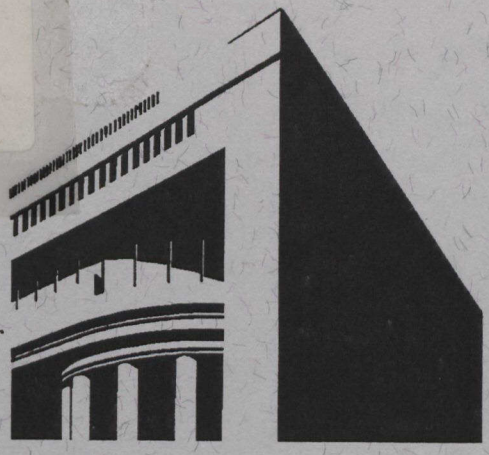

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The Mouse that Roared: The Interaction Between Canada and the United States on Tobacco Regulation

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"The Mouse That Roared: The Interaction Between Canada and the United States on Tobacco Regulation"

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Abstract

Policy borrowing has become an important area in the comparative study of public policy. Research indicates that smaller countries often draw lessons for their own policies from the experience of larger, nearby countries. Several studies have documented policy borrowing from the United States to Canada, in accordance with the expected pattern, in such areas as environmental policy, civil liberties, affirmative action, and various economic matters. The case of tobacco regulation presents a somewhat different pattern, with Canada relying on medical and behavioral research from the United States in helping to formulate the Tobacco Products Control Act of 1988 and subsequent legislation, but the earlier Canadian policy serving as an exemplar for United States policy, in the form of the proposed and now adopted regulations on tobacco by the Food and Drug Administration. In turn, Canada's new tobacco control legislation, Bill C-71, now passing through the Canadian parliament, has also drawn upon the FDA proposals. The larger country borrowing from the smaller one constitutes "policy borrowing in reverse." Several hypotheses are offered for why this has occurred.

"The Mouse That Roared: The Interaction of Canada and the United States on Tobacco Regulation"

Let me say that it should not be surprising if these policies in many instances either reflect or take into account the proximity of the United States. Living next to you is like sleeping with an elephant. No matter how friendly and even-tempered the beast, one is affected by every twitch and grunt. --Pierre Trudeau, Prime Minister of Canada, at the Washington Press Club, 1969.

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

Since the implementataion of the TPCA in 1989, Canada has been viewed as a model in terms of tobacco control measures.--<u>Tobacco Control: A Blueprint to Protect the Health of Canadians</u> (1995: 21).

Introduction

The United States and Canada are similar in political institutions and have close historical connections (Hartz, 1955; Lipset, 1989; Weaver and Rockman, 1993). On the surface, it would seem inevitable that, if any two countries in the world would borrow policies from each other, it would be these two English-speaking, friendly countries occupying the same continent. Yet because of 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 tends to follow the British practicie of negotiated implementation of regulatory rules. Even though the study of policy borrowing (also called lesson drawing, policy emulation, policy copying, and policy transfer) is in its infancy (Waltman, 1980; Rose, 1993; Studlar, 1993; Robertson and Waltman, 1993; Wolman, 1992: Dolowitz and Marsh, 1996), several of the most significant theoretical and empirical works in the field have been produced by Canadian scholars (Bennett, 1990; 1991a; 1991b; 1996; Bennett and Howlett, 1992; Manfredi, 1990; Hoberg, 1991). This is undoubtedly due to the great sensitivity which Canadians in general have to the influence of larger, more powerful countries, especially the United States, on their affairs, as in Prime

Minister Trudeau's famous statement quoted above.

All of the Canadian academic studies assume that lesson drawing runs in one direction only, from the United States to Canada. They document and attempt to explain why the example of the United States was accepted or resisted in the development of Canadian public policy, i.e., how and why either positive or negative lessons predominated. For instance, in his careful study of comparative 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 concludes, "these case studies demonstrate that American influence over Canadian environmental, health and safety regulation is pervasive" (p. 125). Other studies have demonstrated Canadian policy borrowing 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 City on the Hill"), the United States seems unusually resistant to policy borrowing from other countries. When it does borrow, public officials are likely to remain quiet about it.

It is well established that smaller states tend to draw lessons from larger ones, especially those in its region and with similar languages (Castles, 1993; Rose, 1993). U.S. influence over Canadian public policy through lesson drawing is not unexpected, based on technology, economies of scale, media dominance, and size differentials between the two countries (Bennett, 1990; Hoberg, 1991; Rose, 1993) as well as being reinforced by international agreements. But recently there have been at least two cases, comprehensive health care reform and regulation of smoking, in which Canadian public policy may have served as an explicit model from which lessons are drawn for United States policymaking. This paper considers the tobacco regulation case.

In August, 1995 President Clinton directed the Food and Drug Administration to propose tighter restrictions on cigarette advertising and availability to minors in order to combat tobacco use. His earlier proposal for higher cigarette taxes had been lost with the defeat of comprehensive health care reform the previous year. After a year of written commentary on the proposed regulations, on August 23, 1996, the President announced, with considerable fanfare, that the FDA would begin to regulate cigarettes as a drug (nicotine) delivery devices in an attempt to keep them away from children, including. The specifics of his

proposals are listed in Table 1. The President's initiative, to be carried out initially on an administrative basis without legislation (and already challenged in the courts), bears a striking resemblance to the more restrictive anti-smoking policy of the Canadian federal government, as incorporated in the Tobacco Products Control Act of 1988 and subsequent legislation. As one early news story put it, Canada "already has field-tested virtually all of the Administration's proposals" (Symonds, 1995). This similarity has not been lost on the Canadian government. In Tobacco Control: A Blueprint to Protect the Health of Canadians, issued in December, 1995 in the wake of a Canadian Supreme Court decision invalidating the Tobacco Products Control Act, 1988, Health Canada comments on the (then) proposed new FDA rules: "Many components of the U.S. initiative mirrored the Canadian experience" (p. 13). A quick comparison of the 1988 Canadian legislation with the 1996 FDA regulations and Bill C-71 , as shown in Tables 1, 2, and 3 indicates that this claim has considerable face validity.

(Tables 1, 2, and 3 about here.)

Both President Clinton's 1993-94 attempted comprehensive health care reform and, more recently, his initiative to have the Food and Drug Administration regulate smoking through controls on advertising and distribution of tobacco products are potential

instances of what might be called "policy borrowing in reverse." The smaller country, Canada, may serve at least partially as a model for policy formulation in the larger country, the United States, in contrast to normal expectations. What conditions influence this phenomenon? This paper examines the nature of international communications networks on the question of tobacco control and smoking regulation, especially those between Canada and the United States, and what effects they have had on public policy in both countries. From this study, as well as a subsequent examination of lesson drawing on comprehensive health care, more general conditions for the reversal of the usual direction of policy borrowing will be developed, for possible application to other policies in advanced industrial democracies.

Theoretical Literature and Methodology

Periodically social scientists extensively examine the question of why countries have similar or different public policies. This has been especially true for studies of industrialized countries, which are less bound by the constraints of economic scarcity and the search for economic development (Kerr, 1983). Until recently, the question of why countries adopted similar policies in certain areas was called policy diffusion, focusing on the existence of policies rather than closely examining

their content and paths of inheritance (Collier and Messick, 1975). As communication, trade, and travel links have encouraged closer ties among countries, the process by which countries learn policy lessons from abroad has become of greater concern.

Although one systematic study was published earlier (Waltman, 1980), until recently lesson drawing was largely neglected. The study of policy borrowing per se has only come to have a niche in the broader field of policy studies in the past decade, and slowly at that. Research in policy borrowing is difficult because it involves in-depth knowledge of the content of policy and policy development in two or more countries. As Hall (1993) notes, "Like subatomic particles, ideas do not leave much of a trail when they shift." Recently scholars have attempted to go beyond individual case studies to the specification of comparative hypotheses about what circumstances are likely to lead to policy borrowing (Bennett, 1991a; 1991b; 1996; Cox, 1993; Robertson and Waltman, 1993).

The empirical conditions facilitating and hindering policy borrowing in different policy areas need to be carefully delineated. These conditions may be institutional, cultural, or policy-specific, but only a systematic comparative study can clarify the situation. As Wolman (1992) 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."

Some preliminary hypotheses to be tested in this research are listed below. Policy borrowing from a smaller country to a larger neighbor occurs on issues in which (1) politically influential interests in the larger country (health care providers, private insurance companies, tobacco companies) make major policy change difficult, even though there is widespread dissatisfaction with the policy; (2) the smaller country can demonstrate clear successes for the policy (reduction of smoking); (3) international conferences, journals, and nongovernmental organizations (NGOs) provide a forum for exchange of information; (4) health is a major element of how the policy is defined; (5) the economic structures of the two countries are similar; (6) the social structures of the two countries are similar; (7) the two countries share language and geographical proximity (these two features allow people in policy networks in each country to visit the other and exchange information readily); (8) the two countries have similar values; (9) the smaller country has moved from a policy resembling that of the larger country to one sufficiently different that it constitutes a quasi-controlled experiment; and (10) there has been

sufficient time to study the results of the smaller country's change of policy. These hypotheses are suggestive, not exhaustive, and they do not indicate how large a role policy borrowing will play in the decision of the second country. But they do provide testable hypotheses for conditions in which policy borrowing may occur in reverse of the expected pattern, from the larger to the smaller country.

The research was carried out through examination of the relevant written record (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 on both sides of the issue and in both countries. At this point, the bulk of the interviews and documentary research have been done on the Canadian side of the border although this is counteracted somewhat by the more abundant published record on tobacco and public policy in the United States. Eventually more interviews and documentary research will be conducted in the United States as well.

A Brief History of the Politics of Tobacco Control in the United States

The history of the rise of 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, especially recently (Kluger, 1996; Hilts, 1996; Glantz et al., 1996; Monardi and Glantz, 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; the first book devoted solely to the topic was only recently published (Cunningham, 1996; see also). Some single-country political science study of tobacco and smoking regulation as a public policy issue has 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, 1973; Kogan and Vogel, 1993). There are also broader comprative 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 became the delivery vehicle of choice for tobacco use, replacing cigars and pipes, in the early Twentieth Century after the invention of mechanized means for manufacturing packages of cigarettes. There were attempts at

controling tobacco use, especially through the states in regard to minors, early in the century, but wartime use of cigarettes as a means of relaxation for U.S. troops abroad, first in World War I and later in World War II, broadened their appeal and made it difficult to either legislate or enforce exising laws (all later repealed) 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, 1995; State Tobacco Control Highlights, 1996). Not only did the federal government of the United States subsidize tobacco-growing since the 1930s, but tobacco was also included in the postwar "Food for Peace" foreign aid program as well as being included in U.S. government efforts to open foreign markets to U.S. products. Although the first widely-distributed scientific concerns about the long-term effects of smoking cigarettes occurred in the early 1950s, it was only in the late 1950s that the issue was even seriously discusssed in Congress, and little was done until the landmark Surgeon General's Report of 1964. Throughout this period and for some time thereafter, advertising of tobacco products, especially cigarettes, was a major revenue producer for commercial media outlets, both print and broadcast, which may help account for

why there has been relatively little public attention to the issue until recently (Warner, 1986). After the Surgeon General's Report, there was increased conflict over tobacco control issues, but little federal legislation resulted, and that which was achieved came at a high price, namely restrictions on the role of the independent regulatory agenicies and the states in regulating cigarettes and exemptions from various federal legislation concerning drugs. The first major piece of legislation was a relatively small and mild warning label on cigarette packages, passed in 1965; it was not until 1984, and after a yeoperson struggle (Pertschuk, 1986) that more stringent warnings were introduced on a rotating basis (and, in comparison to Canada and other countries, the labels are still relatively small and obscure, often on the sides of packages).

The second major initiative, this time by the Federal Communications Commission, was to allow free broadcast and telecast "public service" announcements on the dangers of cigarette smoking in the late 1960s, 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 counteradvertising (Doron, 1979). This still left no restrictions on advertising through other means, such as newspapers, magazines, and billboards. All three have continued although an increasing number of newspapers and magazaines have refused tobacco advertising. It has been estimated that tobacco products took up 75 percent of billboard space in the United States by the early 1990s.

Government skirmishes with the tobacco industry continued, but little substantial regulation occurred. In 1982 Surgeon General C. Everett Koop declared, in his annual report, 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 and was followed by another increase in 1989, but U.S. taxation still remained comparatively low. In 1984 four stronger, more specific warnings replaced the 1965 warning on cigarette packages. Reports on the health effects of environmental tobacco smoke led to a series of measures limiting and then banning smoking in government buildings and on common carriers under federal regulation, culminating in the airline treaty with Canada and Australia on the in 1994.

The 1990s brought more measurable success for anti-tobacco forces. Through the Synar Amendment of 1992, which gave financial

incentives to states which substantially reduced teenage tobacco usage by the year 1997 (1998 in some instances), and the House Subcommittee on Health and Environment (chaired by Represenative Henry Waxman) hearings on the tobacco industry in 1993 in which company executives were grilled about their knowledge of the addictive properties of nicotine, anti-smoking forces managed both positive publicity and some legislative victories. In early 1994, the largest U.S. antismoking group, the Coalition on Smoking OR Health, issued a report care on 30 years of federal efforts at smoking prevention which gave Congress, the White House, and most federal agencies D's or F's. Only the the Environmental Protection Agency and the Veterans Administration managed a grade as high as B (Leary, 1994). Recent revelations, such as the purloined secrets of the tobacco companies revealed in The Cigarette Papers (Glantz et al., 1996) and in court cases, have encouraged public support for tobacco control and undoubtedly smoothed the way for the new Food and Drug Administration regulations as well as the Justice Department investigation of possible legal violations contained in the testimony of the tobacco executives before the Waxman Committee in the House.

Despite some early victories and a resurgence in the 1990s (heavily dependent on the eventual outcome of court challenges to

the FDA rules), it is remarkable how little federal action, either legislative or executive, has resulted from the cumulative impact of over thirty years of scientific research and political advocacy for greater tobacco regulation. The tobacco industry is rich, politically astute, and hires some of the best lawyers and lobbyists available, on the state as well as the federal level. With so much at stake financially for them, it is no wonder that they have been willing to deploy their resources in defense of their position, only moving to compromise when more serious damage might result from holding on to nonnegotiable positions. Under new financial reporting rules for Washington lobbying organizations, the heaviest-spending interest group for the first eight months of 1996 was revealed to be the largest tobacco manufacturer, Philip Morris, at $11 Million U.S.; altogether, tobacco lobbyists spent $16 million. Tobacco control also became a 1996 Presidential election campaign issue through the maladroit public pronouncements of Bob Dole about nicotine addiction 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. President of either party to take a firm anti-tobacco stance. Over the years, however, especially as Republicans have

gained more elected Congressional positions in the South, overall they have become the preferred partisan vehicle for tobacco interests, replacing Southern Democrats, now in decline. With few exceptions, the most vociferous critics of tobacco have been non-Southern Democrats, but even this group lacks voting cohesion on tobacco issues.

Baumgartner and Jones (1993), in their well-received analysis of agenda-setting in U.S. politics, argue that tobacco control measures began to be discussed once the "cozy triangle" of pro-tobacco forces in Congress, the Executive, and among 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 notable that anti-smoking groups, including public health advocates, have gained ground only grudingly 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. The Commerce Department still helps tobacco companies open foreign markets,

especially in Third World 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. Even today, apparently the federal government would be willing to compromise with the tobacco companies on the FDA regulations if the right deal could be negotiated. The alternative is to have the tobacco companies fight the regulations tooth and nail, both in the courts (aided by the governments of tobacco-dependent states) and through Congress.

Because of the frustrations of getting federal policy action against tobacco, anti-smoking groups have turned to two other venues available to them in the U.S. policy process, the judiciary and lower levels of government, both state and local. Law suits, both those by individual smokers claiming tobacco company liability for their addictions and diseases and, more recently, by state governments seeking tobacco company compensation for the extra costs to state-government medicaid (publicly financed health care for the indigent) programs because of smoking-related illnesses,

have challenged the political position of tobacco interests. The cumulative impact of these lawsuits has been to punch some holes in the tobacco defenses and to weaken the companies' political position without, thus far, providing a definitive shift of policy toward greater regulation of tobacco products.

The other major moves for tobacco control have come at the state and local level. Two states, California and Massachusetts, have passed, through referenda, measures increasing tobacco taxes and dedicating these funds for public health and regulatory objectives; a similar initiative was defeated in Colorado (Monardi et al., 1996; Heiser and Begay, 1995). In other states, major battles have ensued, especially over the issue of state preemption of local statutes on tobacco regulation. Tobacco industry lobbyists are influential on the state level as well, and state preemption usually means weaker regulations (Mintz, 1996; Brokaw, 1996). Even in California, there has been a continuing legislative, executive, and judicial battle about the disposition of the funds from Proposition 99, the tobacco control measure, with the governor trying to shift funds to programs other than tobacco control (Monardi et al., 1996). Fifteen state attorneys general and four cities, at latest count, are now involved in the lawsuit over tobacco company responsibility for medicaid costs; in at least

one instance, Mississippi, the Democratic state attorney general is opposed by the Republican governor of the state (both offices are separately elected). On the state level as well, as Republicans have risen to prominence in the South, they have embraced tobacco interests (or vice versa), replacing the former tobacco-Democratic axis; almost all of the jurisidictions suing the tobacco companies are run by Democrats.

At the local level, communities have banned vending machines and otherwise taken actions to combat teenage smoking in advance of that of the FDA. The major issue of local regulation, however, has been the issue of second-hand smoke in restaurants and public facilities. In California, for instance, local groups have been successful in passing restrictions in a variety of jurisdictions. In general, the lower the level of government, the more success anti-smoking groups have had. In most jurisdictions, public opinion seems to maintain a "permissive consensus" in allowing tobacco and smoking regulations to be placed on the statute books. So far, attempts to cast the issue in the light of "individual civil liberties" and "commercial free speech" by tobacco companies and smokers' rights groups have met with little success with the public although anti-taxation arguments carry more weight (Brokaw, 1996). As long as smoking is not completely banned, 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. Money talks in U.S. politics, and the tobacco companies have lots of it to spend on political damage control.

A Brief History of the Politics of Tobacco Control in Canada

Tobacco in Canada has a strikingly similar history to that in the United States. As in the U.S., cigarette smoking became prevalent in the Twentieth Century, as did attendant health problems eventually associated with smoking. By mid-century cigarette smoking was more prevalent in Canada on a per capita basis than in the United States and has been especially heavy in Francophone Quebec. The tobacco companies in Canada, however, were derived from Britain, not the United States, and made cigarettes with a blend especially for the Canadian market. Even today, U.S. companies hold only about two percent of the market in Canada. Tobacco is grown in Canada, mainly in the province of Ontario; perhaps surprisingly, on a per capita basis there are as many tobacco farmers in Canada as in the United States. The major manufacturing plants are in Quebec. With tobacco production

playing a significant role in the economies of the two most populous provinces (60 percent of the total), a regional politics of tobacco in Canada cannot be avoided although it rarely assumes the public dimensions so familiar in the United States. Provincial tobacco taxes in Canada have generally been higher than in the United States although again there is considerable variation, with those in the Western provinces being proportionately larger than in the East.

Although a federal polity, Canada also has a parliamentary-cabinet system, usually combined with a single-party majority on the federal level. This gives the executive immense sway over the legislature and effectively means that cabinet 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 its separation of powers system. Although there are entrenched interests in Canada as elsewhere, this concentration of power means that support from the cabinet is the key variable in getting new laws on the books, or, equally as important, in changing, perhaps even reversing, old laws. Since the enactment of the 1982 Canadian Constitution, the federal judiciary has played a larger policy role as an interpreter of the Constitution. Even though technically the government can override Supreme Court decisions

through the Notwithstanding Clause of the Constitution, which maintains British-like parliamentary supremacy, it has been reluctant to do so; there was some thought among government officials, however, to invoking the Notwithstanding Clause when the Canadian Supreme Court invalidated the 1988 Tobacco Products Control Act. 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. Showing their different cultural orientations, the latter 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 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 for the Private Member's bill. There were at least four Private Members bills seeking to regulate cigarettes or

cigarette advertising submitted in the late 1960s. These encouraged exploratory legislative hearings on the issue, culminating in the Isabelle Report (1970) urging restrictions on advertising and promotion of tobacco products, and a recommendation by the House of Commons Committee on Health, Welfare, and Social Affairs to ban advertising altogether. In 1971 the Liberal government headed by Pierre Trudeau put forward legislation to ban advertising of tobacco products, but the bill was withdrawn before being debated when the government and industry agreed to voluntary guidelines on this subject. This was in line with traditional Canadian preference, derived from the British, for voluntary regulatory agreements if possible (Vogel, 1985).

Little more was heard on the tobacco question until the 1980s. Then, beginning in 1980, the Canadian federal government began to raise taxes on tobacco products substantially; smoking-related illnesses were a charge against the taxpayer-financed Medicare system of national health insurance in Canada, and the government decided to make smokers and the tobacco industry pay more for the problems they generated (Symonds, 1995). By 1982, tobacco use, which had decreased in prevalence (number of people smoking) since the 1960s but held steady in overall consumption, began to decline. Although these taxes were scaled back somewhat in 1985, more

trouble was on the horizon for the industry. After a federal/provincial health ministers conference in 1983 identified smoking as a health issue requiring national attention, the first government attempt at widespread public education on smoking, 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. The next year saw the introduction of a Private Member's bill by avid anti-smoking New Democratic Party M.P. Lynn McDonald proposing to ban all tobacco advertising and mandating smoke-free zones in all areas under federal jurisdiction, including common carriers. Although this bill was initially not welcomed by the government, it generated considerable public support, including from the health community. After negotiations with the tobacco industry over a new voluntary agreement collapsed, the Brian Mulroney's Conservative government in 1987, led by Health Minister Jake Epp, introduced its own bill providing for a more comprehensive policy of tobacco regulation, which eventually became the Tobacco Products Control Act of 1988. This act prohibited advertising of Canadian tobacco products, banned special promotions for tobacco products (free distribution, discount coupons, gifts,

or lotteries), use of tobacco trademarks on other products, mandated prominent health warnings (originally four different ones, the largest in the world, on the front of the package) and lists of toxic constituents on packages, but did allow use of tobacco company names (but not product names) in sponsoring entertainment events (see Table 2). The government legislation took over the advertising ban, in somewhat different form, from Ms. McDonald's bill, but did not cover the nonsmoking provisions. Despite some reservations from the government, her bill, the Nonsmokers' Health Act, too, became law (Kyle, 1990; Kagan and Vogel, 1993; Pross and Stewart, 1994). Major tax increases on cigarettes followed in 1989 and 1991, raising the federal taxes 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, limited locations for vending machines, and provided for eight separate warnings which must cover, in English and in French, at least 25 percent of the package (Pross and Stewart, 1994).

Furthermore, unlike the United States, the federal regulations did not preempt stronger provincial action. Any provincial law regulating tobacco products is allowed as long as it also meets the requirements of the federal law, i.e., the provinces are free to be even more stringent on tobacco than is the central government. For

instance, in Ontario the minimum age for buying tobacco is 19, vending machines are prohibited, and pharmacies may not sell tobacco products. As in the United States, provincial laws regarding tobacco vary considerably, but with a stronger orientation toward regulation than in the U.S. because of the lack of federal preemption (Federal and Provincial Tobacco Legislation in Canada: An Overview).

By the late 1980s Canada was achieving impressive reductions in smoking (Kaiserman and Rogers, 1991). By comparison with the United States, in Canada in 1993 a package of 20 cigarettes cost over twice as much on average. Therein lay an emerging problem. As the cost of tobacco products in Canada accelerated far beyond that of the the neighboring border states of the United States, smuggling of cigarettes became more common, especially along the border between New York state on one side and Ontario and Quebec on the other. In order to appeal to the tastes of smokers, most of these cigarettes were actually Canadian brands exported to the United States (hence avoiding Canadian taxes) then smuggled back and resold in Canada. Furthermore, the smuggling was complicated by two other factors: much of it was done through Indian reservations located along the New York-Quebec border, and the buyers were disproportionately the heavily-smoking Quebecois. For

the past 30 years the role of Quebec within the Canadian federation has been the tar baby of Canadian politics. Federal governments tread warily on the Quebec question for fear of exacerbating an emotional issue, not only in Quebec but in other parts of Canada, principally the West. The rights of aboriginal peoples are another contentious issue in Canada; federal and provincial law enforcement on native reserves is avoided, especially since the Oka confrontation in Quebec in 1990, in which one policeman was killed, a crime for which nobody was ever arrested.

When faced with complaints about smuggling of cigarettes, mainly into Quebec, soon after its accession to office, the Liberal Government of Prime Minister Jean Chretien decided to help bring about "law and order" by a relatively simple measure, namely to cut the federal tax on cigarettes. This would reduce, although not eliminate, the price differential between the U.S. and Canada and make smuggling less lucrative without having to employ greater federal law enforcement. Anti-smoking organizations such as the Canadian Council on Smoking and Health, the Nonsmokers Rights Association, the Canadian Cancer Society, and the Heart and Stroke Foundation, who 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

strenously that cutting taxes would only encourage more smoking and the resulting health costs in Canada. Nevertheless, the government went ahead with its tax reduction plans, which were matched by tax reductions in five Eastern provinces, including the two largest, Ontario and Quebec. Overall, the price of cigarettes in Canada dropped to early 1980s levels; subsequently smoking has increased, and Canadian rates are now once again above those of the United States (see Table 4).

In partial mollification of anti-smoking forces, at the same time as the tax reduction was announced the Chretien government introduced the Tobacco Demand Reduction Strategy, 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, an excess profits tax was levied on the Canadian tobacco companies. This is one of the few examples in Canada of targeting tax revenue for a specific purpose although some of this money disappeared in later government budget-cutting for deficit control purposes. This tax benefit, which expires in early 1997, has generated a plethora of anti-smoking groups and programs at all levels of Canadian society. In fact, it has led to coordination problems for the anti-smoking forces.

Another recent blow to the smoking regulation forces in Canada was the Canadian Supreme Court decision of September 21, 1995, which overturned sections of the Tobacco Products Control Act dealing with advertising, trademarks, and labeling. The Court, in a narrowly argued 5-4 decision, held that such regulation was not, in principle, a violation of the Canadian Charter of Rights and Freedoms (part of the 1982 Constitution). It nevertheless found that these particular provisions violated freedom of expression because they were drawn too broadly and that there was inadequate justification for their likely effectiveness. The tobacco companies said they would unilaterally continue the major provisions of the TPCA, however, until either an ongoing voluntary agreement could be negotiated or new government legislation came into force. There have been several documented violations of this self-denying act, nonetheless. In order to deter the tobacco companies from tampering with the now technically nonmandatory package warning labels before a new, carefully crafted tobacco control bill could be submitted and passed by parliament, the government submitted narrow bills on this topic in both of the last two sessions of parliament without ever intending, in the normal course of events, to bring them into law ahead of the omnibus tobacco control legislation.

By December, 1995, the Ministry of Health under Diane Marleau had issued a blueprint for discussion of proposed new comprehensive legislation on tobacco regulation, inviting comment from interested parties. The blueprint went beyong the TPCA of 1988, including treating tobacco products similar to hazardous products and drugs, a total ban on advertising, a ban on use of tobacco trademarks on other goods and services, severe restrictions on sponsorships, banning mail-order sales and vending machines, restrictions on product displays, controlling package designs, and authority eventually to regulate tobacco product constituents and emissions. The proposed transfer of control over tobacco into jurisdiction 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 the government having to bring forward legislation for debate to meet changing conditions. Observers need only look south of the border to see what possibilities this change of procedure would present for increased tobacco control. The health community in Canada generally applauded the blueprint. Originally legislation based on these proposals was supposed to be introduced in the spring of 1996, but none emerged. In a cabinet shakeup early in the year, David Dingwall took over as Minister of Health; he promised that

legislation will be introduced in the fall of 1996. There was much speculation about the scope of the proposed legislation and how high a priority the government would give its passage in view of the likelihood of a federal election in the Spring of 1997 and continuing problems with Quebec. Those questions were answered with the introduction and swift passage through Second Reading of Bill C-71 in early December, 1996. Although originally there was speculation that the bill might pass Third Reading in the House by Christmas, objections by Bloc Quebecois Mps and some Ontario Liberal Mps about the stringency of the restrictions on sponsorship slowed the process into the New Year. The new bill (see Table 3), though somewhat modified from the Blueprint, was still generally pleasing to public health advocates, retaiing most of the provisions of the Blueprint. Furthermore, the government also announced a modest federal tax increase on cigarettes (with the previous tax reductions and recent increases in some U.S. border states, cigarette prices in Canada and the United States had become very close again) and a successor three-year program to target tobacco tax revenues toward public health projects for reducing smoking although on a reduced funding basis, as compared to the 1994-97 plan. There is every indication that the new government proposals will pass parliament in time to be signed into the law

even before a possible spring, 1997, election. Thus by early 1997, the Canadian government, according to Health Minister Dingwall and others, was aiming to regain its earlier reputation as perhaps the most stringent regulatory regime in the world for tobacco use.

The opportunity for other venues to act on tobacco control in Canada is limited, as noted earlier, but there has been some activity on those levels. Beyond challenging federal legislation on constitutional grounds, the judiciary is not 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 collecting their fees if the suit is won, the usual practice in lawsuits concerning tobacco in the United States. In fact, it has been claimed that 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. Nevetheless, a case has been filed in Ontario by an individual alleging tobacco manufacturer liability for his illnesses, and the province of British Columbia may 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).

Recently Canada has experienced more local antismoking initiatives as well. Prominent among them have been the decisions of municipal governments in Vancouver and Toronto 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, Canada has been one of the most proactive countries in the world in the attempt to reduce tobacco use. Although the political parties have hardly been cohesive within their own organizations concerning this issue, there have been new regulations and taxes introduced by government, federal and/or provincial, composed of Conservative, New Democratic, and Liberal members as well as by private members. The newly emergent Reform and Bloc Quebecois parties, however, are somewhat less disposed toward tobacco control because of an emphasis on individual rights free of governmental interference and the importance of tobacco production and consumption in Quebec, respectively. Nevertheless, the Reform party health critic, a

medical doctor, has taken a prominent role in supporting the new government bill. A substantial bloc of public health and anti-smoking organizations have developed the expertise, contacts, and political will to support strong regulations (Kyle, 1990; Mintz, 1990; Kogan and Vogel, 1993; Pross and Stewart, 1994), and the public seems willing to allow this. With no preemption statutes, 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 the courts to try to protect their interests. While they have had some short term success, it is problematical whether they will be able to avoid even more stringent regulations and taxation in the long run.

Lesson-Drawing Across the Border?

Thus far the political history of tobacco control in the United States and Canada has been recounted with little reference to how policy advocates and policymakers have taken account of the experience of the other in formulating their own policies. It is time to turn to that topic, based largely on some twenty interviews held with government officials, policy advocates, and tobacco company spokespeople as well as on documentary research. Table 4 attempts to put some perspective on these questions by providing dates for when similar policy actions have been taken by the

federal governments of the two countries.

(Table 4 about here).

First, although most observers agree that a pattern of lesson drawing across the border of these two countries, and indeed even wider internationally, does exist, the pattern is not a simple one of one country leading and another following. As Hoberg (1991) found in his research on lesson drawing on health and safety regulations for drugs and pesticides, the scientific research capacity of the United States far exceeds that of Canada, and this plays a role in policy formation. The U.S. is, of course, almost ten times the size of Canada, but the difference is not only one of scale. In the field of health, the U.S. federal government is both more complexly organized and better funded than its Canadian counterpart. There is no Canadian equivalent of the Food and Drug Administration as a regulatory enforcer or the Surgeon General as a public health advocate. Furthermore, the U.S. federal government funds health research, through such organizations the National Institutes of Health, at a much higher level than does the Canadian federal government. In such circumstances, it is no wonder that Canada looks to the United States for much of the physical science evidence on which which to base its health regulations, and inevitably a large portion fo these decisions will closely follow

U.S. ones. Considerably more behavioral research on smoking is also done in the United States, by a variety of researchers. In fact, the first countrywide research on smoking behavior in Canada has only recently been completed by the Canadian Cancer Society. Because of the language identity (except in Quebec and pockets elsewhere, especially New Brunswick) and physical proximity to the United States, as well as the fact that most Canadian libraries purchase large amounts of 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 research in crafting their smoking control policies.

Direct policy borrowing from the United States federal level

may have occurred in the early days of tobacco control (see Table 4), but it hard to discern in recent years, at least until Bill C-71. As shall be demonstrated below, Canadian tobacco control advocates are much more likely to take their cues from state and local jurisdictions in the United States and, somewhat surprisingly, perhaps even the courts. There is little doubt, however, that earlier U.S. federal-level political developments in regard to tobacco were significant for Canadian policymakers. The Surgeon General's reports, particularly the 1964 and 1986 ones (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, in having warning labels on tobacco products and in 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 "command and control" directives, the later

Canadian action centered on a voluntary agreement with tobacco companies rather than legislation. Even in the mid-1980s, this approach was tried before legislation was introduced. By then, however, this method of policy adoption and implementation was less prevalent in Canada, at least in the tobacco control area. Ironically, the United States seems to be willing to consider a "grand compromise" between the federal government, both executive and Congress, and the tobacco companies in lieu of the FDA regulations.

While U.S. government-financed research and public pronouncements about tobacco control may be of some importance in the Canadian context, there is little recent formal U.S. federal government policy from which Canadians have explicitly drawn lessons, at least until the announcement of the proposed FDA regulations in 1995. 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, with reduction of smoking by adults also prominent among them. Although both Canada and the United States have recently developed federally-funded programs to help provinces/states reduce smoking (the U.S. has ASSIST funds from the National Cancer Institute for and the IMPACT program of the Centers for Disease Control and

Prevention, both under the Synar Amendment, while Canada has provincial aid as part of its Tobacco Demand Reduction Strategy), 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 smoking regulation. In Canada, on the other hand, funding under the Tobacco Demand Reduction Strategy was less targeted, in both jurisdictions and policy. Municipal and nonprofit groups could apply for federal support, and youth access was not the only focus. The warning labels on Canadian cigarettes are also larger, 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.

In federal taxation of tobacco products, Canada has far outstripped the United States, although less so after the tax rollback of 1994. The largely unaddressed dimension of the Canadian smuggling problem was that the underlying economic source of the problem was the wide disparity of tobacco taxes between the two countries, especially among Eastern provinces/states. If U.S. federal and state taxes were closer to the Canadian (and OECD) norm, then the problem would probably not have existed. But for a foreign country to suggest that the U.S. raise taxes was anathema,

except to certain health advocacy groups (Pross and Stewart, 1994); thus 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 has been reluctant to raise cigarette taxes for some time. Canada is forced to adjust.

The United States is also not the only country that Canadian policy advocates and officials pay attention to. When the Tobacco 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 tobacco regulations than other countries. More recently, Australia and New Zealand have emerged as countries that Canadian health advocates admire for their legislative actions against tobacco use. Thus, as one government official put it: "The first question policymakers usually ask is, `what policies do other countries have on this issue.'" Two decades ago, Canada clearly looked to the United States federal government as a policy leader on tobacco regulation. Over the years, however, this U.S. federal policy leadership role has waned, as other countries, including Canada, have become more active aginsst 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 actually come into force as envisioned. The FDA regulations, however, have enabled the U.S. to reclaim more policy influence with Canada. The proposed regulations in 1995 not only provided a benchmark to which anti-smoking policy advocates could point during discussion of the proposed new Canadian legislation on tobacco, but their announced enactment (pending court challenges or a grand compromise) in August 1996 led Health Minister David Dingwall to promise publicly an equally stringent set of regulations for Canada.

The reasons for the relative lack of U.S. federal government action on tobacco regulations are largely institutional ones. The separation of powers system in the United States, the lack of party cohesion which means that bargaining constantly takes place to hold temporary majorities together, the decentralization of party control in Congress giving greater power to senior legislators from the few large tobacco-producing Southern states (North Carolina, Virginia, South Carolina, Kentucky, Georgia, Tennessee), 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, have acted as inhibitors on serious federal regulatory policies over the past two decades. Thus we have the spectacle of a former President, Jimmy Carter, who while in office snuffed out the tobacco regulatory efforts of his Secretary of Health and Human Services, Joseph Califano, now advocating tobacco control from the redoubt of his nonprofit foundation. As has often been said of U.S. federal politics, the political costs of taking strong actions, at least except in rare circumstances of overwhelming partisan control of both legislature and executive (New Deal, Great Society) or national emergencies (World War II) usually lead to nonaction or weak compromise. 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 other federal regulatory agencies and states in the bargain (Kluger, 1996). The anti-tax sentiments prevalent in the United States over the past 20 years make it difficult even to raise federal tobacco taxes. The tobacco agenda may have changed (Baumgartner and Jones, 1993) but the process and results look familiar.

Largely blocked at the federal executive and legislative level, at least until recently, U.S. tobacco control advocates have

pursued their objectives through the courts, states, and local municipalities. Perhaps somewhat surprisingly, many Canadian observers think that the various recent legal actions against tobacco companies in United States courts have also been significant for Canada. These court cases, including individual suits claiming liability for cancer by tobacco companies, the suit of U.S. states for medicaid costs, and the leaked documents and revelations of tobacco-company whistle blowers, are covered, at least when major news breaks, in Canadian media outlets. Even if there is no exact correspondence to these actions in Canada, people in the Canadian tobacco regulatory policy network consider these developments as helping foster supportive attitudes for further controls in that country as well. This is also indicated by the reaction of a U.S. state government official, involved in the state law suit against the tobacco companies, who 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. Whatever attention U.S. judicial developments have drawn in Canada and whatever useful information they reveal about tobacco manufacturer machinations, however, similar judicial actions in Canada have been rare. 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 were not legally protected in the same way.

Insofar as there has been policy borrowing from the U.S. to Canada in the past decade, however, much of it has been inspired from the state and local levels 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. Furthermore, the two states that have taken the strongest 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 difficult to get dedicated sources of tax revenue in Canada, as these states have had adopted by popular referendum in order to finance their research and regulatory programs. One Canadian policy advocate, who unlike most others thought that there was little crossborder 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 Woodbridge,

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 antismoking advocacy group. In short, even at times when lesson drawing on the federal level from the United States to Canada has been largely stymied, 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 been of some influence on the policies of the larger one. Since passage of the Tobacco Products Control Act in 1988, Canada has been viewed by others, and by nonsmoking advocates, 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) the story is different on the federal level, in at least two pieces of policy, and, more generally, through a host of interconnections between groups in the two countries.

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 these three countries (Kyle, 1994). Canada was the first country to mandate ###(?) nonsmoking on all domestic airline flights.....details, dates, hours.... U.S. domestic? Since there are many flight interconnections between the U.S. and Canada, these two countries then negotiated bilaterally on a treaty to allow only nonsmoking flights between the two countries. Australia and New Zealand, who have become principal tobacco regulatory countries in the late 1980s/early 1990s, then also joined the discussions. Finally, a treaty was signed by the first three countries banning smoking on all international flights between them, with only a few exceptions, in 1993. This, in turn, has served as a model for broader international negotiations concerning nonsmoking. If an international nonsmoking flight regime does emerge, then it will owe its origins in no small part to the Canadian initiative in this area, strongly seconded by a major international air carrier,the United States. Since this is a regulation of places where smoking is allowed and the role of secondhand smoke as well as a clearly international issue, there is more scope for U.S. executive action. Although the U.S. Senate must approve all treaties, there is

generally more leeway granted to the executive in international matters than domestic. Furthermore, there are no drastic economic implications to this decision, especially since it involves reciprocal obligations by each signatory country. The secondhand smoke issue has allowed anti-smoking advocates to neutralize one of the favorite arguments of tobacco companies and smokers' rights groups (which are usually financially dependent on tobacco companies), namely individual civil liberties. If one person's freedom ends at another person's nose, then it also ends at another person's lung. This is not to say that negotiating international treaties on nonsmoking flights is easy, only that it does not present the same high barriers as domestic regulation of the tobacco industry. On this issue the United States has been willing to follow the Canadian initiative and both, along with Australia, are the world leaders.

The recent FDA regulations are another instance of the U.S. drawing lessons from Canadian public policy. Within a few days of the President Clinton's announcement of the proposed regulations, National Public Radio presented a long interview with then-Canadian Health Minister Diane Marleau, on how well Canadian restrictions through regulations on cigarette advertising and taxes had worked. Once the final FDA regualtions were announced, in August 1996,

there was another story on NPR on "lessons for President Clinton from Canada" reiterating the history and effects of tobacco control in Canada since the late 1980s. A September, 1985 story in the Globe and Mail indicated that the proposed regulations were largely based on the Canadian experience(check this?); in the U.S., Business Week had a story in a similar vein, arguging that Canada had "field=tested" virturally all of the proposed FDA regulations (Symonds, 1995). The November, 1995 Blueprint for a Canadian Tobacco Control Policy commented diplomatically that "many the FDA proposals parallel those in Canada" (check). Officials in the Office of Tobacco Control of the Health Ministry were kept aprised of developments in the United States by both the FDA and also the Office of Smoking and Health in Atlanta; such contacts had allowed the U.S. bureacracy to keep track of Canadian developments previously. Policy advocates in leading Canadian antismoking groups, such as the Nonsmokers Rights Society, the Canadian Clearinghouse on Smoking and Health, and the Canadian Cancer Society, were asked to comment on various aspects of the FDA proposal in succeeding months. The CCS, in fact, submitted a formal document to the FDA commenting on the latter's proposals in light of the Canadian experience, and David Sweanor of the Nonsmokers Rights Group served as a consultant to the FDA on the

report. Obviously, there were written and oral submissions by many other groups, mainly U.S. domestic ones, including the tobacco companies. This is not to argue that the FDA regulations were solely or, for that matter, even necessarily primarily based on Canadian policy. As Hall says, it is extraordinarily difficult to trace the influence of specific ideas.

The point is that, 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 what Canadian policy was and what effects it appeared to have, insofar as these could be measured over a short time period. The FDA procedures for approval of new drugs are well known, and sometimes criticized, for being the most thorough and slowest in the developed world. As the FDA commonly does with drug testing but rarely with Canada, another country served as a laboratory in which the effectiveness of a proposed policy could be tested before the policy was adopted in the United States. For instance, until the early 1980s Canada had higher rates of smoking than the United States and also higher incidences of lung cancer. Since the government, federal and provincial, was responsible for health care in Canada, it finally became motivated to act in order to reduce the health care costs of

tobacco use. One of the attractions of Canadian tobacco control policy is that, in the first few years after they were introduced, smoking rates dipped below those in the United States (Kaiserman and Rogers, 1991) although there has been recent dispute about these statistics and which factors--tax increases and/or regulations--are more effective in reducing smoking (for a U.S. perspective on this issue, see Licari and Meier, 1997).

More generally, since the late 1980s there have developed a myriad of cross-border links among tobacco control groups which have helped spread information on Canadian regulatory policy. There is, in effect, an international policy network of tobacco control, in which groups in Canada and the United States are major actors. A substantial early U.S. article on the 1988 TPCA in the Washington Monthly specifically advocated lesson drawing with the subtitle, "Canada showed how to beat the tobacco lobby. American antismoking groups, take note" (Mintz, 1990: 30). The Canadian Cancer Society and the American Cancer Society have been two of the most active antismoking health voluntary organizations. Since 1991, they have formally attempted to coordinate their efforts through what is called the Borderline Committee. Governmental links are not limited to the federal level alone. There is also a provincial-state coordination agency, the Great Lakes Tobacco

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

Leading Canadian antitobacco activists, such as David Sweanor and Garfield Mahood of the Nonsmokers Rights Society and Ken Kyle of the Canadian Cancer Society, have engaged in a variety of activites in the United States as well, testifying as expert witnesses before legislative committees in the United States on the federal and state level, serving on committees reviewing research grant applications for U.S. health agencies, leading workshops for tobacco control training sessions in the United States, and even apprearing at the Washington Press Club and on a U.S. countrywide television program. Similarly, leading U.S. antismoking advocates such as Michael Pertschuk have appeared in Canada, even testifying before parliamentary committees. More local experiments such as that from Woodbridge, Illinois have been the subject of conferences and instructional videos produced in Canada. When the tobacco control community in Canada held its Second National Conference on Tobacco or Health in the fall of 1996, featured speakers included Mitchell Zeller, Assistant to FDA Commissioner David Kessler, and Gregory Connolly, Head of the Tobacco Control Program in

Massachusetts. There is more direct, policy-focused contact between these two countries than one would expect from professional scientific conferences or even the periodic world conferences on Tobacco and Health. The Canadian Clearinghouse on Smoking and Health, 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 antismoking advocacy groups and government programs in Canada. Its 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 as well. Canada has a comparatively unusual policy by which the federal government provides subsidies for advocacy groups in several fields (Pal, 1996); the advent of the 1994 Tobacco Demand Reduction Strategy extended this practice to anti-smoking advocacy groups. The Nonsmokers Rights Society 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. The World Health Organization

in Geneva also has a tobacco control program, currently headed by Neil Collishaw, a former high Canadian government official who played an instrumental role in passage of the Tobacco Products Control Act, testifying extensively before the House of Commons committee considering the bill.

Such cross-border links are not limited to antismoking groups, however. Tobacco companies, too, have international links through joint ownership schemes and professional trade organizations. 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. 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 represenative 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 commerical sales through trademark infringement. Although the Committee ultimately recommended plain packaging, the government has yet to adopt such a position. Some observers

considered the whole episode a thinly veiled warning, on behalf of Canadian tobacco manufacturers as well as US ones, that the industry would fight government plans for plain packaging. While there may be no acknowledged formal cooperation among independent companies, it is surely no coincidence that tobacco company 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 regard to advertising and the rights of individuals 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. Tobacco companies in Canada have helped fund Smokers Rights assocations. As noted previously,antismoking forces in both countries have seized on the second hand smoke issue as, among other things, a way of countering the individual rights argument.

In the U.S. and Canada, the focus on the effects of second hand smoking has also allowed local initiatives on tobacco regulation to occur. Because of the difficulty of getting U.S. federal legislation passed and the preemption clauses of several

existing federal statutes, second hand smoke, along with taxes, is one of the few areas in which states and localities have a legally free hand to legislate. In fact, a major U.S. federal initiative concerning second hand smoke in the workplace, under consideration by the Occupational Safety and Health Administration, has been bogged down in the regulatory process for several years. The anti-regulatory atmosphere in Washington, partially induced by the rise of a Republican-controlled Congress since 1994, has probably been one factor inhibiting action, as has the relative indifference of tobacco contol groups toward this issue while the the FDA regulations were under consideration and public comment. It is not surprising, then, that previous to the 1995-96 FDA regulations, Canadian pro-regulatory groups looked to U.S. states and localities rather than to the federal government for lesson drawing.

With the announcement in August, 1995, of the proposed FDA regulations, this situation changed dramatically. In the wake of the September, 1995 Supreme Court decision against provisions of the 1988 Tobacco Products Control Act, the Canadian government had to come up with a new strategy against smoking, first tested in the December, 1995 Blueprint, and eventually promulgated with the submission of Bill C-71 in November, 1996. With the U.S. federal government finally taking a substantial step against smoking, even

if directed primarily at youth access rather than the Canadian-preferred "smokefree society" (adopted from former U.S. Surgeon General C. Everett Koop), there was pressure on the federal Cabinet and Health Ministry to come up with something equally stringent while still observing the legal limits set out by the Canadian Supreme Court. Policy advisers within the Canadian bureaucracy were kept appraised of developments in the United States. The announcement of the final FDA regulations in August, 1996, constituted a new standard to which the Canadian government could be held in its own tobacco control legislation. This was acknowledged by Health Minister David Dingwell, who, in praising President Clinton's espousal of the FDA regulations a week after their announcemnt, indicated publicly that the new Canadian legislation would be just as sweeping: "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). After the provisions of Bill C-71 were finally announced, Mr. Dingwell said....

Thus, by early 1997, the Canadian and U.S. federal governments seem to have absorbed the lessons of each country's research and regulatory experience on various levels and even been willing to acknowledge this (although still less so publicly in the United

States) more than ever before. The tobacco control issues facing both countries are similar--increased smoking rates, especially among youth, advertising, warning labels, sponsorship by tobacco companies of a variety of entertainment events with the company logo prominently displayed (a particular problem in Canada because it has grown tremendously after the ban on other types of advertising), taxation, civil liberties, second hand smoke, the economic value of the domestic tobacco agricultural and industrial sectors, and regional political problems tied to tobacco. All of these cannot be solved at a stroke, and not all policies will be the same. But it appears that, by the mid-1990s, the felt need of the two governments to have a synchronized tobacco control policy is stronger than ever before. Futhermore, the institutions of an international tobacco control policy network have now been sufficiently developed to facilitate such a coordination and exchange.

Conclusions

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 on this issue. The pattern is not necessarily a simple one, however.

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 second hand smoke. There are also indications that even legal maneuvers in regard to tobacco companies have provided moral support, information, and perhaps even specific lessons for Canadian policy advocates and policymakers. More recently, the FDA intiative on tobacco regulation undoubtedly influenced Canadian consideration of the lessons to be drawn from this U.S. federal policy.

But lesson drawing is not just a one-way street. In fact, there is evidence, that, on the federal level at least, there is more U.S. policy network attention to the Canadian experience than vice versa. With its Tobacco Products Control Act of 1988, Canada was a pioneer in the attempt at a comprehensive tobacco regulation policy and, even after the tax reversal of 1994 and the Supreme Court decision of 1995, has gone much further in regulation on the federal level than has the United States, at least until enactment of the FDA regulations. There has been a systematic attempt to incorporate the lessons of the Canadian policy experience into U.S. initiatives by antismoking advocay groups, and, with the FDA

regulations, this lobbying enjoyed some success. In effect, Canada has served as a convenient laboratory for the first attempt at a comprehensvie tobacco regulation policy in the United States, even if the U.S. initiative, with its focus on youth access, is more modest in some respects than the original TPCA or bill C-71.

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 a common language have facilitated this cross-border lesson drawing. The multiplicity of professional conferences, intergovernmental meetings, ease of travel, journal and newspaper reports, and, more recently, faxes and internet communication between the two countries has made this lesson drawing possible. In short, we have here a graphic example of what Bennett (1991) calls policy emulation by epistemic communities, abetted at times by formal government agreements as in the airline smoking ban (other Bennett?).

Even though it is usually considered primarily a domestic rather than an international issue, tobacco control has received increased recognition as a shared public health problem. Like other public health problems, there is considerable technical, scientific information which can transmited across country borders

relatively easily, therefore facilitating policy borrowing. On the other hand, as Leichter (1995) points out, tobacco control as an issue does throw up barriers to lesson drawing across countries because it is not solely a technical health question, but also involves other dimensions, not the least of which are quesions of individual rights and the immense economic investment and power of the industry. This make lesson drawing and application across political jurisdictions profoundly political, although perhaps not as much so as those issues which engage intense feelings among a larger section of the public, such as contraception, abortion, or legalization of drugs, or policy toward AIDS victims. Nevertheless, Pross and Stewart (1994) argue that the intensity of lobbying on Bill C-51, which became the Tobacco Products Control Act, was similar to that of gun control, capital punishment, and... in Canada, all issues which are considered "moral," "social regulatory," or "emotive symbolic" as a policy type (Smith, 1975; Tatalovich and Daynes, 1988; Meier, 1994).

(Meier-regulatory or redistributional?)

With the Canadian federal government in a leading position internationally on tobacco regulation from the late 1980s, affected governments and groups have seen it to be in their best interests to coordinate cross-border efforts in order to understand both what

policy is possible, what its effects might be, and how to cope with potential problems and opposition. In short, U.S. local and state levels have served as policy laboratories for Canada while Canadian federal policy has served the same purpose in the U.S. Attention has been paid to other jurisdictions in the world as well, especially to developments in Australia and New Zealand, also considered to be on the cutting edge of tobacco regulation, but it is remarkable how much the U.S. and Canada have dealt with this on a bilateral rather than mulitlateral focus. Not all aspects of tobacco regulation are amenable to the same treatment in each country, however, because of differences in political institutions, political culture, and economic structure. It is difficult to harmonize taxation, for instance, even among provinces/states in the same country, much less internationally, and use of the legal venue to regulate tobacco is a strategy more easily pursued in the United States than in Canada.

Since much of the worldwide concern about tobacco use is based on U.S. medical and social research, the question arises as to why Canada has been the overall policy leader in tobacco regulation between the two countries, with the U.S., at least until recently, the laggard, especially on a comprehensive policy of federal control. The answer seems to lie in the political institutions of

the two countries. The Canadian policy 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 getting the executive to propose legislation rather than getting it passed. There are few democratic parliamentary systems in the world which enforce party discipline as rigorously as does 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. Thus a government committed to legislation, as the Conservative government was in 1988 and the Liberal government appears to be in 1996-97, can usually work its will, at a rapid pace if necessary, based on fusion of powers and majority party discipline. The key issue for tobacco regulation in Canada, then, is to have a government supporting particular policies.

Nevertheless, there was a parliamentary backbench revolt over passage of Lynn McDonald's Private Members' Bill on Nonsmokers Rights in 1988. Apparently the government would have been just as

happy to see McDonald's bill lost once it had tabled its own, more comprehensive, tobacco control legislation. But some of its own legislators saw to it that the two bills moved in tandem through both the House of Commons and the Senate until both passed on the same day. Defying the government on a Private Member's bill which could be considered complementary to the government legislation was a less serious offense, however, than voting against a government whip. Also, 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 increased, and, as in the U.S., tobacco companies have been willing to employ their financial resources and legal acumen in this venue to oppose policy initiatives. Nevertheless, despite some complications from the enchanced role of the judiciary, the Canadian policy process on tobacco regulation is straightforward compared to its counterpart in the United States. Thus, if federal government officials consider that they have sufficient information and commitment about a policy problem to act, there are few obstacles to a statute reaching the books.

As is well known, the situation in the U.S. is considerably different, and probably largely accounts for why, despite the manifold resources, public and private, devoted to tobacco research

and control, the U.S. has had to look North of the border for lessons sbout desirable content in federal policy. Furthermore, when the U.S. federal government finally acted in 1996, it was through executive regulations rather than legislation, which is telling. The separation of powers system, abetted by strong bicameralism, the decentralization of authority in Congress empowering committee chairs from safe districts (including those in the tobacco region), the lack of cohesive party discipline, and the financial power of the tobacco lobby in an campaign system in which money is more important than in any other democracy means that any legislation proposed by the President will have to leap several hurdles to be enacted at all, and, if it does pass, it will probably be in compromised form. Thus there are the various exceptions for tobacco in drug regulatory legislation, bans on federal agency action, and the preemption clauses which allow federal legislation only at the cost of possibly stronger state legislation against tobacco. Furthermore, the courts also serve a major venue through which to challenge regulations.

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. This fragments regulatory initiatives, however, and, in the case of court cases, can lead to

long delays. Why are anti-tobacco groups in Canada, for all of their divisions, more coherently organized than in the United States? Probably one major reason is that they can focus their efforts at the federal cabinet and bureaucracy, especially Health Canada, for maximum impact. In contrast, in the United States it is much harder to identify an institution which is the key to policy change. Depending on circumstances, it may be Congress, or the courts, or one of the independent regulatory commissions; at various times, the Federal Trade Commission and the Federal Communications Commission have been important actors. Within the executive branch, such units of the Department of Health and Human Services such as the Surgeon General, the National Cancer Institute, and the Office of Smoking and Health have been at times useful for research and publicity, but do not have a major direct role in policy. More recently, of course, the Food and Drug Administration has emerged as the key actor, but for how long? Having a President committed to smoking regulation has certainly helped anti-tobacco forces in the 1990s, but even the President's policy role is limited in a separation of powers system.

The question arises as to how the relative policy leadership positions in tobacco control can have shifted so much over the past 20 years. When Friedman (1975) did his analysis, he found no

evidence that would presage Canada's emerging leadership role only a little over a decade later. In recently testimony before the House Committee on Health, David Sweanor of the Nonsmokers Rights Society echoed these comments that Canada had neglected to deal seriously with tobacco control until the early 1980s. By the mid-1990s, moreover, Canada and the United States were vying for leadership in tobacco control. What accounts for these differences? A simple cylcical theory can be dismissed since for the most part countries are that strong on tobacco control have tended to remain so, and countries which are laggards in tobacco control have also tended to remain so (HYP worth testing over time?)

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, however, 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. Nevertheless, the Canadian Court has not ensconced protection of tobacco companies' rights to advertise in a fundamental civil liberties framework (commerical 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. In 1994 that led the Canadian federal government to lower its own taxation to levels of the early 1980s. Thus, the major inhibitors of even firmer tobacco control in Canada have been the importation of U.S.-style political institutions such as judicial review triumphing over parliamentary sovereignty, and international factors, the economic policies concerning tobacco of jurisdictions in the United States. Once there was sufficient political will and government conviction to control tobacco, ironically enough in a Conservative government (but one must not forget that the Conservatives in Canada call themselves "Progressive Conservatives"), then the basic parliamentary institutions and strong party discipline pretty well insured their passage, as is likely to be the case again in 1997. In the United States, on the other hand, political institutions have facilitated scientific research and lots of public information and pronouncements on tobacco control, but relatively little action on the federal level until a committed President and Food and Drug Administration, using a disputed legal theory, stepped forward in 1995. Even then, as of 1997 there is still a long way to go to have the FDA regulations

implemented. 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.

(Pol. finance diffs? Canada's govt. Respon for health? Collective P.C.?)

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 the United States. Again, one must consider that Canadian "advocacy" (i.e., lobbying) groups, have recently received some government subsidies, but they can also have their disbursements reduced or eliminated, as has also occurred. Even before public subsidies, however, Canadian antismoking public health groups were presenting more of a 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. There is always a certain among of competition and rivalry among similar interest groups, based on their differing missions, priorities, and leaderships, but there seems to be more of this in the United States among anti-smoking groups in the U.S. 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 the 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 ever since.

Simply put, Canada has been a leader in tobacco regulation policy and the United States the follower, in contrast to the expected pattern, because of instititional factors. Public support for such regulation and the formation of activist groups promoting it has been as high in the United States as in Canada, if not more so. The scientific basis of research on the dangers of smoking has largely come from the United States, as has the official imprimatur of a single government official charged with protecting the public health. But the institutional barriers to action are greater in the United States, and this has inhibited policy change on the federal level, although less so on the state and local level. As Canada has led, however, there has been more recognition by professional groups interested in tobacco regulation and even government officials that there is a need for policy synchronization between the two countries, and indeed even more

widely, if it is to be effective. Competition by airlines for smoking passengers can be controlled by eliminating smoking on all flights between the two countries. Smuggling of cigarettes can be reduced by having a similar tax structure on tobacco in the two countries. Health benefits of policies designed to reduce youth access in one country are likely to occur in the other country as well, if similar policies are adopted. These are the operating assumptions of the increased crossborder communication among governments and organizations.

The U.S. is, perhaps more than any other country, 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). Lesson drawing from abroad in general, however, 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. The two major books authored by U.S. journalists on smoking and public health in 1996, by Kluger and Hilts, barely mention Canada--three index citations by the former, and seven by the latter, mostly concerning Canadian research or tobacco company meetings in Canada (check).

Nevertheless, Hilts (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 There are others, however, such as differing emphases on individual rights versus public health considerations, which would seem to make it less susceptible to policy borrowing, formal or informal. If the trends of the past decade continue, however, 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 better. Even most smokers are not interested in defending tobacco; in fact, many

of them would like to quit, if they could only find a way. Thus health questions related to tobacco have assumed a more prominent part in the debate and led to more attempts 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 similar historicial-cultural heritage (Castles, 1993), but also the institutional and communications links to benefit from each other's policy experience are most 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, 1994). Instead, this significant social policy areas presents an instance of the reversal of normal and expected policy borrowing, with the United States explicitly

considering adoption of Canadian policy standards.

This study has focused on a policy area in which Canada has led and the United States has been the laggard, a situation which, at least some policymakers in the United States have acknowledged. Furthermore, this is an important area of social policy, with important economic ramifications for each country as well. In terms of future bilateral relations, it is important to understand the conditions for such policy influence from Canada to the United States to take place. Policy borrowing is a two-way street. Sometimes the mouse leads, and the elephant follows.

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Table 1: Major Provisions of 1988 Tobacco Products Control Act (Canada)

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.

Table 2: Major Provisions of U.S. 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

Table 3: Major Provisions of Bill C-71 (Tobacco Products Control Act), Canada, 1997

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. Prohiting 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

Table 4: 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)
Advertising Restrictions	1996	1988, 1997
Airline No-Smoking (Domestic)	1987 (2 hour flights, partial) 1989 (comprehensive)	1987 (2 hour flights) 1988 (comprehensive)
Airline No-Smoking (International)	1994	1994
Age 18 and Above Sales Only	1992	1993
Vending Machines Restricted	1996	1993
Vending Machines Banned		1997
No-Smoking in Federal Facilities	1992	1989
Warning Labels Language Strengthened	1984	1989, 1993
Warning Labels on Front of Package		1989
Sponsorship Regulated	1996	1988. 1997
Sponsorship Banned	1996	
Special Levies on Tobacco Companies	1996	1994, 1997
Taxation Increased	1993, 1990	several years esp. 1989, 1991, 1997
Taxation Reduced		1994
Federal Preemption Laws	Yes	No
Package Warnings No Liability Protection		1989
Name on Nonnicotine Products Banned	1996	1988, 1997
Discounts and Prizes Banned		1988. 1997
Kiddie Packs Banned	1996	1992
Mail Order Sales Banned		1997
Black and White Ads Only (Partial)	1996	
1996 Federal Tax (per pack)	24¢	72¢ to $1.41 U.S. (varies by province)
1996 Smoking Rates, Adults (18+)	25.0	29.5