



Health promotion research and practice require sound policy analysis models: The case of Quebec's Tobacco Act

Eric Breton ^{a,*}, Lucie Richard ^b, France Gagnon ^c, Marie Jacques ^d, Pierre Bergeron ^d

^a Department of Natural Science and Public Health, Zayed University, P.O. Box 4783, Abu Dhabi, United Arab Emirates

^b Faculté des sciences infirmières, Université de Montréal, Montréal, Canada

^c Télé-Université, Université du Québec à Montréal, Canada

^d Institut national de santé publique du Québec, Canada

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ABSTRACT

In this paper we illustrate how policy analysis models can deepen our understanding of the challenges facing health promoters advocating for policy change. Specifically we describe the factors underpinning the adoption of Québec's Tobacco Act (1998) and the role played by actors from governmental public health agencies (GPHAs). Data were collected through interviews ($n = 39$), newspapers articles ($n = 569$) and documents ($n > 200$) from GPHAs, NGOs, the Québec National Assembly, and opponents to the legislative measures. Data collection and analysis were based on Sabatier and Jenkins-Smith's Advocacy Coalition Framework (1999) and Lemieux's theorization of coalition structuring (1998). We explain the adoption of the Act by: (1) the broad recognition within the policy elite of the main parameters of tobacco use (i.e. lethality, addictive properties, and legitimacy of governmental intervention), (2) the impacts of a series of events (e.g. cigarette contraband crisis) that enabled tobacco control advocates to influence public debates, and the governmental agenda, (3) the critical contribution of a coalition of GPHAs pooling resources to address both the sanitary and economic aspects of the legislation while countering the opposition's strategy, and (4) the failure of the opponents to present a unified voice on the definition of the tobacco policy. This study illustrates the merits of applying a policy-change model to grasp the complexity of the process. Our findings call for the development of permanent policy analysis capabilities within public health agencies and for a broader scrutiny of the non-health-related dimensions of policy debates.

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Introduction

Despite repeated calls for strategies to foster healthy public policies (Oliver, 2006; WHO, 1986, 1988), policy analyses in health promotion still present many challenges that prevent public health systems from learning from past experiences and effectively advocate for state intervention.

One limitation raised by Catford (2006) is that health promoters have so far devoted little attention to the policy change and decision-making processes leaving practitioners with little guidance in their advocacy enterprise. Moreover, most accounts of policy processes in the public health literature remain largely a-theoretical (de Leeuw, 2001) and are thus not easily amenable to drawing lessons for future advocacy. For instance, while writings on public policy intervention in health promotion stress the importance of media advocacy to foster policy change, most are oblivious on how this instrument integrates into or interacts with the global policy making process (for an example, see Chapman & Dominello, 2001). The situation cannot be

* Corresponding author. Tel.: +971 2 407 9674, fax: +971 2 443 4847.

E-mail addresses: eric.breton@zu.ac.ae (E. Breton), lucie.richard@umontreal.ca (L. Richard), france_gagnon@teluq.quebec.ca (F. Gagnon), mjacques@quebecenforme.org (M. Jacques), pierre.bergeron@inspq.qc.ca (P. Bergeron).

explained by a lack of models of the policy process. Political scientists have been developing models for as much as fifty years (see for instance, Baumgartner & Jones, 1993; Kingdon, 1984; Ostrom, 2007).

Considering the state of policy research in health promotion, it appears necessary to look at the merits of integrating sound policy analysis models within policy advocacy practice and research. In order to fulfil this goal, we analysed a successful advocacy intervention strategy spearheaded by a coalition of governmental public health agencies (GPHAs) in support of a bill to tackle the tobacco problem in the Province of Québec (Canada). The Tobacco Act aims were to restrict the promotion and sale of tobacco products (e.g. ban on the sponsorship by the tobacco industry of arts and sports events, ban on sale in drugstores, prohibition of sales to minors) and to protect non-smokers and workers from ETS. In addition, the Act also asserts the right of the government to legislate on the composition and on the packaging of tobacco products.

In this article we report on our approach by presenting the results drawn from two specific objectives of this case study, i.e., identifying:

- the factors and processes explaining the adoption of the Tobacco Act and;
- the contribution of the GPHAs in the adoption of the Act.

In what follows, we will first present the two components of our model and a brief description of our method.

Our policy analysis framework

This project was guided by two theoretical contributions from political science. Sabatier and Jenkins-Smith's (1999) Advocacy Coalition Framework (ACF) provided guidance on the policy change process while Lemieux's (1998) theory on coalition structuring was applied to identify the challenges/constraints and strategies of actors trying to influence the policy process by pooling some of their resources.

The Advocacy Coalition Framework

Paul Sabatier and Hank Jenkins-Smith propose the ACF to explain the emergence of and changes in public policy. They maintain that policies are the product of the belief systems of the actors concerned by a given policy subsystem, here the tobacco subsystem. Such actors not only include legislators, civil servants and the representatives of interest groups but also other actors concerned by the problem in question, such as journalists and academics. All of these actors make up the policy elite of the subsystem.

Policies emerge from numerous confrontations and negotiations between different coalitions of actors in the subsystem (see Fig. 1). Each coalition forms around a belief system that conveys a worldview and its own hierarchy of values.

In the policy subsystem, one coalition typically predominates by imposing its vision of problems and

solutions; a vision compatible with its belief system. This coalition enjoys important strategic advantages from the standpoint of resources and opportunities. According to the model, the accumulation of new knowledge and the struggle waged by one or more challenger coalitions can achieve only limited policy change, i.e., modifications in the secondary aspects of the policy. Only events outside the subsystem are likely to significantly upset the coalitions' advantages and resources. These events (see Fig. 1) allow one challenger coalition to impose the policy core of its belief system. It can do so by changing, for instance, the rules, resources and individuals in charge of institutions and through the adoption of legislations imposing its own vision of the problems and solutions. Such being the case, Sabatier and Jenkins-Smith believe that external events are a necessary but insufficient condition to change the policy core attributes of a governmental program or policy. The challenger coalition must usually mobilize its resources to take advantage of the opportunities stemming from such events.

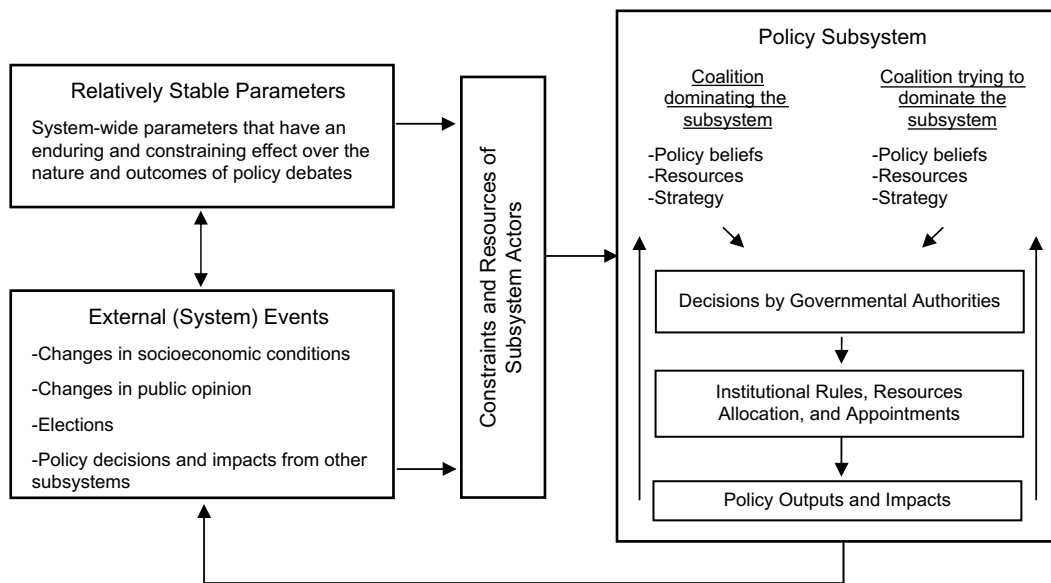
Lastly, Sabatier and Jenkins-Smith note that the decisions underlying policies are determined in part by a series of parameters, e.g., basic attributes of the problem area, fundamental socio-cultural values, and so on that are highly stable over time and over which the coalitions exercise virtually no control. Such parameters are, in fact, contextual variables that establish the realm of possibilities surrounding the discourse of the coalitions. They thus have a constraining effect on the nature and outcomes of policy debates.

But as noted by other authors (Mintrom & Vergari, 1996; Schlager, 1995; Schlager & Blomquist, 1996), the ACF falls short of providing a satisfactory explanation on how conditions leading to policy oriented collective action take place and on how disputes between actors are prevented and resolved to secure an alliance. We have applied Lemieux's theorization to guide our analysis of the problems and rationales behind collective bargaining for the pursuit of a common policy goal.

Lemieux' theorization of coalition structuring

For Vincent Lemieux (1998), whose theory is based on Gamson's (1961) seminal paper, organisational and individual actors set up coalitions either as a way to respond to a looming threat from the policy environment (e.g. cuts in a governmental program or budget) or to seize an upcoming opportunity to achieve their goal as will be illustrated in this paper. Therefore, coalitions are set up as a result of the members' assessment of their policy environment.

This assessment is an ongoing process which determines three key dimensions of the coalition including transactions, relationships and controls. First, the transactional dimension refers to the cost-benefits analysis members of coalition continuously operate prior to and while partaking in the coalition. Costs of enrolment in the coalition and the nature of the risks involved are assessed against the potential benefits that can be obtained through collective efforts. If a change in the policy environment significantly increases the enrolment costs or level of risk,



Adapted from Sabatier & Jenkins-Smith (1993).

Fig. 1. A simplified version of the Advocacy Coalition Framework.

some or all coalition members may decide to withdraw or renegotiate their share of resources invested in the coalition.

The second dimension of a coalition refers to the relationships between the members. Lemieux posited that a coalition made of actors sharing affective and ideological affinities is more likely to last and sustain hardship than an alliance made of actors with little previous experience of collaboration and who have not developed the mechanisms to resolve the conflicts likely to occur.

The last dimension refers to the controls. By controls is meant the power structure that allows the coalition to mobilize and put its resources to use in order to dominate its environment. Because enrolment in a coalition, as defined by Lemieux, is on a voluntary basis, members generally have an equal say in decision-making and equal access to critical information. However, and as the policy environment of the coalition evolves, the coalition may be challenged by an upcoming threat to its goal to which its power structure cannot respond satisfactorily (e.g. a decision-making process too slow to face fast-evolving situation). As a result, coalition members may opt to relinquish some of the control they exercise over the day-to-day activities of the coalition to a more centralized decision-making body, thus allowing for a better hold on coalition resources.

Coalitions in the sense of Lemieux are thus temporary strategic alliances intended for a specific goal. This contrasts with Sabatier and Jenkins-Smith's advocacy coalitions which are broader in terms of constituency, are made of actors sharing a common set of policy beliefs and can evolved over a long period of time. This implies that as one analyses the evolution of an advocacy coalition over a number of years, s/he might witness the rise and fall of different *strategic alliances* forged to either actualize

specific goals of the *advocacy coalition* or to secure its hold on the policy subsystem.

Method

For this qualitative study, we applied a case study design (Stake, 1995). Sabatier and Jenkins-Smith assume that the analysis of a change in public policy requires scrutinizing its policy subsystem over a period of at least a decade. We have thus delineated over time our unit of analysis, the tobacco policy subsystem, in order to examine changes that have occurred between 1986, when the first provincial statute governing the use of tobacco was adopted, and 1998, when the *Tobacco Act* was adopted.

Using NVivo™ software, we conducted a content analysis of material based on a series of propositions deduced from our model and described elsewhere (see Breton, Richard, Gagnon, Jacques, & Bergeron, 2006a). For instance, we hypothesized that knowledge on the health-related risks of tobacco use for smokers and non-smokers had evolved in a way that constrained the anti-tobacco control coalition and favoured the tobacco control coalition.

We collected our data from three different sources. The first source comprised articles ($n = 569$) from four Québec French-language daily newspapers published between 1986 and 1998. We selected the articles by means of an electronic indexing service in light of predetermined inclusion and exclusion criteria. The articles selected had to deal with government intervention with respect to smoking in Québec or in Canada. To further reduce the body of articles, we limited the selection to those published during four specific 6-month periods encompassing four key events from the standpoint of Québec governmental intervention concerning smoking, i.e., (1) the adoption in June 1986 of the first legislation restricting smoking in

public places; (2) the adoption in February 1994 of anti-cigarettes smuggling measures; (3) the public consultation in 1996 on legislation governing smoking; and (4) the adoption on June 17, 1998 of the *Tobacco Act*. Other articles were added to round out the information collected and clarify specific points raised during the analysis.

Our second data source comprised semi-structured interviews ($n = 39$) (conducted by EB in 2003) with 28 interveners involved in promoting the adoption of the *Tobacco Act* or more broadly working on the tobacco problem at the provincial level. We asked these representatives of non-governmental health organizations (NGOs), tobacco control professionals and managers of GPHAs, public servants and politicians about changes in the tobacco subsystem that took place between 1986 and 1998. They were also questioned on the events that led to the *Tobacco Act*, and on their efforts to foster the adoption of legislations designed to reduce smoking and protect non-smokers from environmental tobacco smoke (ETS).

Government documents and transcriptions of parliamentary debates ($n > 200$) related to the issue of smoking were our third source of data.

The research report (Breton et al., 2006a) on which this paper is based was validated by 10 key informants. Their comments brought us to either correct or clarify a number of facts and in certain instances to analyse new data.

In what follows, we report on our results by first following the lines of the ACF, i.e., looking at the relatively stable parameters that constrained the nature and outcome of policy debates and the external events that have impacted the tobacco policy subsystem. Then, applying Lemieux's theorization of coalition structuring, we will move inside the tobacco policy subsystem to describe the strategies implemented to have the *Tobacco Act* adopted. We will conclude the Section **Results** by drawing an explanation of the adoption of the Act that integrates the findings from the two components of our model.

Results

The relatively stable parameters framing the policy debates

Fig. 2 summarizes the results of our analysis of the parameters and of their influence on the policy elite making up the tobacco policy subsystem. We labelled these parameters as “relatively stable” since they had already permeated, and were part of, the mainstream policy discourses as far back as 1986.

From Fig. 2, it is readily observable that 12 years prior to Québec's *Tobacco Act* the two basic attributes of tobacco use (i.e. its lethality for smokers along with its addictive properties) were well recognized within the policy elite while the harms of ETS were still debated.

“I would like to bring to your attention, as the Canadian Tobacco Manufacturers Council solicited me to do, that the [risks for health of ETS] have not been agreed on in a definite manner. It is somewhat like the opinion of an engineer, the opinion of a lawyer. There are always disagreements. We do not always agree.” (A MNA

addressing the National Assembly, *Assemblée nationale*, 1986.)

What is more, the policy actors had yet to agree on a definitive French translation of ETS (i.e. fumée secondaire), different terms being used concurrently. But this debate was secondary. The members of the National Assembly (MNAs) and columnists were apparently more interested in asserting the fundamental right of non-smokers' to enjoy a smoke-free environment than by the harms to health. By 1998, the debate on ETS was non-existent, only experts mandated by the tobacco manufacturers were still attempting to instil doubt within the policy subsystem.

As for the addictive properties of tobacco, in 1986, despite the fact that interventions on this issue made little mention of nicotine as the dependence inducing chemical, columnists and MNAs repeatedly testified on their addiction: “*I always smoked two or three packs of cigarettes a day, but I quit three weeks ago. This would deserve me a big round of applause because this is really difficult*” (a MNA addressing the National Assembly, *Assemblée nationale*, 1986). In 1998, tobacco use was widely recognized as an addiction and nicotine as its trigger. Again, only representatives of the tobacco industry kept framing smoking as a matter of personal choice.

“The FTQ [the trade union representing the tobacco manufacturers' workers] does not contest the noxious effects of tobacco on health [...] nor the need to protect non-smokers. [...] What we say is that tobacco remains a legal product and that smokers have rights as they have responsibilities towards non-smokers [... the effects of tobacco] on health have us to address tobacco use as a choice that must be exercised in a responsible fashion by adults” (the CEO of the FTQ, *Assemblée nationale*, 1998).

A second observation on the policy discourses from 1986 to 1998 regards the legitimacy of governmental intervention in tobacco control. Again, the policy elite influential in the definition of the policy was largely backing the government involvement in tobacco control. This support rested mainly on the recognition of three elements, i.e., (1) that youth smoking was a public problem, (2) that non-smokers make up the majority of the population, and (3) that treatment costs of smoking related diseases were an undue burden on the universally accessible and publicly funded provincial health care system.

But while recognition of the government legitimacy in tobacco control was not seriously contested during this twelve-year period, promoters of tobacco control measures still faced a major impediment to more stringent tobacco control legislations. Whatever measure on the table, they had to convince decision-makers that its implementation would not affect the economy of the province. This holds true in 1998, when, and as we will see later, concerns for the economic impacts of the bill on the tobacco-sponsored arts and sports events were threatening its adoption.

These observations are important as they provide insights on why the tobacco industry, rather than trying to convince policy actors that smoking was harmless or not that harmful, elected to focus its public relation strategy on the potential economic impacts of the tobacco control measures; a dimension of the policy for which it enjoyed

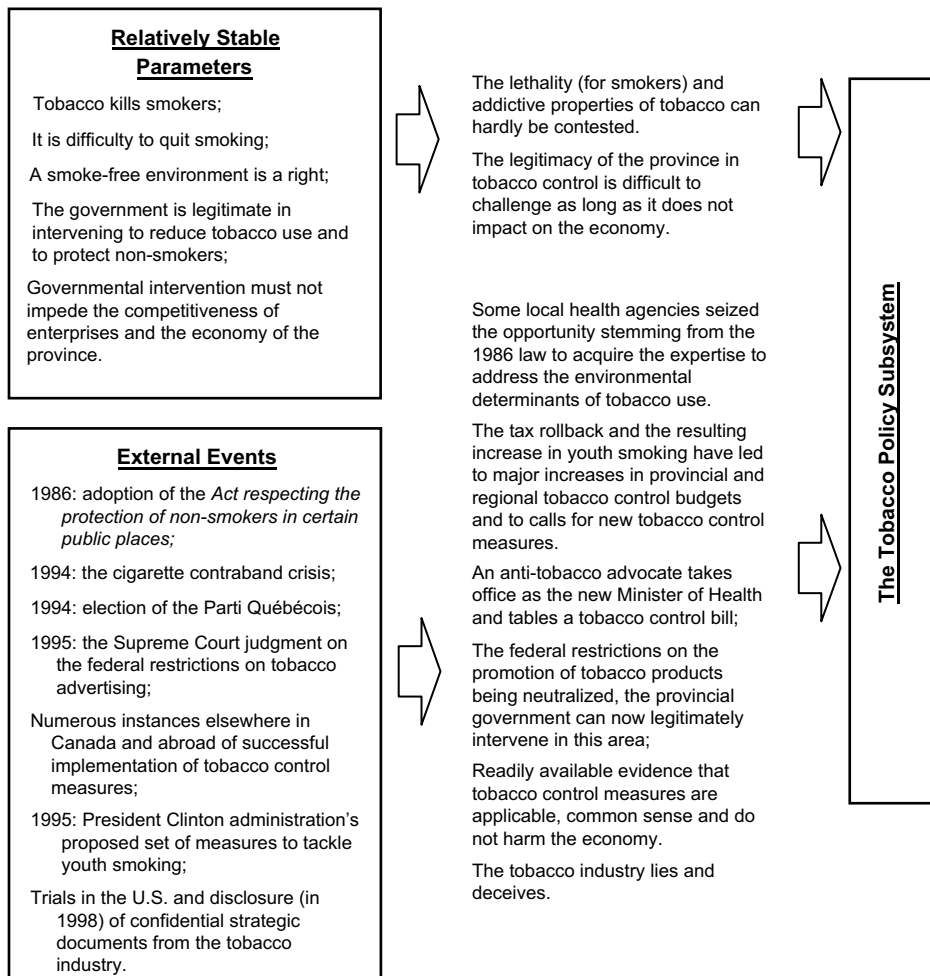


Fig. 2. Main parameters and events that impacted the advocacy capacity of the Promoters Of Tobacco Control Measures 1986–1998.

much more leeway and leverage than the health dimension. It is noteworthy that in our analysis of the newspaper coverage and Hansard of the National Assembly we found only two instances, in 1986 and 1998, of representatives of the tobacco manufacturers contesting the lethality of ETS: “It is bad science [...] Science does not prove everything, smoking is no scientific phenomenon. Smoking is a social and cultural phenomenon” (the CEO of Imperial Tobacco quoted in Dutrisac, 1998).

The events that impacted the tobacco policy subsystem

While many events may have influenced the course of Québec's tobacco policy and therefore the adoption of the *Act*, the result of our analysis, summarized in Fig. 2, shows that only a few rank as significant contributors.

From the standpoint of the adoption of the *Act*, all these external events have positively impacted the advocacy capacity of the promoters of tobacco control measures. However, they did not impact the subsystem in a similar fashion nor with the same weight.

Considering that the 1986 law: (1) originated from the Ministry of Environment, whose Minister made no

reference to the impacts on health of ETS, (2) was merely regarded as a way to assert the rights of non-smokers to a smoke-free environment and, (3) pre-empted local governments from enforcing more stringent regulations in public places; its adoption hardly appears as a contributor to the *Act*. Nevertheless the 1986 *Act*, provided some local agency boards the impetus to start intervening on the environmental determinants of smoking in the province at a time when most, if not all, tobacco control interventions were exclusively educational in their nature and delivered in the school setting. These boards felt that it was part of their mandate to promote the implementation of its provisions in their hospitals and clinics. This was done by hiring public health professionals for whom the majority had no prior experience in tobacco control. A few years later, some of these professionals were to play a key role in advocating at the provincial and federal level for more stringent measures to fight the tobacco epidemic.

The 1994 cigarette contraband crisis has had by far the most significant impact on the tobacco policy subsystem. Pressured by the Opposition, the media, and public opinion, both provincial and federal governments were eager to curb the traffic in cigarettes smuggled from the US and

offered at less than half the price of the ones on the legal market. In order to resolve the crisis, both governments cut their taxes to halve the retail price of cigarettes. A few months later, acknowledging that its decision could engender a surge in youth smoking, the government of Québec adopted an action plan to which was attached a 4-year budget for tobacco control interventions at the provincial and regional levels. For the governmental public health system, this new influx of money was substantial and said to have brought an estimated 100-fold increase in the total money currently devoted to tobacco control in the province. Therefore, when youth smoking prevalence was proven to have soared as a result of the tax rollback, not only public health professionals had a solid case to convince the policy elite on the need to reduce smoking, they were also backed by a significant level of resources to fuel their advocacy interventions. However, following the contraband crisis, suggestions to bring the cigarette tax up again were met with strong criticism in the National Assembly and in the media. Most NGOs from the health sector that actively fought the cigarette tax rollback came out somewhat hurt by the attacks from the media and promoters of the fiscal measure and hence were no longer willing to engage in high profile promotion of tobacco control measures at the provincial level. The impacts of the contraband crisis are detailed elsewhere (Breton, Richard, Gagnon, Jacques, & Bergeron, 2006b).

The 1994 elections in Québec brought to power a new government. However, with respect to tobacco policy, the new regime cannot be singled out from the previous one. Whilst in the opposition, the Parti Québécois MNAs strongly supported the cigarette tax rollback and were no more inclined to address health concerns than the MNAs from the ruling Liberal Party. The single most notable difference was in the appointment of a public health physician as the new Minister of Health; a physician well acquainted with population-level strategies to reduce smoking. Following the events described below, he proposed a set of legislative measures that was significantly more comprehensive and stringent than the one formulated before the elections by his predecessor to compensate for the cigarette tax rollback.

In 1995, after years of sustained judicial procedures to scrap the federal *Tobacco Products Control Act* (1988), the tobacco manufacturers finally succeeded in having its provisions prohibiting the promotion of tobacco products overturned by the Supreme Court of Canada. The federal act was found to unreasonably infringe upon the tobacco manufacturers' free expression guaranteed by the *Charter of Rights and Freedoms*. Although nothing ever really precluded the provincial government from regulating the promotion of cigarette brands, it appears that the policy elite was considering this area off-limits for Québec. The Supreme Court judgment changed the situation drastically leaving a void that could be legitimately filled by the provincial government. The Minister of Health found in this event the impetus to give the province a comprehensive tobacco act covering most of the essential measures to reduce smoking.

The Québec tobacco policy subsystem was not impervious to the different legislative initiatives implemented

elsewhere in Canada and abroad, especially in the US. The promoters of tobacco control measures repeatedly quoted the scientific literature which abounded with evidence that it was achievable to implement prohibition on smoking in public places. They also moulded their compensation scheme for the ban on tobacco-sponsored arts and sports events on the experience of the State of Victoria in Australia. Also, studies on the economic impacts of various measures implemented abroad made it clear that no catastrophe was pending following the implementation of the proposed *Act* (Crémieux, Fortin, Ouellette, Lavoie, & St-Pierre, 1997).

While the advocacy capacity of the promoters of tobacco control measures increased significantly during the period analysed, the tobacco industry experienced a constant decline of its public image. The media reported its involvement in the scheme to evade cigarette tax and duty that led to the 1994 contraband crisis. They also covered the interventions of the US Food and Drugs Administration and the trials in the US opposing some States and tobacco manufacturers. These news stories not only contributed to legitimate tobacco control measures but also uncovered the strategies of the manufacturers to entice new smokers and retain their actual consumers.

As we have just demonstrated by looking at the relatively stable parameters and external events, promoters of tobacco control measures (i.e. evolving within a broad anti-tobacco advocacy coalition) were facing opportunities and constraints in advancing their policy goal. The question one must ask now is, how did they take advantage of these opportunities and convert them into real gains? That is to say, having the tobacco policy subsystem adopts the core elements of their vision of the tobacco problem.

The strategies to promote the tobacco control bill

First elements of a strategy to support the tobacco bill (1994–1996)

As the new Minister of Health was disclosing his intents, it appeared clear that he was to meet harsh opposition from the tobacco manufacturers and that action was required to counter it. Inside the regional public health directorates (RPHDs), a strategy took form. The strategy was mainly informed by the experience of the cigarette contraband crisis and a thorough diagnosis of the situation (Anonymous, 1995).

For the heads of the 18 RPHDs, the problem in advocating for the bill was not whether they could, for instance, hold press conferences to stress the impact of tobacco on health, but rather their involvement in debates falling outside the public health realm such as the potential economic impacts of the bill. To circumvent this barrier, the directors agreed to pool part of their resources tagged for tobacco control interventions to increase their capacity to advocate for the bill outside their organisational structures. In order to do this, an NGO was funded through a special program to set up an advocacy organisation. The NGO acted as a firewall to protect the strategic coalition of the RPHDs from the backlashes that could ensue from the advocacy organisation's interventions in public debates.

In April 1996, the advocacy organisation was officially launched under the name of "Coalition québécoise pour le

contrôle du tabac” (CQCT: Québec coalition for tobacco control). The CQCT’s interventions were based on a policy platform officially endorsed by Québec’s most important NGOs in the health sector (e.g. the Québec Division of the Canadian Cancer Society) and by the provincial body of the RPHDs. Basically, the platform set the legislative measures the CQCT could advocate for without having to seek authorization from its founding partners. The adoption of the policy platform was key in granting the advocates of the CQCT the necessary leeway to swiftly grasp unexpected opportunities to advance the tobacco bill and to rapidly counter the opponents’ allegations. Once adopted by the core supporters of the CQCT, the content of the platform was also diffused at large to municipalities, health institutions, local and regional organisations, businesses and so on to recruit supporters. By 1997, they were more than 600 to have officially endorsed its platform (CQCT, 1997) a situation regarded as having contributed to the CQCT legitimacy in the political sphere.

From its foundation to the adoption of the *Tobacco Act*, the CQCT was, along with the new provincial antenna of the Non Smokers’ Rights Association, the most vocal promoter of the tobacco bill. It regularly intervened in the media on different aspects of tobacco control and the tobacco industry and visited the MNAs’ cabinets. Also, and as a core function of its mandate, it fed the RPHDs with updates on the status of the tobacco bill, pinpointed the locus of resistance within the government and advised on what could be done to facilitate its adoption. Tobacco control professionals were also urged at key points in time to present their views to the MNAs elected in their ridings.

Facing a new threat to the tobacco bill (1997–1998)

In November 1996, the Minister of Health announced his plan to include in the bill provisions restricting the promotion of tobacco products and the sponsorship of arts and sports events by the tobacco industry. The announcement was following a similar, albeit less restrictive, plan formulated by the federal Minister of Health which led to the 1997 bill replacing the federal act overturned by the Supreme Court.

In the face of the public uproar the federal restrictions on sponsorship engendered in the arts and sports sector, it became clear that if the strategic coalition of the 18 RPHDs was serious about facilitating the adoption of the bill, adjustments had to be brought about to their advocacy interventions and to the level of resources devoted to them.

“During the last few months, the eventual adoption of the federal bill C-71 has generated fierce debates mainly around the provisions on sponsorship and advertisement. [...] The French speaking media have been very sympathetic to the pressure groups from the arts and sports sectors. [...] many health sector actors [...] partake in the debate. From these experiences emerged a sense of the importance and urgency to define the intervention area of public health and to join and adjust our capacities in a strategic fashion to those already in place [...] the incoming battle that is going to be fought in Québec [the provincial capital city] risks being as harsh if no harsher considering the extent of the projected Québec bill.” (Comité provincial de santé publique sur le tabac et la santé, 1997.)

From the tobacco manufacturers perspective the provisions on sponsorship were both a menace to their profitability and an opportunity to defeat the bill by having the debate drifts from the health issue to the survival of sponsored events. The opposition to the provisions was spearheaded by the “Ralliement des événements pour la liberté de commandite” (Events Rallying For The Freedom Of Sponsorship) a lobby group representing Québec’s seven largest arts and sports events. The Ralliement’s public interventions received intense and mostly favourable media coverage that at a time won the support of the Premier of Québec: “[the Premier] acknowledges that tobacco is a threat that needs to be addressed, but jeopardizing international events as it is intended by the [federal law] does not make any sense” (a government spokesman quoted by Delbes, 1997). The issue could not be evaded by the promoters of the tobacco bill who had to find ways to neutralize the Ralliement’s hold on the debate.

In May 1997, and following calls from tobacco control professionals for more effective involvement in the policy debates, the heads of the 18 RPHDs both centralized their strategic planning and increased the level of resources invested in their advocacy strategy. The centralized strategic planning body was composed of full-time tobacco control professionals with direct access to the heads of the RPHDs. Its operations were funded through a specially allocated budget that was large enough to allow for a string of province-wide media interventions.

As shown in Fig. 3, the renewed effort of the strategic coalition of the RPHDs allowed for an additional set of interventions to advocate for the tobacco bill that at times either complement or enhanced the interventions of the CQCT. Two main outcomes of the reformulated strategy should be highlighted.

First, the central strategic planning body facilitated the intervention of the governmental public health agencies by producing a public health centred rationale to defend the different measures of the bill and by disseminating to tobacco control professionals throughout the province a daily press review of tobacco related local, national and international news. One significant result of this facilitative work was in having renowned medical experts publicly urge the government to table its stalled tobacco bill. A press conference staged, in April 1998, by a group of oncologists and other specialists and the intentions expressed by authorities from another hospital to stage another is widely regarded as having convinced the Council of Ministers to table the bill. These demonstrations of support from health care institutions were also said to have contributed to fending off the image of the promoters of tobacco control measures as “tobacco ayatollahs”; a message actively conveyed by their opponents since the early stages of the cigarette contraband crisis.

Second, the central strategic planning body improved the coordination between the different interventions conducted by the GPHAs, such as hospitals and local community health centres, and the NGOs. While a certain level of coordination has already been achieved among some NGOs including the CQCT, this later organisation was hardly able to mobilize the GPHAs, having deliberately been created outside the governmental public health system. Meetings

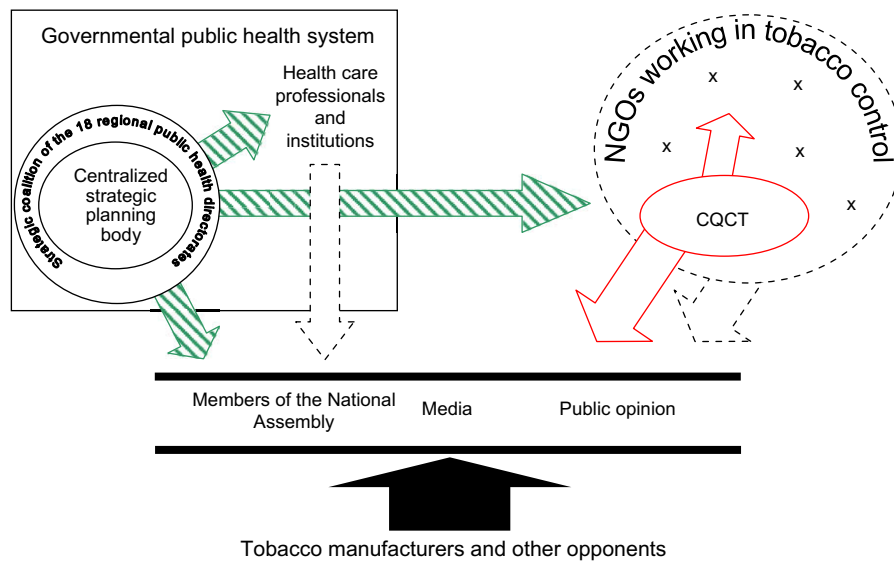


Fig. 3. Re-organising the public health advocacy capacity (1997–1998).

between the strategic planning body and NGOs were regularly held. Among other things, these meetings helped ensure that the actions of the promoters of the bill would not unnecessarily overlap and that no aspect of the bill would be left unaddressed during the various advocacy interventions and the parliamentary process. Joint interventions, such as press conferences, were also conducted for which, and despite their funding by the central planning committee, were only credited to the CQCT, the Non Smokers' Rights Association, or another NGO. These joint interventions proved to be critical to the conduct and dissemination of opinion polls demonstrating to the journalists and MNAs the support of the Quebecers to the tobacco control measures. The interventions also contributed to neutralize the Ralliement opposing the provisions on tobacco sponsorship.

In this later case, the central strategic planning body, along with its allies, established an organisation to lobby the provincial government to use part of its cigarette tax to compensate the arts and sports events from the lost of tobacco industry money. The movement advocating for the "Fonds québécois pour la culture, le sport et la santé" (Québec fund for culture, sports and arts) recruited the support of a wide array of actors from the arts, sports and health sectors and gathered enough momentum to have its representatives gain access to key ministers and MNAs. The official adoption, in February 1998, of the tax scheme by the Minister of Finances gave a fatal blow to the Ralliement. At the time of the parliamentary commission hearings on the tobacco bill, held in May–June 1998, the Ralliement was no longer the voice of the seven arts and sports events. Their representatives opted instead to advocate for their respective organisations and, rather than opposing the bill, worked on amendments to streamline the phasing out of the tobacco industry sponsorship.

Explaining the adoption of the Tobacco Act

The previous sections provided us with various indications on the factors underpinning the *Tobacco Act*. One way

to put some order into this complexity is to consider in which time frame their effects can be observed.

In the short time period, the Minister of Health's legislative initiative was nothing short of a condition *sine qua non* to the adoption of the Act. But he would not have succeeded without the support of the strategic coalition of the 18 regional public health directorates. The coalition's actions were critical in thwarting the campaign to scrap the bill on the basis of its potential economic impacts. Its actions were made even more effective by the bridges it built with NGOs and health care institutions to allow for a broader and more coordinated array of interventions.

Our analysis of the tobacco policy discourses in 1998 is particularly indicative of the success of the promoters of tobacco control measures. As illustrated in Fig. 4, the promoters of tobacco control measures were the largest and most diversified group of actors that can be associated to a common general policy discourse and hence to an advocacy coalition as defined by Sabatier and Jenkins-Smith. In contrast, most policy actors outside this group were advocating for the amendment of a single provision of the bill, offered no alternative solution to youth smoking and did not contest the actual harms on health of tobacco use. Except for the three main tobacco manufacturers represented by the Canadian Tobacco Manufacturers' Council, the other organisational actors associated to the tobacco economic sector were not clearly sharing a common vision of the tobacco problem. And when, at the time of the parliamentary commission studying the bill, the Tobacco Council did a foray into the health impacts of tobacco, MNAs and journalists afforded very little credibility to its view. The MNAs had already been largely won over the diagnostic formulated by the anti-tobacco coalition. When focused on health issues, public health and health care actors were by far the most legitimate interveners in the policy debate.

"And I would particularly like to thank the [CQCT] for helping me understand the issue as I now understand it

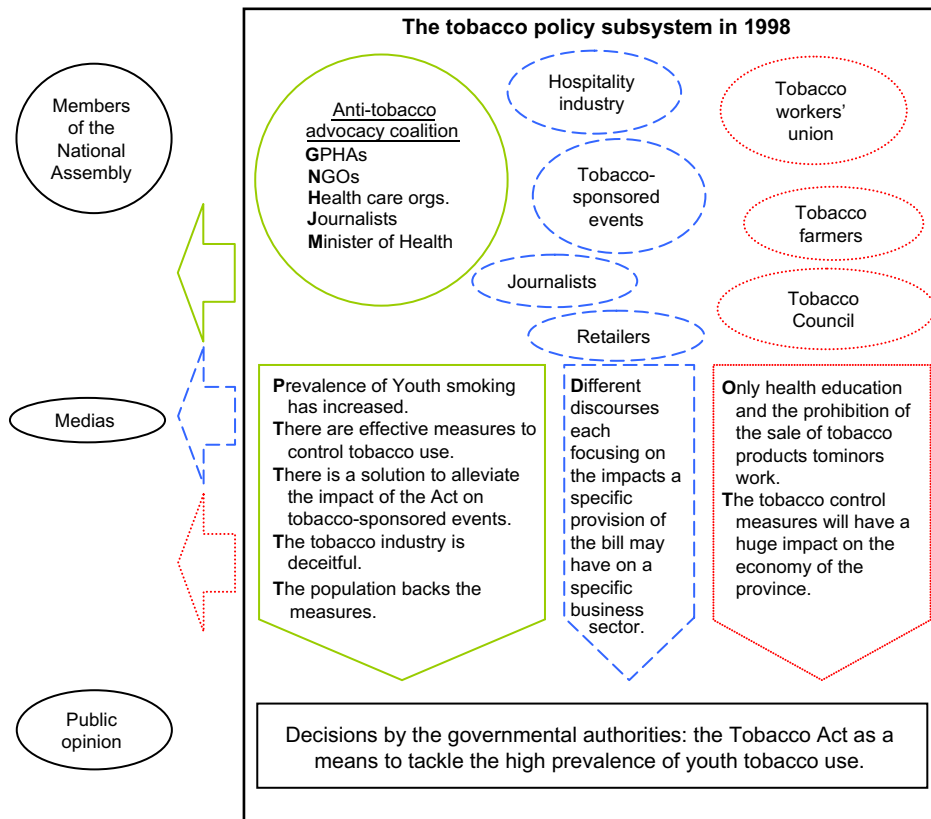


Fig. 4. Main groups of policy actors and the core elements of their discourses on the Tobacco Act in 1998.

[...] I think that, thanks to them, we understand much better the question than before." (A MNA from the Liberal Party addressing the parliamentary commission, *Assemblée nationale*, 1998.)

From a mid-term perspective, it is clear that the Minister and the strategic coalition of the 18 RPHDs were reaping the fruits of the broader anti-tobacco advocacy coalition that made throughout the years, some substantial gains in terms of advancing their vision of the tobacco problem and its solutions. For instance, when we compared the policy discourses held in 1986 to the ones in 1998, not only has smoking evolved into a public health problem, we also found a clear recognition of the hazards of exposure to ETS and the inclusion of tobacco sponsorship within the realm of the strategies to promote tobacco products.

If this broad anti-tobacco advocacy coalition was able to achieve prominence within the tobacco policy subsystem, it is largely due to its success in seizing the opportunities engendered by a series of events external to the subsystem. These aforementioned events have enhanced the advocacy capacity of the promoters of tobacco control by (1) moving the tobacco problem on the governmental agenda, (2) increasing the level of resources devoted to it, (3) granting a tobacco policy entrepreneur, a key political position in the machinery of the State (Minister of Health) and (4) offering an opportunity to broaden the scope of the bill with provisions on the promotion of tobacco products.

Lastly, to explain the adoption of the *Tobacco Act* requires taking into account the long term effects of some relatively stable parameters that impeded the capacity of opponents to contest the impacts on health of tobacco, its addictive properties, and the legitimacy of governmental interventions in reducing its consumption. A legitimacy that was further reinforced by the surge in youth smoking.

Discussion

We intended to demonstrate the merits of a theoretically grounded approach to policy analysis in health promotion. Applying the ACF along with Lemieux's theorization of coalition structuring, we develop a more intricate explanation of the adoption of Québec's *Tobacco Act* and of the contribution of the GPHAs than what would have been achievable without their theoretical insights. Whereas most studies only set their attention to the few years preceding the adoption/implementation of a specific act and only consider the actors closely involved in the advocacy strategy, we cast Québec's *Tobacco Act* in a set of processes that unfolded over more than a decade and distinguished two level of policy actors, i.e., a group of strategic coalition actors evolving within a broad advocacy coalition.

Lemieux' theorization has definitely proven an essential complement to the ACF. Our results clearly point to

a strategic coalition forged as a result of its member's assessment of the evolving policy environment (e.g. a Minister of Health tabling a bill). The strategy adopted was also directly addressing the risk involved in partaking in this endeavour (e.g. the use of an NGO acting as a "firewall").

While the risks remained stable and the foreseen benefits of the Tobacco Act were never in question, the level of difficulty in getting it passed did increase. This change in the policy environment brought by the Ralliement had the coalition member questioning their capacity to defuse threats to their policy goal and, as predicted by Lemieux, had them reorganized their decision-making body. Lastly, the building of the coalition was clearly facilitated by a history of collaboration between the public health directors. They knew each other well, and met on a regular basis. The fact that they were all medical doctors speaks of the homogeneity of the coalition. These factors, as posited by Lemieux, were preventative of conflict and arguably contributed to sustainability (see *Traynor & Glantz, 1996* for an illustration of a crippling conflict). It seems that the consensus attained on the strategies of the coalition did not go beyond the level of risk that the most concerned members were ready to accept.

Our analysis of the policy discourses and actions of the tobacco policy elite, clearly supports the principle of the ACF that events external to the subsystem are a necessary cause of policy change (albeit insufficient hence the need for a strategic coalition). The contraband crisis and its ensuing tax rollback and increase in youth smoking definitely move tobacco use from the strictly fiscal/economic political domain to the public health realm. This event along with the provincial elections (a category of event identified by the ACF) had a clear impact on the level of resources of the advocates of tobacco control measures to impose their definition of the tobacco policy. The policy change that took place in Quebec in 1998 was clearly resulting from a clash of conflicting goals and visions that lead to a series of negotiations between actors of unequal weight and influence. The text of the Act abound with provisions granting delays of a few years before the economic actors (e.g. restaurants owners allowing smoking) had to abide to the measures. Nevertheless, time has proven that the tobacco control advocates did prevail in the tobacco policy subsystem as all its provisions were implemented and enforced. Similarly, our findings support the ACF tenet of relatively stable parameters constraining/enhancing the capacity of the policy actors to predominate in the policy subsystem. 12 years prior to the adoption of the Act some parameters had already permeated the policy system, and new ones (e.g. the harms of ETS) followed, further impeding the capacity of the opponents to contest the tobacco policy on health and also economic grounds.

If the ACF has proven valuable in studying Québec's tobacco policy, it might nevertheless present serious shortfalls when dealing with complex policy problems such as health inequalities and upward population trends in obesity and physical inactivity. These problems attract far more complex constellations of policy actors transcending various sectors and government agencies; a situation that is likely to challenge traditional policy analysis concepts such

as "policy subsystem" and "policy domain". Researchers will likely have to embrace alternative/complementary theories to approach this complexity. Integrating development in policy network analysis is one promising approach to face the challenge (*de Leeuw, 2001; Lewis, 2006*).

The fact that policy analysts contemplate complex constellations of events, actions and arguments, all potentially yielding clues on a given policy change make this object of research hardly amenable to quantification. Instead, we elected to draw a logical temporal sequence of the events, and actions that took place in order to produce a coherent rendition of how they interact with each other. As a way to warrant the rigor of our enterprise, we ascertained that every fact drew from our interviews would be confirmed by other sources of data or was alternatively stated by more than one respondent.

From a practical perspective, our results suggest two core lessons for public health systems. First, that building up policy analysis capacity is critical in seizing the opportunities to influence the policy process. For instance, public health agencies wishing to bring about changes need to devote resources to the monitoring of the discourses and interventions of the policy actors involved or likely to be impacted by the changes. The RPHDs' advocacy strategy substantially benefited from the knowledge of the tobacco industry corporate practices the tobacco control professionals gained during the contraband crisis. Another core lesson is that public health actors cannot leave unaddressed concerns for non-health-related policy impacts. As an issue, health definitely ranked high within Québec's policy elite value system. However, the vigorousness of the economy ranked even higher, hence the imperative of demonstrating that no economical setbacks would ensue from the Act.

To conclude, our research has demonstrated the benefits for health promotion research and practice of grounding policy analysis within a theoretically sound endeavour. However, this is only a first step. Clearly, exciting challenges lay ahead before we can effectively inform the planning and implementation of advocacy strategies. Not only, is it imperative that health promotion integrates more theoretical insights into its policy endeavour, but it may, considering the complexity of the problems it is facing, become a fertile ground for the development of new theories and methods in the policy analysis field.

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References

- Anonymous. (1995). *Coalition pour la santé. Projet d'élaboration d'une stratégie d'influence dans le cadre du renforcement de la législation québécoise contre le tabagisme*. Montréal: Conseil des directeurs de la santé publique.
- Assemblée nationale. (1986). *Journal des débats*. Trente-troisième législature, première session, vol. 29, no. 40, le vendredi 6 juin, pp. 2382–2401.
- Assemblée nationale. (1998). *Journal des débats*. Commission permanente des affaires sociales. Trente-cinquième législature, deuxième session, Cahier no. 136, le mercredi 10 juin, pp. 1–65.
- Baumgartner, F. R., & Jones, B. D. (1993). *Agendas and instability in American politics*. Chicago, IL: The University of Chicago Press.
- Breton, E., Richard, L., Gagnon, F., Jacques, M., & Bergeron, P. (2006a). *Conditions et dynamiques de transformation de politiques publiques en matière de santé: une analyse du rôle des organisations du réseau gouvernemental de santé publique dans l'adoption de la loi québécoise sur le tabac de 1998*. Montréal: GRIS, Université de Montréal.
- Breton, E., Richard, L., Gagnon, F., Jacques, M., & Bergeron, P. (2006b). Fighting a tobacco-tax rollback: a political analysis of the 1994 Cigarette Contraband Crisis in Canada. *Journal of Public Health Policy*, 27(1), 77–99.
- Catford, J. (2006). Creating political will: moving from the science to the art of health promotion. *Health Promotion International*, 21(1), 1–4.
- Chapman, S., & Dominello, A. (2001). A strategy for increasing news media coverage of tobacco and health in Australia. *Health Promotion International*, 16(2), 137–143.
- Comité provincial de santé publique sur le tabac et la santé. (1997). *Stratégie de communication. Faciliter l'adoption d'un projet de loi sur le tabagisme au Québec*. Montréal: Conseil des directeurs de la santé publique.
- CQCT. (1997). *Plate-forme et liste des organismes membres de la Coalition québécoise sur le contrôle du tabac*. Montréal: CQCT.
- Crémieux, P.-Y., Fortin, P., Ouellette, P., Lavoie, F., & St-Pierre, Y. (1997). *Projet de loi sur le tabac proposé par le Ministre de la Santé et des Services sociaux du Québec. Étude d'impact*.
- Delbes, M.P.C. (1997). Grand Prix du Canada. Lucien Bouchard a eu le plancher à lui tout seul. *Le Droit*, p. 15, 16.06.97.
- Dutrisac R. 1998. Produits du tabac: Les fabricants dans la ligne de tir. Les groupes antitabac et les gouvernements se liguent pour faire chuter la consommation. *Le Devoir*, p. B1, 06.05.98.
- Gamson, W. A. (1961). A theory of coalition formation. *American Sociological Review*, 26(3), 373–382.
- Kingdon, J. (1984). *Agendas, alternatives, and public policies*. New York: Harper Collins.
- de Leeuw, E. (2001). Investigating policy networks for health: theory and method in a larger organizational perspective. *WHO Regional Publications. European Series*, 92, 185–206.
- Lemieux, V. (1998). *Les coalitions: liens, transactions et contrôles*. Paris: Presses universitaires de France.
- Lewis, J. M. (2006). Being around and knowing the players: networks of influence in health policy. *Social Science & Medicine*, 62(9), 2125–2136.
- Mintrom, M., & Vergari, S. (1996). Advocacy coalitions, policy entrepreneurs, and policy change. *Policy Studies Journal*, 24(3), 420–438.
- Oliver, T. R. (2006). The politics of public health policy. *Annual Review of Public Health*, 27, 195–233.
- Ostrom, E. (2007). Institutional rational choice: an assessment of the institutional analysis and development framework. In P. A. Sabatier (Ed.), *Theories of the policy process* (pp. 21–64). Boulder, CO: Westview.
- Sabatier, P. A., & Jenkins-Smith, H. C. (1999). The Advocacy Coalition Framework. An assessment. In P. A. Sabatier (Ed.), *Theories of the policy process* (pp. 117–166). Boulder, CO: Westview Press.
- Schlager, E. (1995). Policy making and collective action: defining coalitions within the advocacy coalition framework. *Policy Sciences*, 28, 243–270.
- Schlager, E., & Blomquist, W. (1996). A comparison of three emerging theories of the policy process. *Political Research Quarterly*, 49(3), 651–672.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.
- Traynor, M. P., & Glantz, S. A. (1996). California's Tobacco Tax Initiative: the development and passage of Proposition 99. *Journal of Health Politics, Policy and Law*, 21(3), 543–585.
- WHO. (1986). *First International Conference on Health Promotion. The Ottawa Charter on health promotion*. Geneva: World Health Organization.
- WHO. (1988). *Conference statement of the 2nd International Conference on Health Promotion: The Adelaide recommendations – Healthy public policy*. Geneva: World Health Organization.