Ands, or Butts." *Washington Monthly* 22 (6-7): 30-37.

Mintz, Morton. 1996. "Blowing Smoke Rings Around the Statehouses." *Washington Monthly* 28 (5): 20-22.

Nathanson, Constance A and Larry Oaks. 1996. "Smoking and Guns." Johns Hopkins Population Center Papers on Population, Baltimore.

National Clearinghouse on Tobacco and Health. 1995. *Federal and Provincial Tobacco Legislation in Canada: An Overview.* Ottawa: National Clearinghouse on Smoking and Health.

National Population Health Survey Highlights. *1999.Smoking Behaviour of Canadians: Cycle 2,1996/97.* Ottawa: Health Canada.

Ondrick, James J.S. 1991. "The Erosion of Elite Accommodation and the New System of Lobbying and Decision Making in Canadian Government." Unpublished M.A. thesis, Concordia University.

Ontario Tobacco Research Unit. 1995. *Monitoring Ontario's Tobacco Strategy: Progress Toward Our Goals.* Toronto: Ontario Tobacco Research Unit.

Pal, Leslie, 1993. *Interests of State: The Politics of Language, Multiculturalism and Feminism in Canada.* Montreal and Kingston: McGill-Queen's University Press.

Pertschuk, Michael. 1986. *Giant Killers..* New York: W.W. Norton and Co.

Pringle, Peter. 1998. *Cornered: Big Tobacco at the Bar of Justice.* New York: Henry Holt.

Pross, A. Paul and Iain S. Stewart. 1994. "Breaking the Habit: Attentive Publics and Tobacco Regulation." In Susan Phillips (ed) *How Ottawa Spends, 1994-95.* Ottawa: Carleton University Press.

Robertson, David Brian. 1991. "Political Conflict and Lesson-Drawing." *Journal of Public Policy* 11: 55-78.

Robertson, David Brian and Jerold L. Waltman. 1993. "The Politics of Policy Borrowing." In David Finegold, Laurel McFarland and William Richardson (eds) *Something Borrowed, Something Learned?* Washington: Brookings Institution.

Roemer, Ruth. 1993. *Legislative Action to Combat the World Tobacco Epidemic*. 2nd ed. Geneva: World Health Organization.

Rose, Richard. 1993. *Lesson-Drawing in Public Policy*. Chatham, New Jersey: Chatham House.

Rosenau, Pauline V., Russell D. Jones, Julie Reagan Watson and Carl Hacker. 1995. "Anticipating the Impact of NAFTA on Health and Health Policy." *Canadian-American Public Policy*, No. 21 (January).

Sasco, Annie J. Panagiota Dalla-Vorgia, and Pierette Van der Elst. 1992. *Comparative Studies of Anti-Smoking Legislation in Countries of the European Economic Community*. Lyon: International Agency for Research on Cancer, IARC Technical Report No. 8. U.S. Department of Health and Human Services. 1992.

Siegel, Michael and Lois Biener. 1997. "Evaluating the Impact of Statewide Anti-Tobacco Campaigns: The Massachusetts and California Tobacco Control Programs." *Journal of Social Issues* 53: 147-168.

Smoking and Health in the Americas. Atlanta: Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, DHHS Publication No. (CDC) 92-8419.

Studlar, Donley T. 1993. "Ethnic Minority Groups, Agenda Setting and Policy Borrowing in Britain." In Paula D. McClain (ed) *Minority Group Influence*. New York: Greenwood Press.

Studlar, Donley T. 1999. "Diffusion of Innovations Across International Boundaries: Tobacco Control in North America." *The Annals* No. 566 (November).

Studlar, Donley T. and Raymond Tatalovich. 1996. "Abortion Policy in the United States and Canada: Do Institutions Matter?" In Dorothy McBride Stetson and Marianne Githens (eds) *Abortion Politics: Public Policy in Cross-Cultural Perspective*. New York: Routledge.

Symonds, William C. 1995. "Warning: Cigarette Bans Do Not Curb Teen Smoking." *Business Week*, August 28.

The Tax Burden on Tobacco. 1997. Volume 32. Washington: Tobacco Institute.

Taylor, Peter. 1985. *The Smoke Ring*. Revised edition. New York: Viking.

Tobacco Control: A Blueprint to Protect the Health of Canadians. 1995. Ottawa: Health Canada.

"Tobacco Fund for Farmers." 1999. *New York Times*, January 22.

"Tobacco Taxes in Industrialized Countries." 1990. *World Smoking and Health*.15 (3): 9.

Tobacco Taxes: What's Next. 1995. Ontario: Ontario Campaign for Action on Tobacco.

Troyer, Ronald J. and Gerald E. Markle. 1983. *Cigarettes: The Battle over Smoking*. New Brunswick, NJ: Rutgers University Press.

Vogel, David. 1986. *National Styles of Regulation*. Ithaca, NY: Cornell University Press.

Wagner. Susan. 1971. *Cigarette Country*. New York: Praeger.

Waltman, Jerold L. 1980. *Copying Other Nations' Policies*. Cambridge: Schenkman.

Warner, Kenneth E., Linda M. Goldenhar and Catherine G. McLaughlin. 1992.. "Cigarette Advertising and Magazine Coverage of the Hazards of Smoking: A Statistical Analysis." *New England Journal of Medicine* 336: 305-309.

Weaver, R. Kent and Bert A. Rockman (eds). 1993. *Do Institutions Matter*? Washington: Brookings Institution.

Whelan, Elizabeth. 1984. *A Smoking Gun: How the Tobacco Industry Gets Away with Murder*. Philadelphia: Stickley.

White, Larry. 1988. *Merchants of Death*. New York: William Morrow.

Wilkinson, James. 1980. *Tobacco*. Harmondworth: Penguin Books.

Wilson, Maureen O'Hara. 1991. "The Politics of Tobacco in Canada. No Smoking: Sign of the Times." Unpublished M.A. thesis, Queen's University.

Winsor, Hugh. 1997. "Dingwall's Diligence Overcame Goliath." *Globe and Mail*, March 8.

Wolman, Harold. 1992. "Understanding Cross National Policy Transfers: The Case of Britain and the U.S." *Governance* 5: 27-45.

World Health Organization. 1997. *Tobacco or Health: A Global Report*. Geneva. World Health Organization.

Appendix A: Tobacco Products Control Act (Canada), 1988

1. Restrictions on tobacco company sponsorship.
2. No tobacco names or logos on nontobacco products.
3. Free samples, discounts, and prizes banned.
4. No kiddie packs of less that 20 cigarettes allowed.
5. No advertising of tobacco products other than at point of sale.
6. Health warnings on packages more prominent (front of package) and in stronger language.
7. Toxic content information required.
8. Tobacco companies not allowed to use warning labels on packages as a liability defense in lawsuits.

Appendix B: United States Food and Drug Administration Regulations, 1996

1. FDA claims authority to regulate tobacco products because they are "drug-delivery" devices (nicotine is a drug) and FDA has authority to regulate medical devices.

2. No sales to anyone under 18, photo identification.

3. Free samples banned.

4. No vending machine sales except in locations where nobody below age of 18 can enter.

5. No sales of "kiddie packs" of less than 20 cigarettes.

6. Packages must bear warning "Nicotine delivery devices for persons 18 or older."

7. Outdoor advertising banned within 1000 feet of public playgrounds, elementary and secondary schools.

8. Billboard advertising restricted to black text on white backgrounds; no photos.

9. Full-color advertising and photos allowed in adult-oriented publications, defined as those having less than 15 percent readership of people 18 years of age or younger and read by fewer than two million young people.

10. No nonnicotine products may display tobacco company logos.

11. No free gifts for purchasing cigarettes and smokeless tobacco products.

12. No sponsorship of social or cultural evens or teams under brand name of tobacco product, but corporate sponsorship is allowed if it does not include a brand name.

13. Tobacco companies must pay into fund for health warnings about cigarettes.

Appendix C: 1997 Tobacco Act (Canada)

A. Restricting Youth Access

1. Prohibiting of self -service displays

2. Banning vending machine sales.

3. Banning mail-order distribution.

4. Requiring photo identification to confirm age.

B. Limiting Marketing and Promotion

1. Prohibiting advertising on radio and television , billboards, kiosks, buses, and displays at point-of-sale; information about products and brands permitted in print ads in publications with primarily adult readership (no more than 15% youth) and in direct mailings. Signs pertaining to availability and price permitted at retail outlets.

2. Prohibiting misleading advertising on packages.

3. Prohibiting use of tobacco brand names or logos on nontobacco products that are youth- oriented.

4. Sponsorships will be allowed, but limited to display of brand names and logos to bottom 10% of surface; broadcasting of events allowed; sponsorship promotions allowed in adult-readership publications and direct mailings and on site.; latter subject to size and duration restrictions.

C. Increasing Health Information on Packages, especially information about toxic substances and their health impacts.

D. Establishing Executive Powers to Regulate Tobacco Products as science and the market evolve.

Appendix D: 1997 and 1998 Settlement of State Lawsuits Against Tobacco Companies (United States)

1. Tobacco companies pay U.S. $206 billion over 25 years to 40 states to cover health care costs of sick smokers on U.S. Medicaid, plus a total of U.S. $40 billion to Mississippi, Florida, Minnesota, and Texas.

2. After 25 years, payments to continue indefinitely based on inflation and health care costs.

3. Tobacco companies fund U.S. $1.45 billion nationwide anti-smoking campaign over 10 years.

4. Tobacco companies pay US $250 million over 10 years for foundation to prevent teen smoking.

5. Smokeless tobacco companies pay $400 million for health care costs.

6. Tobacco Institute and Council for Tobacco Research, industry promotion and research organizations, disbanded.

7. Cartoon characters banned in tobacco advertising, labeling, packaging, and promotions.

8. Outdoor advertising on billboards, public transportation, sports arenas, and shopping malls banned. In-store ads allowed but limited in size.

9. Tobacco brands on nontobacco merchandise banned.

10. Free samples banned except in adult-only facilities.

11. Product promotions in movies, theater productions, live performances, music videos and video games banned.

12. One brand-name sponsored sporting event per year allowed; no sponsorship of events with underage participants. No limits on sponsorship of in adults-only facilities.

13. Any successful local government lawsuits against tobacco industry are deducted from the amount paid to the state in which the municipality is located.

Appendix E: List of Persons Interviewed, 1996-1998

Scott Ballin, American Heart Association
D. Douglas Blanke, Office of the Attorney General, State of Minnesota
John L. Bloom, National Center for Tobacco-Free Kids
Alan Blum, Doctors Ought to Care
Cynthia Callard, Physicians for a Smoke-Free Canada
Gregory N. Connolly, Office of Tobacco Control, State of Massachusetts
Rob Cunningham, Canadian Cancer Society
Richard A. Daynard, Tobacco Products Liability Project, Northeastern University
Zahir Din, Ministry of Health, Province of Ontario
Joy Epstein, Prospect Associates
Roberta Ferrence, Ontario Tobacco Research Unit
Janice Forsythe, Canadian Council on Smoking and Health
John M. Garcia, Prospect Associates
John Giglio, American Cancer Society
Maurice Gingues, Canadian Cancer Society
Stanton A.Glantz, University of California, San Francisco
Richard S. Hamburg, American Heart Association
Jay F. House, Canadian Council on Smoking and Health
Bill Howard, Department of Health and Community Services, Province of New Brunswick
Murray J. Kaiserman, Office of Tobacco Control, Health Canada
Key Kyle, Canadian Cancer Society
Jeffrey MacLeod, Ministry of Health, Province of Nova Scotia
William Maga, Health Canada
Garfield Mahood, Nonsmokers Rights Association
Alan Mills, American Cancer Society
Morton Mintz, *Washington Post*
Robert Parker, Canadian Tobacco Manufacturers Council
Jessica Z. Parris, American Cancer Society
Michael Perley, Ontario Campaign Against Tobacco
Christine Reshitnyk, National Clearinghouse on Tobacco and Health
Byron Rogers, Health Canada
Donald Shopland, National Cancer Institute
Eric Solberg, Doctors Ought to Care
David Sweanor, Nonsmokers Rights Association

Kenneth E. Warner, University of Michigan
Elinor Wilson, Heart and Stroke Foundation of Canada
Merv Ungurain, Tobacco Control Unit, Nova Scotia Department of
Health
Mitchell Zeller, United States Food and Drug Administration

Acronyms

ACS	American Cancer Society
AHA	American Heart Association
ASSIST	American Stop Smoking Intervention Study for Cancer Prevention
CCS	Canadian Cancer Society
CCSH	Canadian Council on Smoking and Health
COMMIT	Community Intervention
CTMC	Canadian Tobacco Manufacturers Council
ETS	Environmental Tobacco Smoke
FCC	Federal communications Commission
FDA	Food and Drug Administration (U.S.)
FTC	Federal Trade Commission
GDP	Gross domestic product
IMPACT	Initiatives to Mobilize for the Control and Prevention of Tobacco Use
NCTH	National Clearinghouse on tobacco and Health
NAFTA	North American Free Trade Agreement
NPR	National Public Radio
OSHA	Occupational Safety and Health Administration
OTRU	Ontario Tobacco Research Unit
TDRS	Tobacco Demand Reduction Strategy
TPCA	Tobacco Products Control Act (1988)
TSYPA	Tobacco Sales to Young Persons Act (1993)
WCOSH	World Conference on Smoking or Health
WHO	World Health Organization

CANADIAN-AMERICAN PUBLIC POLICY

Occasional papers on a wide range of issues in U.S.-Canadian relations

CAPP 1: April 1990 — **Canada-U.S. Relations in the Bush Era**
Joseph T. Jockel

CAPP 2: July 1990 — **Transboundary Air-Quality Relations: The Canada-United States Experience**
John E. Carroll

CAPP 3: October 1990 — **Canadian Culture, the Canadian State, and the New Continentalism**
Allan Smith

CAPP 4: December 1990 — **Forests, Timber, and Trade: Emerging Canadian and U.S. Relations under the Free Trade Agreement**
Thomas R. Waggener

CAPP 5: March 1991 — **Change and Continuity in Canada-U.S. Economic Relations**
William Diebold

* CAPP 6: June 1991 — **Trade Liberalization and the Political Economy of Culture: An International Perspective on FTA**
Graham Carr

CAPP 7: September 1991 — **If Canada Breaks Up: Implications for U.S. Policy**
Joseph T. Jockel

* CAPP 8: December 1991 — **Ogdensburg Plus Fifty and Still Counting: Canada-U.S. Defense Relations in the Post-Cold War Era**
Joel J. Sokolsky

* CAPP 9: March 1992 — **The Regulation of U.S.-Canada Air Transportation: Past, Present and Future**
Martin Dresner

* Out of print

* CAPP 10: June 1992 — **Emerging Issues in the U.S.-Canada Agricultural Trade Under the GATT and FTA**
Theodore H. Cohn

CAPP 11: September 1992 — **Settling U.S. - Canada Disputes: Lessons For NAFTA**
Annette Baker Fox

CAPP 12: December 1992 — **Canada-U.S. Electricity Trade and Environmental Politics**
William Averyt

CAPP 13: June 1993 — **Canadian Politics in a Global Economy**
Gordon T. Stewart

CAPP 14: September 1993—**The Intersection of Domestic and Foreign Policy in the NAFTA Agricultural Negotiations**
Theodore H. Cohn

CAPP 15: November 1993—**A New Global Partnership: Canada-U.S. Relations in the Clinton Era**
John Kirton

CAPP 16: December 1993 — **The Impact of Free Trade on Canadian- American Border Cities**
Peter Karl Kresl

CAPP 17: April 1994 — **North American Social Democracy in the 1990s: The NDP in Ontario**
Mildred A. Schwartz

CAPP 18: August 1994 — **The Politics of Health Care Reform in Canada and the United States**
Antonia Maioni

CAPP 19: October 1994 — **Public Policy and NAFTA: The Role of Organized Business Interests and the Labor Movement**
Henry J. Jacek

CAPP 20: December 1994-- **The Secret of Transforming Art Into Gold: Intellectual Property Issues In Canada-U.S. Relations**
Myra J. Tawfik

CAPP 21: January 1995--**Anticipating The Impact of NAFTA on Health And Health Policy**
Pauline V. Rosenau, Russell D. Jones, Julie Reagan Watson and Carl Hacker

CAPP 22: June 1995--**Regulation, Industry Structure, and the North Atlantic Fishing Industry**
Peter B. Doeringer, David G. Terkla and Audrey Watson

* CAPP 23: November 1995--**The Moral Economy of Health and Aging in Canada and the United States**
Phillip G. Clark

CAPP 24: December 1995--**Multilateralism or Bilateralism in the Negotiation of Trade-Related Investment Measures?**
Elizabeth Smythe

CAPP 25: February 1996--**The Abortion Controversy in Canada and the United States**
Raymond Tatalovich

CAPP 26: May 1996—**Health Care Reform or Health Care Rationing? A Comparative Study**
Joan Price Boase

CAPP 27: September 1996—**Resolving The North American Subsidies War**
Peter Morici

* CAPP 28: December 1996—**Calling Maggie's Bluff: The NAFTA Labor Agreement and the Development of an Alternative to Neoliberalism**
Stephen Herzenberg

* CAPP 29: April 1997—**The Long Journey to Free Trade in U.S.-Canada Airline Services**
Michael W. Pustay

CAPP 30: July 1997—**Are Canadian and U.S. Social Assistance Policies Converging?**
Gerard Boychuk

* Out of print

CAPP 31: November 1997—**Observing the Rules: Canada-U.S. Trade and Environmental Relations**
Annette Baker Fox

CAPP 32: December 1997—**Flights of the Phoenix: Explaining The Durability of the Canada-U.S. Softwood Lumber Dispute**
Benjamin Cashore

CAPP 33: February 1998—**Transboundary Fishery Resources and the Canada-United States Pacific Salmon Treaty**
Gordon Munro, Ted McDorman and Robert McKelvey

CAPP 34: April 1998—**Franchising the Candy Store: Split-Run Magazines and a New International Regime for Trade in Culture**
Ted Magder

CAPP 35: September 1998—**Fearful Asymmetries: The Challenge of Analyzing Continental Systems in a Globalizing World**
Stephen Clarkson

CAPP 36: November 1998—**A Not So Magnificent Obsession: The United States, Cuba, and Canada from Revolution to the Helms-Burton Law**
Stephen J. Randall

CAPP 37: February 1999—**Scientists and Environmental Policy: A Canadian-U.S. Perspective**
Leslie R. Alm

CAPP 38: March 1999—**The Mouse That Roared? Lesson Drawing on Tobacco Regulation Across the Canada-United States Border**
Donley T. Studlar

CONTENTS

I. INTRODUCTION 1

II. THEORETICAL LITERATURE AND METHODOLOGY 6

III. THE POLITICS OF TOBACCO CONTROL IN THE U.S. 7

IV. THE POLITICS OF TOBACCO CONTROL IN CANADA 14

V. LESSON-DRAWING ACROSS THE BORDER? .. 23

VI. CONCLUSION 33

VII. APPENDICES 50-56

VIII. ACRONYMS 57

CANADIAN-AMERICAN PUBLIC POLICY

Occasional papers on a wide range of issues in U.S.-Canadian relations

Rapidly growing commercial ties between Canadian and the U.S. are raising complex new policy issues in both countries concerning trade, investment, energy, the environment, resources management, cultural politics, and foreign affairs. Published four times a year on an occasional schedule, **Canadian-American Public Policy** will keep you abreast of these issues with informed, timely, and objective analysis by leading experts in both countries. Subscribe now to be certain not to miss any important issues.

Please enter my subscription to **Canadian-American Public Policy.** (Individuals must include payment or credit card authorization with order. Canadian checks and money orders in Canadian currency are welcome.) One year: $21.00 U.S.,$26.00 Canada and foreign. Two years: $39.50 U.S., $47.00 Canada and foreign.

Payment enclosed: $ ________ .

Please charge to __________ VISA _______________ MasterCard.

Cardnumber: ______________________________________

Expiration date: ___________________________________

Signature: ____

Name (please print or type): _________________________

Address: ____

City/State or Province: ______________________________

Postal code or Zip: __________________________________

Please return to:

Canadian-American Center, University of Maine
154 College Avenue, Orono, ME U.S.A. 04473-1591
(207) 581-4220 Fax: (207) 581-4223
ISSN 1047-107