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**Clearing the Air:
The Stories of Municipal Smoking-Control Bylaws in British Columbia**

by

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A Dissertation Submitted in Partial Fulfillment of the
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DOCTOR OF PHILOSOPHY

in the Faculty of Human and Social Development

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ABSTRACT

The development and implementation of municipal smoking-control bylaws in British Columbia during the 1990s was characterized by polarity and confrontation. Health sector professionals, members of the hospitality industry, community activists, and municipal politicians disagreed over the need for bylaws, types of establishments that should be regulated, and the degree of restriction.

This research used narrative policy analysis to understand the factors that influenced the development of these bylaws in order to delineate a less confrontational process and ensure a more stable resolution. Narratives were collected from representatives of the main policy sectors in four communities throughout British Columbia. Victoria and Vancouver represented urban communities that were updating existing bylaws. Professional staff headed their top-down bylaw processes. In the rural communities of Squamish and Kimberley community volunteers attempted to introduce new bylaws through a bottom-up process. The narratives proved to be a rich source of information that would have been difficult to capture in any other manner. They offer a novel and fruitful means of engaging in policy analysis.

The provincial government's tobacco-control strategy served as a backdrop for all policy processes, although it was experienced unequally in the four communities. Urban centres were more aware of provincial tobacco-control initiatives and accessed provincial resources to a greater extent than did Kimberley and Squamish. Each policy sector was

led by champions, but the nature of these groups and individuals greatly influenced their success. Those who were credible, persistent, and had access to decision makers were most likely to influence the policy-making process. The antagonism that distinguished the bylaw process was itself a determinant. In all communities, the discord reached a level where it precluded a fair and inclusive process.

The bylaw debate was framed and reframed by different sectors. The ability of champions to reach policy makers and frame the debate in a way that was compelling played a significant role in the outcome.

Finally, the narratives indicate that each community's "readiness" for policy change is a factor that must be considered. Community readiness was seen to comprise seven main components: 1) each policy sector's belief that a policy is worth adopting and their ability to successfully influence the public and policy makers; 2) the nature of a community—its size, demographics, and social norms; 3) the politicians involved and the ability of champions to understand the political process and reach policy makers; 4) the type of policy under consideration and its relationship to both previous statutes and social norms; 5) the ability of media to reflect sectoral interests and influence public knowledge and attitudes; 6) the temporal context in which the policy change was considered; and 7) a process that fits the needs and resources of the community.

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Glossary of Acronyms

CRD	Capital Regional District
EPA	Environmental Protection Agency
ETS	environmental tobacco smoke
NCAT	National Campaign for Action on Tobacco
NGO	non-governmental organization
UBCM	Union of British Columbia Municipalities
WCB	Workers' Compensation Board
WHO	World Health Organization

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Dedication

To Sean and Natasha

and for

my Mother and Father

Introduction

Success in adopting and enforcing legislation to control smoking in public places should not blind us to the obstacles that had to be overcome before such legislation was introduced and accepted as the most appropriate way of ensuring the peaceful co-existence of smokers and non-smokers (Roemer, 1993, p. 106).

In the past decade, as the negative health effects resulting from exposure to second-hand smoke have become increasingly well documented, implementing policies to control smoking in public places has become an important component of comprehensive tobacco-control strategies, particularly at the local or regional level. The obstacles that have to be overcome in the development of these statutes continue to be significant. These obstacles include a public that is often unconvinced of the dangers associated with exposure to environmental tobacco smoke (ETS); a smoking population that is fed up with being treated like second-class citizens; a tobacco industry that is reluctant to admit that smoking is a health hazard; municipal, state, and provincial governments that are often widely polarized on the issue; and zealous health advocates, “nico-nazis” to some, who are intent upon banning smoking in all public places.

In British Columbia (B.C.), Canada, the cities of Vancouver and Victoria had smoking-control bylaws in place in the early 1990s. Nonetheless, a decade later the battle over those bylaws is still being waged. Health officials in these cities, citing scientific evidence of negative effects on health, insist that all public places including bars and

restaurants should be smoke-free. Owners of those establishments are convinced that this will result in economic disaster and smokers continue to light up in indoor areas in defiance of the law. Bylaws in both cities have been challenged in the courts.

My own interest in the policy process began in the early 1990s. As an employee of Capital Regional District (CRD) Health in B.C., I was responsible for the implementation of that District's recently passed smoking-control bylaw, which encompassed the city of Victoria. I experienced first-hand the frustration of merchants who felt they had the "the rug pulled out from under them." Having established restaurants or coffee shops under one set of rules, they were confronted with a new bylaw that threatened to oust some of their most valued customers, the smoking population. Those merchants had almost no input into developing the bylaw. Many of them were struggling to eke out a living and they felt, justifiably, anxious and angry. It seemed that those involved in the policy development had failed to adequately discuss the social and economic impact of the proposed policy. At that time, I began to think that there must be a policy development process that would be more equitable, less confrontational, and that would consider the needs of all involved.

Some years later, as a government policy analyst responsible for developing provincial policies and legislation related to tobacco control, I was again struck by the vagaries of the policy process and the multitude of factors that may influence it. In particular, the policy process involved in developing municipal smoking-control bylaws inevitably seemed to be polarized and confrontational whether the bylaw resulted from a "top-

down” process, driven by a city councillor or medical health officer, or a “bottom-up” course of action initiated by concerned citizens. I became interested in studying communities to determine the factors that influence bylaw development.

Because of the polarized nature of the debate, it seemed essential to listen to a broad range of stakeholders. I decided to collect their “stories,” their own narratives describing how the policy process unfolded. I was in no way prepared for the drama that unfolded in those narratives—the degree of anger and antagonism at both the individual and sectoral level, the single-mindedness of some individuals in promoting and protecting their point of view, the framing and re-framing of the issue that occurred throughout the debate, and the multiplicity of factors that directly or indirectly influenced the policy process.

This dissertation is a story of stories: Chapter 1 will review the history and some of the factors involved in the development of tobacco-control programs and policies; Chapter 2 will examine the policy process and look at how the sectors involved in policy debates influence the process; Chapter 3 explains why a narrative policy analysis methodology was chosen and how the research was carried out; in Chapters 4, 5, 6, 7 and 8 the narrators tell their stories; and Chapter 9 offers a summary of the research findings and conclusions.

I believe that the stories bring to light some important considerations for the policy process: they belie the concept of policy making as a purely political process; they underscore the importance of considering all players involved in and affected by the

process as well as the social, economic, geographic, and temporal context in which the process takes places; and they address individual communities' readiness for policy change. Furthermore, with a highly polarized issue such as tobacco control, the stories speak to a need to manage the policy process in order to prevent it from being subverted by conflict. It is hoped that the outcome of this research may provide guidance for bylaw development in other communities by proposing a process that would be less confrontational, would consider the needs of all those involved, and would result in a more stable resolution than has been experienced to date.

Chapter 1

Tobacco Control: The Emergence of ETS as a Policy Issue

No single smoking control measure can be expected of itself to solve the smoking problem. The measures recommended must always be seen as part of an overall strategy, of which legislation forms only a single, though essential, component (The 1978 World Health Organization [WHO] Expert Committee on Smoking Control, as cited in Challot-Traquet, 1996, p. 5).

Tobacco control is a highly political and polarized issue. While every effort has been made to present the historical perspective in an unbiased manner, my own background in health policy inevitably influenced my perception. It is now becoming evident that the tobacco industry has not been forthcoming about both the health impact of their product and the way in which it is promoted and marketed. Nonetheless—and the stories will support this—it should be remembered that the tobacco-control debate is characterized by politics and advocacy. Both the health sector and the tobacco industry have, at times, been guilty of framing the issue and interpreting the evidence to suit their own purposes.

1.01 Historical Approaches to Tobacco Control

In the past 40 years a variety of strategies have been used to control tobacco use. Following the American Surgeon General's 1964 report on the dangers of smoking, public education campaigns, primarily consisting of pamphlets and posters, were

mounted in an effort to change individual behaviour. Literacy rates, reading levels, and difficulty in reaching certain segments of the population limited the effectiveness of this approach. Smoking prevention and cessation programs, which often focused on specific population groups such as teens or low-income women, were initiated. These community-based programs were frequently situated in schools and workplaces.

Beginning in the mid-1970s, many countries moved from a focus on individual behaviour-change programs to population strategies. This shift was accomplished by including policy initiatives as another component of their tobacco-control arsenal. These policies were intended to modify social norms in order to discourage tobacco use and support decisions not to smoke or to quit smoking (Sofaer, 1995, p. 157). The first strategy was to increase the price of cigarettes and this has proved to be particularly effective for price-sensitive youth. Between 1979 and 1991 there was an inverse relationship between the real tobacco price index and teen smoking in Canada (Health and Welfare Canada, 1991).

However, it became obvious that various segments of the population react differently to tax increases. Low-income families appeared to be less responsive to higher prices than middle- or high-income families. There was evidence that smoking among low-income families did not necessarily decrease with increased cigarette prices and the net result was increased hardship for these families and their children as cigarettes were purchased at the expense of food, clothing, and shelter (Hamilton, Grimard, Levinton, & St.-Pierre, 1997). Furthermore, high cigarette taxes in Canada led to an increase in smuggling of

lower-priced American cigarettes across the border. In 1994, reduction of tobacco taxes by the Canadian federal government and some provinces also spawned interprovincial smuggling of cigarettes and an active mail-order business between provinces.

In the mid to late 1980s health professionals began to focus on the impact of tobacco advertising on smoking. Although the tobacco industry's voluntary code of advertising claims that, "advertising will be addressed to adults 18 years of age and over and will be directed solely to the increase of cigarette brand shares" (Cigarette and Cigarette Tobacco Advertising, 1984), there is ample evidence that tobacco ads present a powerful enticement to youth and reinforce the erroneous concept that cigarette smoking is a normal and even desirable part of adult life. The 1988 federal *Tobacco Products Control Act*, which banned tobacco advertising throughout Canada, was regarded as a worldwide precedent. However, in September 1995 the Supreme Court of Canada struck down significant portions of the Act as being unconstitutional. The Act has now been replaced by the federal *Tobacco Act*, which imposes less comprehensive restrictions on the promotion of tobacco products.

The fact that over 90% of smokers begin smoking before their 19th birthday caused legislators to examine ways to prevent the onset of youth smoking. Studies carried out in Woodbridge, Illinois demonstrated the powerful impact of legislation combined with appropriate enforcement on preventing the sale of tobacco to minors (Jason, Peter, Anes, & Birkhead, 1991). "Sales to minors" legislation was enacted in many American states and Canadian provinces during the late 1980s and early 1990s.

The importance of these legislative initiatives in a comprehensive tobacco-control strategy was highlighted in the 1983 report of the WHO Expert Committee on Smoking Control Strategies in Developing Countries:

It may be tempting to try introducing smoking control programmes without a legislative component, in the hope that relatively inoffensive activity of this nature will placate those concerned with public health, while generating no real opposition from cigarette manufacturers. This approach, however, is not likely to succeed. A genuine broadly defined education programme aimed at reducing smoking must be complemented by legislation and restrictive measures (as cited in Sasco, Dalla-Vorgia, & Van der Elst, 1992, pp. 1, 2).

A reciprocal role exists between public policy and public opinion or social norms. The very existence of a policy may reflect changing perceptions. On the other hand, policies have the potential to institutionalize social norms. The cumulative impact of tobacco-control policies in the 1970s and 1980s was to raise public awareness regarding the dangers of tobacco use and decrease social acceptance of smoking as well as public tolerance for exposure to ETS. At the same time, environmental concerns were gaining attention. It was not surprising that the next “wave” of tobacco-control policy focused on smoking in public places. The passage of “clean-air legislation” has “escalated against the background of the worldwide concern with the quality of the environment” (Roemer, 1993, p. 99).

1.02 The Health Impact of ETS

The impact of active smoking (inhaling smoke during the act of smoking) on health has been well documented over the past 50 years. In countries where cigarette smoking has been the social norm for several decades, approximately 90 to 95% of lung cancer, 80 to

85% of chronic bronchitis and emphysema, and 20 to 25% of deaths from heart disease and stroke are attributable to tobacco use. (Challot-Traquet, 1996). Smoking has also been linked to cancers of the bladder, kidney, pancreas, and stomach (Roemer, 1993). At least half of regular smokers who begin smoking during adolescence will eventually die of a tobacco-related illness. Among smokers between the ages of 35 to 69, the death rate is three times that of non-smokers (WHO, 1997). For the developed world as a whole, 40 to 45% of all cancer deaths among men are caused by smoking (Challot-Traquet, 1996). Worldwide, an estimated three million people die annually from tobacco-related illnesses; 5,800 in B.C. alone. The global impact of tobacco use is likely to increase as tobacco promotion shifts toward the developing world. In recent years, multinational tobacco companies have aggressively exploited new markets in Africa, Eastern Europe, Latin America, and Asia (Roemer, 1993), expanding tobacco consumption and often attempting to develop an indigenous tobacco industry (Warner, 2000).

ETS comes from two sources: mainstream smoke, which is the smoke inhaled and exhaled by the active smoker, (also known as second-hand smoke); and side-stream smoke, which is emitted directly into the surrounding air from the lit end of a smoldering tobacco product. While the two types of smoke share similar components, the undiluted side-stream smoke has smaller particles, higher concentrations of carbon monoxide, and up to 50 times more of the carcinogenic compounds also found in mainstream smoke (Winton, 1983). The burning tip of an idling cigarette is cooler than the 800 to 1000° C temperature reached during a puff, and less complete combustion of organic constituents results in higher production of toxic chemicals.

Side-stream smoke composes the majority (85%) of the smoke found in indoor areas. Factors such as the type of cigarette (filter or non-filter, low tar or low nicotine), smoking rate, room size, ventilation rates, and duration of exposure will affect a non-smoker's exposure to ETS (Council for a Tobacco-Free Ontario, 1995). Centrally air-conditioned buildings may increase exposure to ETS by limiting the intake of fresh air to save on energy costs related to heating or cooling incoming air (Wigle, 1983).

The health consequences of exposure to ETS have been increasingly well documented over the past 50 years. By the 1960s research had demonstrated a 70% higher death rate in male smokers than in male non-smokers. By 1967, there was overwhelming evidence that active smoking was the principal cause of lung cancer (Roemer, 1993). The first warning of the risks associated with exposure to ETS, made by the United States (U.S.) Surgeon General Jesse Steinfeld in 1971, went largely unheeded (Marwick, 1985). Subsequent warnings were tentative. The 1972 U.S. Surgeon General's report concluded that "an atmosphere contaminated with tobacco smoke can contribute to the discomfort of many individuals" (as cited in Cunningham, 1996, p. 112). This attitude changed in 1981 when a startling study of the non-smoking wives of Japanese men who were heavy smokers revealed that these women had a higher risk of developing lung cancer (and demonstrated a dose-response relationship) than wives of non-smoking men (Hirayama, 1981). In 1982 the U.S. Surgeon General's report suggested that "prudence dictates that non-smokers avoid exposure to second-hand smoke to the extent possible" (as cited in Morgan, 1982, p. 810). Following the release of this report, passive smoking, defined as

“the involuntary inhalation of the gases and particulates produced by burning tobacco” (Morgan, 1982, p. 810), started to be recognized as a major public health issue. However, at that time smoking was still considered by many to be the societal norm. Non-smoking policies, which generally were not enforced, were perceived to be symbolic concessions to non-smokers. Personal requests that smokers refrain from smoking for the comfort of others were often regarded as “deviant behaviour” (Morgan, 1982, p. 811).

By 1986 the U.S. Surgeon General’s report focused exclusively on the health consequences of ETS exposure and identified ETS exposure as a cause of lung cancer (as cited in Sorensen, 1994). The then U.S. Surgeon General C. Everett Koop “transformed the public debate over tobacco use by calling for a smoke-free society by the year 2000” (Glantz, 1997). As well as outlining the health effects on children and adults, the report made it clear that separation of smokers and non-smokers within the same air-space would not eliminate exposure to ETS (Roemer, 1993). In December 1992, a report published by the U.S. Environmental Protection Agency (EPA) classified ETS as a Class A carcinogen or a known human carcinogen. The report concluded that ETS

is a human lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually in U.S. smokers . . . In children, ETS exposure is causally associated with an increased incidence of lower respiratory tract infections . . . such as bronchitis and pneumonia . . . ETS exposure is causally associated with increased prevalence of fluid in the middle ear, symptoms of upper respiratory tract infections, and a small but significant reduction in lung function. ETS exposure is causally associated with additional episodes and increased severity of symptoms in children with asthma . . . ETS exposure is a risk factor for new cases of asthma in children who have not previously displayed symptoms (U.S. EPA, 1992, p. 1-1).

The EPA report, which placed ETS exposure on a par with exposure to benzene and

asbestos, concluded that “the widespread exposure to environmental tobacco smoke in the United States presents a serious and substantial public health impact” (U.S. EPA, 1992 p. 1-1). In tabling the report, William K. Reilly, Administrator of the EPA, pointed out that the “risks associated with environmental tobacco smoke are at least an order of magnitude greater than they are for virtually any chemical or risk that EPA regulates” (Statement, 1992, p. 3). He concluded that “smoking is not just a health risk for smokers, it is in fact also a significant risk for nonsmokers and particularly for children who are exposed to tobacco smoke” (p. 1).

Exposure to second-hand smoke during pregnancy is now recognized to be associated with many of the perinatal complications related to active smoking: spontaneous abortion; abnormalities of foetal growth (including low birth weight and small-for-gestational-age infants); and increased risk of perinatal mortality, including Sudden Infant Death Syndrome (Andres & Larrabee, 1996). Exposure to ETS during childhood may also be associated with the development of cancer during adult life (American Academy of Pediatrics, 1997). As no dose-response relationship between these conditions and exposure to ETS has been established, safe levels of exposure cannot be determined.

In the early 1990s, B.C. alone estimated that, annually, 50 lung cancer deaths are attributable to ETS exposure and between 1,800 and 3,600 lower respiratory tract infections in infants and children under 18 months are attributable to maternal smoking. In the same age group, 200 to 400 hospitalizations result from lower respiratory tract infections. Between 80 to 400 new cases of childhood asthma can be attributed to

parental smoking and 1,000 to 4,000 asthmatic children have their symptoms exacerbated by parental smoking (B.C. Ministry of Health, 1993).

As well as deaths from lung cancer, ETS exposure is associated with cardiovascular disease in non-smokers. By the mid-1980s, there was evidence that chronic exposure to second-hand smoke caused aggravation of exercise-induced angina in non-smokers by reducing the body's ability to deliver and utilize oxygen. Later in that decade, exposure to ETS was linked to both ischemic heart disease and myocardial infarction. A review of 10 epidemiological studies showed a 30% increase in risk of death from heart disease among non-smokers living with smokers as well as a significant dose-response effect (Glantz & Parmley, 1991). As active smoking is responsible for far more deaths related to heart disease (by causing or aggravating the condition) than to lung cancer, it is likely that the death rate from heart disease associated with ETS exposure will prove to be considerably greater than the death rate from cancer. Current estimates suggest that in the U.S. 35,000 to 40,000 non-smokers die annually from heart disease attributable to ETS exposure, compared to 3,000 excess lung cancer deaths among non-smokers that are also attributable to ETS exposure (Steenland, 1992).

1.03 Policy Implications and Functions

As well as elucidating the negative impact on health of ETS, the EPA report had significant policy implications.

Good environmental policy must be grounded in sound science. My philosophy is, first do the scientific analysis, and only then build the policy . . . With this report we have laid the firm foundation upon which policy can now be built ("Statement," 1992, p. 4).

Dr. John Millar, the B.C. Provincial Health Officer, echoed this statement by the U.S.'s EPA Administrator, but underscored the need for public involvement in that policy making.

It is clear that all unwanted exposure to this highly toxic substance must be eliminated. To make the changes that are needed it will be necessary for there to be extensive public knowledge and participation in developing public and private policies which are soundly based and fair (personal communication, January 16, 1993).

Policies to restrict smoking in public places serve several functions. They:

- minimize or eliminate the adverse health effects of exposure to ETS;
- protect non-smokers' right to a smoke-free environment;
- send a strong message that smoking is unhealthy and socially unacceptable, which may deter young people from smoking;
- encourage parents of young children to stop smoking or refrain from smoking in the presence of their children;
- provide support to those who want to stop smoking;
- reduce risk of fire; and
- reduce damage to buildings and furnishings (Roemer, 1993).

Workplace policies provide benefits to both smokers and non-smokers. These policies contribute to a decrease in cigarette consumption among non-smokers (Owen & Borland, 1997; Patten, Gilpin, Cavin, & Pierce, 1995), reduce rates of smoking initiation, and support increased attempts and success with quitting (Sorensen, 1994). This is

particularly true if the policy is implemented in an environment that provides support for smokers to stop smoking or reduce consumption (Owen & Borland, 1997).

On a general level, these policies have the ability to change social norms as they clearly identify exposure to ETS as unsafe and inconsistent with good public health practice. (Attitudes toward smoking policies, 1994). Individual policies also have a ripple effect, encouraging other institutions and commercial establishments to voluntarily ban smoking.

1.04 Changing Social Norms

Policies that restrict exposure to ETS in public places reflect one of the most striking changes in social attitudes in the last 25 years.

Smoking used to be everywhere. People smoked in the office, on elevators, on city buses, in restrooms, at staff meetings, in university classrooms. Everywhere. Doctors smoked in front of patients and permitted smoking in waiting rooms. A person recuperating from surgery in a hospital might find that the patient in the next bed was a heavy smoker (Cunningham, 1996, p. 109).

Early policies to restrict smoking in public places and workplaces were enacted “either as fire prevention measures in public places like theatres or cinemas or as safety and sanitation measures in places where food was prepared” (Dalla-Vorgia, 1995, p. 501). As the negative health effects of smoking were documented in the 1960s and early 1970s, restrictions were introduced that focused on reducing the immediate nuisance or discomfort caused to non-smokers by smoking. For example, restaurant and transit companies requested that smokers confine themselves to “cigarette smoking only” on the understanding that many clients were bothered by the smell of pipe or cigar smoke

(Cunningham, 1996, p. 110). Generally, the onus was on non-smokers to speak up if they objected to others smoking in the same room. Even at the headquarters of the U.S. EPA in Washington, smoking was to be banned in most areas including offices and open spaces only if non-smoking employees objected to others smoking in the same room (Repace, 1985). Non-smokers were urged to be polite but stubborn in impressing upon smokers that their objections to smoking were based on more than just “mildly aesthetic” or “kill-joy” grounds (Winton, 1983, p. 199).

Policies that were passed were not supported by well-established societal norms. In 1975, a Toronto taxi-driver who banned smoking in his taxi was threatened with the loss of his licence unless he reversed his policy. In the same year, a sailor who stopped attending a retraining course because he could not tolerate the smoke suffered a \$300 pay deduction because there was “no principle of importance” at stake (Cunningham, 1996, p. 110).

Policies to protect the health of non-smokers were proposed almost 15 years ago. As the evidence of danger to health increased, the right to breathe clean air stopped being a matter of aesthetics and became a public health issue. At that time, ETS-related deaths in the U.S. were estimated at 500 to 5,000 annually, one to three times higher than the mortality rates of other carcinogens regulated as hazardous air pollutants under the American *Clean Air Act*. (Marwick, 1985). The designation of separate areas for smoking in public places was the preferred policy option in the 1980s (Marwick, 1985).

Predictably, these policies pleased neither smokers nor non-smokers. The division of restaurants or airplanes into smoking and non-smoking sections, with no physical barriers

in between, accomplished little in terms of reducing exposure to ETS. Meanwhile, smokers complained of feeling like second-class citizens when relegated to less desirable areas of a restaurant or “the back of the bus” on transportation vehicles (Cunningham, 1996, p. 110).

Recommendations by international bodies such as the World Health Assembly and the European Community provided impetus for the development of legislation to restrict smoking in public places (Dalla-Vorgia, 1995), as did the 1986 U.S. Surgeon General’s report, which concluded that “involuntary smoking is a cause of disease, including lung cancer, in healthy non-smokers” (as cited in Cunningham, 1996, p. 112). The number of clean indoor air ordinances passed (or amended to strengthen) in the U.S. rose sharply following the release of that country’s 1986 Surgeon General’s report and 1992 EPA report on passive smoking (Glantz, 1997).

In retrospect it is clear that policies to prevent ETS exposure in public places often preceded public understanding of the issue and willingness to accept those policies. There was a growing consensus among health advocates that no single action or strategy would solve the problem of ETS exposure, and that policy initiatives must be accompanied by public education activities. Health Canada proposed a comprehensive approach that was to become the trademark of tobacco control in Canada. “First, non-smoking must be re-established as the social norm for all public areas, particularly indoor areas. This can be achieved by the judicious use of both education and legislation. Increased ventilation is usually not practical” (Wigle, 1982, p. 8). Canadian policy initiatives were to be

complemented by smoking prevention and cessation programs, mass advertising to promote non-smoking as desirable, and a ban on tobacco advertising. This strategy incorporated the elements of prevention, cessation, and protection that, later in the decade, formed the cornerstone of the National Strategy to Reduce Tobacco Use.

The tobacco industry, which has only recently acknowledged the link between active smoking and illness, actively downplays any association between ETS and illness or death, in spite of the existence of industry documents to the contrary. As early as 1978 the industry had identified the ETS debate as a threat to tobacco sales and planned strategies to refute scientific findings that associated passive smoking with ill health. A study conducted for the Tobacco Institute concluded that

[ETS] is the most dangerous development to the viability of the tobacco industry that has yet occurred. . . . The strategic and long run antidote to the passive smoking issue is, as we see it, developing and widely publicizing the clear-cut, credible medical evidence that passive smoking is not harmful to the non-smoker's health (as cited in Bero, Galbraith, & Rennie, 1994, p. 616).

In recent years, as policies to prevent smoking in public places have developed throughout North America, many of these policies have been challenged by the tobacco industry.

To this day, the tobacco industry continues to maintain that data on ETS is methodologically flawed. One of their strategies is to publish their own scientific research in an effort to influence public opinion and to refute studies published in medical literature. The industry frequently cites industry funded, non-peer reviewed publications such as

symposia proceedings, legal testimonies, or arguments challenging tobacco-control legislation.

The release of the EPA's 1993 report, *Respiratory Health Effects of Passive Smoking*, confirmed ETS as a known human carcinogen. As evidence of ETS's impact on health increases, policy makers are faced with a dilemma. A 1995 *Globe and Mail* editorial aptly refers to the mid 1990s as the "in between years": smoking has been almost unanimously condemned in some circles and yet institutions such as night-clubs and beer parlours still exist whose "very identity is fused with the cigarette" (Fresh air, or smoke and mirrors, 1996, p. A20). Twenty years earlier the risks associated with exposure to ETS were thought to be minimal. Non-smokers exposed to side-stream and mainstream smoke in ill-ventilated places such as cars and small offices were considered to be exposed to concentrations that "pose no immediate threat to health" (WHO, 1975). By 2000, the threat to health is now well documented. Legislation to prevent exposure to ETS in public places is a key component of tobacco-control policy and the creation of smoke-free environments is recognized as "probably the most effective strategy for reducing tobacco consumption, including preventing children from starting" (Glantz, 1997). The publication of the 1993 EPA report was heralded as "the beginning of a new era in tobacco control" which irreversibly placed "ETS in the political and legal context of other environmental and occupational carcinogens" as opposed to the context of individual behaviour and personal freedom espoused by the tobacco industry (Burns, 1992).

1.05 Health versus Rights

Many people have tried to reframe the control of smoking in public places from a public health issue to an issue related to individual rights. The issue of framing and re-framing will be re-visited later in Chapter 7. Even doctors have argued that it is impossible to correct a health problem through the use of moral force. In an editorial published in the *Canadian Medical Association Journal*, Dr. Donald Waugh stated that, while some indoor air policies have come about through “logical social evolution . . . unhappily, it has all too often been accompanied by a level of vituperation and downright viciousness toward continuing smokers that goes beyond the standards of good manners in civilized society” (1985). Waugh predicted that being preached at would only heighten the addicted smoker’s anxiety and would ultimately result in smokers seeking refuge in human rights legislation on the grounds of discrimination.

In recent years many smokers have complained of being persecuted, alienated, and stigmatized over their use of tobacco. Building on this perception, the tobacco industry has focused many of its advertisements on the smokers’ right to smoke in indoor places. The industry has developed a whole new “empathy advertising campaign” (Mahood, 1994), which capitalizes on the marginalized feelings of many smokers and condemns government bans or restrictions on smoking as “restricting the freedom of ordinary Americans to take control of their lives and make personal choices for themselves” (In the ongoing debate, 1995). This suggestion by the tobacco industry that clean-air legislation impinges on individuals’ personal freedom, feeds into public perception that government is over-regulating their lives. In 1990 a newspaper columnist pointed out

that, “It’s ironic that the manufacturer of the only legal product that enslaves most of its users is associating itself with freedom” (Horowitz as cited in Roemer, 1993, p. 9)

1.06 Jurisdiction and Extent of Regulations

As well as the health versus rights controversy, a debate exists concerning jurisdiction and the optimal extent of restrictions with respect to smoking in public places. Should municipal or provincial/state governments be responsible for smoking control ordinances? Should policies limit smoking to designated smoking areas, and if so, how should those areas be constructed? Or, is it preferable to institute total smoking bans? Those who support a total ban on smoking in public places argue that a voluntary approach is not effective. They maintain that most restaurant owners will not voluntarily ban smoking for fear of offending their smoking patrons and that designated non-smoking areas are ineffective, as neither employees nor non-smoking patrons are adequately protected.

Government’s right to enact legislation to protect the health and safety of its citizens is generally unquestioned. However, the extent of those restrictions is open to debate. This was illustrated by the Supreme Court of Canada’s decision with respect to the federal *Tobacco Products Control Act*. The Court found that, while some restrictions on advertising were reasonable, a complete ban on advertising, which interfered with the industry’s ability to communicate with their adult customers, was contrary to the Charter of Rights and Freedoms.

There has been considerable pressure from the public and advocacy groups in North America to have smoking-control bylaws enacted at the national or provincial/state level. In Canada, it was initially proposed that action to control ETS exposure should fall under the Canadian Labour Code or similar provincial acts that relate to “dangerous substances” (Wigle, 1983, p. 231). The enactment of broad national or regional legislation is not always realistic. For example, in an area the size of B.C. there is considerable diversity in terms of awareness of the health effects of ETS and readiness for regulation. Governments are reluctant to pass legislation that does not have widespread support. Clean air legislation may also be forced off the government agenda as other pressing concerns take priority.

Local or municipal smoking-control ordinances are supported by many advocates because they have greater potential for community involvement and because smoking restrictions can be increased as public support intensifies. Proponents of this approach stress the need to educate both the public and policy makers before developing legislation. Effective advocacy can be beneficial in building the link between science and policy. The cooperation of scientists, public health officials, community groups, and individual citizens in approaching legislators makes a powerful statement about public support for smoke-free public places. Broad community support “strengthens the political will necessary to achieve and enforce legislation” (Roemer, 1993, p. 107). Having the media on-side is also essential. Public education is needed before legislation is introduced, while it is being formulated, and after enactment. In themselves, enactment and enforcement of legislation serve an educational function (Roemer, 1993). In many

communities the development of clean-air bylaws involves a “bottom-up” process led by a coalition of voluntary agencies and citizen activists. Conversely, in communities where political will is lacking on an issue of such importance, a “top-down” process may be necessary to mobilize support.

The negative aspect of a local approach to tobacco-control ordinances is that a patchwork effect is often achieved, which encourages patrons to travel to adjacent municipalities in search of hospitality facilities that suit their smoking preferences. Recent bylaws in the Greater Vancouver area of B.C. have been a dramatic example of this.

1.07 Issues related to Policy Making

Public Attitudes

Public attitudes toward ETS exposure have changed dramatically in the last 15 years. Two surveys administered in Metropolitan Toronto, in 1983 and again in 1988, assessed public attitudes toward restrictive measures related to smoking. By 1988, in all settings examined, the population consistently favoured more restrictions on smoking, including its complete prohibition. Consistent increases in the percentage of respondents preferring a total ban on smoking in restaurants, workplaces, trains or buses, and hotels and motels have also been demonstrated in four Gallup polls conducted between 1983 and 1992. A 1987 Gallup poll in the U.S. also found that a majority (55%) of adults favoured a complete ban on smoking in public places. Generally, smokers are less likely than non-smokers to support smoking bans in different locations. (Attitudes toward smoking policies, 1994).

By 1995, a survey by the Angus Reid Group in the Greater Vancouver area found that 66% of the respondents favoured a municipal bylaw that would ban smoking in all indoor places. Support was considerably higher among non-smokers (79%) than smokers (30%). Support was greatest among individuals with higher levels of education and those with children at home (Angus Reid Group, 1995).

Policy Relevance

In 1986, the World Health Assembly adopted nine resolutions underlining the essential elements of a comprehensive tobacco-control strategy. The first resolution urged member states to enact “measures to ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke, in enclosed public places, restaurants, transport and places of work and entertainment” (as cited in WHO, 1997, p. 9).

Ensuring that non-smokers receive effective protection from ETS cannot be accomplished by regulation alone. On an issue such as this, which involves a shift in societal values, it is important to first assess public readiness in terms of awareness of the severity of the health issue and perceived need to restrict smoking in public places as well as societal and individual readiness to comply with the regulations (Challot-Traquet, 1996). This ensures that the policy is relevant to the population it will encompass. If necessary, public education campaigns and media advocacy should be used to promote public support for policy development.

Scope of the Policy

As well as determining the relevance of a policy to a particular population, the scope of the regulations should be considered. It may be appropriate to begin with limited restrictions and extend the range of public facilities that are included as public readiness increases. Statutes may range from a total ban on smoking in all public places, to a combination of restricting smoking in public places combined with designating smoking areas, to designating specific places where smoking is prohibited. In some areas general guidelines are provided for optimal public health and local authorities are given statutory authority to impose further restrictions (Roemer, 1993).

Regulations may cover only a few or a wide variety of public places. When limited restrictions are imposed, public transport is often one of the first areas to be legislated as smoke-free. Discomfort from ETS is exacerbated in enclosed spaces with inadequate resources to remove pollutants from the air. Vehicles that carry children, such as school buses, are almost always smoke-free. Over 80 countries have buses or trains that are smoke-free or have designated smoking areas (Challot-Traquet, 1996). By January 1990, all flights of up to six hours offered by Canadian commercial air carriers were made smoke-free. By July 1993, Canadian carriers offering international flights became smoke-free (Roemer, 1993). The federal *Non-Smokers' Health Act* effectively bans smoking on all aircraft and buses and restricts smoking on trains and ships.

Health care facilities are important in setting policy because these institutions play an

important exemplary role. Other concerns in health care facilities involve protecting the well-being of other patients whose health may already be compromised, and preventing exposure of health workers to ETS. As well as ensuring a smoke-free environment in health care facilities, it is important that tobacco products are not sold, promoted, or advertised on the premises. For example, selling tobacco in pharmacies is generally considered inconsistent with the pharmacist's role in promoting good health. Smoke-free environments are also considered a priority in areas where children and the elderly or the infirm are likely to be exposed, such as schools, long-term care facilities, or health care facilities. Long-term care facilities present a unique situation as they represent both a workplace and a private home. Humanitarian exceptions to smoking-control policies are sometimes provided for long-term care residents or terminally ill patients and occasionally for distressed family members (Challot-Traquet, 1996).

Municipal or regional smoking-control bylaws are most successful in jurisdictions in which a large number of enterprises have already taken action to ban or restrict smoking (WHO, 1997). These policies ensure that some level of protection is provided in certain, if not all, indoor places to which the public requires access. In these comprehensive policies, the most commonly regulated areas are government buildings, hospitals and health centres, places where children gather (schools, nurseries), and public transportation (trains, buses, aircraft). Broad-based restrictions on smoking in public places usually include banks, shopping malls, retail stores, service establishments, auditoriums, and sports arenas as well as indoor places of public assembly such as cinemas, libraries, theatres, and museums (Roemer, 1993). Private homes and businesses

are usually excluded. U.S. First Lady Hilary Clinton set a new standard for American homes when she banned smoking in the White House (Hilary Clinton's new home, 1993). More recently, Canada's Governor General, Adrienne Clarkson, has also prohibited smoking in her home, Rideau Hall. These policies reflect both individual preferences and a willingness on the part of public figures to reflect changing societal norms by making a statement about this issue.

Workplaces

There are a number of reasons for ensuring that workplaces are smoke-free. First, workplaces are unique because they are often a public place as well as a place of work. Second, workplaces and the home have been identified as the most important areas in terms of exposure time to ETS (Wigle, 1983). For adults who do not live with a smoker, workplaces constitute the principal site for exposure. As private homes are impossible to regulate, workplaces have become the primary focus of smoke-free policy activity (Schofield, 1995). Third, in 1991 the U.S. National Institute for Occupational Safety and Health identified ETS as an occupational hazard (as cited in Siegel, Husten, Merritt, Giovino, & Erikson, 1995). Finally, in recent years greater emphasis has generally been placed on workplace health promotion. Workplace initiatives present an ideal means to reach certain at-risk populations. Between 1985 and 1992 in the U.S., the percentage of workplaces employing more than 50 persons that had a formal smoking policy either banning smoking, or restricting smoking to separately ventilated work areas rose from 27% to 59% (Sorensen, 1994).

In some jurisdictions governments have taken a lead in introducing workplace smoking regulations. The Canadian *Non-smokers' Health Act* came into effect in 1991. It restricts smoking in all workplaces under federal jurisdiction. Smoking is either banned completely, or allowed in only a few designated smoking rooms. In newer buildings these rooms must be separately ventilated to the outside. In 1990 the province of B.C. introduced a policy that mandated a smoke-free environment in all government buildings and vehicles.

Workplace policies protect both non-smokers and smokers. Workplace restrictions are often introduced for sanitation reasons or to reduce risk of fire. Adverse interactions between tobacco smoke and many hazardous materials also require that smoking is banned in workplaces. For example, the risk of lung cancer from exposure to both asbestos and cigarette smoke is much greater than the sum of the two separate hazards. (Burnside, 1995). Employers may also implement non-smoking policies in order to reduce the direct and indirect health care costs related to smoking in the workplace. Employees who smoke are absent from work twice as often as the average non-smoker, and smokers need twice as much medical care and hospitalization with costs estimated at \$5,000 more annually per smoking employee. Smokers are also four times as likely to retire on disability as their non-smoking colleagues (Marwick, 1985). Implementing a workplace policy results in immediate benefits for the employer including a reduction in health care costs, insurance premiums (for both employees and the workplace), short- and long-term disability costs, and sick leave as well as improved productivity.

Restaurants and the “killer Bs” (bars, bingo halls, and bowling alleys) remain the most contentious sites for smoking-control policies. Bars, cafes, and restaurants are often treated differently from other public places because of the historical link between smoking and eating and drinking. Proprietors are concerned that they will lose business if they deny customers the right to smoke with their meal. The tobacco industry encourages this anxiety. “Most of the restaurants we know about that have tried a total ban know that it has cost them business,” says Rob Parker, President of the Canadian Tobacco Manufacturers’ Council (as cited in Yakabuski, 1994, p. A6). In fact, in reviewing data on restaurant sales in California, Glantz and Smith (1992) found no evidence that 100% smoke-free ordinances had any effect on restaurant sales, either in absolute terms or in comparison with similar cities that did not have smoke-free policies. If anything, they found that the existence of a smoke-free restaurant bylaw increased the share of total retail sales that went to restaurants.

As a workplace, hospitality facilities pose an extremely high risk for employees. Exposure to ETS in restaurants is 3 to 5 times higher than typical workplace exposure and 8 to 20 times higher than domestic exposure. The most heavily exposed restaurant workers inhale the equivalent of actively smoking one and a half to two packs per day. In California, waitresses have the highest mortality of any female occupational group. Compared to all other women, they have almost 4 times the expected lung cancer mortality and 2.5 times the expected heart disease mortality rate. (Siegel, 1993).

Policy Development

At a regional or national level, flexibility in adapting to local situations contributes to successful policy development (WHO, 1997). Advocacy, public education, and mobilization of citizens' groups are important in encouraging policy makers to take action. "Wide community support strengthens the political will necessary to achieve and enforce legislation" (Roemer, 1993, p. 108). Ideally, media coverage should take place before the legislation is introduced, while it is being formulated, and after enactment, although as already noted, "enactment and enforcement of legislation in themselves have an educational impact" (Roemer, 1993, p. 107).

In the workplace, non-smoking policies are considered by many businesses to be good industrial relations (Goldman, 1993). However, the development and implementation of these policies require careful planning. If management attempts to introduce the policy without consultation with employees and union representatives, the policy development process may be more contentious than the content of the policy. In the past, management has asserted its right to institute reasonable health and safety practices in the workplace while unions have maintained that permission to smoke is a traditional practice or working condition (Sorensen, Youngstrom, Maclachlan, Gibson, Emmons, Johnston, & Levenstein, 1997). Critical elements in the development of a workplace smoking-control policy include extensive consultation with staff (preferably in the form of a joint employee-management committee, including both smokers and non-smokers), adequate information on the health effects of ETS, a phasing-in period to allow adjustment after the policy is enacted, and continued monitoring of the policy once implemented (Challot-

Traquet, 1996). Implementation procedures for workplace policies should also outline arrangements to be provided for smokers, such as counselling, medication, or cessation assistance. Experience has shown that workplace smoking-control policies are more readily accepted if they form part of a comprehensive workplace health promotion program (Roemer, 1993). Failure to follow a reasonable process could lead to compensation claims for unfair and constructive dismissal.

Enforcement

Once enacted, the enforcement of smoking-control bylaws is a crucial component of implementation. Legislation without enforcement becomes meaningless. In 1986, the province of Quebec passed legislation that was intended to regulate the use of tobacco in certain public places. Enforcement of the Act was virtually non-existent and smoking continued to be prevalent in public places.

The principle issues with respect to enforcement are choice of enforcement officers and funding of the enforcement activity. The designation of enforcement officers for smoking-control bylaws is often controversial. Police officers are generally reluctant to become involved; they perceive health issues to be outside their jurisdiction and insignificant compared to crime control. Environmental health officers, formerly called public health inspectors, are sometimes designated to enforce tobacco-control legislation because of their traditional role as inspectors within the public health infrastructure. However, for those environmental health officers who are accustomed to dealing with food inspections or sewage treatment, smoking in public places is still a trivial issue. It

falls to provincial health officers or ministers of health to re-prioritize the environmental health officer's responsibilities and include enforcement of smoking-control bylaws within their mandate. This action may not guarantee commitment to the issue.

Funding of an enforcement program is also critical. Both municipal bylaws and workplace policies often allocate responsibility for enforcement to public health departments, but fail to provide funding for these expanded duties (Sorensen, 1994).

Impact and Evaluation

The impact of legislation or policy is felt in the community at four time periods:

- 1) when the government first announces its intention to introduce the policy;
- 2) when the policy is debated by council or in the legislature;
- 3) when the policy is first implemented; and
- 4) when the established policy forms part of an overall tobacco-control strategy (Roemer, 1993).

In evaluating clean air policies it is important to consider the relevancy of the policy to public readiness, and the adequacy of the policy in terms of ensuring that all public places are included and that enforcement provisions are in place. Short-term and long-term effectiveness and impact of the policy can be measured after implementing and enforcing it. Immediate effects of clean-air bylaws include better information for the public on the health risks associated with tobacco use, increased public support for restrictions on smoking in public places, greater community awareness of smoking restrictions, better

compliance with restrictions in public places, and a reduction in exposure to ETS in public places. Long-term and more indirect effects include an increase in smoking cessation rates, delayed onset of smoking—particularly among young people—and improved health of the population as a whole (Challot-Traquet, 1996).

1.08 *Obstacles to Policy Development*

The principal obstacle to developing and implementing smoking-control bylaws has been the tobacco industry, which continues to promote “common courtesy” (Roemer, 1993, p. 106) as a means of settling the problem. Lack of public awareness regarding the health impact of ETS exposure is also a deterrent. It results in large segments of the population regarding even minimal restrictions on smoking in public places as nothing more than government interference or a limitation on their personal freedom. This perception causes governments to view action on this issue as politically unpopular. Although exposure to ETS remains the third major cause of preventable death and disability in North America, the issue is not often given a high priority as governments and health officials struggle with other pressing concerns. On occasion, health advocates have been heavy-handed in their efforts to bring forward legislation. In their earnest desire to combat an acknowledged health hazard, they have often failed to consult those members of the community whose lives and livelihoods may be impacted by the proposed policies.

1.09 *Prevalence of Policies*

In North America there has been a trend away from acceptance of tobacco use, toward giving precedence to the rights of non-smokers. In both the U.S. and Canada, legislation

at the sub-national level has been successful in creating smoke-free environments. In the face of inaction at the provincial/state or federal level, action by local authorities reflects a strong determination by communities to have access to smoke-free public places.

In Canada, the provinces of Ontario, Manitoba, Quebec, and Newfoundland have enacted provincial laws restricting smoking in public places. Between 1986 and 1988 the number of Canadian municipalities with smoking bylaws rose from 39 to 114 (Roemer, 1993). By 1994, 39% of Canadian workers stated that smoking was totally banned in their workplace and 41% reported partial restrictions (WHO, 1997). As of December 1996, 87 of 151 B.C. municipalities had bylaws to restrict where people could smoke in indoor public areas. These bylaws ensure that approximately 83% of the B.C. population have at least some protection from exposure to ETS (B.C. Ministry of Health, 1996).

In the U.S., EPA reports have been important in strengthening anti-smoking legislation. Several states have passed very stringent smoking regulations and some cities, following the precedent set by San Luis Obispo in California, have virtually banned smoking in all public places (WHO, 1997).

Globally, the number of countries or territories in which smoking in public places is controlled by legislation rose from 47 in 1986 to 90 in 1991. Statutes vary from imposing general, comprehensive bans on smoking in all public places (Belgium, Finland, France), to specifying by statute or regulation particular types of places where smoking is prohibited (Canada, U.S., Saudi Arabia) (Roemer, 1993). Legislation also varies greatly

in its scope. Some bylaws impose a complete ban in most public places, including restaurants and bars; others simply designate a non-smoking area in municipal buildings.

1.10 Legal Action related to ETS Exposure

Legal action by non-smokers has had variable success and placed the burden of challenging smoking on the non-smoker. Legal action entails piecemeal, case-by-case resolution (Byrd, 1992). In 1979 the Supreme Court of Ontario ruled that the common-law right of smokers to smoke “must be subject to the right of their neighbours to enjoy good health, free from the health hazard or discomfort occasioned by second-hand smoke” (Morgan, 1982).

In 1991 an Australian court ruled that passive smoking causes lung cancer, asthma, and respiratory problems in children (Anderson, 1991). This was believed to be the first time that any court of law declared that scientific evidence established cause and effect between exposure to smoke and certain diseases. However, in 1996 a court in Paris rejected the first second-hand smoke lawsuit in France, stating that plaintiffs failed to prove that second-hand smoke caused a woman’s fatal lung cancer.

The publication of the 1992 EPA report put the onus on U.S. employers and governments to take action in order to protect the health and safety of the public and employees as well as protecting themselves from potential litigation. The tobacco industry, which had previously maintained that smokers were willing participants in using tobacco, now had to face claims that non-smokers exposed to ETS were “unwilling, and often unknowing,

victims.” (Yakabuski, 1994, p. A6). Litigation by non-smoking employees who have been adversely affected by ETS in the workplace has brought on a wide variety of legal bases: negligence, workers’ compensation statutes, and unemployment compensation statutes. Occasionally, employees who have complained about second-hand smoke have sought protection through the courts from retaliation by their employers (Roemer, 1993, p. 144).

The threat of legal action has occasionally prompted businesses to voluntarily adopt a non-smoking policy. A 1994 suit filed by the Texas Attorney General against five fast-food chains, McDonald’s Corporation, Kentucky Fried Chicken, Burger King, Jack-in-the-Box and Taco Bell, alleged that those restaurants were endangering children’s health by allowing smoking in their restaurants. McDonald’s was subsequently dropped from the suit for voluntarily agreeing to ban smoking. Taco Bell and Jack-in-the-Box joined McDonald’s in banning smoking in their corporate-owned restaurants and advising their franchises to do the same. In light of the lawsuit, Dairy Queen, Arby’s and Subway also adopted non-smoking policies (Yakabuski, 1994).

McDonald’s Restaurants of Canada were forced to adopt a smoke-free policy when an employee lodged a complaint with the Alberta Human Rights Commission complaining that her employer was discriminating against her as a worker who is disabled by second-hand smoke. “This is not a McDonald’s issue. This is an issue that all society is grappling with,” said McDonald’s spokesperson Jack Pettitt (as cited in Schuler, 1994, p. A1).

Even private homes have not been immune from legal battles over ETS. In 1993 a California judge removed an 8-year-old from her mother's home after tests showed that the child's nicotine level was equivalent to that of a person who smokes 18 cigarettes per day. Two years later, a B.C. father sued for custody of his children, claiming that his estranged wife was endangering their health through her smoking.

In February 1991, the Australian Association of Consumer Organizations successfully sought an injunction to prevent the Tobacco Institute of Australia from running an ad in Australian newspapers stating that "there is little evidence and nothing which proves scientifically that cigarette smoke causes diseases in non-smokers" (Roemer, 1993, p. 145).

In recent years several jurisdictions, including the province of B.C., have passed legislation allowing the government or private individuals to sue tobacco companies for costs incurred as a result of tobacco-related morbidity and mortality. While individually these suits are unlikely to impact the tobacco industry's financial or human resources, collectively they have the potential to cripple the industry. Litigation may, in fact, be a cost-effective tobacco-control measure (Challot-Traquet, 1996).

1.11 Summary

In some ways, the emergence of ETS as a health issue has paralleled the discovery of health effects related to active smoking. Initially seen as an annoyance or irritant to non-smokers, ETS was first recognized as detrimental to non-smokers' health through large

Japanese studies on lung cancer rates among non-smoking women married to smokers. Gradually, it became evident that ETS exposure in non-smokers was related to many of the diseases caused by active smoking. The impact of ETS on cardiovascular disease in non-smokers is just beginning to be explored and threatens to be significant.

Like active smoking, ETS is an issue surrounded by social, political, legal, moral, and economic concerns. As a by-product of one of the few legal, addictive, potentially lethal drugs, it is despised by many. As the end product for a profitable but beleaguered tobacco industry, ETS represents an important battlefield. For the millions of disenfranchised smokers, non-smoking policies represent yet another attack on their way of life—a way of life that was formerly considered socially acceptable and is still promoted by the tobacco industry as sexy, desirable, and independent. While the tobacco industry's voluntary code of advertising may claim that, "no advertising will state or imply that smoking the brand advertised . . . is essential to romance, prominence, success or personal advancement," positive lifestyle imagery is routinely used in cigarette advertisements (Cigarette and Cigarette Tobacco Advertising, 1984).

The issue of social norms has been pivotal in attempting to develop policies to restrict exposure to ETS in public places. Until the majority of the public believes that ETS is a real hazard to health and that policies to curb exposure are developed in order to protect health rather than restrict rights, policy makers face an uphill battle. Advocates and legislators attempting to craft policy to restrict exposure to ETS in public places must not

only respond to public health imperatives, they must overcome the challenge of altering established societal norms.

Chapter 2

Policy Sectors and Policy Process

Policy Sectors in Tobacco Control: Pluralistic and Polarized or Cooperative and Collaborative?

Policy is defined as “a deliberate course of action or inaction taken by those in office under the influence of values and pressures on the way resources (expenditure and coercion) are to be used in the pursuit of objectives or in support of other policies” (Brian Smith as cited in Prince, 1983, p 8). Municipal bylaws are one example of public policy made by local authorities to regulate or manage affairs within their sphere of control.

Those who are specifically involved in the policy process are referred to as policy actors.

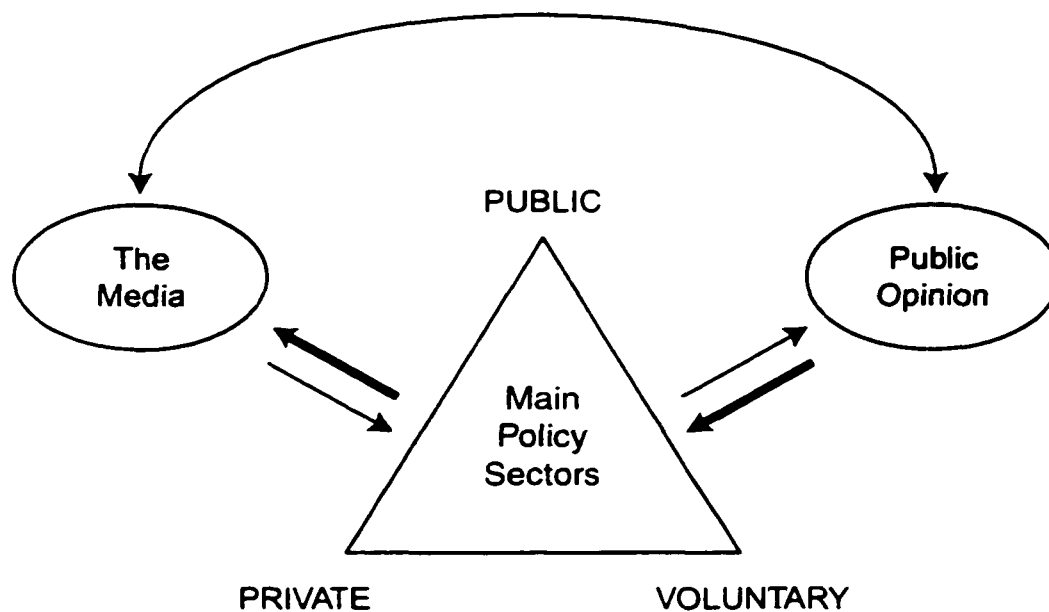
Policy sectors or communities are referred to as those groups of individuals who are collectively interested in a policy issue. This grouping highlights the institutional affiliation of individual actors (M. J. Prince, personal communication, March 16, 2000).

Policy networks explain how those sectors interact or are linked to each other. Kingdon (1995) emphasizes the differing roles policy sectors play at various stages of the policy process. This distinction is especially important for sectors outside government. It pinpoints the stages at which sectors have an opportunity to provide direct input into policy development as opposed to those times when they are better off focusing their efforts on lobbying those working within government.

Policy sectors are categorized in a number of ways: Howlett and Ramesh (1995) refer to elected officials, appointed officials, interest groups, research organizations, and mass media; Doern and Phidd (1992) classify sectors as interest groups, governmental departments, and consultants or experts in academic and private institutions; and Spicker (1995) discusses the public, private, voluntary, and informal sectors. Kingdon (1995) divides policy sectors into two main groups: those inside government and those he refers to as “outside of government, but not just looking in” (p. vii). In the latter category he includes interest groups, academics, researchers, consultants, the media, election-related participants, and public opinion.

In the field of tobacco-control, the best framework to describe policy sectors incorporates the categories of both Spicker and Kingdon. The central triumvirate consists of the public, the private, and the voluntary sectors. Primarily, this is the government, the tobacco industry, and non-governmental interest groups. This “inner core” constitutes the nucleus of activity on tobacco-control issues. Both the media and public opinion reflect the actions of this central core of players and, at times, influence their actions. (See Figure 1.)

Figure 1: Policy Sectors in Tobacco Control



Source: Brigden, L. (1997) after Spicker, P. (1995) & Kingdon, J. W. (1995).

2.01 The Media

The media tend to report what is going on rather than have an impact on the government's agenda, in spite of appearances to the contrary (Kingdon, 1995). They are more likely to shape or structure an issue rather than creating it. Kingdon refers to this as "magnifying movements that have started elsewhere" (p.61).

Media reports may affect public opinion to some degree, but their impact varies across the different segments of the population. Conversely, the public tends to be aware of and follow those issues that the media chooses to cover. While characterizing the role of the media in the policy process as "sporadic and . . . quite marginal" (p. 59), Howlett and Ramesh (1995) nonetheless acknowledge that "media portrayal of public problems and

proposed solutions often conditions how they are understood by the public and the government, thereby shutting out some alternatives and making the choice of another more likely” (p. 59).

Edward Greenspon (1998), Parliamentary Bureau Chief for the *Globe and Mail* in Ottawa, has clearly articulated the role of the media in maintaining the public’s role in public policy formulation. He sees the media’s role as informing the public

of public-policy issues, the choices before government and the various constraints on their actions. Not to serve anyone’s particular interests. Or their timetables . . . Citizens have a right to have these arguments well aired. And to consider them before policy decisions are cast in stone. That’s my part in the public policy process. But governments, no matter what they say, detest open discussion of policy choices. They would rather do their work in quiet, then control the time and content of the news release (p. D3).

Media reports tend to be sensationalistic and therefore, short-lived. This tendency by the media to focus only briefly on what is newsworthy makes the timing of the release of information crucial. It also means that an issue has only a limited period in the limelight before it truly becomes yesterday’s news. The negative aspect of this short attention span is that all sectors have only a brief window of opportunity in which to have their story told. The positive aspect is that, in the midst of the most sensational coverage, the policy community knows that it has only a limited time during which it must “rise above the media storm” (Kingdon, 1995, p. 58).

Policy sectors assign different importance to media reports. For some, particularly the private sector and interest groups, the media provides an opportunity to present their perspective. To public sector officials, particularly those close to decision makers, the

actual story may be less important than the “spin” the media has put on it. The very nature of media reports often encourages politicians to highlight the perception of action rather than the reality of action (Doern & Phidd, 1992).

The public, private, and voluntary sectors all tend to provide selective information to the media to support their own role or interests (Howlett & Ramesh, 1995). In recent years, voluntary groups and the public sector, particularly in the U.S., have used the media to deliver hard-hitting messages on the dangers of smoking and second-hand smoke. As well as providing public education, these messages allow governments to demonstrate their involvement in an issue of public concern.

While politicians have “unparalleled access to mass media in publicizing [their] positions and undermining those of [their] opponents” (Howlett & Ramesh, 1995, p.54), they also understand the role the media plays in shaping their ideas and utterances. Elected officials recognize that the media “have an important role to play in the public-policy process (Greenspon, 1998, p. D3). The media, on the other hand, sees its role as finding out “what the government is up to . . . what it’s *really* up to” (Greenspon, 1998, p. D1) and has the capacity to criticize priorities and create a wish list without the responsibility for allocation of resources (Doern & Phidd, 1992).

2.02 Public Opinion

Public opinion, while being almost impossible to define beyond “a rather vague mood in the country” (Kingdon, 1995, p. 65), does have the potential to have an impact on policy

making. Public opinion may thrust some issues onto the governmental agenda because of their popularity and likelihood to gain votes. More commonly however, public opinion tends to constrain policy options. The significant role public opinion plays in the development of policy is well exemplified in the development of bylaws to control smoking in public places. While the issue has been placed on the public agenda by interest groups, policy development is often constrained by public opinion that is still polarized or ill-formed.

The voice of public opinion is rarely homogeneous throughout a given jurisdiction. In the development of municipal smoking-control bylaws in B.C., public opinion tends to reflect a north-south and rural-urban split. Urban voters, particularly in Victoria and the Lower Mainland, have shown greater support for smoking-control bylaws that impose some of the most stringent controls in Canada. On the other hand, rural and northern residents have generally resisted regulation in this area. In some of these communities, municipal bylaws do little more than designate a single room in the municipal hall as non-smoking.

Theoretically, the democratic system allows the public to influence the political process. In practice, once elected, politicians may “heed public opinion in some general sense while devising policies, even though they do not always respond to it, much less accommodate it” (Howlett & Ramesh, 1995, p. 53).

In the past decade, advocacy has become an important component of tobacco control in

Canada. While this activity has the potential to shape public opinion, it is generally led by voluntary organizations and coalitions and will be discussed in that context later in this chapter.

2.03 The Public Sector

The public sector operates at the national, provincial, and municipal levels and includes both elected and appointed officials. In Canada, there is some cooperation between different levels of government as evidenced by the Steering Committee for the National Strategy to Reduce Tobacco Use, which was established by the Conference of Deputies in 1986. This committee, which includes representation from non-governmental organizations (NGOs) and federal, provincial, and territorial governments, aims to improve collaboration between and among sectors and to avoid duplication of effort. However, the existence of the committee does not preclude friction between federal and provincial governments with respect to jurisdiction on certain issues or specific courses of action. Similar struggles occur between provincial and municipal levels of government. In B.C., the provincial government has supported and encouraged the development of smoking-control bylaws at a municipal level. But, at its 1997 annual general meeting, the Union of British Columbia Municipalities (UBCM) passed a resolution urging the provincial government to take action on this issue.

At each level of government, officials may act as individuals or within institutions to have an impact the policy process. The unique make-up of cabinets, legislatures or municipal councils may positively or negatively influence the progress of an issue, as can

the individual character of a minister or council member. Doern and Phidd (1992) emphasize the constant tension imposed on elected officials as they are individually responsible for issues facing their own portfolios and collectively responsible for adhering to and promoting government policy. The influence of elected officials is strengthened through their control over information, fiscal resources, and access to mass media (Howlett & Ramesh, 1995).

Elected and appointed officials (the bureaucracy) have an opportunity to propose and promote policy changes. In recent years in B.C., the different ministers of health have placed tobacco control at the forefront of the health agenda. Medical health officers in Vancouver and the CRD (Victoria and surrounding communities) have championed the cause of smoke-free public places and have almost single-handedly driven policy processes that culminated in some of the strongest municipal bylaws in Canada. Mayors, municipal councils, and city clerks have played a key role in developing and discussing bylaws. In recent years, the UBCM has placed the control of smoking in public places on its agenda and has debated resolutions on the issue that have come from individual municipalities. Regional boards of health and health officials have worked hand in hand with voluntary organizations and community volunteers to propose bylaws, and environmental health officers, bylaw enforcement officers, and police officials have been drawn into discussions regarding bylaw enforcement.

The bureaucracy exerts a continuous upward pressure on the policy process in the form of proposals for new policy, legislation, and resources (Doern & Phidd, 1992). Ideally, the

bureaucracy's autonomy from politicians and societal groups contributes to their effectiveness in policy making. In practice, this is not always the case. Autonomy from politicians is not possible if governments appoint political party members to positions within the bureaucracy. While the bureaucracy's autonomy from societal groups allows them considerable freedom in putting forward policy proposals, those proposals are often rejected or modified by politicians who respond to lobbying by interest groups.

Bureaucrats in democratic countries usually require the support of elected officials if they are to exercise their influence in any meaningful way. Kingdon (1995) underscores the pivotal role elected officials play in the policy process, particularly in the agenda setting stage: "with regard to setting discretionary agendas elected officials loom very large. No one set of actors dominates the process, but elected politicians and their appointees come closer than any other"(p. 44). While they may strongly influence the agenda setting, elected officials are not able to dominate the discussion of alternatives (Kingdon, 1995). At this stage the private sector and interest groups are often able to exert considerable influence.

2.04 The Voluntary Sector

Doern and Phidd (1992) distinguish between producer groups such as business, medicine and law, and broader collective rights associations—interest groups that coalesce around broader non-producer definitions. In spite of their mutual dependence, tensions exist between interest groups and public policy makers. For interest groups, there is always the concern that they will be co-opted by the state. For public policy makers, there is an

ongoing frustration that interest groups, who may not fully understand the complexity of government bureaucracies, are never satisfied that their issue is being properly handled.

Six primary voluntary, not-for-profit, or NGOs play a significant role in tobacco issues in Canada. While the Heart and Stroke Foundation, the Canadian Cancer Society, and the Lung Association undertake comprehensive tobacco-control strategies including public education and programming, the others, the Non-smokers' Rights Association, the Canadian Council for Tobacco Control, and Physicians for a Smoke-Free Canada, focus primarily on policy advocacy.

Sports and cultural groups have recently become embroiled in the tobacco-control issue as legislative proposals put forward by the federal government threaten to interfere with their ability to accept sponsorship from the tobacco industry. Particularly in the smaller communities, interview subjects (narrators) also identified the need to change behavioural norms to support non-smoking in community organizations.

2.05 *Advocacy and Tobacco Advocacy Coalitions*

Wallack, Dorfman, Jernigan, & Themba (as cited in Schwartz, Goodman, & Steckler, 1995) define advocacy as

the set of skills used to create a shift in public opinion and mobilize the necessary resources and forces to support an issue, policy or constituency. It . . . attempts to enlarge the range of choices that people have by increasing their power to define problems and solutions and participate in the broader social and policy arenas (p. 421).

In the world of tobacco control, advocacy has been elevated to an art form. Advocacy is a

blend of science, politics, and activism. Michael Pertschuk, Director of the Advocacy Institute in Washington, D.C. describes it as “a blend of art, drama, the love of words and images and a passionate commitment” to an issue (Wallack et al., 1993, p ix.). Both descriptions are aptly exemplified in the tobacco-control advocacy.

As early as 1982 and again in 1987, Steckler (as cited in Schwartz, Goodman, & Steckler, 1995) outlined a new role for health educators: “It is important that professionals not only lobby for allocation of resources for programming but that they also consider the larger policy framework within which programming is subsumed” (p. 422). The advocacy role played by voluntary organizations has been pivotal to the development of recent tobacco-control policies, including municipal smoking-control bylaws. A brief overview of the genesis of the advocacy role played by voluntary organizations involved in tobacco control and the role of coalitions in tobacco-policy advocacy will serve to highlight some of the functions of advocacy, particularly with respect to policy making.

While the major players in tobacco control have remained constant in Canada, their *modus operandi* has changed over the past 10 years, reflecting the politicization of the issue, individual actors, and the policy community as a whole. In the late 1980s, NGOs began expanding their approach to tobacco control. Previously having focused almost entirely on public education, they began to lobby or advocate for policy changes. To a large degree, this response was prompted by the 1988 introduction in the House of Commons of Bill C-51 (later to become the *Tobacco Products Control Act*) by then Health Minister Jake Epp. At the same time, member of Parliament Lynn MacDonald

introduced a Private Member's Bill, C-204, which required that all federal workplaces become smoke-free. In the ensuing struggle to ensure that both bills were passed, the health groups learned that they had to apply pressure to get political action—submitting a brief was not enough.

Hank Jenkins-Smith and Paul Sabatier (as cited in Howlett & Ramesh, 1995) refer to advocacy coalition building as consisting of

a variety of actors from a variety of public and private institutions . . . who share a set of basic beliefs (policy goals plus causal and other perceptions) and who seek to manipulate the rules, budgets and personnel of government in order to achieve these goals over time (p. 126).

In 1988, health groups involved in tobacco control in Canada broke with their traditional single-agency approach and assembled a diverse coalition of organizations that combined missionary zeal with respectability. The coalition, which met in the “War Room,” included the Canadian Cancer Society, the Canadian Council on Smoking and Health, the Canadian Medical Association, the Canadian Public Health Association, Physicians for a Smoke-Free Canada, and the Non-smokers' Rights Association.

This group of organizations, which later became known as the National Campaign for Action on Tobacco (NCAT), learned valuable lessons as the bills made their way through the legislative process. Under Bill Neville, President of the Tobacco Manufacturers' Council, the tobacco lobby took out full-page ads in newspapers to contend that banning advertisements did not work, is unconstitutional, would result in a decrease in jobs, and that there is no scientific evidence to justify such action. NCAT learned not to

underestimate their opponents and the necessity of sometimes going head to head with them.

The voluntary sector also realized that politicians were more likely to hear them when they took their message to the public, especially when they gave that message a human element, in this case naming their campaign *Give Kids a Chance*. They realized that they should not underestimate the amount of political pressure they could muster if they mobilized their membership, and that more could be accomplished by a coalition than by a single individual. Furthermore, they used the legislative agenda and the political climate of the time to their advantage. They took advantage of the summer recess of the legislature to mobilize their members. They made it clear to the Canadian public, who were growing weary of the Conservative party's blatant political patronage, that their major opponent, Bill Neville, gained much of his influence through his friendship with then Prime Minister Brian Mulroney.

It became obvious that the debate belonged to the side who could frame it in their own terms. NCAT drew upon growing international tobacco-control networks by bringing in an American expert to prove that the bill was about health, not commercial interests. In the last crucial moments, they used inside channels to lobby individual members of Parliament. Conservative back-benchers broke ranks and Bill C-51 passed.

Tobacco control in Canada would never be the same. NCAT taught activists across the country to learn the political ropes and to mobilize volunteers to exercise their political

clout. Since 1988 other coalitions have been formed to advocate for political action. In the early 1990s the Ontario Campaign for Action on Tobacco lobbied the Ontario government to bring in legislation that would prevent the sale of tobacco to minors, prohibit the sale of tobacco in pharmacies, and limit smoking in indoor public places. As well as the more traditional players, the Ontario Campaign for Action on Tobacco includes groups such as the Canadian Pharmaceutical Association, the College of Dental Hygienists, Concerns Canada, the Ontario Association of Children's Aid Societies, the Ontario Cancer Treatment and Research Foundation, the Ontario Chiropractic Association, and the Ontario Physical and Health Education Association.

Smaller coalitions have also been formed to address local concerns. As smoking-control bylaws were being developed in 17 municipalities in the Vancouver area in 1995 and 1996, a "War Room" was set up in the B.C. Heart and Stroke Foundation offices to accommodate lobbyists from that organization, the local chapter of the Lung Association, the B.C. and Yukon Division of the Canadian Cancer Society, the B.C. Medical Association, and a lawyer/lobbyist on loan from the national office of the Canadian Cancer Society.

As well as national tobacco-control networks in Canada, the U.S., and many other countries, strong regional and international networks have evolved. The Asia Pacific Association for the Control of Tobacco (APACT) was established in 1989 to respond to U.S. threats of unilateral trade sanctions based on tobacco trade. At that time APACT consisted of Hong Kong, Indonesia, Japan, Korea, Philippines, Singapore, Taiwan, and

Thailand. Today that Association has expanded to include Australia, China, and Malaysia. International tobacco-control initiatives are largely coordinated through the WHO. In 1995, the WHO invited eight Canadian delegates to attend a training seminar for Central and Eastern Europe, as part of a global approach to strengthen tobacco control.

Advocacy and advocacy coalitions have become an integral part of tobacco control in Canada. While these coalitions may lobby for program changes or allocation of funding, their greatest strength has been in the area of policy making. Not coincidentally, the growth of advocacy coalitions has paralleled the recognition that policy changes should be a fundamental part of all health promotion strategies. "Healthy public policy *provides* the overall framework within which health promotion can happen" (Hancock as cited in Schwartz, Goodman, & Steckler, 1995, p. 424). Although diseases with a basis in personal behaviour were initially addressed through individual, behaviourally focused interventions (Schmid, Pratt, & Howze, 1995), policy advocacy interventions are now recognized as, "integral, if not priority strategies" (Schwartz, Goodman, & Steckler, 1995, p. 421) in improving health. The U.S. National Cancer Institute cites policy advocacy as the "critical foundation" (as cited in Schwartz, Goodman, & Steckler, 1995, p. 423) for the American tobacco-control strategy.

Although widespread public support and the protection of public health are convincing rationale for policy development, there are broader social ramifications to be gained. For example, implementing policy to limit ETS exposure supports non-smoking as the social norm. This shift in perceived norms may be the most powerful modifier of individual and

population behaviour (Brigden, Peck, & Coy, 1993). While the presence of non-smoking policies is an indicator of existing public support for tobacco-control measures, the very existence of these ordinances can serve to institutionalize such norms and provide ongoing reinforcement for other health promotion measures such as programming, public education, and community development (Sorensen, 1994). Schmid, Pratt, and Howze (1995) have underscored the mutually reinforcing nature of individual behaviour, public attitudes and public policy:

It is unreasonable to expect large proportions of the population to make individual behaviour changes that are discouraged by the environment and existing social norms. It is equally unrealistic to expect communities or organizations to enact policy changes for which there is no broad-based understanding and support (p. 1207).

This interdependence between the public and policy has been reinforced by other authors who state that increasing group pressure and changing social relationships create the impetus for legislation. In turn, legislation engenders more public agitation. Both legislation and public pressure are powerful social change agents. Both rank ahead of public education as tools for social change (Mahood, 1994).

2.06 The Private Sector

In the area of tobacco control, private sector involvement is dominated by the tobacco industry. Health advocates are not alone in developing coalitions. Represented by the Canadian Tobacco Manufacturers' Council, the three major Canadian tobacco companies (Imperial Tobacco Ltd., Rothmans, Benson & Hedges, Inc., and RJR Macdonald, Inc.) form a powerful lobby group. Previously chaired by Bill Neville and more recently by

Rob Parker, the Council speaks on behalf of the manufacturing and collateral industries, such as the packaging, labeling, and advertising businesses.

Knowledge has been identified as one of the most important resources for interest groups because policy making is such a highly information-intensive process. (Howlett & Ramesh, 1995). The tobacco industry has seemingly infinite financial resources to access, and sometimes control, research and information. It also possesses considerable political clout through its ability to make generous financial contributions to political parties and politicians and to mobilize lobbying power through tobacco farmers and collateral industries such as the manufacturing, printing, and advertising businesses. These industries are often used as pawns in disputes between the government and the tobacco industry. In Canada the tobacco industry regularly uses the threat of job loss in arguing against tobacco-control measures and at certain times has threatened to move all production to the U.S. (Cunningham, 1996).

The tobacco industry is particularly vigorous in its efforts to combat policies that regulate smoking in the workplace. The industry views these policies as a measure capable of significantly reducing the mean consumption of tobacco products by smokers, a change that would have significant economic impact. They have characterized these policies as “social engineering” (Turcotte, 1997).

While the tobacco industry previously concentrated its lobbying efforts at the provincial/state or national level, they have recently developed new strategies for the

local level. In 1986, Raymond Pritchard, Chair of the Board of Brown and Williamson Tobacco Company, was quoted as saying,

We must somehow do a better job than we have in the past in getting our side of the story told to city councils and county commissions. Over time, we can lose the battle over smoking restrictions as decisively in bits and pieces—at the local level—as with state or federal measures (as cited in Samuels & Glantz, 1991, p. 2111).

As municipal smoking-control bylaws threaten to impact their businesses, members of the hospitality and gaming industries have also mobilized to protect their own interests. Professional associations for bar, restaurant, and hotel owners were drawn into bylaw debates. The tobacco industry has honed in on both the potential impact of smoking-control bylaws on tobacco use as a whole and the opportunity for alliance created by merchants' vulnerability. Groups with names suggesting that they are independent business or restaurant coalitions such as the Beverly Hills Restaurant Association and others with catchy names such as TUFF (Taxpayers United for Fairness), RSVP (Restaurants for a Sensible Voluntary Policy) and FORCES (Fight Ordinances and Restrictions to Control and Eliminate Smoking) have been founded with covert tobacco industry sponsorship. More than 300 such groups have been set up across North America. (Samuels & Glantz, 1991). Local smokers' rights groups have been so effective in countering tobacco-control initiatives that the chief executive of a large U.S. tobacco company (R. J. Reynolds) is on record as stating, "This is something I wish we had done a decade ago" (Konrad & Lander, 1990, p.48).

In Vancouver, June 1995, after health advocates had released the results of a survey showing that 66% of adults would support a local bylaw to prohibit smoking in all indoor

public places, a group known as the Lower Mainland Hospitality Industry Group came into being. This group, which was housed in the offices of a communications group and facilitated by one of its members, was established following a visit to Vancouver by David Small of the Canadian Tobacco Manufacturers' Council. Mr. Small is a well-known tobacco industry lobbyist. The tobacco industry had reason to be concerned about the outcome of the Vancouver area bylaws as Metropolitan Toronto was poised to take similar action if the Vancouver bylaw was adopted.

In recent years, labour has gradually been drawn into the debate over tobacco as jobs are threatened or employees initiate action against employers as a result of tobacco-related illnesses, allegedly caused by workplace exposure. In the late 1990s, the Workers' Compensation Board (WCB) of B.C. included exposure to second-hand smoke in its review of workplace regulations.

Doern and Phidd (1992) see the professions of medicine and law as perhaps the most dominant producer interest groups in their respective health care and justice policy fields. Both have been key players in policy making related to tobacco control. Many physicians play an active role in speaking out against the health hazards of tobacco use. The legal profession is increasingly involved in both legal challenges to tobacco-control policies and action taken on the part of individuals or governments to recover the costs associated with tobacco use.

2.07 Summary

Because of the variety of players involved and the generally confrontational nature of their interaction, an examination of the policy sectors and their respective roles is pivotal in understanding the development of municipal smoking-control bylaws

In Canada, tobacco control and tobacco-control advocacy are dominated by the private, the public, and the voluntary sectors. These groups are dramatically polarized. On the one hand, the wealthy, powerful, multinational tobacco industry continues to deny any negative impact on health or addiction as a result of tobacco use. On the other hand, health advocates claim that tobacco is an addictive substance that is the leading cause of preventable death and disability in Canada. In between are politicians who also voice their concerns regarding tobacco's impact on health, but continue to rely on the revenues generated by federal and provincial tobacco taxes. Many politicians also have an allegiance to the tobacco industry as a result of campaign contributions (Big tobacco's big bucks, 1996). On an individual level, smokers confront non-smokers whom they feel are imposing on their rights while non-smokers believe that smokers compromise their health.

Nonetheless, tobacco control in Canada is held up as a model for other countries throughout the world. The National Strategy to Reduce Tobacco Use is seen as a comprehensive and collaborative initiative that has achieved considerable success. However, even among those working toward tobacco control in Canada, differing views exist. Advocacy groups lobby governments for stronger action. NGOs speak out to the

extent that they are able without offending their more conservative funders. Provincial and federal government officials disagree with respect to their roles and responsibilities.

The Policy-Making Process

The policy-making process provides a framework for analyzing the bylaw development process and highlights how and when different stakeholders have an opportunity to exert influence. The process has been variously described by several authors (Doern & Phidd, 1992; Howlett & Ramesh, 1995; Kingdon, 1995; Pal, 1992; Spicker, 1995; Weimer & Vining, 1992), and is generally agreed to consist of stages that correspond to agenda setting, policy formulation, decision making, implementation, and evaluation.

2.08 Agenda Setting

Agenda setting addresses how and why issues appear on the public agenda. Various authors have attempted to capture and define the agenda-setting process. Cobb and Elder (1972) distinguish between a systemic or public agenda and an institutional or formal agenda. The former includes a broad range of issues that a given society considers to be within the government's jurisdiction for action. The latter are those specific issues that a government has decided to consider seriously. May (1991) elaborates on the interaction between state and society and considers the role each plays in initiating the debate and providing support for a given issue. Table 1 provides a model describing some of the processes inherent in either top-down or bottom-up agenda setting. Kingdon (1995) sees agenda setting and policy formulation (which he calls *alternative specification*) as influenced by one or more of three factors:

- 1) the emergence or rise of a specific problem;
- 2) the generation of policy proposals resulting from “a gradual accumulation of knowledge and perspectives among the specialists in a given policy area” (p. 17); and
- 3) political processes such as changes in administration or alterations in public opinion or national mood.

A confluence of all three factors creates a policy window.

Table 1: Models of Agenda Setting by Policy Type

Initiator of Debate	Nature of Public Support	
	High	Low
Societal actors	Outside initiation	Inside initiation
State	Consolidation	Mobilization

Source: Howlett & Ramesh, p. 116, 1995.

The models proposed by May (1991) and Kingdon (1995) are particularly appealing in the area of tobacco control. On a issue of such strong public sentiment, the role of public opinion or national mood cannot be overlooked. The interplay of various processes and policy actors at the agenda-setting stage will become evident in examining the development of smoking-control bylaws.

2.09 The Formulation Stage

Policy formulation has been described as the process during which “means are proposed

to resolve somebody's perception of the needs that exist in society" (Jones, 1984). The process involves developing and analyzing alternatives (Wharf & McKenzie, 1998).

Doern and Phidd (1992) describe two processes within the formulation stage:

- 1) definition, in which the problem is shaped or confined to more practical limits; and
- 2) alternative choice, which involves searching for and analyzing alternative ways of solving the problem.

Kingdon (1995) suggests that ideas, alternatives, and proposals float around in policy communities, some surviving and prospering, while others wither away and disappear. He refers to this *mélange* as "policy primeval soup" (p. 116). Criteria that may influence the survival of alternatives include:

- technical feasibility—practical ideas whose implementation has been well thought out;
- value acceptability—proposals that are compatible with the values of the larger policy community and accordant with the ideological biases of the larger political arena;
- budget issues—not only those proposals that are efficient in terms of cost containment and benefits realized, but those that are consistent with the overall fiscal status of the government. Additionally, policy instruments vary considerably in their implementation cost; and
- proposals which are likely to find public acceptance.

While each of these criteria was significant in developing policies to control smoking in public places, public acceptance was particularly important. In various communities, it was evident that time was required for public acceptance to change before bylaws could

be implemented or strengthened. Communities that neglected to attend to this factor have often faced a backlash of public outrage and resistance after implementation.

Hofferbert (1974) and Simeon (1976) reiterated the influence of social, economic, and cultural factors on the policy process. They proposed a funnel-of-causality model in which factors are nested in a pattern of mutual interaction: decision making occurs within institutions, institutions exist within prevailing ideas and ideologies, ideologies exist within relations of power in society, and relations of power exist within a larger social and material environment. The structure may be further influenced by key policy actors, particularly activists or “policy entrepreneurs” (Kingdon, 1995, p.115), who control the interpretation of a problem and the manner in which it is conceived and discussed. While participation in policy formulation is ostensibly open to all citizens, some groups and individuals are more likely and more able to participate. At this stage of the process, there is a narrowing of the policy community. Policy makers tend to seek input primarily from major stakeholders or those policy actors who participate directly in the issue on an ongoing basis, who have a thorough knowledge of the issue, and whose opinion they respect.

Ideally, input at this stage should also include the voices of those who will be most affected by the policy decision. Interest groups are anxious for meaningful consultation with policy makers. Unfortunately, this is not always achieved. Too often, policy makers meet with stakeholders simply to “rubber stamp” an already established decision or to check off an interest group on a list of required consultations. The narratives presented in

later chapters plainly state the resentment felt by members of the hospitality industry in the face of insincere consultations. Merchants and retailers have often felt overpowered by health advocates' urgency to eliminate smoking in indoor public areas. Without adequate consultation and with little consideration given to their economic concerns, these merchants have justifiably felt under-represented in the process. It is no wonder that the tobacco industry has had little trouble mobilizing them into advocacy coalitions.

Bureaucratic influence is generally at its maximum at this stage of the policy process, as documents that outline all aspects of the issue and propose various options are prepared for cabinets or councils. These documents represent only the written form of policy advice. The often more important verbal dimension of the process occurs, for example, as conversations take place between key cabinet/council members or when advocates gain access to ministerial staff (Doern & Phidd, 1992). At this stage of the process the individual strength of ministers or councillors proposing a particular policy, the dynamics of the cabinet or council mix, other policies under consideration, and political will and the potential for resource allocation, including time, personnel, and money all play a significant role.

2.10 Decision Making

While the agenda-setting and formulation stages of policy development include a wide variety of state and societal actors, decision making normally excludes virtually all non-state actors. In the past, three main models of decision making have been proposed (Kingdon, 1995; Howlett & Ramesh, 1995). The first is a comprehensive, rational model

that proposes that decision makers have clearly defined goals, that they have at their disposal all possible alternatives for reaching those goals, and that they choose the best alternative. In practice, this is unworkable. It is virtually impossible to consider all alternatives. Only the most favourable are put forward to cabinets or councils and choosing between them is rarely a straightforward process. The second is an incremental model that suggests that decision makers make small, incremental changes to the status quo. The incremental model characterizes decision making as a practical experience concerned with solving the problems at hand rather than achieving lofty goals. The model is inherently conservative and has little application to a crisis situation. It portrays decision making as lacking in any kind of goal orientation and discouraging the kind of analysis and planning that might result in innovative solutions. (Howlett & Ramesh, 1995). The third, the “garbage can model of organizational choice” as described by Cohen, March and Olsen (1972), proposes a lack of rationality in the decision-making process. These authors suggest that decision making is predominantly an unpredictable process that has little of the assumed degree of intention, comprehension of problems, or predictability of relations among actors as is proposed by the rational and incremental models (Howlett & Ramesh, 1995). That description would seem to be harsh, even to jaded policy analysts. The “garbage can” epitaph may describe how factors appear to go into the process, but it does not do justice to the product that emerges. Kingdon (1995) revises the model somewhat to include “streams” he sees influencing the policy process: problem definition (how and why a problem comes under consideration), the formation and refining of policy proposals, and the political climate (p. 87). Each of these streams he sees as developing and operating largely independent of each other. He suggests that

the key to understanding policy is the coupling of streams, the critical moments when streams come together.

2.11 Implementation

The policy implementation stage involves putting a decision into practice. Howlett & Ramesh (1995) discuss the limitations that are placed on the practice of implementing policy: the nature of the problem, including its complexity and level of interdependence with other issues; the size of the target group; and the extent of behavioural change required by the policy. The choice of an implementation strategy will be influenced by social, economic, political, and technological circumstances.

The implementation stage may present another opportunity for interest groups to continue a fight they may feel that they lost during the formulation stage. Restaurants and bars in Victoria and Vancouver are continuing to defy smoking bans, in spite of existing bylaws. This reiterates the need for public support for policy changes. While it is unlikely that any policy will please all constituents, it is important, particularly on issues which are polarized or contentious, that policy makers “do their homework” before the implementation stage. Failure to assess public readiness or to consult with those affected by a policy change can result in more work or possibly messy litigation during the implementation stage. An up-front expenditure of time, money, and human resources before the policy is formulated will go a long way to avoiding the need for “mop-up” measures during implementation.

2.12 Policy Evaluation

Policy evaluation refers to the process of finding out about a policy in action, the means being employed, and the objectives being served (Howlett & Ramesh, 1995). Policy evaluation is important in terms of its contribution to the iterative process of active learning (about the nature of policy problems and the solutions to them) on the part of policy actors. The learning resulting from policy evaluation is “what governments do in response to a new situation on the basis of their past experience” (Hecl, 1974).

2.13 Summary

The prominent feature of policy making is the effect of several features coming together at once, what Doern and Phidd (1992) call the interplay of ideas, structure, and process. The already complex process of policy making is further complicated in the field of tobacco-control by the presence of vastly polarized stakeholders in the voluntary and private sectors, on either side of a supposedly neutral public service. Furthermore, tobacco-control policy may have significant economic, social, and constitutional repercussions. A myriad of subtexts revolve around each stage of policy development. Policy communities (both individuals and institutions), the media, and the national (or local) mood all influence the process.

Is policy development related to tobacco control, indeed, a garbage can of factors thrown together in no particular order, resulting in even less predictable outcomes? Or is it a carefully considered process, balancing the social and economic climate of the community with the needs of various stakeholders? The development of municipal

smoking-control bylaws seems to meld the concept of “an idea whose time has come” (Kingdon, 1995, p. 1) with a process of proposed solutions or alternatives in a politically favourable climate. However, the narratives speak of a non-linear process in all cities. There was not a predictable progression from agenda setting to decision making. While the concept of smoke-free places was gradually dawning on the public consciousness, the idea was pushed onto the policy agenda by a number of different groups and individuals. The hospitality industry balked at the lack of consultation and involvement in the formulation of alternatives or solutions. Municipal councils countered by holding public hearings in some instances or by simply aborting the process in response to threats of economic disaster.

The development of bylaws to control smoking in public places provides a fascinating look at factors that may influence policy development. The next chapter outlines a research process that will tease out each of the factors or determinants in the bylaw, including the socio-economic context, the temporal setting, and human interactions.

Chapter 3

Methodology: Capturing the Policy Process through Narratives

Many public policy issues have become so uncertain, complex and polarized—their empirical, political, legal and bureaucratic merits unknown, not agreed upon, or both—that the only things left to examine are the different stories policy makers and their critics use to articulate and make sense of the uncertainty, complexity and polarization (Roe, 1994, p.3).

Choosing an Approach

Majchrzak (1984) suggests that policy research operates at the boundaries of research methodology. Like many disciplines in the social sciences, there is no single, comprehensive methodology for doing the technical analysis of policy research. My readings in the field of qualitative research led me to believe that a qualitative approach might capture some of the colourful and often pivotal intricacies of the policy process. New methods of collecting and analyzing data, changing perceptions on the relative and interactive roles of the researcher and the researched, and the burgeoning art of interpretation provide a novel framework for exploring social reality. These qualitative approaches combine a “rigorous, systematic observation of the social world with rational thinking to provide new and valuable knowledge about human relations” (Neuman, 1994 p. 56).

The challenge was to find a research paradigm that would reflect the course of policy development and situate that process in a temporal and social context, and to find a methodology that would draw out the unique personalities involved, the importance of the context in which decisions were made, and the quirks of fate which often irrevocably affect the development of certain policies.

The paradigm chosen by a researcher provides the philosophical basis to the research undertaken as well as the rationale and justification for choice of research methods. (Sherman & Reid, 1994). A paradigm defines ontology as to the form and nature of reality and what can be known about it, answers epistemological questions regarding the nature of the relationship between the researcher and the object of research, and responds to methodological questions concerning the best way for a researcher to observe and analyze that reality (Guba & Lincoln, 1994).

Within social research, a wide variety of paradigms have been described (Guba & Lincoln, 1994; Neuman, 1994; and Sechrest & Sidani, 1995). These range from the belief that deductive logic and empirical observations can be used to discover and confirm causal laws that serve as predictors of general patterns of human behaviour, to the opinion that social scientists have an obligation to act as advocates for change in society (Neuman, 1994). Briefly stated, the interpretive paradigm seeks to understand the reality experienced by people, relying mainly on qualitative research methods. Since this research will primarily focus on understanding the development of municipal smoking-control bylaws as experienced by a variety of sectors and, from those experiences, to

discover patterns of factors affecting the policy process, it falls predominantly within the interpretive paradigm.

3.01 *The Interpretive Paradigm*

Interpretive social science is related to hermeneutics, the study and interpretation of human behaviour and social institutions. Unlike the stable, predictable social reality envisioned by positivists, interpretive social science believes that a fluid condition is created through human interactions. Realities are based on “multiple, intangible mental constructions, socially and experientially based, local and specific in nature . . . and dependent for their form and content on the individual persons or groups holding the constructions (Guba & Lincoln, 1994, p. 110). This perspective allows that different realities may exist, some of which are more or less informed than others, and that those realities are alterable with changing perceptions. Epistemology involves an interactive link between the researcher and the object of investigation so that discoveries are created as the research proceeds.

According to the interpretive paradigm, the purpose of research is to provide an adequate reflection of people’s experience in the social world. The interpretive approach involves a “systematic analysis of socially meaningful action through the detailed observations of people in natural settings in order to arrive at an understanding and interpretation of how people create and maintain their social worlds” (Neuman, 1994, p. 62).

I chose a research methodology, within the interpretive paradigm, that would document

the chronological process of bylaw development, describe the policy actors and their roles, and reflect the social and economic climate in which the process occurred. Given the complex and polarized nature of the debate, data collection methods had to respect and reflect the views of a broad and inclusive range of stakeholders.

Narratives as a Qualitative Approach to Policy Analysis

3.02 Narrative Policy Analysis

Narrative policy analysis purports to allow reformulation of “increasingly intractable policy problems in ways that make them more amenable to the conventional policy analytical approaches” (Roe, 1994, p.1). The key premise of narrative policy analysis is that stories commonly used in describing and analyzing policy issues are a force in themselves. Those stories often contain the key elements of the policy process or, at least, one individual’s perception of those elements.

The main proponent of this methodology, Emery Roe (1994), suggests that, initially, the analyst identify those narratives or stories that dominate the issue in question. He then proposes that the analyst distinguish those other narratives in the issue that do not conform to the definition of story (non-stories) or run counter to the controversy’s dominant policy narratives (counter-stories). An example of a non-story would be a circular argument that has no beginning, middle, or end of its own. These non-stories may document only a portion of the process. Circular arguments may identify blocks in the policy process where problems get worse through constant reinforcement, rather than being challenged and resolved. Roe also describes critiques as non-stories because, “they

tell us what to be against without completing the argument as to what we should be for” (p. 53). A counter-story may be the narrative told by one or more sectors that runs counter to the main narrative told by the majority of other narrators.

Roe proposes a comparison of the initial two sets of narratives (stories on the one hand, and non-stories or counter-stories on the other) in order to generate a metanarrative which evolves by the comparison. Rather than searching for consensus, particularly on issues where “opposing camps are so fundamentally divided that no middle ground for compromise exists, the metanarrative “turns this polarization into another story altogether” (Roe, 1994, p.4). Finally, once generated, the analyst determines if or how the metanarrative recasts the issue in such a way as to make it more amenable to decision making and policy making. In particular, is the metanarrative more amenable to conventional policy analysis tools than were the original narratives upon which the metanarrative was based?

3.03 Narrative Analysis as a Tool for Tobacco-Control Policies

Roe (1994) discusses uncertainty, complexity, and polarization in relation to policy analysis. He describes complexity as the issue’s internal intricacy and its interdependence with other policy issues, while polarization refers to the concentration of groups at extremes of the issue. “What makes special difficulties for the analyst is the interrelation of uncertainty, complexity and polarization” (p. 3).

Tobacco control is an issue that is characterized by complexity, uncertainty, and

polarization. Tobacco use is a well established, addictive habit that, as recently as 20 years ago, was considered normal social behaviour. If tobacco were to be introduced today there is little likelihood that it would be legalized. How should such a product be dealt with in the 21st century? Control of tobacco use is strongly interdependent with other issues such as tax policy, interprovincial and international smuggling, constitutional rights, and agricultural policy. Tobacco control has strong social implications, as its use is inversely proportional to education and income status. Furthermore, the issue is extremely polarized in both its characterization and its champions: health advocates, the most zealous of whom are referred to as “nico-nazis” or “health fascists” confront the multinational tobacco industries that form some of the wealthiest and most powerful conglomerates in the world. Health advocates insist that tobacco use is a health issue, while the tobacco industry maintains that tobacco use is an individual right’s issue. Even those confronting the tobacco industry do not necessarily agree on a *modus operandi*. Health advocates from the voluntary sector lobby the public sector to develop strong, proactive policies, while government officials seek to balance public opinion, lobbying pressures, and political agendas.

Roe (1994) contends that analyzing difficult policy issues—drawing out their implications and making policy recommendations—requires systematic and detailed attention to policy narratives that chronicle the scenarios and arguments on which policies are based. The policy narratives of interest are those that dominate the issue in question. Roe defines policy narratives as

those stories—scenarios and arguments—that are taken by one or more parties to the controversy as underwriting (that is, establishing or certifying) and stabilizing

(that is, fixing or making steady) the assumptions for policy making in the face of the issue's uncertainty, complexity or polarization (1994, p. 3).

The concept of dominant narratives fits well with Doern and Phidd's (1992) notion of dominant ideas and policy paradigms. Those authors suggest that there are four levels of purposeful activity in examining public policy: ideologies, dominant ideas, paradigms, and objectives. They define ideologies as "an umbrella of belief and action that helps provide political and social identity to its adherents" (p. 36). Ideologies can preclude or reduce the likelihood of commitment to certain policy options. Dominant ideas, while related to ideologies, often have "a separate force of their own in that ... the ideas may be combined or used to embody a particular preference in a policy field" (p.38). Ideas are "each desirable. They also often totally or partially contradict each other" (p. 41). Doern and Phidd propose that the need to rank dominant ideas is a central aspect of public policy and represents the political aspect of policy making. Dominant ideas include economic stability, regional diversity, and sensitivity—often competing with the idea of provincial integration—and the notion of collective good that may impact the concept of individual rights.

Policy paradigms provide "a series of principles or assumptions that guide action and suggest solutions within a given policy field" (Doern & Phidd, 1992, p. 41). Within the field of smoking-control bylaws, contending paradigms exist as public health vies with individual rights. Doern and Phidd stress the links between paradigms, ideologies, and dominant ideas. For example, public health is viewed by many as a policy direction that justifies intervention at the provincial level in order to ensure equity, preserve the public

good, and stabilize economic activity.

3.04 *Benefits and Disadvantages*

Roe (1994) suggests that narrative policy analysis is at its best in highly polarized policy controversies, where the values and interests of the opposing camps are so fundamentally divided that no middle ground for compromise exists between them. This has certainly been the case in the development of policies to control smoking in public places. He suggests that in cases of such complexity and polarization, the best alternative is to forgo searching for consensus and common ground in favour of a metanarrative that turns this polarization into another story altogether, one that is more pliable to policy intervention. Roe maintains that the metanarrative has the potential to define and verify issues on a topic whose existing policy narratives are so conflicting as to paralyze decision making.

There are pitfalls inherent in narrative policy analysis. Roe warns that there is no guarantee that the controversy will have a metanarrative, or that there will be only one metanarrative, and that it will always be policy-relevant. Different analysts may come up with different metanarratives and there is no guarantee that a metanarrative, once found, will be the final or definitive metanarrative. As issues evolve and change so must the metanarrative.

Part of the challenge of this research will be testing narrative policy analysis as a policy analysis tool in the development of municipal smoking-control bylaws. It is hoped that collection of the narratives will highlight factors that are an important part of the policy

process and suggest a less confrontational process. Whether this will evolve from a metanarrative or whether a metanarrative exists, remains to be seen.

Roe contends that narrative policy analysis provides an opportunity for greater tolerance of opposing views among analysts, decision makers, and the public at large. He maintains that it is one of the few existing ways to adequately analyze the role of power and politics in issues of high uncertainty and complexity.

Narrative policy analysis encourages the analyst to consider voices that are marginalized in a controversy. The more voices that are heard, the richer the policy metanarrative that is generated. Giving voice to marginalized groups means more than ensuring that disenfranchised populations have their say. It means tolerance of intolerant advocates, it means accepting that tobacco industry spokespersons have a story to tell and a right to tell it, and it means understanding that those in government are often more powerless in the face of controversial issues than might be expected. Tolerance associated with narrative policy involves treating all policy narratives seriously and maintaining this position in the face of polarization, uncertainty, and conflicting views. A “certain humility” (Roe, 1994, p.19) is required by all those embarking on narrative policy analysis.

During my research I became aware of a computer-assisted political analysis program called *Policy Maker*. (Reich, 1996) This software is recommended for policy questions in which there are multiple players with divergent interests. The software uses political

mapping techniques to analyze the political actors in a policy environment and to assess their power and position, provide a quantitative assessment of a policy's political feasibility, and suggest strategies that may enhance a policy's feasibility. While the program shows promise for certain situations, I felt that its focus on a quantitative approach would be limiting for my own research. I believe that a qualitative process, such as narrative analysis, not only describes the political players and gives some sense of their relative importance, but also captures some of the broader factors influencing the process.

The Research Project

3.05 The Research Purpose Statement

The purpose of this study is to explore and understand the policy process of developing bylaws to control smoking in public places. Using a case study design and a narrative policy analysis, four B.C. municipalities are examined.

The research aims:

- 1) to document and compare the main stories that are told by different policy sectors with respect to municipal smoking-control bylaw development;
- 2) to identify and discuss some of the circumstances, including socio-economic context, the temporal setting, and human interactions that may influence the policy process;
- 3) to propose elements of a policy process in the development of municipal smoking-control bylaws that would be more equitable, less confrontational, and would consider the needs of all involved; and

- 4) to determine the effectiveness of narrative policy analysis as a tool in examining the policy process.

3.06 Overview of the Research Project

The research will primarily seek to explore and understand the policy process as it occurred in four municipal settings in B.C.: Vancouver, Victoria, Squamish and Kimberley. These communities have been purposefully chosen. Each has had a well-publicized process associated with the development of their municipal smoking-control bylaw and each community has had a slightly different outcome. Victoria and Vancouver are both large, urban cities in which the bylaw development followed a “top-down” process in that it was led by paid professional staff. In Kimberley and Squamish, which are smaller, rural communities, the bylaw processes could be described as “bottom up” since leadership came mainly from inexperienced volunteer community activists. Vancouver and Victoria were successful in passing and implementing amended smoking control bylaws that represented a progression from earlier statutes. The enforcement of these bylaws, however, continues to be fraught with problems. In Kimberley and Squamish, municipal councils chose to abandon their attempts to pass bylaws in the face of opposition from local merchants who feared the economic impact of these policies.

Key Informants

The dominant methodology for this research is narrative policy analysis. One goal of this research project is to determine how policy narratives can be used to gain a better understanding of the policy process, particularly as it applies to the development of

municipal smoking-control bylaws. This goal will be accomplished by obtaining narrative reflections of the policy process as experienced by individuals from different policy sectors.

Because of the highly polarized nature of this issue it was important to structure interviews in order to obtain balanced representation from all sides of the issue. A minimum of four key informants were interviewed in each community. Informants included the major stakeholder groups:

- 1) the hospitality industry (particularly restaurant and bar owners or members of their representative associations);
- 2) the health sector (including members of voluntary organizations, public health officials and community task force members);
- 3) members of municipal governments; and
- 4) community activists and volunteers.

Several key informants, who were known to the researcher, were identified in each community. Other respondents were identified through initial informants.

In order to provide confidentiality, narrative quotes are coded: a pair of initials identifies each narrator (these have been assigned by the researcher in order to protect their identity). Table 2 characterizes the narrators according to their community and the sector they represent. (Narrators who represented more than one sector are listed twice. Their secondary role is presented in parentheses.)

Table 2: Sectoral Distribution of Narrators in Relation to Each Municipality

Sector	City 1	City 2	City 3	City 4
Health Sector	GV UV	OP QO ME	SG	OG SY
Municipal Government	FS (FF)	ON	WF	VO
Hospitality Industry	JF GP FF	EO JK	(LS) FV	MD HN
Community Activists			LS	LN (HN)

The Interviews

A total of 22 people were interviewed: seven represented the health sector, seven came from the hospitality industry, five were municipal government representatives, and three were community activists. Narrators primarily responded as a representative of one sector but some also had experience in another sector. Most narrators were contacted by mail prior to the interview (Appendix A); some were reached by telephone. All interviews were face-to-face. Each narrator signed a consent form prior to the interview (Appendix B). Interviews took place between June 1998 and October 1998 in a location most convenient for the narrator. Each interview lasted between one and two hours. All interviews except one were recorded and transcribed. One interview took place on an ad hoc basis and the narrator's comments were transcribed as she spoke. Each narrator was asked, "What was your experience regarding the development of municipal smoking-

control bylaws in [name of town]?” Occasionally, prompts were used to encourage dialogue, to stimulate remembrance of an event, to keep the narrative focused on the development of the bylaw, and, occasionally, to seek clarity with respect to an issue raised by another narrator. The following list of questions was used as needed. Other questions relevant to the specific interview were also asked.

Agenda Setting

- How/why was the bylaw initiated?
- How would you describe public support for the bylaw?
- Who (what person or group) provided leadership for the bylaw? Did that change during the course of the bylaw development?
- Are there other tobacco-control initiatives taking place in your community?

Decision Making

- Who (what individuals or group of individuals) had the most influence?
- Was the media coverage (newspapers, radio, television) of the bylaw process adequate and accurate?
- Was there ample opportunity to make your opinions known to decision makers?
- Was the municipal council supportive of this bylaw? Why do you think that was so?
- Were municipal elections taking place at the time of the bylaw development? If so, did these elections influence the bylaw process?

Policy Formulation

- Who were the major groups involved in the development of the bylaw?
- What individuals helped to facilitate the development of the bylaw?
- What individuals blocked the development of the bylaw?
- Who (what person or group) should have been more involved in the development of the bylaw?
- What social, economic, or political factors affected the development of the bylaw?
- What were the major challenges in the development of the bylaw?

Implementation

- Would you say that the implementation of the bylaw was successful?
- Was there plenty of notification that the bylaw was going to happen?
- Were there print materials that provided a clear explanation of the bylaw?
- Who is responsible for enforcing the bylaw?
- Was there a “grace period” before the bylaw was enforced?
- In your opinion, has the bylaw been fairly enforced?

Evaluation

- Has anyone checked to see whether the bylaw is working?
- From your perspective what common ground existed between the various groups who were involved in the development of the bylaw?
- In your opinion, how could the process leading to the development of the bylaw have been improved?

The Narratives

Interview tapes were transcribed by a typist. I checked each transcription for accuracy and compared it to interview notes. While reviewing the narratives it became obvious that certain subjects or issues were arising over and over again. Reading and re-reading, I began to group quotes from the key informants (hereafter referred to as “narrators”) under those issues and then, in consultation with my thesis committee, amalgamated those issues under broader themes. At one point there were over 60 issues that were eventually grouped into five broad themes: the general environment in the province, champions, antagonism, framing, and community readiness. To protect the narrators’ identities, the narratives themselves are not included in this thesis. As well, those who were interviewed spoke in confidence and many of them spoke very openly. It was understood that they would not have wished to have their complete narrative made public, nor was that intended. Finally, there is too much material. The 21 recorded narratives each averaged 13 single-spaced pages. Even the narrator who proclaimed that he had nothing to say, that the bylaw approach was “wrong, totally wrong” (MD) went on, with some questioning, to fill five pages.

Policy Determinants

The term “policy determinants” is often used in a broad-scaled context when debating the relative influence of macro-level socio-economic factors versus micro-level behavioural elements in the development of public policy. Howlett & Ramesh (1995) discuss the shortcomings of such analyses:

Such studies are largely empirical and often quantitative in orientation. While their empirical focus has enhanced our understanding of public policies by dispelling common myths and assumptions about the nature of policy processes, they tend to lean towards general macro-level explanations and often fail to develop their arguments in the sectoral and temporal contexts in which most policies develop (p. 7-8).

In the following research, the term policy determinants will be used to refer to all factors that, directly or indirectly, influence the policy process, including the context in which the policies were developed. The following chapters contain a distillation of the policy determinants or variables (as drawn from the narratives) that had an impact on the bylaw-development process. The concluding chapter contains an elaboration of these determinants and their relative roles in the policy process.

Rigor in Qualitative Analysis

Guba and Lincoln (1981) address methodological rigor in qualitative analysis by describing four factors that relate to tests of rigor in interpretive, naturalistic, or qualitative research. In qualitative research, the truth of a research report rests on its credibility, that is, its faithfulness in representing human experiences and interpretations. This credibility is enhanced when “investigators describe and interpret their own behaviour and experiences in relation to the behaviour and experiences of subjects” (Sandelowski, 1986, p. 30). Because the method of inquiry emphasizes the study of phenomena in their natural setting, qualitative research is applicable if the findings can “fit” into contexts outside the study situation and when its audience views its findings as meaningful and applicable in terms of their own experience. In addition, the findings of

the study, whether in the form of description, explanation, or theory, should “fit” the data from which they are derived (Sandelowski, 1986, p.32).

Reliability relates to the ability of a test to produce comparable results time after time.

Reliability is seen as essential for validity. Because of the uniqueness of human experiences it is virtually impossible that repeated tests will produce similar results. Guba and Lincoln (1994) propose that “auditability,” or the ability to follow the researcher’s decision trail, is a more realistic criterion for qualitative analysis. This factor then leads to “confirmability” as a desired form of rigor in qualitative research.

Unraveling the Determinants

The next five chapters allow the narrators to speak for themselves, although the material is somewhat filtered through my own interpretation. I made every effort to minimize that filter. It seemed to me that the narratives were compelling enough on their own—they needed no embellishment. Although I had been professionally involved in the bylaw process for 10 years, I found the stories riveting, amusing, shocking, and without exception, fascinating.

Chapter 4

General Environment in the Province

Of course the provincial government funded the B.C. Lung [Association] and that sort of stuff to have a full-time coordinator. And that made all the difference in the world. Having somebody whose full-time job it was to get the data, to get the information out, to do that ground work that I . . . and public health just didn't have the time or the research capacities to do. Really, I think was more the turning point in that battle. They made all the difference (ME).

The people don't want to be dictated to, to the degree that it is interfering in their lives (JK).

Basically it just became a non-issue. [The Municipal Council] felt they didn't want to proceed with it. Workers' Compensation Board was going to be handling it (WF).

The biggest mistake that was made was they didn't understand how our whole liquor law system works (JK).

4.01 Introduction

There is no doubt that there was a unique social and political environment with respect to tobacco control in B.C. at the time the bylaw processes in Victoria, Vancouver, Kimberley and Squamish were undertaken. The province had gone from being a bit-player in the Canadian tobacco-control scene in the early 1990s to being a leader by the mid 1990s. Passage of the provincial *Tobacco Sales Act* in 1992 had placed B.C. at the forefront of "sales to minors" legislation in the country, although other provinces rapidly

followed suit, each introducing more comprehensive statutes. As a result of political willingness and well organized lobbying on the part of NGOs, the provincial budget for tobacco control had risen from \$250,000 at the beginning of the decade to \$5 million by the late 1990s. Between 1996 and 1998, the Steering Committee for the National Strategy to Reduce Tobacco Use was chaired by the B.C. representative. Provincial and national tobacco-control conferences during the 1990s, predominantly organized by the voluntary sector, had served to increase capacity and enthusiasm for tobacco control in many communities. A province-wide survey by the Angus Reid Group, and another in the Prince George region, had not only documented the smoking prevalence and consumption rates in the province, but also had explored attitudes toward smoking and smoking-control policies.

By 1997 and 1998, the province was preparing legislation in two areas that would enable them to take legal action against the tobacco industry to recoup health costs associated with tobacco use and would require detailed ingredient disclosure on the part of the tobacco manufacturers. Both pieces of legislation were precedent setting in Canada. The provincial WCB, which was reviewing a number of worker-safety issues, was nudged by tobacco-control advocates, including some of those interviewed for this research, into passing regulations that would guarantee every worker in the province protection from exposure to ETS. This pressure occurred at both public hearings and through meetings between WCB and Ministry of Health staff. Legal action and enforcement issues with respect to municipal smoking-control bylaws in the province's two largest cities attracted extensive media coverage locally, provincially, and nationally and raised the profile of

tobacco-control issues in general. The provincial context was set against a backdrop of escalating and well documented legal action against the tobacco industry, particularly in the U.S.

Litigation by the province, the whole development of the Tobacco Reduction Strategy—I think now where we are with the dubious distinction of having the tobacco industry with an office in Vancouver. I think it's really a combination of litigation in the U.S., increased funding into tobacco control, disclosure requirements, the *Tobacco Fee Act*, bylaws, the World Health Organization concentrated effort, the Angus Reid Survey, the Northern Survey (OP).

Interestingly, while narrators in larger municipal centers were conscious of provincial government activities with respect to tobacco control, those in the more remote, rural communities were less informed. In this respect, the geographical nature of the province may have been an influencing factor. The majority of B.C.'s population is situated near the mouth of the Fraser River in an area known as the Lower Mainland, surrounding the city of Vancouver. The other major city in the province, Victoria, is located at the southern tip of Vancouver Island and, together with adjacent communities, constitutes a regional government known as the CRD. Together, these two cities account for the majority of the province's population. The rest of the province—anywhere on the mainland other than the Lower Mainland area—is referred to as the “The Interior” and is separated from the Lower Mainland by mountain ranges.

4.02 The Role of the Provincial Government

Many narrators commented on the role the provincial government had or should have played in the development of policies to control smoking in public places. Funding received from the provincial government was pivotal in helping some cities achieve their

objectives. It enabled them to hire staff, carry out surveys, and place ads in newspapers.

“Now obviously that wouldn’t have been done without the support of the Ministry of Health in the way of funding” (QO). This narrator went on to explain how government funding helped with the bylaw campaign:

The initial portion of the campaign involved first doing the survey, which was the voluntary health agencies’ way of checking if this was a feasible activity to be involved with, and there was Ministry funding for that portion. The Ministry portion of the funding was, I believe, to make the samples relevant to different regional breakdowns . . . rather than what we performed, which was one sample for the whole area (OP).

We received funding from the ministry for tobacco initiatives . . . It was about \$8,000 I think, and we had done some work on cessation at the high school and we did start the process for a bylaw because we had done community surveys and trying to get a sense of what people would support initiatives around . . . Of course all of it depended on what kind of funding was out there to support it (OG).

We were also fortunate that we had very strong support at the provincial level. I think that this is one of those situations that the climate is right. We had a provincial government that continues to be committed to tobacco control and that certainly resources were available for appropriate studies, consultations, retaining of experts such as a ventilation consultant [without whom we might have been put] . . . in a position where we were way out of our field . . . By having access to not lavish resources, but certainly sufficient to meet the needs . . . about \$100,000 worth of resources. But, as I pointed out, that is less than the cost of treating two to three cases of lung cancer . . .

Clearly, this was something that wasn’t inexpensive, but from an investment perspective, I think it is justified fairly readily, though I think it is important to recognize that without support it could not have happened . . . Financial support . . . from the province, which then made it easier to leverage money under the [region], that I could make a fairly compelling case to match whatever the province put up . . . because clearly it is our citizens as well, that is, we share the responsibility.

So, I think we can’t downplay the importance of lining up your finances, because otherwise you can only get so much out of your volunteers, and there were things that these resources enabled us to do that you cannot expect. For example, an individual who is in the ventilation business to spend considerable amounts of their time supporting this cause. It was a paid consultation and I think that was critical . . . but clearly if we were the only place in B.C. doing anything and we had a ministry that wasn’t interested, I think we would be pretty well ground down by now unless we had a series of political leaders that just absolutely were single-minded—I don’t see us succeeding (UV).

In terms of information and encouragement, narrators also praised the support they received from public servants in the provincial government. “It was important. You [the provincial government] got us information. There was somebody to talk to. It was a really important position. It really was. And you have as much a part to play in all of this as all the ones I talked about—you really do” (ME).

Receiving government funding had its drawbacks as well. Kimberley and Squamish were demonstration sites for the federal/provincial Heart Health Initiative. These communities had developed comprehensive plans to improve heart health that included initiatives related to nutrition, exercise, and tobacco control. Narrators from these communities complained about the time involved in applying for funding and fulfilling the rigorous federal reporting requirements. “The whole process of the red tape, waiting for funding, the hiring, all of that takes so much time away from the overall project that in the end we were left short, I believe” (OG).

I think it was more like we were a bunch of children that thought we were going to a party and found out from people . . . “Well, just a second here.” We saw rules and all these levels and all this reporting that had to be done . . . So the big thing was the weight of all the reports that had to be done that took hundreds of hundreds of hours to do (LS).

In spite of acknowledging the province’s role in bylaw initiatives, there was a general feeling that the provincial government should have been even more involved, that this issue was, in fact, their responsibility. Many complained that this was a fight that should have been fought at the provincial level, particularly in light of dwindling provincial resources for municipalities.

The municipalities were very uncomfortable with being forced to make a decision on the issue and felt that if it was truly a health issue, that the Ministry of Health should be making the decision and wrote letters to the ministry suggesting that, which really fell on deaf ears because the ministry didn't want the responsibility for it either. Part of this, I think, was a really legitimate discomfort with the issue and part of it, I think, was pushing back towards a government that was cutting their revenues and, it seemed, at the same time increasing their responsibilities.

So it was part reaction to the environment and part reaction to the issue . . . The municipalities were cranky about everything they were having to deal with, so it was, "You can't take our money away and download your responsibilities onto us. So, if you're not going to fund us to do what we are already mandated to do, don't expect us to take on anything extra like the whole health mandate as part of our responsibilities. If you think this is a public health issue, you deal with it as the Ministry of Health and we'll implement it. But don't expect us to make the hard decisions." So that's where I think they can base it on as being a downloading of responsibilities at the same time as they were restricting the money that they were willing to pay (OP).

A member of the hospitality sector echoed this health official's sentiment:

But you know where it all lies. It all lies with the province. The province should take it over and do it, and make regulations. They will give it to WCB to make certain regulations, but they definitely should because what is going to happen is you are going to have the CRD one way, Duncan another way, Surrey one way, Coquitlam another way, and it is going to be one of these mixed up municipal . . . or CRD rules that is going to be all over the place (JF).

In the next breath, however, this narrator acknowledged that certain parts of the province, "those northern people," were not ready for any level of regulation to control smoking in public places. A health official confirmed the disparities across the province:

Oh yes, the provincial government at any point in time could have stepped in and got provincial legislation. I mean, the provincial government basically ducked it the whole time, and even today is ducking it. They promised me if I could get the UBCM to pass a no-smoking resolution and they believed that there wasn't any chance . . . The red necks from up country voted against it and we lost it badly (ME).

He refers to the weak support for the government in the north of the province: "They didn't act because they were afraid to lose a vote from Prince George and they can't afford to lose the two Prince George seats they've got, and they were afraid they will lose in William's

Lake.” He then moderates his views of the people from “up country:”

I believe if you did the survey in William’s Lake that we did . . . you would find the same results, maybe 5% lower, but you would still have 65% of the people saying we want non-smoking. We have the image of everybody driving around with four-wheel drives and a loaded gun behind their head rack . . . but in fact the same people who live in William’s Lake live down here. They would vote and say no, we don’t want smoking in our restaurants either (ME).

A restaurant owner expressed his support for the “level playing field” that would result from provincial legislation:

But definitely it should not be municipal bylaw. It don’t think it has to be Canada-wide, but certainly it should be provincial. You know it’s illogical having one municipality allowing it and the other one not. If it’s a health concern it’s illogical to have a bylaw in one city and not in another. And, also, if you’re managing restaurants in different municipalities, you have one set of bylaws in one and another set in another. Make it non or allow it (FV).

There was also a perception that a provincial statute would have eliminated many of the problems associated with implementing municipal bylaws. “Courts don’t like bylaws, so you tend to lose when you go to court on bylaws. A provincial statute like they have in California would have been much more preferable, have much more force in a court of law” (ME).

Only one respondent, a municipal councillor, saw the municipality’s role as different from that of the provincial government:

But I think we have to be careful, that as municipalities we have to separate the issue from the provincial government. The provincial government and the Minister of Health are going after first-hand smoke. They are trying to stop people from smoking, in particular kids, which is an admirable thing to do. That is not our issue, we are not telling anyone not to smoke. All we are doing in the municipal arena is saying where people should not smoke. We are just saying where you cannot smoke (ON).

4.03 Government Interference

Contrasting with this desire for government action was the feeling, particularly on the part of restaurant and bar owners in all four communities, of being over-governed, of government interference in citizens' daily lives.

There is almost a sort of real concern that government is so involved in the decisions of every day life that we just want less government so dramatically, that even avid non-smokers sort of say well, there is a principle here—that bloody government . . . So, there is that real fear of what is it next? Is it going to be perfume, or whatever? And people's general liberties are sort of being attacked more and more and people are concerned that "This issue doesn't bother me at all." But they will say, "What if it is something that does bother me?" It is that sort of principle that governments can legislate so much and we are actually looking for less interference in our private lives by government. Therefore, there is an underlying thing there and that is why people are basically backlashing. They are more determined to break the law just because they don't like the law itself. And philosophically, I think that that is actually the worst thing that could possibly happen because at the end of the day you do get anarchy" (JK).

In particular, members of the hospitality industry saw the municipal bylaws as just one more example of unnecessary government intervention in their lives.

4.04 WCB Regulations

Anticipation of WCB regulations that would prohibit smoking in all workplaces throughout the province "provided the municipalities with a back door to say, we're not going to deal with this issue because the WCB has dealt with the issue" (OP). Especially for the smaller communities, the promise of these regulations relieved them of the necessity of becoming embroiled in a potentially sensitive issue.

Okay, we have a newspaper article . . . from March '96. "This council delays dealing with smoking bylaw . . . Squamish council is awaiting the Workers' Compensation Board report about smoking in the workplace before it revisits the issue of the proposed clean indoor air bylaw". . . But there was really a lack of drive on council's part to want to bring it forward. They were really quite emphatic about saying "No, we want to wait and see what is happening. It really should be a

provincial-wide legislation and we really should wait and see because that is going to happen. We have to seek some information from WCB that they have their draft document (WF).

At the same time the UBCM was receiving resolutions from individual municipalities urging that body to lobby the provincial government to implement province-wide legislation.

The motion was that council send a letter to the Minister of Health stating council support of the UBCM members—we vote in favor of backing a province-wide ban on smoking in public places . . . And there was a second motion that council write a letter to WCB advising that council supports their new regulation to enforce protecting workers against second-hand smoke . . . They felt they didn't want to proceed with it. WCB was going to be handling it (WF).

Had the WCB not taken action, it is likely that the pressure on the provincial government would have escalated. Municipal councils were ready to move on to other issues. “For Pete’s sake. . . don’t let this drag into ’96 because we don’t want this on the agenda” (ME). Health officials were tired of struggling with enforcement, and citizens and members of the hospitality industry were frustrated by the patchwork of bylaws that existed in adjacent municipalities.

4.05 Enforcement Issues in Urban Municipalities

Enforcement of bylaws, particularly in Vancouver and Victoria, was a significant and largely unresolved issue. Victoria and Vancouver had both revised their smoking-control bylaws in the early 1990s. Victoria was anticipating further restrictions as the decade came to an end. In those cities, protests against enforcement of the bylaw and the attendant legal challenges attracted extensive coverage in the local, provincial, and national press. This coverage adversely influenced other communities’ willingness to

undertake bylaws. Municipal councils in smaller towns such as Kimberley and Squamish worried that local businesses would suffer. “I mean, that is happening in Vancouver—I do think that there are restaurants going out of business” (LS). “At the same time too, we’d hear the whole Vancouver issue. We’d hear that all the time. It’s back and forth, back and forth” (OG).

People are worried about their businesses . . . if business had been really great and there were a lot of other things going on that, I don’t know—I don’t know if it made any difference. I don’t think people would have been quite so scared So when they are hanging on and hanging on there is another threat to their business. So perhaps, maybe, if it was tried in a more economically stable time . . . but then I look at all the problems they’ve had on the coast and stuff like that and where their economy isn’t anywhere near as bad as ours (VO).

The enforcement problems in both Victoria and Vancouver underscored the need to carefully plan this aspect of the bylaw and to win agreement before the bylaw is implemented rather than forcing compliance afterwards. “The Victoria health officials . . . both are very sensible people and you have to be realistic to understand it is one thing to pass the bill, it is another thing to make the citizens obey it—they understood that. In Vancouver, unfortunately, they didn’t” (GP). The enforcement disputes engendered a great deal of negative publicity and resulted in many restaurants simply breaking the law. In Vancouver there were legal challenges over the city’s right to regulate smoking in public places as well as their right to require owners to enforce the bylaw. With fines of up to \$2,000 there was a sense that the “punishment doesn’t fit the crime” (JK). Allowing a six-month moratorium on enforcement following implementation of the bylaw did not solve the problem: “Because all that happened in that period was some businesses took the May 31 effective date seriously and became non-smoking on that date. Most of them used

it as just a grace period and a period also to kind of fight the bylaw, and it really didn't serve the purpose" (QO).

Bar owners expressed a frustration that enforcement fell on their shoulders, with little thought to the day-to-day situations encountered by their staff.

For example, you are a waitress and you are 5'2", eyes of blue; two guys come in . . . and they sit down and they order a beer. You give them a beer and they light up a cigarette. You say to them, "I'm sorry this is a no smoking bar." [They say,] "Tough, we're going to smoke." The waitress has two choices. Does she take the beer away from in front of them where we lose business and she could cause a problem, or does she give them an ashtray so they won't put it on the \$50/yard carpet. What does she do? She gets an ashtray. Now, if she phones the police, the police would laugh. That was an example. If she phoned the CRD and said I need a bylaw enforcement officer down here, there is two. So you tell me how it is going to be policed. They can't tell me. I just asked them on the phone again. "Well, we expect you to cooperate" (JF).

I met with the cabarets quite a bit. On Friday night they will have 300 to 400 screaming kids from the ages of 19 to 25 in some of them, smoking, doing drugs, and doing everything else humanly possible to destroy their bodies, but having a hell of a good time. In some cases, the police won't even go down there. So, you have 300 of these people light up. What are you going to do? A 21-year old bylaw enforcer comes down and says to the owner, "Get these people out." There is going to be a riot. . . . If you solve that for me then you can solve the problem because there is no solving . . . You can't throw them out. The police won't come and do it, and the challenge I have to [present to narrator] GV is you police this equally and equitably and it works equally and equitably and we will all stand behind it. But if I walk into one bar twice, or one cabaret especially and there is smoking and nothing is being done about it, then forget it (JF).

Anything less than a total ban on smoking meant that an enforcement officer had to count tables.

They have one bylaw enforcement officer and we were anticipating the difficulty of trying to enforce a bylaw if it is calculating out percentages of space. So certainly, from an enforcement side it would have been much easier if it were just clean and cut—no, there is not smoking (WF).

Adding provisions with respect to ventilation promised to further complicate

enforcement. “The realism, the realistic-ness of high technical, high maintenance provisions—how did the bylaw enforcement officer check to see that negative pressure is happening?” (PD)

While bylaw enforcement was never an issue in Kimberley or Squamish, the problems involved in enforcing the bylaws in Vancouver and Victoria served as a very real deterrent to bylaw development in the smaller communities.

4.06 *Liquor Licensing Laws*

B.C.’s liquor licensing laws were a significant issue in the minds of the hospitality industry sector. However, it was a topic that was not discussed by any of the public health officials or municipal politicians interviewed for this study. It is impossible to say whether they were unaware of the importance of the issue or chose to ignore it.

The politicians didn’t realize that it is a different world between B.C. and California. Because in B.C. we don’t have bars in restaurants—they’re illegal. B.C. is the only jurisdiction in the world that you must not only have food presented or available . . . you actually must consume the food to be legally allowed to drink in a restaurant (GP).

The health sector’s insistence that smoking-control bylaws were working in California only served to anger the hospitality industry and reinforce their belief that health officials did not understand British Columbia’s liquor laws.

They kept saying and everybody has said, “Well, they have no smoking in California restaurants, so therefore why can’t we do it in Vancouver?” I have said to them until I can’t speak anymore, the California model is different inasmuch as all restaurants in California can have a bar because the licensing system is different. So, if we were in California, we would have a restaurant here and we would have a bar here . . . It is not a problem because the smoker is now getting chased from pillar to post anywhere. They are quite willing to get up and go and have a cigarette

between courses or after they will go into the bar and have a cigarette with coffee. And the restaurant is now 100% non-smoking and at the bar you allow smoking. And we don't need any laws to force us to do that. In California that's what everybody did. They would smoke in the bars, not smoke in the restaurants. I tried to explain . . . we should be able to do the same thing. And they said, "No, it's too complicated." But that was why we lost, because they would say, "Well, in California it's not a problem, so therefore why would it be a problem here?" (JK)

The health sector's failure to understand this fundamental part of hospitality industry regulation was a significant factor in increasing the industry's feelings of frustration and anger.

4.07 City-Specific Factors

While the prevailing environment in the province provided a context for the bylaw process, other city-specific factors also acted as determinants. These tended to be one-time events or circumstances that were unique to a particular community. It was clear that any assessment of community readiness must include not only general factors common to all bylaw processes, but also a scan of determinants specific to a particular municipality or region. In Vancouver, with Expo (the 1996 Worlds' Fair) approaching, the medical health officer put together a report to council saying,

I think the time has come for us to bring in [a non-smoking bylaw]. We have Expo coming up. People from other parts of the world are used to having some non-smoking areas in their restaurants. We should be providing these or we will be seen as a backwards place (ME).

Also the "friendly rivalry" between Toronto and Vancouver helped the process: "Then Toronto upped their smoking bylaw, and then it was time for Vancouver to one-up Toronto" (ME).

At about the same time, the national press was heavily criticizing Victoria for continuing to dump its refuse in the ocean. The Victoria bylaw was seen, in part, as an effort to offset this negative image.

Well, something had to happen to offset the dirty image we got overnight. We got a filthy image overnight that we didn't care about our sewage, and that's the worst thing you got. That very same month or two afterwards, the initiatives started to come that we want to be perceived as a 100% smoke-free city—clean air city. So if we have clean air, maybe that offsets dirty water. That's what we started. We went through so much stress to override one perception, one reality, and mask it with another. And I think that's what drove the politicians to try to camouflage the image we were getting elsewhere that we were no longer this pristine, clean, fresh air city. We passed this 100% bylaw at that time (GP).

4.08 *Macro-level versus Micro-level Contexts*

While scientific advances and success in tobacco control at the macro-level (provincial, national, global) may have helped to place this issue on the policy agenda, they were not sufficient to ensure bylaw formulation. The influence of factors at the municipal level cannot be discounted. The temporal, social, and economic context of each policy debate determined the individual community's readiness to control smoking in public places. As the next chapters will show, the nature of local champions involved in the debate, their ability to influence policy makers, and how the issue was framed also significantly influenced the outcome of each policy process. Meanwhile, the promise of impending WCB regulations provided all policy makers with an opportunity to abrogate responsibility to another regulatory body.

Chapter 5

Champions: Policy Advocates and Entrepreneurs

I feel personally that UV wanted to be the first in Canada to go non-smoking . . . wanted to be the king zealot of Canada” (JF).

I think the most important things we did and most valuable things we did was link up with the voluntary health agencies (QO).

5.01 *The Importance of Champions*

Many narrators made it clear that one of the most important factors in the bylaw development process was the people involved, whether as individuals or as groups, in their professional roles or in their personal, and often passionate, defence of an issue. They praised each other and reviled each other. Generally, they recognized substance and values in individuals, all the while dismissing groups of people for their collective attributes or failings. At times, the antagonism toward each other was scathing and overall, it contributed to a general environment of mistrust that, in itself, influenced the bylaw process in each city.

Narrators discussed their own and each other’s roles in the bylaw process, their motivation, their supporters and detractors, and how their involvement affected their personal and private lives. An individual’s “championship” was often in the eye of the

beholder. Health advocates praised the role played by their colleagues: “One of our champions through the process was Councillor ON” (QO). Their adversaries in the hospitality industry dismissed these same champions as zealots or rabid fanatics: “There is a woman at the city of Vancouver called ON who is the most absolute rabid, avid—whatever the word is—non-smoker that you could possibly imagine . . . ON with her white horse” (JK).

QO spoke about the importance of local champions in municipal initiatives, suggesting that the level of commitment at the state or provincial level can’t always be counted on.

I have always said local government, whether it is a municipality or now regional health boards . . . are closest to the community as far as what the sentiment and the concerns of the community are. And I think that when you roll that up to a provincial and, even worse yet, a federal level, you don’t get that responsiveness. So local champions . . . are both political champions as well as people within the health system (QO).

Individuals and groups questioned each other’s right to champion the issue. The hospitality industry complained that it was the politicians and the health officials—not the public—who spearheaded the whole initiative:

That’s what is incredible about the whole thing. The whole thing never stemmed from the public tide demanding this. We get no letters at all from the public. We get one a month from the public saying, “I want 100% restaurants.” Where are they? We used to get them years ago, but we get none now, zero. Now, the [municipality] said they are getting them. I don’t see copies of them so I don’t know if they are getting them . . . We get nobody telling us . . . “Why don’t we have smoke-free restaurants more than we have?” So the public isn’t pushing this, which is odd, but the politicians are and the health departments are. That’s where this whole push comes from (GP).

Others in the hospitality industry questioned whether it was an appropriate role for the medical health officer to undertake. One narrator referred to a medical health office staff

member leading the bylaw initiative: “Yes, he is leading it. My argument would be it is not up to a staff member to lead a bylaw, it is up to the elected body to lead a bylaw” (FF). The hospitality sector also questioned the role of community volunteers in championing the bylaw process. “I think the city fathers finally recognized that the business owners have more of a right to choose than a OG, who has no business interest at all. She is just a concerned citizen” (MD).

While the bylaw process was, for the most part, non-partisan in all four communities, one narrator commented on the pros and cons of enlisting a highly political figure as a champion. On the one hand, that person ensured that “we spoke to the right people” (UV), while on the other hand, the person was seen as a political liability.

Even though it has helped, we can never lose sight of the fact that individuals who are decision makers can also be affiliated with political parties and there are benefits. One has to then be careful to ensure that this doesn't alienate the people who originally passed the bylaw. This is something that is a fairly basic consideration and . . . even the perception of partisan politics can have a devastating effect on your efforts. So, we do have to even be careful in terms of HF's presence, that while she may be extremely useful in certain camps, that there could be potential fallout from that section (UV).

GP talked about how a “new” champion on the field can change earlier agreements, in this case where an earlier bylaw was intended to stay in effect until the year 2000:

When politicians change and new people come in and officials change jobs, everyone wants to make a mark for themselves . . . Upon taking on the job as the chief medical officer . . . [UV] dove into this head first and wanted to eliminate smoking immediately again. And negotiations started up again to override the agreement principles that had [been agreed upon] for the year 2000.

The bylaw process in Squamish and Kimberley was somewhat more “bottom up” than in Vancouver and Victoria. Committees were formed that at least attempted to include a

mixture of health officials, municipal councillors, business people, and community volunteers. The committee in Squamish was described as “an ad hoc committee or a grass-roots committee” (LS). As well, these towns were considerably smaller than Vancouver and Victoria. Discussions about the bylaw process often played out in grocery stores or local restaurants, whereas in Vancouver and Victoria discussions took place almost exclusively in council chambers or health board meetings. For the smaller towns, the public nature of the discussion resulted in the debate becoming very personal and, in some cases, very painful for the individuals involved. “You felt like you were being targeted. But even now, recently, I will go into a restaurant and when I walk in . . . the first thing [the owner] says is, “Oh, it’s that smoking lady and I guess you want to sit in the non-smoking section.” You know, it’s those little jibes, those little digs . . . ” (OG).

In general, who the players are was seen to make a “huge, huge” difference (JK). This applied not only to individual players, but also to the make-up of groups and the interactions between groups. “I would have had a lot more high profile if I could have gotten a lot more high profile people to speak out publicly about it—like my medical health officer” (SG). As a newcomer to the community LN felt frustrated by her lack of connections within the community, particularly given the tight timeline:

So every effort was made to inform city council and also to have their participation and to involve the business community. Being a newcomer to this community and not having the connections, it was hard to establish a rapport and get them on the committee. That takes time, and we only had a year to do this whole thing (LN).

LS felt that the bylaw process failed in Squamish in part because the community committee promoting the bylaw was “unsophisticated” and didn’t include the right

people with enough influence. “I don’t think it would have mattered, even if they had three times as many members. There weren’t enough people that were in positions where they could have done anything” (LS). This narrator returned over and over to the fact that they were an inexperienced, volunteer group who were still learning, and that much of the meeting time was consumed by process issues.

Well, if it had of been all paid people doing it . . . being paid because they were experienced, there probably was a better way to do it. But the whole process that we got involved with—that some of us didn’t know was a process even—were volunteers and we had no experience. It didn’t seem like [two years] was very long, because a lot of the meetings were taken up with a lot of other things, which I’m sure is normal”(LS).

Also important were the skills of the individuals involved and the time they had available to contribute to the process: “We needed more people who knew things and could work hard . . . I felt that I couldn’t work hard because I didn’t have any of the skills that were needed by the committee” (LS). In contrast to Kimberley and Squamish, the bylaw processes in Vancouver and Victoria were almost exclusively championed by paid, professional staff. One narrator articulated the difficulty encountered in working with volunteers:

It was very hard to get volunteers living in the community to be part of the committee. That was a big challenge—to find a time that was feasible for all these people. People who volunteer are busy people. They often serve on other community groups, like the Cancer Society. They do all kinds of volunteer work and finding a time when they could all come together was tough. It was a challenge to schedule (LN).

The nature of and variety individuals on municipal councils was seen to influence the bylaw process. “It depends on the make-up of council” asserted one member of the hospitality sector while complaining that most councillors are “environmentalist-type

thinking people” who tend to run for councils: “I mean, pro-business people don’t go and run for council. I don’t have time to run for council. So you do tend to get people who are very environmentally conscious and want to create a better world for us. So that is why there tends to be more sympathy” (JK). The narrator went on to imply that business people are different, not afraid of “admitting that they have made a mistake” and backing down (JK). He was in fact suggesting that in some of the cities the politicians should have aborted the bylaw process as it became evident that there was not sufficient support in the community.

Sometimes the leadership changed as the process evolved. When asked who the leaders were in the bylaw development process, OP responded:

Initially the medical health officers and [environmental health officers], and I think, as [the development of the bylaw] progressed, the voluntary agencies developed more and more of a leadership capacity around it. I certainly see a big difference in the ownership now as compared to three years ago. Certainly there are specific councillors who have become leaders as the debate has progressed and as people have witnessed what’s happened in their own municipalities and the way that information has been used or not used by different groups. There have been a number of councillors who have become very supportive and become very strong leaders in their community. And ON, she would be the leading one (OP).

Some groups could have been active as champions but were not. WF suggests that it would have been useful to have youth involved.

If the youth is supporting something they are taking it home and it becomes a cultural thing. And then it is simply well, of course there will be no smoking in restaurants; it is simply not acceptable. But, we are still challenged with trying to convince our youth that they shouldn’t smoke.

GV felt that the group that was absent from discussions was the hospitality industry employees.

I guess maybe the only groups that I think it would be nice to have . . . more involved . . . but it would be difficult, would be the actual employees of the hospitality industry. But, boy, they're between a rock and a hard place, because even though they want to be involved, a lots of them, they hear from their boss, "Well, you're going to lose your job if this happens, you know." So, it's very difficult for them to have a clear voice as a group. There's the odd individual who's ready to stick their neck out, but as a group, I think that's the major lacking consolidated group of people would be the employees (GV).

This was the case in other cities as well: "The big weakness on the committee was—outside of this one lady, who was . . . probably not mainstream as far as the restaurant association [membership] . . .—[that] we didn't have more people on it from the restaurant association" (SY).

5.02 *Individuals as Champions*

In Vancouver, ME was clearly identified by the hospitality sector as "the main architect" (JK) and identified by municipal councillors as the "driving force" (ON) behind the bylaw development process. ME, himself, asserts that he wasn't the leader—he represented a coalition. He insists that other people, particularly other medical health officers, did as much work as he did. He emphasizes the important role the NGOs played in bringing issues forward and in providing public information and advocacy. However, his individual role as a champion cannot be dismissed. As a powerful health official, he personally embarrassed both the Canadian Broadcasting Corporation (CBC) and federal agencies into following municipal policy even though they felt they were exempt. He had also been involved in persuading Air Canada to go non-smoking. When one of the Vancouver hotels refused to sponsor an annual charity dinner because their business had been hurt by the smoke-free bylaw, ME responded defiantly: "Healthy public policy was

not up for blackmail.” His own personal dedication and willingness to negotiate on a one-to-one basis were important at the municipal, provincial, and federal levels.

In listening to his narrative, one has the sense that, at times, he commandeered the process. Having met in secret with bar owners, he engineered a compromise position that reframed the issue as one of protecting children’s health. This resulted in restaurants becoming 100% smoke-free while bars and pubs were allowed to retain designated smoking sections.

But [the restaurant association] didn’t know [a bar owner] was negotiating with me. These meetings were all secret. We met over at the [B.C. Medical Association]. We never went out together. I brought in a couple of more people in each meeting from both sides (ME).

ME insisted that someone else should champion the bylaw revision in his community because so many people still felt anger toward him from the previous bylaw process.

However, he was quick to jump in if he felt that all the regional mayors were not adopting the compromise position he had negotiated:

But I certainly realize that when I left it to them it was lost . . . in fact, what I did is I went to [one of the mayors] and said, “You know, you really haven’t helped. This is not a good thing you are doing. I need you to get it off the agenda, and that’s when I gave them the Vancouver compromise and said just give it to [council] and tell them this is the compromise, and get out of it please.” He thought he was helping, in all fairness to the [him], he really thought he was helping, but he was making it worse. So they were a problem (ME).

In this case, the champion was so clear in his own mind as to what the ultimate outcome should be that he took whatever steps were necessary to achieve it. He dismisses any suggestion that this resulted from fanaticism on his part. His dismissal is based on a defining of fanatics as those who insist on a completely 100% smoke-free bylaw. “The

fanatics on both sides—I've never been a fanatic, I know I'm portrayed as one, but I was never a fanatic that said it had to be 100% from the word go" (ME).

Vancouver had vocal champions in all sectors. The medical health officer, the environmental health officer, and committed NGO staff all provided leadership for the health sector. The Lower Mainland Hospitality Industry Group was chaired by a paid staff member—paid, some claimed, by the tobacco industry itself. A supportive council and municipal staff also made a difference. The sheer persistence of these individuals was remarkable: "I am working on a way of getting it done. There is more than way of skinning a cat" (QO). They were characterized not only by their own commitment, but also by their willingness and ability to draw others into the issue and to work with other sectors. ME collaborated with both the NGO sector and the politicians: "I knew the politicians we were dealing with . . . in what they did and did not want to see. And we tailored it to make sure that we got the eight votes that we needed" (ME). He also worked with the provincial politicians. When one of the bylaws was defeated in court he successfully petitioned the government to change the enabling provincial legislation so that the court action was no longer valid.

Victoria also had its share of heroes. As the current medical health officer, UV was described by some as "outstanding" (FS). (To others, he was seen as a zealot.) However, three successive medical health officers in the region had also played an important leadership role on the issue. The initial chair of the local non-smoking task force was "a passionate man on a passionate mission. If you didn't have those people, we wouldn't be

where we are” (FS). The regional board played a leadership role, as did the public health nurses. The “unsung heroes” (FS) were the teachers in schools who talked about the dangers of smoking.

While individuals were recognized as champions, their motivation was occasionally questioned. One individual was described as being “on a crusade” (FS) because both parents had died from the effects of smoking. A bar owner talked about the local medical health officer: “Yes, who is very keen on this particular bylaw. He is very keen on it and it has almost become for him an obsession. I think he’s lost a bit of his focus on it. That’s my own personal opinion” (FF). One individual dismissed the whole bylaw process as being motivated by “egos, political one-upmanship” (JK).

In the smaller communities champions tended to be recognized as individuals, rather than representatives of a whole sector. Their motivation tended to be seen as more of a personal issue. SG was praised for his/her role on the committee in Kimberley, acknowledged as a “bright spark” who “know[s] everything” (LS).

Occasionally, someone admitted to a personal motivation in wanting to get a bylaw passed. LS talked about how much she learned from being a member of the committee and admits that “I would have liked to have been a part of having the first non-smoking bylaw in a community like ours, of our size. I would have liked that. It would have been a good self-esteem thing” (LS).

In some instances, a champion sabotaged the process by pushing for a bylaw well beyond the community's stage of readiness. "I think one of the main proponents of 100% bylaw was the principal of the . . . elementary school . . . he was pretty adamant about going for the 100%" (VO). This individual's insistence on a complete ban resulted in a draft bylaw that was inconsistent with the results of a community consultation. Community readiness for restrictions on smoking in public places will be discussed in Chapter 8, as it is also a factor in the success or failure of the bylaw process.

While champions were generally seen as those who supported the bylaw, there were also "anti-champions" who led the opposition. In Kimberley, the mayor's role in opposing the bylaw was suspect: "Our mayor smokes. I don't know how much that has an influence in what happened" (OG). A group of restaurateurs also managed to sway council:

It was going along quite smoothly and then at one of our council meetings a group of local citizens, mainly made up by restaurant and bar owners, came to council en masse and were quite adamant and vocal that they did not wish to see such a bylaw proceed. And at that point one of the councillors proposed that we vote on this then and there, although we had never discussed what we proposed to do at any point in this whole process. . . . a member . . . proposed the motion that, "Let's vote on this here and now," and it just happened very, very quickly. So he said—I forget how it was worded—but that we not introduce this bylaw and we vote on it and I was the only one that voted against it. And the main reason I voted against it [was] because we didn't follow due process. . . . But like I say, it just happened so quickly, and somebody said, "I propose we vote it out. Everybody in favour?" And up the hands went, and I said no, and it was over (VO).

5.03 Groups As Champions

The NGOs played a pivotal role as champions in the bylaw process in Vancouver.

I think the most important . . . and most valuable things we did [were] to link up with the voluntary health agencies: Heart and Stroke; Lung and Cancer; and I guess, to an extent, B.C. Medical came in a bit later in the game. I think that was

important because we then found certainly a strong ally, one that was able to develop and I guess, in the words of Stan Glantz, “manifest” the public support for these types of initiatives. But it also was a vehicle for doing some of the things that council asked us to do, like the public opinion poll. . . . It was, I think, seen as important to have an independent body sponsor it. So it was good to have that consortium of those three health agencies actually being the main sponsor of the public opinion poll (QO).

They were able to stand up and say there is 20,000 people who support the B.C. Lung Association. This is not a hundred restaurants versus ME, this is 20,000 people who donate money to the Lung campaign and this is 120,000 people who donate to the Cancer Society. They did a really good job. We simply could not have done it without them. They could make statements that the public was behind it—that really had the force, even more so than our surveys could do. And they actually did the surveys for us so it was their surveys, so they then were able to have it and to utilize it in their stuff. Absolutely necessary (ME).

As well as lending their organization’s “good corporate image” to the debate, the NGOs were able to take on specific activities associated with the bylaw process: public opinion polls, “getting the message across” (QO) to the public, and distributing tent cards to indicate no-smoking in restaurants and bars.

Squamish and Kimberley were both provincial Heart Health Initiative demonstration sites and in those communities the Heart Health committees played a leadership role in the bylaw process.

Municipal councils had the potential to be champions but the make-up of council was crucial.

Now, the original committee . . . you know where their biases were on council. I don’t know if I should say biases, but Mayor O is definitely a smoker. She has tried to quit smoking and has done the patch, and so she feels strongly about smoking. There was Councillor E and Councillor Y. Councillor Y has big respiratory problems; he is asthmatic and wheezes and things so he is very much anti-smoking. Councillor E was also a very heavy smoker so it is not uncommon that our council

meetings were at recess for ten minutes so they could go and have a smoke when they were doing the smoking bylaw. They had open minds—I'm not saying that they were closed on the issue—but that is simply a part of their make-up and they would be looking at the presentations from that perspective (WF).

The dynamics within groups were also important. LS alludes to the personality conflicts that were happening on their committee and how these conflicts may have influenced the process. Her comments underline the fact that the bylaw process took place not only in the social, political, and economic environment of the community, but also within the context of what was happening in individuals' lives.

There were personality things in the committee that could have been sapping the energy . . . of how much was even capable of being done . . . I didn't know what was happening until I realized that there were people's issues . . . Another analogy is a big weather system that just blew in and I didn't know where it came from. But it could be because of the kind of people that it takes to get these kind of issues—not about smoking—but more like big news committees.

I have seen people go through this with school issues too, where there are people that are on the committee that are going through times themselves and they bring it into the committee, and it changes what you thought was your innocent little core group of people trying to do something. But then that is the world, that's for real. . . . If the people could have somehow—all of us—could have kept to the issues we might have had more energy and we might have been able to be on top of this non-vocal but powerful smoking lobby. Plus, if people hadn't have been going through personal times . . . (LS).

LS also spoke about how naïve the committee was with respect to government structure.

She referred to the federal reporting requirements with respect to the Heart Health Initiative and how taxing this was for the community committee.

5.04 Advocates, Entrepreneurs, or Zealots?

The medical health officers in Vancouver and Victoria, who championed the bylaw process in those cities, were consistent with Kingdon's (1995) description of policy entrepreneurs. They were visible and, generally, credible. They had the ability to speak

on behalf of their sector. Unlike their less influential counterparts in Squamish and Kimberley, they had access to both policy makers and leaders of the restaurant and bar associations. Finally, and Kingdon (1995) suggests that this is probably the most important characteristic of policy entrepreneurs, they were persistent. As I read through the narratives, however, I began to wonder at what point a persistent policy entrepreneur becomes a zealot. As the following chapter will show, many champions were regarded by their opponents as fanatics or zealots. This perception did nothing to promote trust or a willingness to work together. Instead, it served to increase the antagonism within an already polarized situation.

Chapter 6

Polarity and Antagonism

The dialogue was antagonistic almost from the very beginning . . . There was no trust because of the way it played out. Everyone felt sold out at the end. It happened, but it didn't work (OP).

It was ugly and there were people with jackets with "ban smoking" and sort of hat cigarette things. There were people who were nuts that were at this thing as well as concerned business people like us (JK).

I would call them liars (ED).

The health side of it is trying so hard to control the agenda and to bury everything. We don't get our day ever in court (ED).

6.01 The Level of Antagonism

At the time of this study, the level of antagonism between the various sectors was often startling. Although, as a government bureaucrat, I had been involved in the debate for many years I was astonished by the open dislike and mistrust of each other expressed by different sectors. This existed not only between the health sector, the hospitality industry, and municipal councillors, but also between different parts of the hospitality industry (e.g., bars and restaurants). Restaurant owners in Vancouver felt considerable frustration that they had been left out of the process, that consultations were token, and that the

process took place in spite of them, not in a truly inclusive manner. From the bar owners, there was a resentment that the “white coats,” the “scientists” (EO) were not interested in input from the hospitality industry. In particular, bar owners resented the elitism demonstrated by the health sector, while the restaurant association expressed dissatisfaction at the health lobby’s unwillingness to understand some of the pivotal factors in the issue, such as provincial liquor licensing laws. Representatives of both the restaurant and bar associations bristled at the health sector’s out-of-hand dismissal of their economic concerns.

The CRD process seemed to have the lowest level of antagonism (FS), perhaps because from the outset council met with restaurant and bar owners and the health sector. As well, the timing of the bylaw was adjusted to meet the hospitality industry’s concerns.

I think it is always important to listen to all concerns even though you press on with the general principle of things . . . The Healthy Communities process that had existed in the CRD for some time may have helped in terms of having a process in place for dealing with conflict (FS).

(The Healthy Communities process, supported by the provincial Ministry of Health, encouraged identification and resolutions of social, economic, and environmental issues at a community level.)

6.02 *Personal Threats*

There were many incidents that “underscored the levels of anxiety about change” (UV). Several of the narrators had been verbally attacked or received personal threats, including “venomous letters” (UV) and phone calls that were “veiled death threats” (UV).

Yes, I've got some things that you wouldn't ever want to see. I have a couple of packages that there was something in them . . . I've been scared. I have written letters. I have a defence mechanism now. When I get something like that I get the information and I send it to the police and say if something happens to me you need to know that I have received this. I have one person who is extremely angry with me because I did this, and he said, "Well, you know, you're not threatening me," and I said, "Yes, I am." That is the only way I know to bully back. I have gotten some pretty ugly things and I have them at my home. So that's also one of the reasons why in this last go-round I really was prepared to not be the spokesperson. I really didn't need it again. I had done it in '84 and I had done it in '88, and I really didn't need it once more, but in the end result I was the one person who could pull it all together (ME).

However, I have to say that this confirmed that we were doing something right. I would not back off. I was told to back off, but I would not back off. [By whom?] By people who threatened—it was in the hospitality industry who said it—that I was running for the Liberal nomination at the time . . . and they said if you do this we will work against you to make sure you don't get the nomination, which they did, and if you do get the nomination we would work against you to see that you didn't get elected, and if you want to run for city council again we will make sure that you don't get elected to city council again. Out-and-out threats (ON).

Members of the hospitality industry also received threats.

I have no regrets, but it becomes a very painful thing when you get death threats on the phone from people who smoke saying that you have taken away their freedom of choice to go out in restaurants and then you get death threats from people on the phone who say "You are killing me everyday, you're killing my husband, you're killing my son by allowing him to smoke in your establishments, you are killing my little kid who walks in front of a cigarette. So why are you doing this? Don't you understand?" (GP)

When asked whether the threats came from smokers or non-smokers, the same narrator continued:

From both sides. When it first came out three years ago, I was getting five or six a month. Now I'm down to two a year. I was getting things like, "It killed me, so maybe it should kill you." None of this "I'm going to kill you" but . . . you could read between the lines. Sometimes you would have to read between the lines and it was that obvious that [they meant] "Maybe somebody should kill you before the cigarettes kill me." That kind of thing . . . It has been a painful exercise. My own personal businesses have lost literally hundreds of thousands, maybe close to a million dollars in sales because I have taken the wrong side of this fight, so those customers of mine who deal with me . . . —who are the hotels, bars, and pubs—have all stopped dealing with me. I have lost close to 100 customers in five years

who won't give me the business because I am supporting this argument that we stop smoking. So it has been a very painful exercise and it is amazing how bitter people can become over something that seems so logical that it's bad for you (GP).

In the small towns, individuals were often confronted face to face or attacked in the local newspaper. "You felt like you were being targeted. . . It is a tough one to be sort of open about in a small town because everyone knows you, you are easily identifiable" (OG).

After VO voted against stopping the bylaw process someone "wrote a really awful letter to the paper about how I shouldn't have voted against it" (VO). In Kimberley, the local paper had a "Pro and Con" section for letters regarding the bylaw. "Some letters that were almost . . . what's the word?" [Libelous?] Yes, that's the word, that she edited or didn't submit it all. Small town" (OG).

A lot of people . . . still think I was the person who ultimately developed that bylaw, that's why they call me a Nazi. Not nice. I knew that one doctor in town, his patient happens to be one of the bar owners . . . he had to put her back on her anti-psychotic medication because this person said, "I'm going to kill that girl." And I don't know if that's true or not. People say that all the time and it is just a figure of speech, but if this person would have actually done that or not is another story. But nonetheless, those are the dynamics of a small town. Kind of sad. In Invermere . . . the guy . . . had his car window bashed in and had personal calls at home. . . People used to yell at him in the streets . . . So, I'd never do it again. I don't regret doing it, but I wouldn't do it again (LN).

6.03 Offhanded Typecasting of Each Other

In recounting their stories, narrators engaged in sweeping, and generally unflattering, generalizations about opposing individuals and groups. "They are all so bloody egotistical" (JK); "I would call them liars" (EO); "There were people who were nuts that were at this thing, as well as concerned business people like us" (JK); "The reality for us is

that it is very hard to challenge the white coats. You know, they are wearing the white coats and we are just a bunch of capitalists, so . . . it is a pretty difficult fight” (EO);

The restaurants came and again, their poor leadership was unbelievable. They lied to council, out-and-out lied. They told them that the place in the Pacific Center had closed down because of the smoking bylaw, and council knew that it closed down because of an argument over the rent and nothing to do with the smoking thing. They just destroyed themselves . . . Again, if we hadn't had such a stupid restaurant industry, this wouldn't have been . . . I stop at easy, I wanted to use the term easy, but it would have been far more difficult with the right adversaries . . . But it would have been a lot more difficult if they would have had bright leadership. They should have hired me” (ME).

In Vancouver, meetings between the hospitality industry, elected officials, and health officials resulted in further friction.

And [a municipal councillor] says, “And I'll tell you something, I haven't heard an intelligent thing out of this whole organization, and what you did to me this morning was such a total insult that you'd better come and apologize to me and I better have a nice letter after this apologizing for the appalling way I've been treated and I am leaving right now because I don't want to hear anymore from you idiots. Get your act together,” And [he] walked out! And then ON got up and said, “You've insulted me too, and I'm leaving too,” and she walked out, and another one . . . and all the politicians walked out. Well, I mean, you couldn't have angered them more (ME).

They openly questioned each other's motives:

UV . . . wanted to be a leader in his own mind. GV is a zealot. Their focus is so focused on one thing . . . They can justify what they do . . . So, it sort of becomes to me a zealot's issue whether you are a smoker or a non-smoker . . . And I think GV is really nice too, but I call her misled. . . And I think that it has become an issue with GV, a big issue. . . if she succeeds, which she will . . . it will be her life's work and maybe she will go on the speaking trail across Canada turning municipalities into non-smoking areas . . . I feel personally that UV wanted to be the first in Canada to go non-smoking, the first as a young guy, first time in a position. I guess maybe that big . . . wanted to be the king zealot of Canada (JF).

Several individuals in the health sector and municipal government suggested that there was tobacco money behind the hospitality industry's opposition to the bylaws.

Our restaurant association chose to fight us on this and actually spent a great deal of tobacco money, so we hear, to do this. I personally was . . . attacked, and silly stuff that they did, ridiculous stories that they invented about me doing things that I hadn't done and ridiculous stuff . . . Actually calling into question my credibility, because that's how they do it. I actually had to hire a lawyer to get them to retract it and to apologize (ON).

He has been a bit of a sleaze. . . . Going to council behind everybody's back and telling them that he has this ventilation system that is the answer for \$2,000. Well, clearly he has no answer, and clearly he owns 50% of the company. That's what the Ministry of Health told us. So he himself is suspect . . . But it's the devil that does and the devil that doesn't. His sister . . . is an MLA and who knows how much money she took for her campaign from the tobacco industry. It is all there, so they say. I don't know, I find it so distasteful. There's plenty of that going on. It was clearly told to me to back off because it is going to get me into trouble. They paid for someone to work for my opponent the last week of the campaign and they were phoning, spreading rumors about me too. Anyway, that's the way it goes (ON).

The tobacco industry itself was reviled. Their credibility with both the health sector and municipal politicians was almost negligible.

We were lobbied, of course, by the tobacco industry quite vigorously at CRD Health at that time, and I can remember a rather nasty exchange actually with one of the PR people from one of the tobacco companies at a meeting. I'm afraid I was not listening to them very carefully because I'm afraid my sense of things is they are obviously in the business to make money, and as far as I am concerned they have not demonstrated any concern for public health and I wasn't prepared to really listen to them (FS).

When the tobacco industry advertised a public relations position in Vancouver

it was dormant for a year. Nobody wanted to take it because you are dancing with the devil. It's a dirty job. Why would you want to work? . . . Nobody wanted it because if you take it you are tainted. That's it, it's the end of the road for you. Who would want to work with you afterwards if you would work on an issue like that? (ON)

6.04 Characterizing the Issue

Probably the most vocal and most public battles were fought in Vancouver. When the restaurant association resisted an increase in non-smoking area to 70% of their seating

area, ME collaborated with bar owners to reframe the issue from worker-health to children's health. As a result, restaurants were required to be completely smoke-free and bars were able to maintain a smoking area. Over and over again, at least one narrator depicted the process as a battle, a game—talking about winning and losing and “which side we were fighting for” (ME). At times, it seemed that the game superceded the issue.

So going back, the only thing that might have happened was, had the restaurant association been smarter, they could have beaten us . . . They just had no brains. It was just appalling to me the whole time that they didn't realize that. EF [head of the Lower Mainland Hospitality Industry Group] was smart enough to know if I could come in with a compromise that council would listen to . . .

Council didn't want to be spending as much time as they did on it. But I wouldn't have done anything differently. I think pushing it to the edge needed to be done. It needed to be shown as a black and white image. Every time we tried to find a compromise where we would let somebody have smoking, the smoking people would try to take far too much, and so it just became a black and white issue and it made it a lot easier to present it as good versus bad, and good won . . .

Had EF been representing the restaurant association we would have had a tough go. He knows how to line up his political pigeons. He knows how to line up the money sources. He knows how to play the game . . .

The other thing to remember through all was that the restaurant association also gave me a really nice battle plan (ME).

Somewhat later in the interview ME again expresses his respect for EF: “I think EF and I sort of came to an understanding that we both knew which side we were fighting for and it was part of the game. EF and I would probably be called friends now. I have respect for him. I know what he was trying to do.”

Any sector that failed to be part of public or private discussions had decisions made on their behalf. In talking about bingo halls ME says: “They are non-smoking. They didn't get exempted. They didn't get in the game.”

When asked what might have improved the bylaw process, ME again reverts to the

analogy of a game:

No, it couldn't have been better. If the other side had been at all logical it would have actually been far more difficult. We couldn't have gotten the debate to be black and white. We couldn't have got the debate to always come around to tobacco: good or bad? See the interesting thing is that they would try to say this is not about smoking. We are opposed to smoking, we are opposed to children smoking cigarettes. This is our right to have a business and that sort of stuff. But it always came back to tobacco: good or bad, and it always came back to who were the good guys and who were the bad guys, and we had the white hats all the time and there were no grey hats in between. It was black and it was white. It couldn't have been better (ME).

While ME was the only narrator to consistently use the battle analogy, it typifies the antagonism that permeated all four processes.

6.05 Hospitality Industry Frustration

The hospitality industry expressed repeated frustration that they were not really part of the discussions.

There was no genuine dialogue with the [hospitality] industry. It was a question of egos, political one-upmanship . . . I have made presentations to the Vancouver city council three or four times, to every other council around here. They know me really well. And I have walked away from every single one of those thinking "Those bastards don't give a shit about our industry." . . . We didn't commission a big study because nobody would've listened to that anyway (JK).

Members of the hospitality industry often expressed a feeling that the agenda was set and the decisions were made before discussions had even started. When asked whether some "honest dialogue at some point" would have made a difference, one restaurant owner responded, "It would have been totally different. It would have been totally, totally different" (JK). JK's perception of the process was that, when they did sit down with representatives from the health sector and politicians, it was a case of, "Here's what we're going to do. You justify why it's not right." Another narrator commented, "The

health side of it is trying so hard to control the agenda and to bury everything. We don't get our day, ever, in court" (EO).

We had a pub association member, we had a hotel association member, a cabaret, a casino, and bingo parlor operator. I mean, we had our committee. But when you walk into a room and you know the decision is already made, it is very difficult. And when you walk into a room and when you have a meeting with the Health Department . . . and you know that [they are] listening not to you, but only to the health people, you know you are against a brick wall . . . As I said, it was just like a brick wall, their mind was made up and that was it . . . I think that they let us be heard, but their minds were made up. . . . In the process, we were done like toast (JF).

Even at public hearings, members of the hospitality industry felt it was difficult to have their side of the story heard:

Before the bylaw was passed we had the opportunity down at city hall for all the players to come in and do a five minute speech. Now, of course most aldermen will tell you that this never happened, but I can give you evidence it did. Those who spoke against the bylaw—which were us—were given five minutes. But I don't know how many of us were knocked down at four or four and a half [minutes]. But bring a mother and five children with little letters, or a school teacher with five children with little letters and a little song to say how bad smoking is, [they'll] get eight to ten minutes. A doctor would get eight minutes . . . Even my next door neighbor is . . . an orthopedic surgeon and he brought his kids there and he was given about seven minutes to talk about the ugly thing of smoking. But all of us, to a tee, were knocked down, either at the exact five minutes or even much before. When one guy complained they said he was out of order—just sit down. Now, I mean it was a dog and pony show and it was absolutely—I mean we knew—it was set up because half these people we never seen before came out of the woodwork to speak on behalf of the bylaw (JF).

Health sector officials had their own perceptions of the consultations:

But I think the direction we had from council and how we entered the stakeholder consultation was really to consult on the when and the how, and the industry wanted to talk about the ifs. They were back to debating the need for a ban. We took from council that what we were to consult on was how fast and when (QO).

One wonders whether this perceived focus of the consultations was adequately conveyed to the individuals who were being "consulted."

Many members of the hospitality industry felt that they were dealing in a new realm, a new discipline. Accustomed to the world of business, they were uncomfortable with an argument based solely on scientific facts and arguments.

So I asked them, actually in the beginning of September, for the script and for the science to back up the script. I'll never get it—you never get anything. I have never gotten anything from the CRD. "Well it is just general knowledge," they say. I said, "No, not to me it isn't. You are a person of science. That's why you get to wear white coats. You have to be able to give us the science."

The WCB claimed they had a committee formed to start the process . . . that developed the standard. So I asked them for the names of the committee members, which they did give me that. I called one of them. He never was on the committee, he never knew he was on a committee, he never had any notes from the committee. I never got their briefing notes, their agenda, nothing. So I sent them a letter saying well, I talked to Mr. V who said he was never involved. Now, I don't hear anything back. I did a Freedom of Information [FOI] request on it. I still didn't get anything back. Finally, they gave me a letter saying that if I paid \$14,000 that they would get the copies of all the documentation—\$14,000! It just got ridiculous.

As a matter of fact, I was just looking through my notes and I thought I am going to go back after that [FOI request], re-define it. In fairness of them I made it way too broad on what I was asking them for. Cuz, I don't know if you have done a [FOI] request before, but you have to, you know, pretty much hit the nail on the head in terms. Otherwise they charge you 50 cents for a photocopy, give you a lousy page, and they may have had a kazillion and a half pages to deliver. But, they have been very good at stalling the information, and that is going back towards May, or even earlier. That part of it gets a little frustrating (EO).

The hospitality industry also felt that the health official and scientists inhabited a different world, one that was not at all consistent with the lives lived by themselves and their customers. In the following quote, a bar owner refers to the report that is to be written after health officials have visited restaurants and bars in California:

I don't want this report written until industry has had our say. Because what you guys are going to do is, you are going to go to San Francisco, into these high priced hotels where nobody real goes really, certainly not our customer base goes, and it will be all just wonderful and you'll figure out how [smoking control] can work. But I said, "We want you to go to places like San Diego where the American Navy docks and all those sailors are coming off the boat and coming into bars and telling them that they can't smoke. We want you to go and talk to the trade associations

and find out how that's working, and we want to go to real places, not your fluff places (EO).

GP talks about the fact that bar owners in California can have smoking if the establishment is run by the owner, and that the politicians in B.C. do not fully understand this.

There are several hundred establishments in the state right now that are solely owned and still allow smoking because there are no employees. But that is a very small part of the hardcore-type bars that are doing this. It is not the restaurants that are doing it that I could find. It is the neighborhood of the longshoremen-type bars. A guy goes in at 7:00 a.m. and nurses a drink until 5:00 p.m. He has three-day growth and six cigarettes hanging out of his mouth. We've all seen him in a movie but some of us have had the opportunity to visualize that they exist. Those bars are the social life of people and they hang out morning to night and they smell. They usually are not very clean, and that is not the kind of place that most people frequent. It is a small clientele that enjoy that type of lifestyle, so they found ways around it. But the politicians up here were buoyed by that fact that it was working in California. But they were comparing apples and oranges (GP).

There was also a feeling by pub owners that the solutions they proposed were rejected out of hand or given unrealistic parameters. The "clean air" solution, which would have allowed ventilation instead of a complete smoking ban, met with a response that required 50 km airflows through the pubs according to JF. "Now we have said to them, 'Okay, let's say we can give you clean air.' [They said] 'No.' Let's say, 'In the year 2000 [in] Vancouver, there's going to be clean air.' They still say, 'No.' Because they don't want to" (JF).

The health sector was aware that hospitality industry members felt there was a lack of consultation. In Vancouver, consultation was finally held after public opinion polls were conducted and public opinion meetings had been held.

Somewhere in the middle we did have a meeting . . . because of the criticism we were getting over not meeting with the stakeholders. A meeting was organized with

the admin. council of the medical health officers, the chief environmental health officers, the voluntary health agencies, and the industry to discuss options. Or they wanted to discuss options (QO).

However, once consultation did occur the hospitality industry had more complaints about process. Even health officials acknowledged industry complaints with respect to the process.

There was some issues around the absence of the medical health officers or decision makers at the meeting, the time line, some process issues around time lines and short notice for the consultations . . . and then there were some content issues (QO).

When asked if there was anything that might have led to a smoother bylaw process, QO touched on the need for a more participatory process. However, even while discussing the need for consultation, he mentions the restrictions imposed by opposing sectors' "entrenched positions:"

I am not sure it would have smoothed the process. I guess it would have given everybody a few less headaches if the consultation had been done more face-to-face, maybe with a facilitator there, but not in the entire absence of the folks that were promoting this, the medical officers and the [Greater Vancouver Health Officers]. Again, at least it would have been a better understanding of the respective positions. I am not sure that the result would have been different. I think there is a definite different perspective in there. There is some real ingrained thinking in some of the folks in the restaurant association. I guess they could say the same with us, there is some ingrained thinking with us (QO).

ME, on the other hand, complained that the hospitality industry never came to him to discuss the bylaw. "And if there is one thing missing in all of this, industry never did what I think is their job and that is to come and sit down with us and be specific in finding some resolution." This begs the question: whose responsibility is it? Should those forming the policy undertake consultation or should those who are going to be affected by the policy take the initiative to make sure that they are part of the process?

In both of the smaller towns studied efforts were made to include restaurateurs and businesses in the community committee, but they were reluctant to take part. The community committee “tried from the very beginning to get them involved and to work with them, and not until it hit the fan did they start to” (OG). “I tried to recruit them . . . but the business community felt that if they put their heads in the sand that it would go away” (LN). SG suggests that he/she couldn’t get business people on the committee because they didn’t want to have their faces in the “public front . . . They didn’t want their names attached to something that could be controversial and could impact their business.” SG acknowledged the need to review the bylaw with business owners, but expressed frustration at finding a meaningful forum for accomplishing that consultation:

We felt that, in retrospect, we should have done far more [to find a meaningful forum.] It is difficult in Squamish because Squamish doesn’t have any business association. We did talk to the head of the chamber of commerce about it, who is personally a non-smoker and very supportive, so I think that some of the information that we got from them and things like that was painted by his own personal beef more than what the chamber of commerce’s views would have been (SG).

The community committees in the smaller towns also tried to recruit smokers in order to ensure that their voices were heard. SG tried to get representation from a restaurant that permitted smoking:

I really wanted some smokers on [the committee], but to get smokers on it was impossible. Absolutely impossible . . . But I have met very few smokers that don’t already feel so defensive about smoking that even the mere suggestion of helping in this sort of way doesn’t send them running and screaming terrified. “Oh no, I just can’t do this!” I think there probably is emotional overlay from me as well, because I did try very hard to get smokers online because I wanted them to be on board. I wanted us to be valid and valuable and not just seen to be non-smokers or ex-smokers out there pounding the pulpit and frothing at the mouth and everything like that. I just didn’t want to be that way (SG).

6.06 Denigration of the Hospitality Industry's Economic Concerns

Repeatedly, hospitality industry representatives complained about the health sector's inability or unwillingness to acknowledge their economic concerns, or that the financial concerns of one part of the hospitality industry were taken into consideration while those of another part of the sector were not. "I mean, believe it or not, I had [a doctor] say to me, 'Well the grocery people, they depend on that kind of thing for money, and the small stores.' And I said, 'What do you think I depend on? Money. And you are trying to kill me.' [The doctor] said, 'That is different.' I said, 'No, it's not different'" (JF). Restaurant and bar owners felt that the health sector showed a lack of appreciation for the money they had invested in their establishments and the problems they were likely to encounter as they attempted to enforce the bylaw in their bars and restaurants. "There is a lack of respect. . . It's easy to say 'thou shalt' when you have nothing at stake . . . Is a 90 lb. server going to tell a 300 lb. biker, 'You'll be putting that cigarette out'?" (EO)

Even after the bylaw was implemented, economic arguments were dismissed. The health sector was convinced that restaurant and bar owners were simply using economic figures provided by the tobacco industry.

After we passed our bylaw and it came into place and restaurants went smoke free, we began to get the chronic complainers who came and said, "We are going out of business. You are driving us out of business." It was always the same. [They] lost 30% of business, always 30%. We could never figure out why wasn't it 12.9%, why wasn't it 6.2%, why wasn't it 20.7%. It was just ridiculous. It was always 30% of business . . . They had a little march up to city hall and said they were losing their business and it was clear the people who came to city hall were ones who had never complied with the bylaw. So how could they possibly come and tell us that they have lost business when they never complied? (ON)

The health sector occasionally acknowledged these economic concerns but kept returning to the paramountcy of the health issue:

Well, their concerns were real. I'm not sure that they're based on any solid evidence. But definitely their concerns are real. And for some of them, those concerns—I really feel that some of them felt, and probably still do feel that this is going to . . . be detrimental to their staff. So, you know, they're looking at short term rather than long term. So, health effects are still health effects if you lose your job. I think some of them still use that as a tactic, but I think some of them still believe . . . that they're going to have to be laying off staff. And some of them will. We know that. I mean, all of them won't be able to do this and maintain the same level of business that they have now. I mean, we know that (GV).

6.07 *Suspicion with Respect to Each Other's Data*

The issue of data/information provided a battlefield on which the antagonism between the sectors was fought. The health sector saw themselves as providing information to municipal councils, while the hospitality industry saw them as engaged in lobbying or advocacy. The different sectors refused to accept each other's data, whether they were drawn from local surveys or national/international studies. In Vancouver, the hospitality sector did not find the health survey results compelling: "I complained that it was biased . . . It was biased toward the non-smoker . . . Their data was not as conclusive as they had hoped . . . The public was not demanding. . . . So the results . . . if you look at the bias . . . really weren't that conclusive" (JK).

On the other hand, a supportive councillor described the same results as "overwhelming evidence" (ON), and the health sector used the same term:

And so we had the whole overwhelming evidence that the public wanted [controls on smoking in public places]. We did those surveys. The surveys were absolutely critical because we beat the industry to the surveys, and our survey showed that people wouldn't go 20 miles to smoke in a restaurant. They would rather go to the local restaurant and not smoke even if they were smokers (ME).

QO talks confidently of the public opinion polls providing them with clear support for the bylaw:

I think that poll was very helpful. It showed strong support from the public, from a good cross section of the public, including smokers. And I think that polls that have been done since then continue to show that, and I think happily, [that polls show] surprising support from even the smoking community. The other thing that I think it showed was that there was not going to be this predicted loss in business that was being used as a bit of a “straw man” by the restaurant association and the bar operators (QO).

When the hospitality industry conducted a counter poll it was critiqued by the health sector as having “a number of methodological deficiencies and data problems and things like that” (OP). Based on this poll, the industry’s economic analysis was questioned “in terms of the methodology that they used which led us to doubt that the economic downturn that they suggested actually would happen” (OP).

So we polled all along, and it is clear that the majority of the people in the province support the content, even smokers—I’ve forgotten the percentage, but 30% of the smokers I think—think that this is a good idea to [have this smoking-control bylaw]. Anyway we just did an assembly of surveys that have been done. And, of course, the restaurant association has had theirs done too. However, none of them has scientific back up for what they have done (ON).

The industry survey was also characterized as being strategic—a response to the health poll or an effort to reframe the argument.

But, one of the first things they did is on the heels of [our] poll, they commissioned their own poll . . . And they also commissioned, around the same time as we were going to council, a report on the economic impact. So they started to bring in the economic impact of the bylaw ban to smoking (QO).

ME again used the battle analogy in discussing the hospitality industry’s survey. He dismissed industry polls and talked about “defeating” them:

The restaurant association did their own poll, and then did the wonderful thing—EF wouldn't give me the raw results. So my answer to the press was, well of course he won't give me the raw results because he has cooked it. I have given him all my raw data. I sent it all to him. He can analyze my data any way he wants. He can say that it is wrong, he can show you that it is wrong, if it is wrong. If it was wrong, he could show you. Why would he not show me his data? He won't show me his data because he has misinterpreted it. So I was able to literally call him a liar. I said, but if you look at his data, his data was done on selected individuals basically biased towards smoking and it mirrors ours. It is almost identical to ours. Their percentages were a little lower because they were more selective, but other than that it is still the majority of the people. The majority of the people in their poll, even without me seeing the raw data, says that they are in favor of our bylaw. Now how can they look you in the face and tell you differently? So we defeated them on their poll stuff because they wouldn't give us the raw data (ME).

In other cities, surveys by the hospitality industry were dismissed as being inconsequential. "I think they might have even done their own little survey. I remember something coming out in the chamber of commerce newsletter. Again, my memory is vague but I think they even did their own little . . . I think it was pretty limited" (OG).

Even within sectors, individuals questioned each other's data. A member of a restaurant association in one city criticized the data presented by a hospitality industry representative in another city:

He has done a very good job of doing it and he has done a very good job of representing his sector, but it is totally 180 [degrees] to what we believe or what I believe, and I won't even be in the same room with him because he uses statistics and data that are totally non-supported and totally made up (GP).

While one councillor (ON) was convinced that the public was "aware of the overwhelming health evidence with respect to this issue," the scientific evidence about the impact of either active or passive smoking was constantly questioned by those in the hospitality industry.

They talk about the deaths from smoking being equivalent to a 747 crashing every day. Where do they get this data? It keeps coming out of their heads . . . And [newspaper articles] recently saying that ten people a week or a month (one or the other) die from second-hand smoke. Well, you know, when asked where their stats are, they just don't have any. There is no tag on a toe saying somebody died from smoke. The study that she did [use]. . . was the study done a number of years ago, and the man smokes five packages of cigarettes and he drove her everyday to work in a pick up truck and they lived in a small apartment. But, that's it. . . . They can't find the evidence so they must look for it. And we have asked the health department here at the pub association, hotel association to give us some data, and they haven't been able to supply much (JF).

One restaurant owner was willing to concede that exposure to second-hand smoke was a nuisance, but stopped short of accepting it as a health hazard.

I don't think it has been established . . . I always find that people point to the statistics that back their argument, whereas there are tons of statistics out there that don't back the argument of second-hand smoke. But what I am saying is that there is enough evidence perhaps, that from a nuisance point of view you can separate from a nuisance point of view one customer from another because one doesn't like the smoke. I'm not sure you can say, I am separating you from this person because it is bad for your health to be close to them (FF).

When the 1992 report of the U.S. EPA was challenged by the tobacco industry, members of the hospitality industry were quick to use this as evidence:

We do a lot of research. There has been a recent court case in, I think . . . South Carolina Middle Court, where they threw out all the EPA findings. I mean, that is a huge decision. It got very little press—obviously, nobody would want it to. Everything that they have done up to this point and everything that the CRD does is all based on EPA findings. If those findings are junk, what does it mean for all these rules? It will be interesting in the end (EO).

They used [the U.S. EPA findings that showed] . . . environmental tobacco smoke as being designated a class A carcinogenician (*sic*) [carcinogen], like benzene and asbestos. But in some states, and I can't remember the name of the court, but it is called the Standing Court, or some court something like our Supreme Court, has thrown it out because they have found no evidence that second-hand smoke has anything to do with health risk (JF).

The different sectors were not only suspicious of each other's data, but how that data are interpreted or used. JF acknowledged that 80% of the people in the CRD don't smoke and

that politicians are bound to be influenced by this. But he states that 80% of the people in his bar smoke and that's a factor for him.

Seventy-five to 85% of the people do not smoke in the CRD district. That's a fact. But . . . 80% of the 20% smoke in my bar and 80% of the people that use the bar smoke. Politicians look at votes when they look at 75 to 85% of people that don't smoke. They don't look at our customers. I mean I would too if I was a politician (JF).

JF talked about the health sector's visits to bars and restaurants in California to see if the bylaw was "working." He complained that the health sector only went to the more upscale downtown bars, not the rougher bars where the bylaw was unlikely to be working.

6.08 Fracturing within the Hospitality Industry

While there was antagonism between the various sectors involved in the bylaw process, there was also fracturing within the hospitality industry in the two larger cities. In Victoria this seemed to happen because the head of the restaurant association negotiated with the medical health officer on behalf of the whole sector to ensure that the entire hospitality industry became smoke-free. In Vancouver, bar owners made an agreement with the medical health officer that allowed bars to have designated smoking areas but that resulted in restaurants being made 100% smoke-free.

The process in Victoria resulted in resentment and dissatisfaction on the part of bar owners. "Well, the restaurant association was not really our friend in this whole thing . . . GP persuaded them to bring everyone in. He really didn't care. He said we were only dealing in health" (JF). JF, a pub owner, described GP as an "avid non-smoker" and claimed, "GP does not want to see us get the upper hand on adult premises because he

knows that would hurt his restaurants . . . naturally so.” GP agreed that some hospitality establishments had more to lose than others if a 100% smoke-free bylaw was implemented in all locations. He talked about those opposing the bylaw as being

those establishments that probably have more to lose than restaurants, and I will explain why, but those are the pubs and the bars and those people whose percentages of smokers are much higher. They don’t deal with minors so they don’t have to worry about it in Vancouver. And Vancouver’s ruling was done because of mass, concerted, and well planned lobbying. They were able to convince the health officials there that it won’t work to go up against everyone because there is not enough police in this world to make it work. Why not use those places where minors are present as a starting point (GP).

While health officials in Victoria did not seem to contribute to the dissention between hospitality groups, they also appeared to do nothing to improve the situation, simply dismissing it as the hospitality industry’s “inability to agree on anything” (GV). In Vancouver, health officials appeared to contribute directly to the fracturing within the industry. Who was at the table made a difference. A meeting was held at one point without representation by the restaurant association and a decision was taken which had a significant impact on them.

Somewhere in there, IE, ME—I guess at IE’s initiative—and EF from the Lower Mainland Hospitality Industry Group got together informally and privately to explore some possibilities of breaking the logjam and getting a joint solution, a compromise I guess. A number of other people, including myself, got invited to the latter part of those meetings. . . . the interesting thing is that the restaurant association was not at the table, I don’t know how that happened. They may not have been invited, because the gist of the compromise was to actually take option 2 and move to 100% on restaurants or places to . . . where minors were exposed and to take a different approach. And I guess what they were proposing was the ventilation approach for the adult-oriented facilities (QO).

The fact that the hospitality industry was not unified as a group and often had competing interests “gave them the opportunity” (JK) to divide the various groups. Even within the

restaurant association there were different types of establishments, described by one narrator as

the ones that are working on the fringe of being a restaurant—they are more a liquor establishment than they are a restaurant. They are sports bars . . . that is because they really are a glorified pub with a restaurant liquor licence (QO).

Each of these establishments was licensed differently. When the bylaw divided establishments according to whether they were “adult only” premises, some were able to allow smoking and others were not. This led to considerable competition.

They saw it as being unfair that they were losing business, or claimed they were losing business, to the neighborhood pubs, especially their liquor business, which I guess they feel they are in, more so than [in] the restaurant business (QO).

JK agreed that the issue of liquor licensing was pivotal: “the biggest mistake that was made was they didn’t understand how our whole liquor law system works” (JK).

GP summed up the purposeful fracturing of the hospitality industry by the politicians and suggested that this could be overcome by making the rules the same for all sections of the industry:

Whatever you do, our issue is it must be for everyone. It can’t be for one sector pitted against another sector. The governments like to do that, then they walk up the middle—with both sectors arguing against each other they just walk up the middle. That’s what happened with the liquor. Hotels have liquor, we can’t serve liquor. In hotels you can go in and have liquor without food, [in] restaurants you can’t (GP).

6.09 *The Struggle in the Small Towns*

While the bylaw battles in the larger cities were played out publicly in the media, the struggle in the small towns was private and painful. The battle was fought at the individual level, rather than in groups. “I just didn’t realize how hard it was going to be,” (LS) said one narrator. Others said, “We were so naïve. . . . But then, we didn’t know. If we knew

what we were doing, what it would be like and how it was before we started, I think we all would have run screaming” (SG); “It is a tough one to sort of be open about in a small town because everyone knows you. You are easily identifiable. You can’t sort-of hide” (OG).

In the small towns it was difficult for anyone to hide. The camps were easily divided: those who promoted the bylaw, those who opposed it, municipal councillors, smokers, non-smokers. Municipal clerks and elected officials knew the business community and were lobbied by them as they went about their day-to-day lives in the community.

We always find it ironic that Vancouver is going through this great process to get representation and having to create teams so they know their neighborhood, because for us we live it every day. Most, well I would say 100% of our employees live in the community. So other clerks and other staff that I know from other municipalities, many of them don’t live in the community where they work. When they are out getting their groceries and not being approached about issues, you know, potholes or other issues (WF).

In the small towns there was an unwillingness to enter into confrontation.

We didn’t want to have words with anybody and we didn’t want to talk to anybody in a restaurant and say, “Excuse me, but you are not supposed to be smoking here.” So we were actually supporting [smoking] at a deep level . . . [Non-smokers who would not publicly oppose smoking] were the silent but strong majority by far. So even though the survey that was eventually done showed that 25% only of Squamish are smoking, a lot of the rest of us were on some level supporting the smoking with our attitudes (LS).

While the bylaws in the larger cities were built on existing statutes, the bylaw process in both of the rural communities was in its infancy. Those who were championing the bylaw in the small towns were inexperienced in undertaking such a process and often put in long hours as volunteers. They expressed frustration at their own naïveté.

And like I said, I was so naïve as far as how things work and that is still so naïve

that I think that if something's time has come health-wise, that everybody's behavior should change. We are a long way [from] changing anybody's behavior (LS).

This narrator further elaborates on her own inexperience:

It is like anything in this small community, whether it is logging or whether it is—the airport . . . is like you are a pie in the sky when you are wanting to do something new and the people that are actually holding the balloon down are the ones that you hear talking, but you don't think they mean it or something. I knew how entrenched smoking was in some people's lives around me, so why did I think that these restaurants were not going to somehow get in before council even considered the bylaw, and we had lots of members on council who weren't in favor of [the bylaw] (LS).

GP maintained that there was an advantage to councillors and constituents knowing each other in a slightly larger community.

I think Victoria is small enough that you get to know your councillor, they get to know their constituents, they eat in their restaurants, they deal with them. In Vancouver, they have become almost politicians rather than human beings and politicians. Here, it is a part-time job. There, they take it as a full-time career and they forget who they are involved with or what happens. They lose track and they see 75% of the public doesn't smoke. Well, I want to get voted in next time—do I talk against 75[%] or do I talk against 25[%]? And that is how they made the decision.”

6.10 *Uncertainty, Complexity, and Polarity*

Roe discusses the difficulty in analyzing policy issues that are characterized by uncertainty, complexity, and polarity. The narrative policy analysis process used for this research not only captured these elements within the stories but also served to show how polarity dominated every aspect of the bylaw process from early discussions to implementation. Champions reflected this polarity and their use of language only served to augment it; the issue was framed and reframed in an effort to counter each other's arguments. The antagonism between sectors also influenced each community's readiness

to undertake a policy change: in urban communities sectors fought over the nature and extent of restrictions, and in rural communities the antagonism between sectors and reports of conflicts over enforcement in Vancouver and Victoria negatively affected councils' willingness to consider a bylaw.

Chapter 7

Framing and Reframing: Rhetoric as a Political Tool

One of rhetoric's most valuable attributes is its versatility. That an argument may be framed in so many different ways and yet still remain effectively persuasive demonstrates the power of practical rhetoric (Brigden, 1998).

Each story conveys a very different view of reality and represents a special way of seeing (Schon, 1980).

7.01 Introduction

The major players in the bylaw debate were the health sector, the hospitality industry, and municipal/regional governments. Their interests were so disparate—protecting public health, running a successful business, ensuring democratic government (and getting re-elected)—that it is not surprising the debate was framed in many different ways, nor that a significant level of antagonism ensued between the sectors. Table 3 provides a breakdown of the major frames used by sectors in the different communities. Schon (1980) describes the process of framing:

Each story constructs its view of reality through a complementary process of *naming* and *framing*. Things are selected for attention and named in such a way as to fit the frame constructed for the situation. Together, the two processes construct a problem out of the vague and indeterminate . . . They carry out the essential problem-setting functions (p.41).

The issue was framed and reframed, each sector or individual attempting to make their

argument the dominant or most compelling frame. Frames included:

- health versus economics,
- government regulation versus adults' ability to choose,
- regulation versus "letting the marketplace decide,"
- municipal autonomy versus a "level playing field,"
- workers' health versus children's health,
- comfort standards versus health standards, and
- a total ban versus ventilation.

For those who opposed the bylaws, there were other issues that were also fundamental to the debate: that tobacco is a legal substance; that we live in a society that supports individual freedom; and that adults, in particular, have a right to choose what they do. The concept of adults' ability to choose became particularly important when the debate was reframed to protect children's health.

While outlining some of the hospitality industry's concerns, QO touched on several of the framing issues:

There were some concerns about inequities in application of the bylaws. For example, would the bylaw restrict smoking in casinos on First Nations' reserves? The role of ventilation and air cleaning was a prominent part of their submissions during the stakeholder consultation. Again, associated with that, the issue of reliance on technology to achieve an indoor air-quality standard. They made a big issue of economic harm and employment loss, and you'll see later on when they came to council during the public hearings that was one of their major features of their submissions. The impact on tourism and ethnic establishments, and a major concern was the issue of enforcement for the industry. And I guess, if I can jump ahead, that is now why they challenged the bylaw on the basis that they shouldn't be required to, quote-unquote, "enforce" against patrons. But it was something that they brought up fairly early on, and they didn't want to get into violent disputes.

And we tried to tell them that wasn't the experience in California, and we didn't expect them to put their safety at risk. They also claimed that worker health wasn't our jurisdiction, so I guess we heard them because then we convinced the WCB to make it their jurisdiction. The infamous smokers' rights issue, the right to chose, freedom of the marketplace to decide—those types of issues came up (QO).

Table 3: Main Issue Framing by Policy Sectors in Each Municipality

Sector	City 1	City 2	City 3	City 4
Health Sector	<ul style="list-style-type: none"> • Public health • Worker health • Liability 	<ul style="list-style-type: none"> • Public health • Worker health • Children's health 	<ul style="list-style-type: none"> • Heart health 	<ul style="list-style-type: none"> • Heart health • Children's health
Municipal Government	<ul style="list-style-type: none"> • Public health 	<ul style="list-style-type: none"> • Public health 	<ul style="list-style-type: none"> • Economic issues 	<ul style="list-style-type: none"> • Economic issues
Hospitality Industry	<ul style="list-style-type: none"> • Economic issues • Ventilation • Personal freedom 	<ul style="list-style-type: none"> • Economic issues • Ventilation • Adults' right to choose 	<ul style="list-style-type: none"> • Economic issues • Adults' right to choose 	<ul style="list-style-type: none"> • Economic issues • Personal freedom • Adults' right to choose
Community Activists			<ul style="list-style-type: none"> • Heart health 	<ul style="list-style-type: none"> • Heart health

7.02 Public Health Risk and Scientific Evidence

The negative impact of second-hand smoke on health was the overriding issue from the perspective of the health sector. "To me it just made sense in terms of public health. It made so much sense" (ON). The health sector repeatedly spoke of the overwhelming evidence or the growing body of evidence. Either this information had not been well communicated to the public, or at least some of the public were refusing to accept that evidence.

I don't think the case against second-hand smoke has been made worldwide overwhelmingly, but I think it is being made strongly enough that you should take the precaution of separating [out second-hand smoke]. I'm not saying that the case is being made—it certainly hasn't been made in Europe—that this is going to cause you a life threatening disease, more threatening than something else you can separate from . . .

So I think the case is strong enough that you can say you should try to separate out second-hand smoke from your customers. I'm not sure the case has been made strongly enough that [a restaurant or bar owner] should separate necessarily from staff. If someone were to come up with the final verdict on second-hand smoke, then I would say yes . . . So for me it was always customer driven, it wasn't health driven. It was nuisance driven." (FF)

Restaurant and bar owners were frustrated by the health sector's repeated use of tobacco-related mortality statistics. To them, these numbers were completely unsubstantiated.

How many times have I heard, 'Mr. F, we are not dealing in wages and businesses, we are dealing in death. I don't know how many times I hear that—"I deal with death." So I always say, give me the proof. Show me how many people have died. Give me the toe tags. But you know, they can't do that (JF).

The fact that the impact on health of active or passive smoking is not manifested for 20 to 30 years allowed bylaw detractors to minimize the threat to health posed by smoking in public places: "Because it is a social thing. It is not a 'Well, I'm going to die tomorrow because I'm smoking.' It is a social thing" (JF).

If the bylaw debate was initiated by the health sector, it was incumbent on them to persuade policy makers that the health issue was paramount. Especially in small towns where the economy was more vulnerable and council members were actively lobbied by business owners who were well known to them, it was not always possible to convince councillors:

These were just more realistic people. They weren't buying into this idea that it was completely a health issue, that the time had come. It was more a business issue, and this is the council saying, "I'm not ready to stand up and say I support non-smoking" (LS).

7.03 Tobacco as a Legal Substance

There was a sense of frustration on the part of individuals opposing the bylaws, that tobacco is a legal substance and that governments, who are making millions of dollars as a result of sales, will not make tobacco illegal or sell it through liquor outlets in order to control it.

As I have told her, I said ban cigarettes and I will back you 100%. The government doesn't want to lose \$450 million of government taxes . . . Make it illegal as far as buying it is concerned, then I can see it. But it is not. It is legal. They sell it everywhere and if they sell it everywhere why can't adults smoke it where adults go. It is really simple . . . right now we have a constitutional lawyer working on it to find out if it is legal . . . to stop [adults] from doing something that is legal. They sell it and they don't even have it protected like liquor. I mean, they sell it everywhere. If they sell it everywhere, how can they tell you, an adult, where to smoke? Because, of course, the argument there is, they say, well, it is a health risk. Well, if it is a health risk it should be banned, or if it is a health risk it should be like liquor as a controlled substance. It's not (JF).

If the Ministry of Health has a problem with smoking, then they can lobby the Attorney General to make a law to outlaw smoking. . . . If the government does not want to have smoking because of health reasons, be gutsy enough to pass a law to say no more cigarettes anywhere. How long is it going to be before the non-smoking groups comes along and says, "No more smoking at home." Because why should it stop at restaurants or businesses? You know? See, the government as a whole is addicted to money and they see the revenue that comes in from the tobacco industry as a whole. If they didn't get any money out of those guys they would pass the law, wouldn't they? But no, we are going to pick on the municipality at that level (MD).

7.04 Adults' Ability to Choose

In Vancouver, the bars managed to come to an agreement with the health sector and municipal council that allowed them to have designated non-smoking areas. This was based on the idea that bars were adult-only premises and adults could choose whether or not they were going to go into these establishments. One narrator points out that this agreement was not understood in the same way by all the parties involved:

At that time there was a negotiation process which was spearheaded by ME and IE. And, during the negotiation process, which the voluntary health agencies weren't really a part of, there was a decision that most of the places affected allow children in them, that there's a natural break between age-restricted and not age-restricted establishments. It was worthwhile to have the Hospitality Industry Group's support to make any establishment where minors are allowed fall under the bylaw and exempt places which are age-restricted. As it turned out, the restaurant industry didn't particularly like that as a negotiated outcome and they fractured away from the Lower Mainland Hospitality Industry Group. The restaurant industry came up with a counter proposal which said that everyone should be smoke-free by the year 2000. So, the voluntary health agencies were brought in at the end of the negotiated process to essentially say, "Is this something you can support?" And our position on it, which is stated in the press release, was "We think this is a step forward and as a step forward we support it." At no time did we say that it was the only and the ultimate solution, although there were people in the hospitality industry, what remained of the Hospitality Industry Group, who understood that that was the deal, and I am not sure where that misunderstanding came from, because from our perspective it was always clear that it is a step (OP).

Adults only come into our places; adults only work in our places. Restaurants have minor employees and minors go into the restaurants. So, I guess our dividing line for us is a common sense position. On the other hand, it is not up to me to dictate what the restaurants do, and I feel pretty strongly about this. I am not going to speak for them at anything. And I don't appreciate it when they speak for us, which they tend to want to do all the time (EO).

In Victoria, where a 100% ban was proposed for all premises, bar and pub owners were quick to pick up on the distinction that had been made in Vancouver.

We feel that there is a distinct difference also between restaurants, pubs, cabarets and bingos: we are all adult-oriented. We are all adult premises. Restaurants are not. Now, you can't bring your kids in here, you can't bring your babies in here. You can only bring your adult friends in here, and adults are the ones that have to make up their own mind what environment they want to go to as long as it is legal . . . There is a few restaurants when it was dual, smoking and non-smoking . . . that tried it and went broke by the way they quit smoking because it is a very important part of entertaining, being entertained, being an adult (JF).

7.05 *Personal Freedom versus State Intervention*

Closely allied to the concept of adults' right to choose is the idea of personal freedom,

that in legislating where a person may smoke, the municipal government is infringing on an individual's right to freedom of choice.

Obviously, there is still a minority who say it is my right to do whatever I please. They don't accept that second-hand smoke is harmful, they don't accept that they have a responsibility for the health of others. Their attitude is, "If I want to kill myself, I have the right to do that. So, go on, get out of my face." . . . Business also felt that their freedom was being curtailed by the bylaw: "I am a business person, I have the right to make a profit at my business, my clients have a right to come and do what they like in my business" (FS).

There was a feeling among many individuals, that smoking was integral to certain social activities. This was then extended to personal freedom, adults' right to choose, and the need to apply different rules to different sorts of businesses.

Well, I felt we'd all have gotten to a point where there seemed to be acceptance, that maybe some businesses should be no smoking. But there were very strong feelings that you cannot expect people to play bingo or to drink and not smoke. That was just not a part of their culture. If they are doing those activities, they have to be able to smoke. I think for the restaurants, if it had just been focusing on the restaurants and the other types of businesses and common space, I think that probably could have gone, although council still seemed to want to wait and go referendum. I think the real breaker on the issue was licenced facilities and the bingo hall. There is still very strong sentiment that people can make a choice not to go into these places if they don't want to be around smokers. That was their right, but they didn't have a right to tell people not to smoke (WF).

Personal freedom was a particularly thorny issue with respect to extended-care facilities, which are usually licensed by the government and are home for many older people.

What I'm trying to get changed is the definition of a residence. I want care homes to be defined as an extension of your residence and, as an extension of your residence you can have certain things. And in this case there would be permission for a smoking room which meets WCB regulations. Under the current bylaw . . . any care home that has a smoking room has to close that smoking room and equip an outdoor area as a smoking area and then send all their patients with dementia outside to smoke, which is absolute lunacy . . . So the position I've taken now is, let them change the definition of a residence so that it is not just your home or your car, it is the care home that you go to, in which there is a smoking room which can then be kept (FF).

JF complained that not only were seniors in extended-care facilities prohibited from smoking in their place of residence, but now, under the new bylaw, they could no longer come to the pub and have a cigarette and a beer.

I have a number of older people that walk down every single day and have their beer and a cigarette. But how does it affect those old people? I guess their freedoms are taken away to a certain degree, and that to me is the whole crunch of this whole issue . . . I mean we've got the Legionnaires, I've got Legionnaires that are willing to march down to city hall or the CRD or the legislation building with their medals and put them down on the cement and say, "What did we fight for if we didn't fight for freedom and to be able to do what we want in a free [country]—if it's legal (JF).

In Kimberley, more than anywhere else, the debate was framed as a personal rights issue.

"It became very much an issue of rights, of personal rights. Who were we to impose this?" (OG) "The restaurants were opposed to the bylaw. It is their establishment. They should be able to do what they want in their building. They didn't want a bylaw telling them what they should do in their own establishment" (HU). MD, a bar owner, was the most outspoken voice on this issue. He began his narrative by stating emphatically,

I believe that the approach that the smoking bylaw took is wrong, totally wrong . . . I think it is totally wrong to approach the business community or force the business community into something that they really should have the choice themselves to make. If I choose to cater to smokers, I should have the right to do so. Smoking is legal. So I think the approach is totally wrong, it is fundamentally wrong for the freedoms of this country (MD).

His framing of the issue included personal freedom, tobacco as a legal substance, and government interference in the realm of business/ business owners' rights to control their own establishments. He went on to include adults' right to choose and to discuss the issue as a problem of ventilation:

[A person] doesn't have to go to the hardware store if they allow smoking, or to the real estate office that allows smoking—it is [a person's] choice. I am a non-smoker, but I also recognize that smokers have a right too . . . I mean we are fortunate enough, we have a great ventilation system. We can have 130 people in

here and it is not smoky. We have control. I can put on 100% fresh air and it changes the air in here in 10 minutes. So we are fortunate in that regard. Not every bar or tavern is that well equipped, especially the older ones. But it is all beside the point. This is all beside the point. The main point is that we should have the right to choose, not somebody else . . . It is my establishment. That's really what I think and I'll stick by that. I feel it is totally unconstitutional. I feel it should be seen as an unconstitutional move . . .

Like I say, a lot of these things are being encouraged and financed by the department of health, and I understand why. But if they have a concern about it, then pass a law that outlaws smoking. Don't go down on the municipal level. Could you imagine what would happen if we had a non-smoking bylaw in Kimberley? The bar business and the restaurant business would be killed. Because [smokers] would all go to Cranbrook because there they don't have one. Until such time that they choose to change, there is a choice and I can tell you in serving my customers, more than half the patrons in taverns are smokers. So really, in the population as a whole, only a quarter of the population smokes or thereabouts, so that is very nice, that's a statistic. That includes all the ladies too. But in the bar business more than half the people smoke. Drinking and smoking goes together (MD).

He also referred to the marginalization of smokers by society: "So I don't understand why we have to go through the bylaw process to shun the smokers even more, because they are customers. They have become far more considerate than the non-smokers" (MD).

When asked about the health of his employees, MD was quick to dismiss the issue:

"Employees that work in the hospitality business, the majority of them smoke anyway.

Here most of my employees smoke. So to them this would be a non-issue" (MD).

7.06 Economic Issues: Investment in a Business

In all four cities there was enormous frustration on the part of the hospitality industry that the health sector was trying to tell them how to run their business, and that people who had no experience in business, nor any financial investment, were significantly influencing the lives and livelihoods of those who did. "But, they are going around now and they are trying

to tell people that have millions of dollars invested in their businesses how to do business.

Basically, that is what they're doing" (JF).

Why should a group of people who have no business interest whatsoever be able to say to the business community, "You are not allowed to do this or that." If I want to have strippers in this bar, I can have strippers in this bar. I choose not to, okay. That is my freedom of choice. I have that right and I bear the consequences if it doesn't work. But for somebody else to come along, who has no business interest, to say you cannot have smoking in your establishment—that may affect my business in a very dramatic way. That's wrong. . . .

What the restaurants were against was the heavy-handed approach that [the health sector] basically came in and said, "Well, we want 100% smoke free" (MD).

I think the other thing is my members are owners. In the pub industry they are all owners. Everybody that I talked to, it's their coin. And I think that is one of the things that I would also like to tell you. Of all the issues that I find the most disrespectful from the health side was this sort of lack of caring of people with investment. And these aren't big time billionaires that own the pubs. These are usually a guy and his wife and maybe another guy and his wife; maybe one family or two families that own the bar and everything they own is there, their pensions for the future. They don't have any indexed pensions running behind them. The attitude just blows me away.

I talked to a guy from WCB the other day and he said, "Well, I don't believe that you won't be able to make it after the year 2000 ban." And I said, "How much money do you have invested in this industry? Are you willing to put everything you own on the line for us? And maybe we should tinker with your money, then if it works we will bring our money in, but we are not willing to risk it." They are just very ignorant to what it takes to earn money for a small business.

. . . It is difficult, there is no question. This is not an apple pie issue you want to get involved with. Tobacco is not great, and the tobacco industry have been bad corporate citizens, there is no question. But this isn't about them and it is not about any of the rest of it. We just want to do our business (EO).

Some restaurant and bar owners recognized the risks inherent in smoking but were also concerned about their own livelihood and that of the people who worked for them.

So personally I think it is the most disgusting habit ever invented. . . . Both my mother and father died of smoking and cancer from smoking. So I am biased towards the non-smoker, but in business sometimes you have to set aside your own beliefs and look at the livelihoods of thousands of people who really believe that they would be out of business because of this. So does the end justify the means? Who knows? There has to be a way you can achieve both (GP).

Owners also believed that smokers were good for business.

I think it will do a lot to hurt business. I don't think it will do anything to help business. This is turning into a purely business argument. Frankly there is not a business in this city that couldn't use more business . . . So in answer to your question, "Would it hurt business?" It is obvious to me. Of course it will hurt business. The first point is that people will not go out. The second point is if you take the smoking population, people who smoke, linger. People who smoke linger and drink generally. There is a combination between drinking and smoking whether you like it or not (FF).

The hospitality industry was even divided on the economic issue. While defending the interests of the bar industry, EO was prepared to dismiss the investment made by restaurant owners and complained about their unwillingness to fight for the issue. They seemed to argue among themselves as to who had the most to lose.

They were willing to have everybody else kind of do the dirty work and put their face out there and say, "This will kill our business." But they weren't willing to stick their own necks out. . . . Everybody else that is in my industry has money on the line. They are all owners and so for them it is very personal . . . the president of the restaurant industry is not an owner. He doesn't work at a restaurant. He has another business he is involved in and I am not sure he owns that. JK, who was their point person on this, is the manager for [a] group which is a large offshore corporate thing (EO).

LS was a restaurateur who owned a small, smoke-free establishment. As she worked on the community committee to support the bylaw she began to realize why owners of larger restaurants, those who would have more invested, and therefore more to lose, would oppose this bylaw.

When we were actually approaching council, that's when we could see that there were a lot of people that were in bigger businesses, number one, and this is what they didn't want to see—was a smoking bylaw in other restaurants where they had a lot more to lose than me and my little non-smoking restaurant. I didn't have anything to lose. And I am laughing now because I don't know how long it took before I realized that when you have \$50,000 invested in a restaurant you might have more and different thoughts. You might not be able to have your pure little thought of how nice it would be health-wise to support a venture. I had all this

good-girl stuff about, “This is time. We should do it. It’ll work out.” And the other business people were showing that they didn’t have time for that, that they really did think, and I think they were right, that it was a bylaw that would affect them so much they would have gone down, and they were going to go down fighting (LS).

Owners/operators were frightened that it would devastate their business, leading to personal financial loss as well as having an impact on staff who depended on them for employment. The health sector often dismissed these concerns.

So, again, when you sort of talk to people and say, “Why is it that you are so opposed to this?” Well, they all have been fed the myth that they are going to lose business. But when you really get down to it, it is not true. When you look at the California studies, if anything, some places gained (ON).

Although, the health sector did admit that there was little hard data on the economic impact of smoking-control bylaws.

What it came down to, to a large extent, was an economic debate, which was a theoretical debate. We’ve never done it here before so we don’t know what effect on business is going to be and there are no reliable surveys from either side about what economic impact has been . . . Some of the business decisions were very persuasive, particularly around bars and night clubs. Councils were prepared to say health is a priority, but they weren’t prepared to say health is a priority at the expense of the economic environment of our community. . . . People were prepared to go part way to address the health issues, but at the point where there was a big economic issue and you are dealing with adults who had a right to choose or theoretically know better, it became a matter of their choice whether they were going to put themselves in a dangerous situation or not (OP).

Generally, the health sector was content to rely on evidence from California that smoke-free bylaws would not impact businesses in B.C.

The critical piece was, is this going to really be devastating to the economy of Victoria? And probably what gives us the greatest amount of comfort is, having just returned from California six weeks ago, in spite of the stories being carried by the pro-tobacco Web sites, the first-hand experience is that even in San Francisco where, in fact, the mayor is against this particular piece of legislation, it is, by-and-large, working (UV).

The same narrator also discussed population health goals and the importance of the economic health of the community.

This wasn't just a health issue. Certainly that was my perspective, but also community leaders saw this as something that tends to extend well beyond just health . . . even from a financial perspective they recognize that people who smoke less are healthier. And the whole issue in terms of running businesses, that it is cheaper to run a smoke-free business. So, it was one of these bylaws that made a lot of sense . . . we could probably, with some good planning, even be more successful than California in terms of the transition period and easing the impact on the industry. I am 110% behind minimizing the impact on the industry because in terms of population health goals, and [the hospitality sector doesn't] believe me, but I want people to be employed because employed people are healthy people and a vibrant tourism industry means that this region will do well. This is contrary to the principles of population health to put something in place, and as a medical health officer, I would be irresponsible to do something that would penalize the population (UV).

Bar and restaurant owners were unwilling to accept this sort of evidence.

So the studies will tell you in California, probably, that there is no change. But I am not sure that you can link a warmer climate with this climate necessarily. We have a very different attitude towards drinking here than they do in California. It is much more open in California, which is a whole other issue (FF).

The concept of the "marketplace finding its own level" was tied to economic concerns.

Restaurant and bar owners maintained that they had a great deal of money invested in their businesses and they were not going to do anything to risk or compromise that investment.

I have \$3 million invested in this business, okay? And if . . . I found people wanted to come in here and not smoke, what do you think is the first thing I would do? I would enlarge the non-smoking areas. But it is the contrary. Everybody bitches because they don't have enough smoking areas . . . As a businessperson, if I knew I was going to get all the non-smokers in here and they would spend the same amount as a smoker, then I would have it all non-smoking. But it doesn't work, really. And that's been proven over and over again (JF).

There were two restaurants, and there still is two restaurants in town that are completely non-smoking. What our point was, is, as these businesses get more

and more successful because all the non-smokers patronize them, the other ones will then follow suit. It's the best way in business to be. When I lose my revenue, I'll change. I'll fix that and if all of a sudden I don't have any business and I find out it is because the non-smokers will not come in here, I will do something. That's business (MD).

Hospitality owners were also frustrated by the fact that tobacco is a legal substance that is sold in convenience stores, and that the government is reluctant to remove tobacco sales from these locations and limit it to age-controlled venues, such as liquor stores. Their reluctance, in part, is because this would take away valuable income from the convenience store-owners. However, in the eyes of bar-owners, that same government had no respect for the economic concerns in their business. When asked if he felt that he was being targeted while other people weren't, JF said, "Oh absolutely, because we are easy to do [target]."

WF suggested that, in a small town, municipal councillors were particularly moved by the economic concerns voiced by business owners.

Council certainly was hearing a lot of concerns from the business people who felt it would devastate their businesses . . . I think sometimes, though, council, as much as they're are elected by a majority of citizens and the number of citizens that actually operate businesses is much smaller, council is very sympathetic to the small business man [and] the challenges they are facing when they have a small business. They are standing there and saying my restaurant will close. It is very difficult (WF).

When asked if this was particularly so in small towns, she replied,

Absolutely. In a small town where everyone knows each other, they are approaching you on issues while you are out buying your groceries . . . I think the more impassioned outcry was from the opposition because they had a very black picture to paint, whereas the people who were non-smokers simply said, "Well, people will have to go and eat, mingle, and smoke afterwards." It is not a very big issue. They weren't really in there screaming "Now I am going to die if they are smoking." It wasn't that kind of an extreme position, whereas the business people were presenting very extreme positions that their business would close. There was no suggestion it was going to maybe cause some problems—it was going to

devastate them. The bowling alley operator actually came forward with some information on bowling alleys in California because that, of course, is one of the prime examples that people hold up is California. So, he had information to give to council that bowling alleys had closed (WF).

7.07 Economic Issues: Job Loss

The debate of the bylaw versus jobs was also raised. This argument had been used in other parts of North America as well. Pub and restaurant owners claimed that if their sales were affected by the bylaws that they would have to lay off staff. “Because if the business drops 20%, you are going to have to reduce staff” (JF). This was countered by health officials who insisted that working in a smoke-filled area was not healthy for restaurant/bar workers.

“Oh your staff, do they like working in a smoking environment?” Well 99 [%], actually 100% of them smoke. Do you think they would mind second-hand smoke or a job. What’s more important? I have at least eight part-timers here that if business drops they will go, and they all work here two to three days a week to support their children and go to school. But, I mean, there is very good money here. They will make \$100 a day on tips just like that. So, I mean, it’s very good income for them. But who do you think the first to go is? And I have used this too, and do they care? (JF)

The health sector was sometimes inconsistent in their response to these concerns: on the one hand emphatically stating that it was not their intent to harm business; on the other hand acknowledging that there may be jobs lost, but that health concerns were a priority.

7.08 Allowable Levels of Contaminants in the Workplace

Framing the debate in terms of worker health inevitably led to comparisons with other workplace contaminants. EO throws the argument back to the WCB with respect to worker health when they are discussing allowable levels of contaminants:

The other challenge is the WCB and making sure that levels are attained. One of the things that we did say is that because the WCB has said to us that, “Your level of contaminant would be too high,” and we said, “Well, we don’t think so. If this is

worker health—worker health is worker health—it is all workers in the province, so we don't think that our worker air should be any different than that of another worker, or any better or any worse. . . ." Oh no, because I know [the city of] Skeena. My husband actually is a steel fabricator and a welder, and . . . you can't fool me on that kind of issue because I know what welders breathe and it is pure crap. And so I said, "Well, you know if we have to make a scene and you set these levels for us, we can send somebody into Skeena and make you close that place down." The government just bailed it out, poured all this money into it, and we'll have the WCB people go into there and force you to close the town because levels are levels, aren't they? "Well, it is just different." I said, "We'll see about that" (EO).

Another hospitality industry narrator also backed up this position:

But I guess we kind of think, why pick on this industry? There is the welding industry, there is the paving industry, there is the steel manufacturing industry—why aren't they doing something there about clean air that is far worse than ours? (JF)

7.09 Ventilation: The Clean Air Alternative

As politicians and health advocates pushed toward 100% no-smoking bans in all establishments, the hospitality industry countered with ways to allow smoking, but clean the air in their premises.

We also, over the last two years, have developed a clean air solution and what that is, we've said that if an establishment can prove to the government or to the WCB or to whoever, anybody, that they have clean air or air that is to a level that is safe, then we should be able to have a portion of our restaurants or bars smoking. Now, we call that the clean air initiative and what it really means is you have to have an airflow system that will clean and scrub your air about every minute to two minutes: take the dirty air out, flow new air in and so forth. Now, that's successful, that works. In fact we have a pub . . . [that] has come under the guidelines of the WCB. There is an ASHRAE [American Society of Heating, Refrigerating and Air-Conditioning Engineers] standard which is a standard throughout North America. Well, most of the newer pubs that can do this are well below that [standard]. So we kind of feel what is good enough for the world has to be good enough for us. Even if [pubs] go below the ASHRAE standards, [the WCB] wanted in the beginning zero tolerance, no smoking (JF).

Hospitality owners were frustrated that the health sector would not even discuss this option.

What we are trying to say is our air can be cleaner than outside if we put in the right equipment. And, hell, they let people smoke for 90 days in a nuclear submarine. Now . . . the technology is there but they will not listen to us or let us use it. And we say, "Why not? If I want to spend \$100,000 and clean up my air for smoking, why won't you let me?" It will be tested three times or four times a year, you will get a report. We will put a report on the wall, and why can't we do that? And they can't answer that (JF).

The health sector and municipal politicians were doubtful about using ventilation as an alternative to a complete ban on smoking.

The other interesting thing is, of course, there's this clean-air alternative and it is EF and the hospitality industry that is toting this, peddling this, that they can do ventilation and so on, but it is quite clear that WCB is not going to accept it. CALOHS [California Occupational Health and Safety Association] and WCB, it's zero tolerance because they can't determine what level of carcinogens will be left. So how could you possibly? Again, it is back to liability. If you don't get rid of it all you are liable for allowing some particulates to be there. There is no air system that will take it out (ON).

Even the owners of small restaurants were hesitant about this solution. The potential cost seemed prohibitive.

What we found out, all of us I think agreed with this, is that if you want to look at it from a heart health perspective, rather than as a democracy issue, you find that you cannot have smoking and people together. So you can't control the smokers. So if you keep the smokers and their air system different from the rest of the workers and the non-smoking people that's one thing, but nobody can afford to do that. The cost of the ventilation . . . as a restaurant, we wouldn't have been able to do that, we would not have been able to afford that (LS).

7.10 Liability

As litigation related to tobacco control spread across North America, the issues of children's health and worker health became intertwined with liability.

To me it just made sense in terms of public health. It made so much sense, and particularly to protect children as the metropolitan board was suggesting and then to protect workers in the workplace . . . Now the reason municipalities, the reason that I always talk about, that it is important for municipalities to pay attention to this bylaw is, first of all, it is a good thing to protect children. Secondly, it is a very

good thing to protect workers because if you don't protect workers you could be legally responsible, you could be liable . . . [For example,] the McDonald's case in Edmonton. It was about a women who worked for McDonald's fast foods and she contracted second-hand smoke—it is well documented—she contracted cancer from second-hand smoke and went after McDonald's. They settled out of court and she died six or seven months after. But McDonald's fast foods went instantly smoke-free and they are now (ON).

Some of the meetings with the board also included the lawyer and one of the things that she did which, I feel, made a big difference to the board's thought process was she talked to them about their liability and the fact that because we had a bylaw in place and because we knew now, we knew from the research how damaging second-hand smoke was, or environmental smoke, if they neglected to act on that fact they may be liable at a later date. If they had never had a bylaw of any sort in place that would be different, but because they had already taken the step, because they had already said these steps were taken to protect workers' health as well as the overall population, she felt that that opened them up to greater liability than if they had done nothing. They really listened to that (GV).

7.11 Accessibility

For people with respiratory problems or allergies who could not go into smoke-filled areas, bylaws to control smoking in public places were an issue of accessibility.

Being respiratory disabled is almost like an invisible disability. Many people . . . are restricted from going out to dinner or going out to play bingo or doing certain things because they have bronchial disorders or emphysema, or any number of lung disorders . . . and we only have recently been paying attention to that . . . So accessibility and liability are two of the most powerful issues for municipalities to want to pay attention to (ON).

7.12 Worker Health

In both of the larger cities the issue of worker health was a significant component of the bylaw process. Perhaps this was because the bylaw process in both cities was led by the medical health officers, who were also involved in the amendment of the WCB regulations.

What really would make a difference and what we were hearing from everybody was that smoking in the workplace was a big issue. So, once again we got the community groups to come forward and say it is unacceptable that we should have to work in smoke-filled environments. It is unproductive (ME).

The premise, UV was very clear (as VS had been before him), that this was a workers' health issue, and that's where we came from and we tried really hard to stay there and not get involved in the economic problems and concerns that obviously people have, and which is understandable.

But basically, we kept bringing the discussion back to the fact that this was a health issue and that all the other employees in the [region] were protected from environmental tobacco smoke [ETS] in the workplace . . . But they kept taking the discussion away from the workers to the customers or the patrons and [saying] "These people have a right to be here." And then, if we had to talk about the workers it was, "Well, they can find another job if they want to." Which is, I felt, very disrespectful to their employees . . .

And then, of course, there was Tourism Victoria had this concern about the fact that tourism would be affected, people wouldn't come, tours would be cancelled—all of those things. They all read from the same book. I'm not sure who published it. Well, we probably know who published it (GV).

Not only did the health sector insist that this was primarily a health issue, they argued that the general public, including members of the hospitality industry, recognized it as such.

Again, I think the majority of the public realizes that it is a health issue, the health community realizes that it's a health issue and I think that a lot of the businesses also realize it, but they aren't willing to accept it. You know, they're more concerned with their fears . . . I mean, we all fear change. And, I mean, it's not unusual so I'm not trying to belittle their fears at all because it's understandable. But I think that even the majority of those people recognize the fact that it's a health issue for the worker. It's a worker health issue. They try and think that they can get around it though (GV).

Ironically, in the small towns, while worker health had been the main reason for implementing smoking restrictions in municipal places, it was not an issue in bylaw discussions for the town as a whole. "No, there was very little discussion. It wasn't until later when we knew that WCB was working on it. Certainly, there was discussion earlier in the process from the municipal perspective in doing our own policy on our facilities" (WF).

7.13 Changes in Framing

An abrupt change in the framing of the issue occurred in Vancouver during the course of discussions. A meeting was held, at which the restaurant association was not present, and the focus of the issue switched from public health in general to children's health. This change was significant as it exempted "adult-orientated" establishments from a total ban on smoking but maintained that ban in restaurants. A number of people

got together informally and privately to explore some possibilities for breaking the logjam and getting a joint solution, a compromise, I guess. A number of other people, including myself, got invited to the latter part of those meetings. . . . And I guess what they were proposing was the ventilation approach for the adult-orientated facilities . . . I don't know if [the restaurant association was] invited and declined. That is something I am sure maybe we'll never know, whether it was a tactic . . .

The elimination of the involuntary risk of exposure to ETS in our young people was recognized as an effective priority measure. I guess that what they were doing is distinguishing between the involuntary risk of exposure to minors and then the "voluntary" exposures by adults in an adult-oriented establishment. I think we neglected to deal with the workers in that particular compromise (QO). The framing for the discussion changed. Initially, it was framed in terms of worker health. Clearly the negotiated agreement doesn't stand up to a worker health examination because not all workers are protected . . . Well, that's where it shifted, was during the negotiations. Because if you only implement smoke-free bylaws in establishments that allow children, clearly it is the children's health you are worried about. And that was the shift—I think it was an expedience issue (OP).

ME suggested that this approach covered several issues and appealed to council as well:

So council agreed 100% no smoking in restaurants. And it was EF that gave me the hook for the pubs and casinos—we have to protect children. Adult-only sites—no children. Council liked that. That was the hook. We were protecting children, we were protecting workers, but we were letting adults make choices. They loved it (ME).

However, members of the restaurant association were not pleased that this shift had taken place.

ME was the main architect of their bylaw . . . this was about a year and a half ago when I was in Japan for our company, and they went to the [the pub association and the hotel association] and they said to them . . . “We have a problem. We are going to do this. So you can either give us your support or not. If you support it, we will put forward a bylaw that will ban smoking in restaurants, but will allow smoking in adult-oriented places.” Until that time, all of the focus, the survey that was done, all of the discussion, every single comment that was made on this issue was around the health of the workers in the hospitality industry. Every single comment. I came back from Japan, I read the paper which said that the switch had gone and they were going to bring up in council a ban in restaurants and only allow smoking in adult-oriented places for the protection of children’s health. I was flabbergasted. I went to a meeting two days after I got back, with all the hospitality industry, EO, and all the people from the pub association. I said, “I can’t believe that you just did that. Obviously you have cut a deal with the devil . . . If you are naïve enough to think that Vancouver City will sort of give you a deal that will exempt you forever, because the exemption was not just until the year 2000, the exemption was, “You do this and we will leave you alone completely,” then you are nuts because all they will do is take the restaurant industry first, then they will move into your area anyway. So, why would you not have stayed solid because they had a bit of a logjam going where obviously they know the public didn’t fully support a 100% ban. Yet, they weren’t looking for a way to divide the industry and the industry gave them that ability (JK).

7.14 Language as a Political Tool

The way in which different sectors framed the issue—the language they used to represent the problem—and their success in presenting this frame to policy makers significantly contributed to the outcome of the bylaw process. Their language became a political tool or “weapon,” to use ME’s battle analogy. This was particularly evident when the issue was reframed in Vancouver to focus on children’s health. This new frame became a “hook” (ME) for politicians who were frustrated by the impasse in the process.

Table 3 (page 153) portrays the main way in which the issue was framed by policy sectors in each municipality. In all four cities the health sector and community activists maintained a focus on health: public health, worker health, children's health, or heart health. Meanwhile, the hospitality industry raised their concerns about the potential economic impact of the bylaw and insisted on personal freedom: their right to run their business as they see fit and adult's right to choose the type of establishment that they patronize. They were confident that the marketplace would determine public preference for smoking or non-smoking restaurants and bars. The most significant difference between communities lies in municipal governments' view of the issue. In Vancouver and Victoria, councils saw the debate as a public health issue; in Kimberley and Squamish councillors accepted the frame presented by hospitality owners. Councillors were convinced that the economic impact of the bylaw would outweigh public health benefits. It would be simplistic to suggest that the economic argument alone won the day. As the next chapter illustrates, the decision to adopt a policy is situated in the temporal, social, and economic context of the individual community.

Chapter 8

Community Readiness

The whole thing is a complete mess, a relative free-for-all, a complete farce. The bottom line is that you can't have laws out of sync with what society generally accepts (JK).

My own personal feeling is that the marketplace was actually sorting this out very nicely (FF).

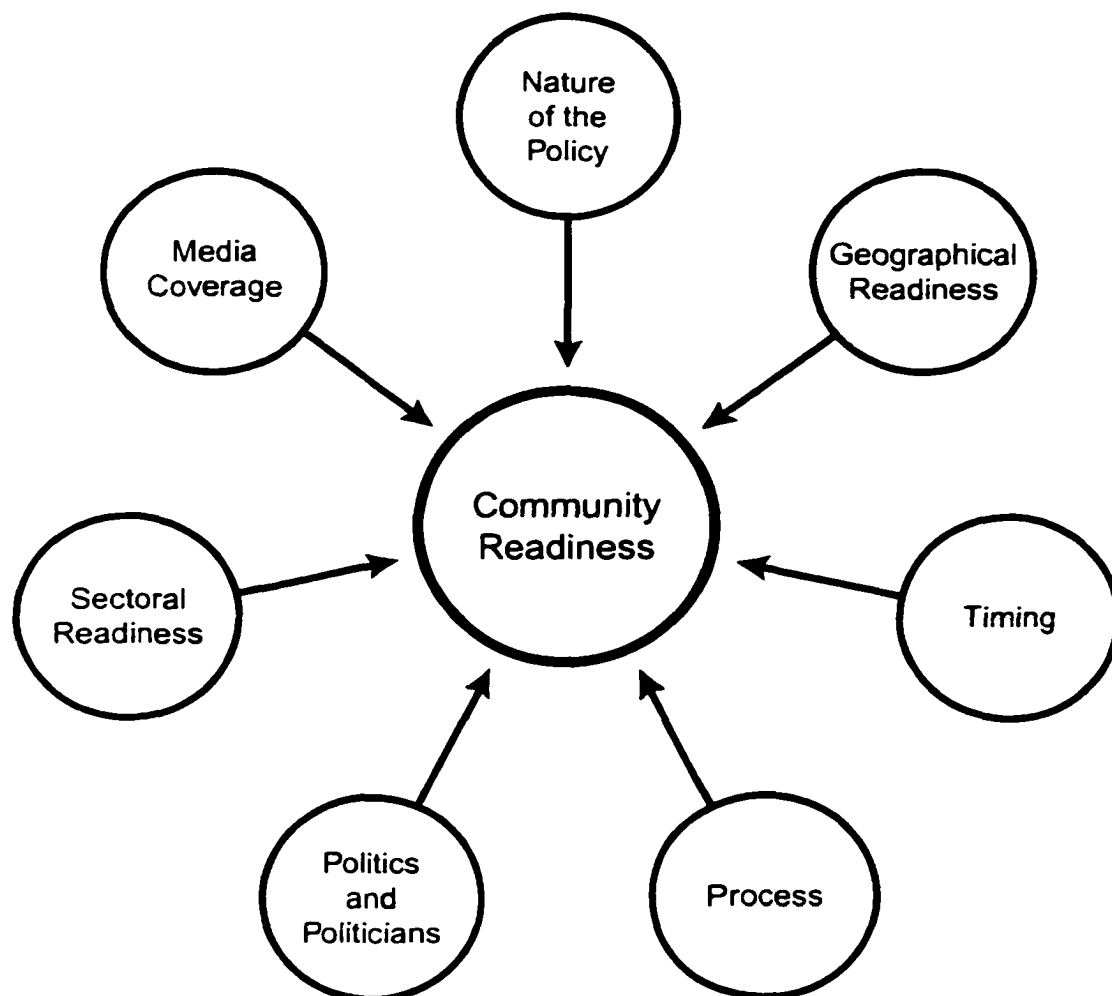
8.01 Introduction

While community readiness can be viewed as a separate determinant, to some extent, it is also a synthesis of all the other determinants: leadership; timing; public knowledge and attitudes; framing; the nature of the bylaw process; and the size, demographics and geographical location of the community. Narrators identified readiness as what society generally accepts or what the public demands. It was seen as a constantly evolving dimension. Whatever its definition, there was an oft-repeated belief that a policy or law must not be too far out of sync with public readiness: if it was, it would not be passed; if it was passed, it would not be accepted and its implementation would be marred by opposition.

The factors that narrators saw as contributing to community readiness have been grouped into seven main determinants:

- 1) **sectoral readiness**—each sector’s belief that the bylaw was, or was not, the right thing to do;
- 2) **geographical readiness**—factors affecting an individual community’s willingness to adopt a bylaw;
- 3) **nature of the policy**—communities varied in the type of bylaw they were willing to accept;
- 4) **politics and politicians**—the influence of the political process;
- 5) **media coverage**—the role played by the media in supporting or hindering the bylaw process;
- 6) **timing**—the importance of the temporal context in which the bylaw process occurred; and
- 7) **process**—“a reasonable manner” was a frequent plea on the part of all sectors for a rational, non-confrontational process that would fit the needs of the community and available resources.

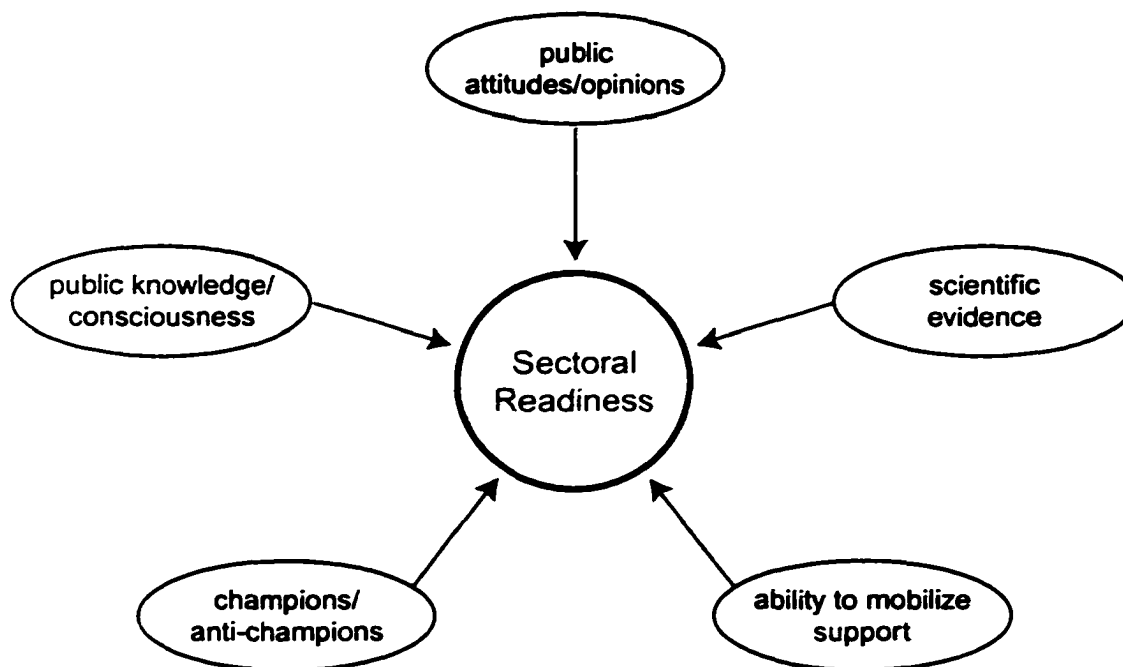
(See Figure 2.)

Figure 2: Factors Affecting Community Readiness for Policy Change

8.02 Sectoral Readiness

Not surprisingly, public health officials, community activists, municipal councillors and members of the hospitality industry differed in both their urgency to implement smoking-control bylaws and their perception of community readiness. (See Figure 3.)

Figure 3: Factors Affecting Each Sector's Urgency to Adopt a Bylaw



In the minds of health officials, “The increasing body of evidence surrounding the seriousness of second-hand smoke really warranted a critical review and an accelerated schedule. . . . I have to present the case on the available scientific and public health evidence” (UV). And, “Well, basically, just the mounting evidence against exposure in the workplace, especially in the hospitality workplace; there is mounting evidence that those people suffer disproportionately from tobacco-related illnesses” (GV). Even time lines previously agreed to were revisited: “Clearly, there was substantial evidence to warrant speeding up the timetable. That certainly did not please the industry, but I still think that on scientific grounds the evidence was good” (UV). ME described readiness in his community as a “wave:”

It couldn't have been better . . . The scientific evidence on second-hand smoke and that was just starting to come out. Now we had all the stuff from California that it had not affected business. We brought up the guy from the place in California where he had opposed the ban on smoking in his community. He was

the head of the community hospitality industry . . . and then said, “I was completely wrong. It worked. We have more people coming into our pubs and bars. It is a great thing.” The whole trend was going. We caught the wave and the year earlier we would have fallen flat on our faces and a year later we would have been crushed by the wave because it was going to go by us. So we caught the wave together in the fact that we worked with the NGOs at the very same time that the government was ready to work. I don’t think you could get those factors coming together better (ME).

The emerging evidence related not only to the impact of smoking on health but also the impact of smoking in the workplace.

By then we started to have some information about how much time a smoker took away from work, how much damage they did to carpets and rugs and things like this. And we were able to show that non-smoking hotels had tremendously less maintenance costs than ones that had smoking in them. So all of a sudden the tide was sort of turning in our favor. We had some things (ME).

Those who were strongly in favour of the bylaw, including both the health sector and some municipal councillors, seemed convinced that public opinion had changed sufficiently in recent years to engender public acceptance of such a bylaw.

I went into training in January of 1958. It wouldn’t have worked then. We wouldn’t have had compliance. The public education had not come along far enough. It is a tribute actually, I think, to public health and those who have pushed the idea of smoking being harmful and all of the groups have done that . . . the combined efforts of a lot of people have come together along with the timing questions and the raising of public consciousness questions. And, in fact, the base of knowledge on the impact of tobacco, for heaven’s sake—how long was that suppressed! You didn’t hear, there wasn’t the good data to be able to present it and use as argument for such a long time. But more importantly, the overall thing to me is public consciousness. Period. I think the public consciousness has grown and grown and grown on this one (FS).

Others, particularly those in the hospitality industry, saw it differently. They wanted to move slowly. They believed that many people were not aware of or convinced by the evidence on second-hand smoke. They saw a need to change public opinion. They

wanted the law to evolve gradually in order to disrupt their businesses as little as possible. In their opinion, it was a question of timing.

I pleaded with everybody all the way through. Can we have some kind of a process that at least recognizes that we shouldn't be forcing this down people's throats? Let's let the public get accustomed to it. It is moving along and it's taken 20 years to get this far. If it takes another 5 to phase it out then let's, at least, not let the law get ahead of public demand (JK).

This narrator goes on further to say, "There is a principle of fairness here and I really firmly believe that whatever laws we have [should] reflect what people are prepared to live with (JK).

Municipal councillors struggled to reflect "readiness" as they weighed the competing opinions of different community groups. In both of the urban communities there were one or two councillors who strongly supported the bylaw and lobbied their colleagues in favour of it. In the rural communities, councils heard representation from the different sectors before making a decision.

There was no commitment on council's part to instigate such a bylaw, but they were interested in seeing what the committee would come up with, at which time they were to discuss the recommendations and either recommend or deny the possibility of the bylaw (VO).

Often it seemed that the most vocal proponents won the day.

And then, of course, you say, "Well, how did the process go?" Well, it went fine until it got to the council and then it was just wiped out. The headline said the smoking bylaw was knocked out . . . these protestors came to council chambers and they even happened to be the last ones that council heard from. It really irritated me that they would be buoyed into this . . . I said that they were bullied into it. And they were. These people were really adamant. They were very emotional about it and council just caved . . . They sort of said to us, well, it's not a dead issue, that the timing wasn't right and . . . sometime down the road it would be looked at again (VO).

The individuals who seemed to most acutely experience the dichotomy between the health agenda and public readiness were community volunteers or activists. They took on this issue motivated by a desire to improve conditions in their community. To their surprise, they often came face to face with strong opposition. One community volunteer spoke at length about the problems their committee encountered:

So then this other part of the so-called 25% of people that were smokers, somehow they came from nowhere and absolutely sabotaged, well, not sabotaged because they were doing what they knew they had to do. It was like a ship that was sailing along and thought she was close to port, and then all of a sudden a typhoon came in and sunk it. That's the way it felt too. I think to a lot of the members, that we thought we had something that was going to fly and then we found out how democracy works! People are going mad! . . .

I did think then that the time had come just because it had been done in California and has been done in other places where there were thinking people. But all of a sudden I kind of realized that I really was living on a different planet as far as how easy I thought it would be as a member of the committee to make something happen . . .

So it was like what I learned on the committee actually affected my whole life, which is, I can elect to be completely non-smoking in my own house, but I have very little power in other places, and part of it is my duty. I don't speak up and other people that are non-smokers are the same and they will go to meetings, Elks meetings, logger/sports committee meetings, and they won't speak up for themselves. If people want to smoke around them they will let it happen. So until we all change it looks like it will be too hard a job to get any kind of bylaw in here to do with non-smoking. It is like an evolution. I think it is going to happen by little bits and it won't be because somebody had the idea of having a non-smoking bylaw . . . because we didn't realize that you can't have non-smoking in a community where a lot of people want to smoke. So whatever that shift is that has to take place, it wasn't happening yet in [our town] (LS).

The same volunteer mentioned that the demands on the committee left them little time to implement public education campaigns. However, she didn't think that this was an important factor. "I think we would have had more time for education, but would the bylaw have gone any differently? I don't think so. I don't think people needed more information. I just think we have to evolve a little bit more" (LS)

The concept of mobilizing support—building public and political support for your side in the struggle—was integral to the analogy of a game or battle. “I got the public support long before I ever let council deal with it. You have to build the public support before you play your cards” (ME). The presence or absence of that support influenced the timing of TV ads and public opinion surveys:

We . . . [debated] whether we would do the TV ads and then a survey and then a follow up thing, and we decided that we wouldn't do it that way, that we would actually get more value out of doing a clean survey where we haven't prejudiced it. And then the provincial government did it . . . So we decided consciously that we didn't want the pre-ad campaign, that we were fairly confident. But again, we knew what the trends were here, we had been doing surveys and keeping an eye on things. We knew that the public supported us. We didn't do any of those surveys and get surprised. We got surprised at how strong the support was, but we sure weren't going to lose and we weren't going to put out a survey then have to publicize it that the public was against it because we would have been dead (ME).

8.03 Geographical Readiness: The Importance of Place

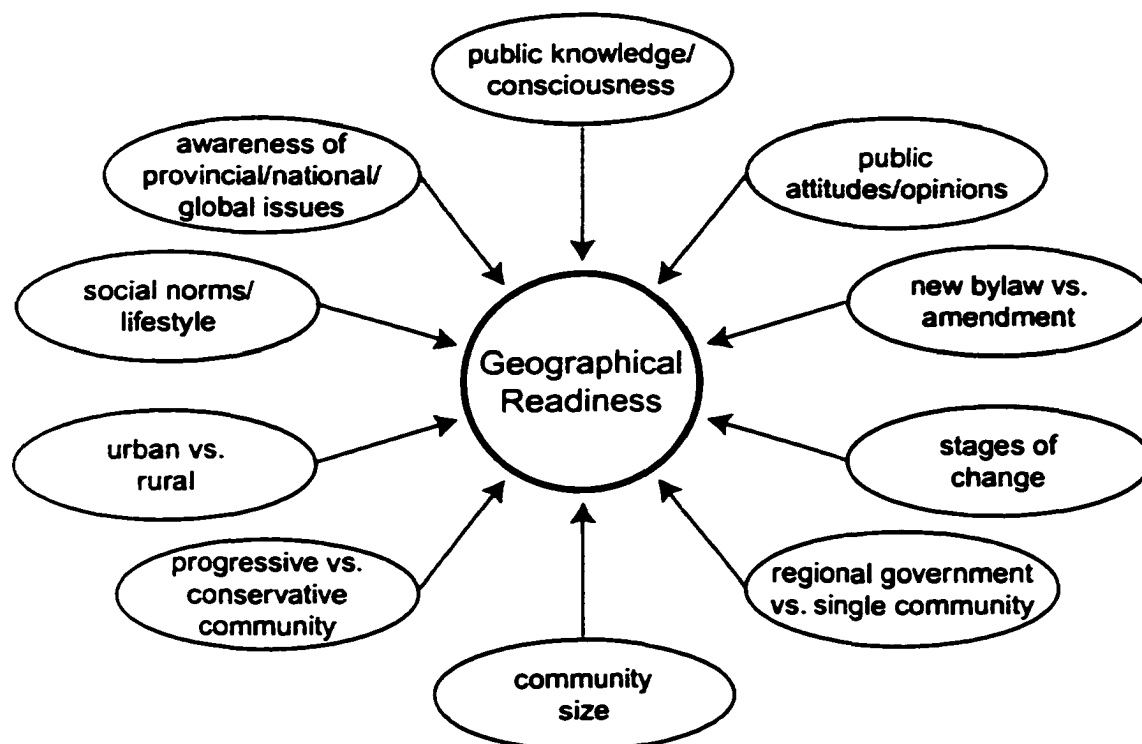
It was apparent, from the narratives, that readiness varied across the province. (See Figure 4.) In general, B.C. has a geographical and political environment that supports healthy pursuits and healthy public policy.

I would say that [our bylaw process] went pretty smoothly and I think it was because people in B.C. were ready for it. We march to a different tune here and I think we are much more holistically inclined, and we are healthier and more interested in taking care of ourselves. You find people out walking, running, sailing and jogging, and kayaking so I think we live in the best possible place to do all of that. So you do find people interested in good health. So I am thinking of Toronto and what happened there and they did this sweeping thing, that obviously people weren't ready for it there (ON).

However, this readiness was not universal throughout the province. Even urban councillors admitted that, difficult as it was in the cities, their lot was easier than that of their rural colleagues. “Now, there is no question that the rural areas are considerably different than

the urban areas, and it will be more difficult to get cemented throughout the province than here” (ON).

Figure 4: Factors Affecting an Individual Community’s Willingness to Adopt a Bylaw



The larger urban municipalities were geographically closer to the provincial capital and seemed more aware of provincial, national, and international clean-air policies. The medical health officer in Vancouver spoke confidently of policies adopted by the provincial government, Air Canada, Boeing, and the American Air Force, citing these as policies that had created a climate that supported Vancouver’s bylaw initiative. “And I thought, if he can make that stick in an environment that is pretty much a smoking environment, why can’t we make it stick when we know that the public is behind us?” (ME) The nature of the community also seemed to play a role.

Victoria has a history of being fairly progressive in terms of establishing probably greater restrictions on smoking in public places than other jurisdictions in Canada. In fact, my predecessor . . . was recognized by the Canadian Public Health Association with a special certificate for achievements. So there was definitely a sense in the community that this legislation may not be very popular with the industry, but was certainly well received by the general public. . .

I think Victoria is a population that has a generally higher education level, and we know that the higher the education level and more professional the community, the more willing people are, even if they smoke, to accept restrictions upon the consumption of a product (UV).

Both of the larger communities were amending existing bylaws, which meant that prohibitions were simply a progression from existing restrictions as opposed to the smaller communities where the debate centred on the need to restrict smoking in public places. Municipal councils in the urban communities were generally well versed in the issues related to ETS.

Well, I think probably because it wasn't something new to them. It's been a progressive issue all along . . . It's just so neat to see these little tiny baby steps all the way along and I think because that happened, I think the whole community, and obviously members of council, there has always been something happening in that area for a long, long time. . . . Well, there's a few that weren't really aware, but a lot of them had a fair amount of recognition about the fact that second-hand smoke is dangerous and people shouldn't be exposed to it in the workplace (GV).

In the smaller towns the attitude was more tentative.

That attitude is the attitude of [this town]. We're nice people who wouldn't really do you any harm, but this is our business. Our business is that we have to earn this amount of money to stay in business and support our lifestyle for one thing, and we cannot do it with non-smoking bylaws . . . But this is the mentality: a little bit of smoke is not going to harm anyone (LS).

There was a general consensus that "the 'northern people' don't want it because there are no smoking bylaws up there"(JF). Another narrator comments, "You are not going to go into a town like Prince George or Prince Rupert where probably close to, I think 46% in

Prince George smoke and get away with it. It is easier to do it in Victoria or Vancouver where you have a different kind of demographic” (EO).

Community readiness to undertake policy change was reminiscent of theories relating to individual behaviour change. One could compare stages of community readiness to Prochaska and Diclemente’s (1984) individual behavioural “stages of change.” While northern communities were viewed as being “pre-contemplative,” rural communities were “contemplative” or in “preparation” and the large urban centres were in the “action” phase. Why this was so is a matter for speculation. As previously stated, the urban communities were updating previous bylaws while the rural communities were drafting new policies. The urban centres were in close geographic proximity to the provincial capital, where tobacco-control initiatives were setting national precedents. Narrators in the two rural towns, both of which were separated from the capital by both distance and mountains, were much less cognizant than their urban colleagues with respect to provincial tobacco-control strategies. In the rural centres there was still a perceived need to convince elected officials about the negative health effects of exposure to ETS. In the urban communities the debate had moved on to what should be done about it.

The governments in the urban centres were part of a regional coalition. In the CRD, the municipalities negotiated as a group so there was consistency across the region. All municipalities had the same restrictions.

I think that’s another reason why it was successful. It’s the fact that people could say, “Well, it’s not going to be any different in Oak Bay than it is in Sydney. It’s all going to be the same.” And I think once they got their head around that, and realized it, that took away a fairly large stumbling block. And then I think the other

thing, getting to the hospitality side of it, the fact that it was across the board, it wasn't a piecemeal thing, it wasn't the restaurants go first and then everyone else. It was everybody at the same time. That made it more palatable for them (GV).

In the Greater Vancouver area each municipality developed its own bylaw, although these were influenced by policies adopted in neighbouring communities. "I guess we could have spent a bit more time trying to find a mechanism to [it] region-wide. I mean, one of the irritants is that we don't have a regionally consistent approach so we have a patchwork of bylaws" (QO).

The size of the community seemed to influence the process. JK pointed out that while there was good support for an overall ban at the regional level, there was not quite the same support at the municipal level. This may help to explain why the urban communities with regional governments were able to move ahead and the two smaller, individual communities didn't. There was no doubt that the debate seemed to become more personal in the smaller towns. Debates that occurred in council chambers and newspapers of large urban centres took place in grocery stores and on the streets of small towns. Urban debates pitted one group against another; rural debates focused on individuals. The needs of the individual business owners seemed to be better heard in the small towns. Councils were "not prepared to do anything that would jeopardize someone's business" (JK).

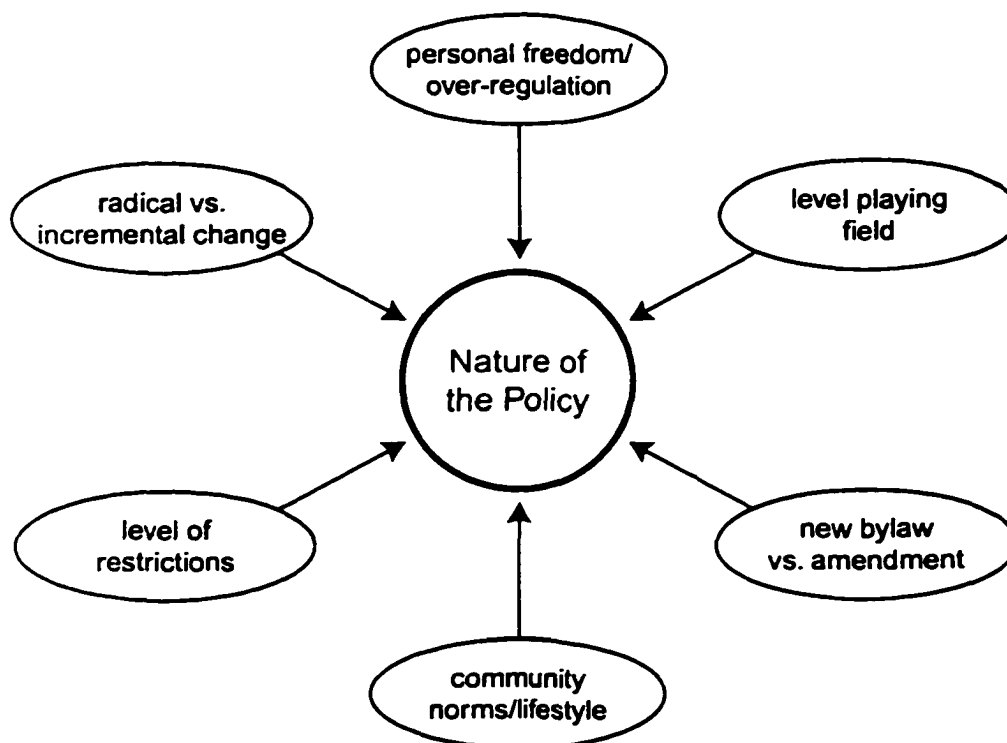
Because of our size it is very much a home town community. Our mayor is third generation, gone to school, grew up with these business people, went to elementary school and high school with them. When they are appearing and telling her that their business is going to be affected, it's wounding to her" (WF).

8.04 Nature of the Policy

Public readiness was also reflected in the nature of the policy a community was prepared to accept. (See Figure 5.) The bylaw process in the two urban communities was an ongoing process that had been initiated several years previously. The deliberations at the time of this research involved decreasing designated smoking areas or eliminating them altogether.

What we were trying to do was buy as much time as we could, hoping that the operators themselves would go voluntarily non-smoking . . . So we immediately established a 50% no-smoking bylaw at that time, and that really was a smoke screen, to use a pun, because it was allowing part of the restaurant to have no smoking while the rest was. But the effect of that is questionable, whether that has any effect at all, being able to have smoke stop magically from one section of the dining room going to the other. But at least it gave the sense that we were moving towards that direction, and it gave some comfort to people not having a cigarette right in their face who didn't want it. So it had some benefit, but not 100% health benefit, that goes without saying. With that, we were able to move up those goal posts higher and higher until we achieved 100% (GP).

Figure 5: Factors Affecting the Nature of the Policy a Community would Accept



In the smaller communities the bylaw process was in its infancy. There was often a sense that the proposed changes were too radical, that incremental change would have been better.

I remember thinking they are carrying this too far because it is too radical at this time. Like, get your foot in the door and then work towards the end. I think they were going for 100% in restaurants . . . I said no, I don't think that is the way we should go because it is going to be too much of a shock for them. This is something new for this community and I think that we should soft peddle it a bit. If we can get 40% now, we can go for 60% later and once people lose the fear that it is going to be, like, really a radical thing overnight. I felt that it was the wrong way to go, but I was really out-voted on that one. And I think, in retrospect, it was the wrong way to go. I think people would have been more acceptable if we had gone to smaller increments. But the 100% just scared the hell out of everybody (VO).

Was it preferable to bring in a weak bylaw that might be in sync with community readiness, or to present a complete ban on smoking in public places, with the anticipation that negotiations would result in it stabilizing at a level that both the community and health advocates could accept? LN and her committee of volunteers found themselves pressured by their advisory committee to bring in a bylaw that was stronger than they felt was acceptable.

So [LN] argued. Well, in retrospect I guess that she's right. She said that it's better to get something passed and get that strengthened rather than get nothing passed. Whereas the [advisory] committee said, "No. Better to get nothing passed if what you are going to get passed doesn't mean anything." There was a kind of philosophical difference there and she actually got heat or criticism, I guess. . . because the bylaw she had developed based on talking to council, looking at other bylaws, that kind of thing, and that is something that is doable, or if it might be doable, wasn't acceptable. I think what people on the [advisory] committee came from was they said, "No matter what bylaw you put in, we are going to get the same level of resistance from the restaurant people." . . . basically the business community's argument was, "We are already over-regulated, we don't need any more regulation or intrusion by the city, the province, whoever."

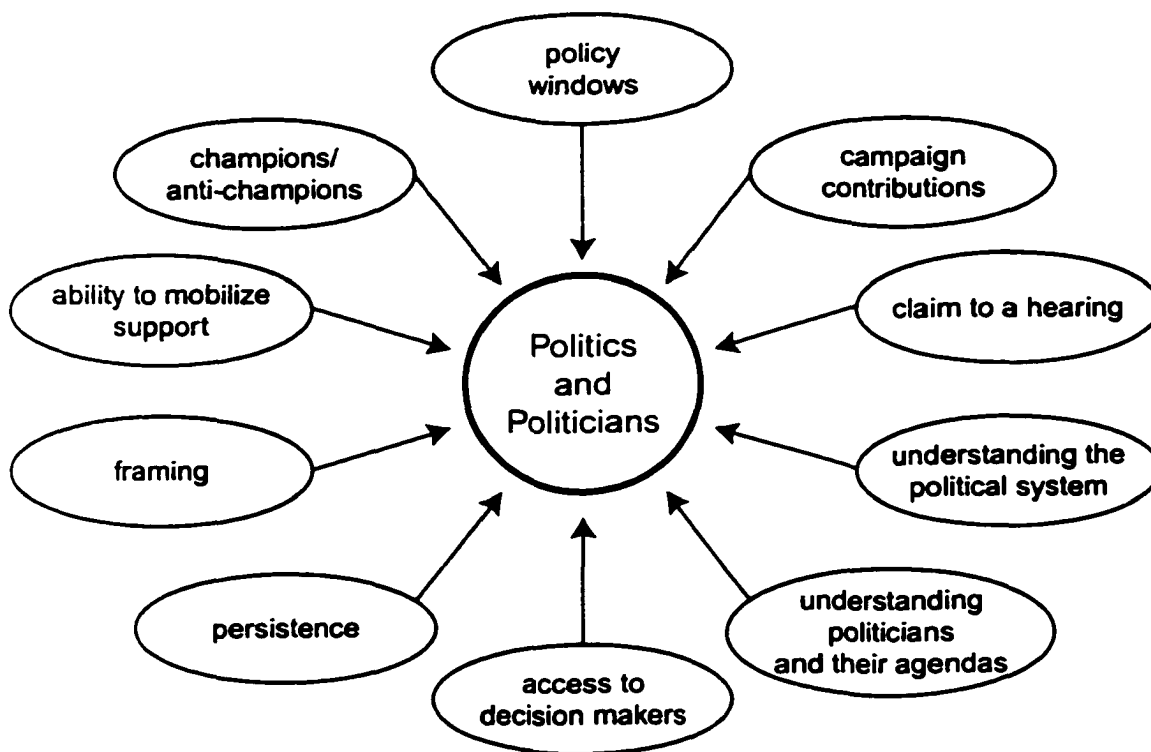
And so [the advisory committee] said . . . “Go into it as a bargaining thing and say, ‘Okay, so the bylaw goes in being 100%, total no-smoking in restaurants, bars, public buildings, nothing’.” The idea then being that that’s what the restaurant people target and say, “No, that’s not acceptable.” . . . Then come back to a bylaw that is okay, it will be 60/40 or 70/30 or whatever. But then that brings the restaurant people into suggesting something that is acceptable and that will get passed. I think the fear was that if you come in with something that was 50/50 or 60/40 and they came in with the same level of vigor and said, “No, that’s not going to happen” because . . . they had to do modifications to their buildings and do all these things that would cost a pile of money.

So the people, I don’t think, had any more hope that a milder kind of bylaw would pass either. So I guess that’s part of the strategizing . . . if you’ll go for the end results you really want, if you have to take something less, okay. But don’t ask for something less and then get nothing. In the end they asked for this and still got nothing (SY)

8.05 Politics and Politicians

There was no doubt that, unlike many other public health issues, this issue was politically sensitive. (See Figure 6.)

Figure 6: Factors Affecting the Ability to Influence Politics and Politicians in the Bylaw Process



The municipalities thought that this was going to be a big political winner . . . [In] the municipal elections this will be a huge issue. And as a matter of fact, politics is another side of this that is going to kick-up, and we will make sure from our point of view it does. There is no question that the hospitality industry gives money politically. They just do, and people that run for office all come knocking. It's the way it is. They come knocking to all businesses. It is an expensive proposition now to run for office. Clearly, we will send out a note to all our members to get their views on tobacco before you give money up. [Ask them,] "What do you think about environmental tobacco smoke?" Ask them if they are at least willing to listen (EO).

When asked whether there was sufficient opportunity to get the politicians on-side, one narrator replied:

At the time we thought that it was ample opportunity. On reflecting back and knowing now what I know about having to change political situations, that I would have spent a hell of a lot more time sitting in those municipal councillors offices and talking until I turned blue. I think that if I have learned one thing about this whole political process is that even when you think you have agreement with a councillors, that until push comes to shove, you can't be guaranteed it (SG).

Some stakeholders, unaccustomed to dealing in the political arena, were completely discouraged by the process.

That reminds me of politics just because they sit there and they smile nicely as soon as they see you, and they turn around and walk over to somebody else. These people are completely loony . . . you absolutely have no way of knowing what these people are saying. Smile bright, be inconsistent, but be general and hope they don't get too pissed off with you when you vote no against it, even though it sounds like you supported it. I think that is the biggest lesson that I learned (SG).

They also learned the importance of working with government rather than against it.

How can we get our way and still make the municipal government look good When you ban it you don't make the municipal government look very good and you get businesses pissed off, and so the only person that walks away looking good is you . . .

I think going to them and saying we'll write it for you if you would just provide some council members and some support staff time, and things like that. It was an easy way for them to back out of. There needs to be a partnership almost between me and the city, and it wasn't a partnership. Ours wasn't a partnership.

We'll be the nice little flunkies and you guys can just sit there at the end and say yea or nay (SG).

Knowing the politicians and "having friends in high places" often opened doors and provided certain sectors with access to policy makers.

So, that's been pretty ugly, and it was funny because actually one of my members phoned the premier's office yesterday and was probably pretty uncomplimentary to them. One of the guys in the premier's office we know pretty well and so we can be pretty casual (EO).

Champions were not only important in their own commitment to the issue, but also in their willingness/ability to draw others into the cause and to work with other sectors: ME collaborated with both the NGO sector and the politicians.

Again, that saved us with a couple of politicians who were prepared to jump all over us. It is knowing your opposition . . . Having been around as long as I have, it was useful that QO and I knew the politicians we were dealing with as well as we did, in what they did and did not want to see. And we tailored it to make sure that we got the eight votes that we needed (ME).

ME and QO also worked with the provincial politicians, successfully petitioning the provincial government to change relevant provincial legislation to support the bylaw process.

The politicians themselves were not beyond reproach. Many spoke out vocally on the issue. It was impossible to tell whether they were motivated by a honest desire to promote public health or an opportunity to grandstand. One narrator commented on the detrimental effect of council meetings being televised:

[It] is the worst thing, in my opinion, that ever happened to municipal councils—putting councils on cable so that you can watch the council televised. You'll bring a subject up, and the ON's of this world, or which ever municipal council you prefer, will spend 15 minutes telling the camera, telling the people that represented them,

how much they care about them and they care about their livelihood and the fresh air that they need to breathe, and it is unbelievable. I have seen grandstanding and they are like peacocks, and I just feel like, if I could, I'd say to Shaw [Cable], "Could you just turn that off for a second so that we can have a discussion." So what happens is we are not having a genuine discussion about the merits of what we are doing here (JK).

The same person bemoaned the fact that when they made a mistake, politicians were unwilling to admit it and reverse their decision.

In business we do it a different way. We advertise something, it doesn't work or if we put the price up and people don't come, or whatever. We recognize that we made a mistake, we change it, and we carry on. I don't buy the fact that now your egos won't allow you to go back on a decision you have already made. Because if we can clearly demonstrate you made a mistake, then you should be big enough to admit it. But none of them are. They are all so bloody egotistical (JK).

The question of "influence" was raised frequently in the context of the ability to mobilize support and to gain access to decision makers. Individual sectors worked hard to ensure that they were well represented at public meetings.

Primarily, my people were at the meetings. There was three nights of hearings in Vancouver and we were out all the time. [*Asked: Why are your people so much easier to mobilize, or is it you?*] It is probably a little of both. It is me because I am more in touch with my members; I know all my members by names and I know their kids just about (EO).

Even after agreements were made, they were changed when they were reviewed by council members or legal counsel. Knowing the players and the political system helped. In at least one city, public health staff had the opportunity to directly lobby/influence councils and municipal staff.

We also knew that a current council can't bind a future council by promising that you are going to have a 10-year "grandfathering" from any further upgrades. What we put in the report is that we bounced that off the director of Legal Services and he advised that putting some kind of a provision like that in a bylaw would be contrary to the Vancouver Charter. You couldn't do it. And with that in mind, the city manager actually recommended that the ventilation option also be discounted. So that was removed from the council reports. We were already seeing the

compromised proposal being watered down through the system. . . . Well, watered down from the point of view of the industry. I mean they were beginning to move away from the notion of a ventilation approach. So it was tightened up from our point of view. We might have had a little influence on that. We did take the city manager aside to say well, here is the proposal. We have some issues around the ventilation approach. It didn't take a lot of convincing. He felt he needed to direct council on that (QO).

For the hospitality sector, dealing with politicians was often frustrating.

The only thing that is when you have a deal with government, it is not a deal. We had a deal for the year 2000, and when they started again they ripped the deal up like it never existed. That to me was a slap in the face to realize you don't really deal with government. You're not dealing with the Queen of England. You are dealing with people who come and go and their mindset comes and goes, and they feel they have the right to overturn what the previous people who sat before them did. So there is no continuity between one sitting term of people and another sitting term of councillors. They don't care what the ones did beforehand. That is really frustrating. We had to start from square one every couple of years. That is the only frustration I have (GP).

For community groups there was often a sense of frustration that they didn't have the political "clout" that other groups did. LS talked about the community committee's inability to influence council, particularly in light of lobbying by larger restaurants: "I don't think it would have mattered. Even if they had of had three times as many members, there weren't enough people that were in positions where they could have done anything" (LS). There was a perception among community workers that businesses exerted a disproportionate influence on council members.

For some strange reason, what the businesses want and what the businesses think affect council way higher and in far greater proportion than what the general population does. Or at least it did with the municipal council. And I think watching Vancouver go through their stuff with the restaurant association and things like that. . . . You've got 90% of the people out there or 70% of the people out there just crying gung-ho for it and you've got the restaurant associations and things like that that are holding it up and holding it back . . . When a business person is asked by council members what he thinks of stuff like that, it is quite a different response than when the, quote/unquote, "anti-smoking little nobody" is

coming knocking on your door and saying, “So sir, can you tell me how you feel about this?” . . . I think it is because the council members are known. They hold power in the community. They are powerful people . . .

As soon as it became known we were working on the bylaw, a lot of the business opposition just went directly to the council member that they knew would be most supportive of their views. So we would get from councillors . . . “Well, everybody that I’ve talked to doesn’t like it, doesn’t want it, doesn’t feel that it is necessary” (SG).

This same narrator commented that at times it was more effective to work outside of the political process. “We have one mall . . . that has an indoor area and we got the owners of the mall through manipulation, that’s the word, manipulation . . . Well, we lobbied, lobbying them and lobbying the owner of their place” (SG).

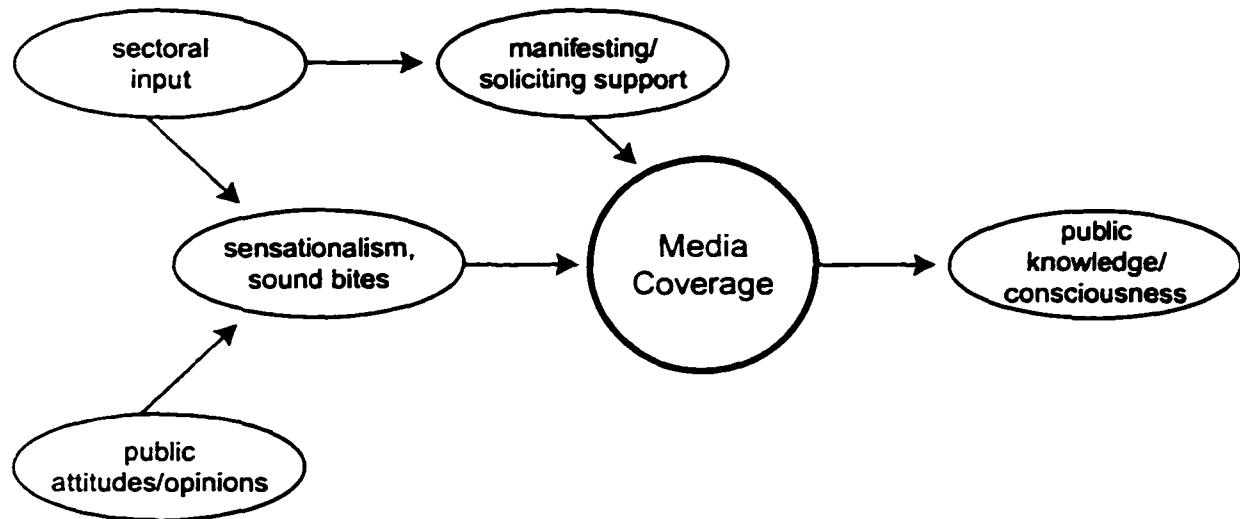
8.06 Media Coverage

Overall, media coverage did not influence the bylaw process significantly in any of the cities. (See Figure 7.) Most narrators described the coverage as fair and balanced.

For the most part, fair is probably all right. [Coverage] hasn’t been in-depth enough, so it has only been sound bites, where even the newsprint has only been a small amount of the story without understanding the whole story. So they only pick up those points that you can make sense, that you can read in a short sentence rather than trying to expand on it and getting a true rationale of why we are doing things. So to say GP is in favor of the smoking ban, well I never said that. I am in favor of a ban that would protect everyone and phase it in at a time that it would be acceptable to the public and the consumers. They cut that part out, so you only read what you want to read. If they put the whole thing in it is probably too late anyway, because people make up their mind in the first four words they read (GP).

Yes, I think on that issue the media has been quite fair. Again, I think the media is smart enough to get a take on public opinion and the facts are pretty conclusive and pretty obvious. No, I didn’t feel the media played games with that one at all . . . Because I think again it is people relations, because we had been straightforward and didn’t play games with the restaurant association, because we treated them with respect and listened to what they had to say. I don’t think they misused the press either on the issue because we hadn’t. But, they probably would have if we had forced it down their throats (FS).

Figure 7: The Role of Media Coverage in the Bylaw Process



Most narrators understood that the media was attracted to the controversial or sensational aspects of the debate.

The media kind of, you know, typical media, they liked the controversy so they definitely did a lot of talking to people who where against this proposed bylaw. They did both sides of it but, you know, they liked the sensationalism and they liked the fact that somebody or other was saying that this was going to be detrimental to his business and they did that a lot. . . I think we certainly had our fair share of positive press. It wasn't all negative by any stretch of the imagination (GV).

Occasionally, narrators suggested that the press played a contributing role, either positively or negatively. "The paper played a huge role in this because what they did was invite people to submit letters to the editor regarding the whole bylaw issue and wanting people to comment through the paper" (OG). In that community the media became an effective vehicle for getting people involved in the issue. In another city the press provided free advertising and public education. "The press was really behind us. Again, couldn't have done it, couldn't have got the free publicity that we got, couldn't have got the positive

editorials. The press was great” (ME). In another city, health advocates used the press to both solicit and demonstrate support.

Then the other thing that we did along the way, in order to try and keep the public involved, we put ads in the paper. We asked them to fax in support—there was a tear strip people could fax in. We received about 1100 within about 48 hours. We put some major ads, full-page ads with signatures that had been collected of people who were in support of the bylaw. Two full-page ads, one of them was from the health community and the other was from actual business owners and people who worked in all sorts of workplaces. So those were . . . quite important in helping the board make their decision or helping them stay with their commitment to go along with this (GV).

One member of the hospitality industry suggested that media reporting helped to incite the antagonism and death threats against him.

You can always understand their frustration. The press picks up what they want to pick up. They paraphrase you to the point that it makes news—and news isn’t news if it agrees with people; news is news that doesn’t agree with people. We all like to read things we don’t agree with (GP).

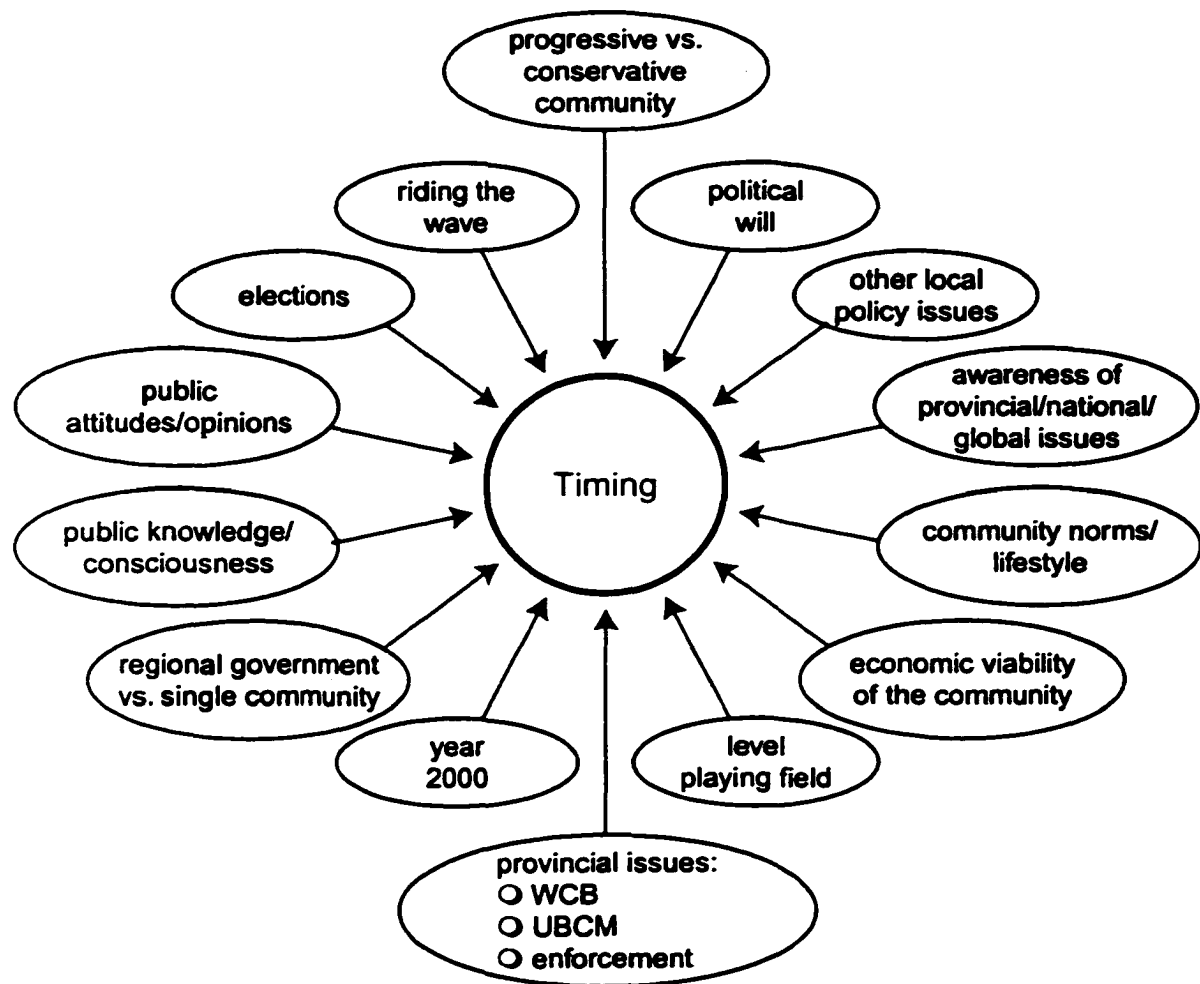
8.07 Timing

Community readiness for a bylaw was also related to perceived municipal, provincial, and global social norms. (See Figure 8.) Many narrators reflected a sense that times were changing, that restrictions that had previously been in place were no longer important, and that limitations previously thought to be unacceptable were now recognized as the norm. In the first half of the 1990s members of the hospitality industry believed that tourism was affected by smoking-control bylaws because German and Asian tourists wanted to be able to smoke.

I think that was 4 years ago, 3 years ago. I think that is starting to die down now. Other places are catching up to us. We’re not the leaders now on smoking or non-smoking. So other places in the world are getting into the same vernacular, the same level that we are, and so people are starting to accept it more readily. It’s not so long ago, “Oh my god, you can’t walk on the streets with shorts,” and its not

that image any longer . . . now you can go to India and wear shorts and people are not going to stare at you like you are a freak because people are accepting it. I think the tourists have accepted it now and this issue of no smoking has been more readily, socially acceptable. So tourism isn't making a big deal about it. A couple of years ago we did. Now we sort of say, let it be level (GP).

Figure 8: Factors Affecting Timing in the Adoption of a Bylaw



Public acceptance of smoking has changed and the number of smokers has decreased in recent years.

I think the timing has a lot to do with it. There is general public acceptance now that tobacco is harmful, that tobacco does cause cancer, that tobacco is involved with respiratory problems, etc. And I think that once people really got that into their

heads, witness the percentage of smokers versus non-smokers and that is an incredible shift (FS).

In some communities a number of factors combined to prevent the adoption of a bylaw. In Kimberley, non-smoking in restaurants was a new concept and restaurant owners were concerned that patrons would take their business to adjacent communities. As well, the municipal economy was in a slump at that time and there was negative press coming from Vancouver concerning the problems of implementing a bylaw in that city. "I think part of it is that the economy of this community is pretty bad and the restaurateurs saw their business going to another community. And since then a lot more businesses, both in Kimberley and Cranbrook have gone smoke-free" (VO).

Politicians in the rural communities were aware of the problems accompanying implementing bylaws elsewhere in the province and were content to let Victoria or Vancouver work out the process before they embarked on it.

It was the way that they worded it, that we will wait until Vancouver makes its decision and things like that. Just left no hope for anything to be done with it. There was no political in or out on that statement (SG).

In Squamish, the failure of the bylaw process was also attributed to "bad timing:"

I think it was bad timing. It was not something that we could see when we were going into it, that it was bad timing. But just the fact that we are heading into an election year. There was an enormous amount of press happening in the Lower Mainland, a lot of dissention in neighboring municipalities fighting because one was going to do it and then the one right across the street wasn't (WF).

The local leisure center had gone smoke-free and then rescinded that policy because of reduced attendance. When asked if the failure of the leisure centre's smoke-free policy influenced council, the response was:

Yes, absolutely. You know council is very sensitive to the volunteer groups that are trying to raise funds . . . because if they don't raise those funds then they are going to be in front of council looking for those funds through a grant" (WF).

When asked whether action on the issue by WCB and UBCM also made a difference to council, the response was: "I think it gave council a hope that there was a solution, that they didn't have to deal with it" (WF).

Often it was simply a matter of smoking being eclipsed by other issues on the municipal agenda. "There was a lot of other things happening, and now I am thinking that smoking isn't one of the biggest issues that there is in this town of ours" (LS). Another narrator concurs on this point.

There was a lot of dissention in the community that summer over development of the airport. So council had a lot of difficult issues facing them and as a result of their positions on the development of the airport, three of the councillors did not get re-elected. So, I think they just lost their focus on this issue because they had other major issues happening . . . I guess '96 was a big election year and there were other issues happening in the communities (WF).

Politicians showed anxiety about being at the forefront of a policy issue, going out on a ledge. The CRD had an advantage in that it was a regional bylaw so no one community had to feel that they were "going it alone." While councils in the Greater Vancouver area discussed the concept of the bylaw as a group, individual councils voted separately. "So after three nights of public hearings, council somewhat distressingly took no action. They didn't want to be the first out of the gate. They were waiting for a regional approach" (QO). One narrator suggested that the "political timing and balance were not right" (SG).

The bylaws were just starting. Squamish has never been known as a leader in municipal things . . . They've always been followers. They don't get out there at the B.C. municipal meetings and say, "Hey everybody, we did this, why don't you guys do it?" They've always been followers. Should we or shouldn't we? They

don't take initiative; they are really safe people. They want to get elected when next time comes around or something like that (SG).

While urban leaders were likely to take pride in being at the forefront of an issue, rural policy makers were hesitant to be out of step with other municipalities.

I think council is sometimes influenced by what their peers are doing, and I think if things had been smoother in the other communities and if there had been a stronger message coming through from UBCM, that may have satisfied some of their fears . . . because there was so much dissention happening in the Lower Mainland, it was, "Well, are we rushing into this? Should we wait and see what they are doing? Is the province going to step in?" I think it was a real concern if we went ahead and did something, and then if it ended up not being the norm . . . I think sometimes council is sometimes conscious of "Well, do we want to be the leading edge on this?" . . . Sometimes it is, "We should just wait and see. Let's wait and see. Maybe someone will come up with a really good solution that will make everybody happy" (WF).

Once a council had approved a bylaw they were reluctant to re-visit the issue again. This spoke to the importance of "getting it right" the first time. All provisions must be included in the bylaw. "Right now I would say that council is very reluctant to re-open the bylaw. They don't need that headache right now and they don't need another three nights of public delegations" (QO).

For all communities, the year 2000 provided a convenient target date.

For some reason the year 2000 was magical. Again, our timing and the fact that in '96 the year 2000 was a long time away. And now the year 2000 is just around the corner, and all along I started to see that everybody was prepared to play this magical year 2000. I was prepared to wait for it (ME).

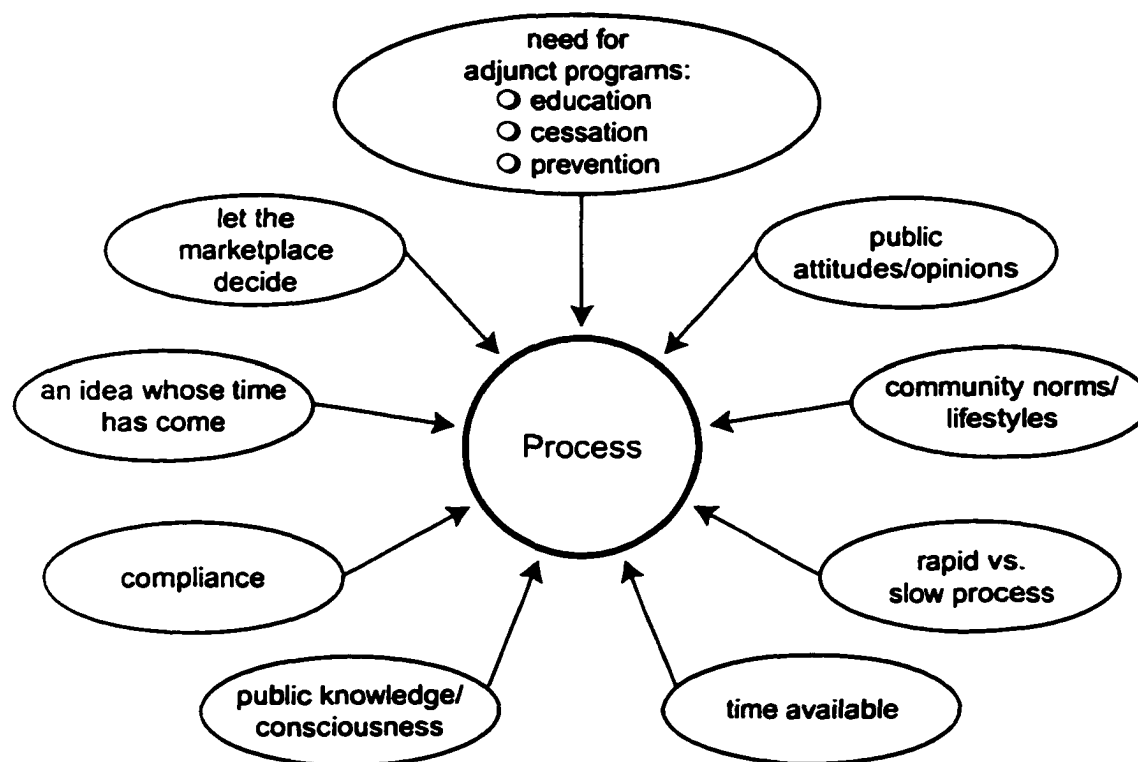
The year 2000 was also the targeted date for implementing the WCB regulations that would make workplaces smoke-free throughout B.C. Many groups and individuals saw this as a reason to abandon municipal smoking-control bylaws.

Now, when they come out with their regulations, then that will fix everybody in the whole province, it is not just here. So we wonder why GV and UV will not rescind this law until 2000, until the Workmen's Compensation Board comes out, and that will dictate to everybody what's really going to happen, or have they got other agenda (JF)?

8.08 Process: A Reasonable Manner

A corollary to the concept of readiness was the sentiment, reiterated by many individuals, that smoke-free public places are going to happen, regardless, and that the process should be allowed to evolve in a "reasonable way." (See Figure 9.)

Figure 9: Factors Affecting the Policy Process in the Adoption of a Bylaw



A few individuals were in favour of getting the bylaw developed in a reasonably quick period.

Focus groups, polling, and if you can't get it in and started in six months, don't bother. Go in, at least to the point where it is sitting on the table. We did a year and a half, so it was just like sawing your finger off with a dull knife. You lose the excitement and the enthusiasm that the community has (SG).

Others supported councils' desire to consider the matter slowly: "I think now they were quite smart. It would be like hashing anything for a short period of time and then just running it through. They would have brought so much anger and so much stress, lost money and businesses failing" (LS). Still others bemoaned the fact that they "ran out of time."

In the end it wasn't enough time. We learned that particularly with the bylaw process. I can't remember exactly the amount of time, but it was probably just over a year. That whole process of the red tape, waiting for the funding, the hiring, all of that takes so much time away from the overall project time that in the end, we were left short, I believe. And we were supposed to also look at sustainability in this time frame, which I just thought was ridiculous (OG).

One health official questioned whether the time spent on bylaw development could have been better spent on other tobacco-control initiatives, including smoking cessation and school programs. "This action, I think, took up far too much of our time. And I think the tobacco strategists that the province has funded in each of our places will go a lot further, and in the end result will do an awful lot more" (ME).

The vast majority felt that the change was inevitable, but recognized the need to let public opinion and social norms evolve in a reasonable manner. "You know, the really sad thing is that this is inevitable. It just needs a long 2- to 3-year process. They started proposing this for the year 2000 and that was acceptable to both of us, the restaurant and pubs" (JF).

The interesting thing or the last comment is that 5 years from now this whole thing will be redundant. Because 5 years from now it will be 100% non-smoking everywhere. There is no question in my mind . . . But 5 years from now the

general public will, I should say the smoking population, will recognize that nobody really likes second-hand smoke and so they will be smoking outside and I think it will be a non-issue for the restaurants (JK).

Many members of the hospitality industry advocated the need to “let the marketplace decide.”

My own personal feeling is that the marketplace was actually sorting this out very nicely . . . If you think back 10 years ago, there were no non-smoking restaurants in the city, now there is something like 250 out of 750. So people have decided that their clientele likes it this way, or they’ve decided that it is too much hassle trying to separate smoking from non-smoking and this is what they’ve done (FF).

If I had my druthers we wouldn’t have a smoking bylaw. It should be driven by the economics of business like anything else. If enough customers ask for hamburgers and I have a chicken restaurant, I will put hamburgers on within an hour. If enough customers say to me they won’t come back because of the smoking, I will stop smoking in my restaurant. That is how it should be driven. The consumers should drive it. Unfortunately, the health officials, city politicians do not work in that same arena, they work in favor of their customers and their customers are telling them they want a change. Our customers aren’t telling us that. Their customers are telling them, the people that vote for them and the people who employ them are telling them we want a change. But our customers aren’t saying a word. They were happy with the 50/50 or they would go and take their business elsewhere and are finding that they don’t want to do that. So we are not finding the problem, but yet we are forced into making the solution. . .

Well, the argument isn’t that I’m in favor of smoking. The argument is I want to target the industry to be able to bring themselves to the reality that they have to quit themselves, and then you wouldn’t have to have cops, you wouldn’t have to have people policing and telling each other, calling toll free numbers to report their neighbors. That kind of society I don’t want to live in, but that is what we are going towards unless we have the public themselves push our side and you have the operators who are getting on side. We still have a fringe group of people, and probably if I operated a bar or a pub I would feel as adamant as they do. Reality won’t sink in until it happens (GP).

One councillor talked about the inevitability of the process, and about the need to consider the concerns of those involved.

The big questions were how do we implement this and get compliance without totally alienating certain people and what is reasonable in terms of time line, etc. There wasn’t ever a question . . . in my mind that we needed the bylaw and the

timing was right, because the CRD basically had been showing leadership for some time in this area . . .

So there was the two conflicting bodies here who said we should have done it yesterday, so let's do it tomorrow. And then we have the business community, primarily the restaurateurs, etc., who were saying we are willing to go partly down the road at this point but you have to give us a bit more time because we do have economic concerns and compliance concerns as to how we can do this. So, we went the route of saying okay, we'll give you some more time. But in the final analysis this is going to go into place (FS).

FS talked about the need, sometimes, to “step back” from original goals in order to allow a better process to happen.

Certainly, I don't anticipate the kind of outcry we got back when . . . they were ready to lynch somebody. I can remember that meeting, and by going the way we went we diffused the anger with reasonableness. We got their cooperation, we got their commitment to compliance, at a later date than perhaps was first envisioned, and we are going to get there. I think we would have had a really rocky time had we not taken a little bit of a step back (FS).

Overall, there was a feeling that prohibitions on smoking in indoor areas is an idea whose time has come. The arguments seemed to centre around the optimal process to achieve that end.

I'm still appalled to think that there are operators who believe that 10 years from now there will still be a lot of smoking in restaurants, bars, and pubs. And I can't see that . . . It's such a movement that you can't stop it at this point—for the health departments around the world to eliminate it, and I think it will be eliminated eventually in some form or another, in public places and hopefully who knows, people may actually stop smoking entirely (GP).

8.09 Policy Change at the Community Level

Change, whether it occurs at the individual or community level, happens within a certain context, results from certain pre-disposing factors, and is facilitated by a variety of processes. Some of these influences can be orchestrated; others are serendipitous.

Roemer (1993) has emphasized the need for education and broad community support in achieving legislation. Education is often instrumental in achieving broad community support and will also serve to provide clarity about the nature of policy changes and their purpose. While the level of community support is important, it is also essential to understand the micro-context in which the policy change is taking place: what is the nature of the community; who are the players and how are they framing the issue; how radical is the policy change; what other issues are, or have recently been, on the policy agenda? Although the macro-environment surrounding a community provides a backdrop for policy change, consideration of the immediate context in which that policy is to be situated and the community's readiness for policy change will greatly enhance its likelihood of success.

Chapter 9

Conclusions

So part was reaction to the environment and part reaction to the issue (OP).

But at the end of the day, this problem will get fixed on its own, and all I do now is just ask politicians if they could see it in their hearts to be patient (JK).

I don't think we have to stamp out the last person in the corner. I think we should have been doing more on the prevention side, and it just took up too much of our time the last 5 years (ME).

Politicians don't see the light; they feel the fire (African delegate at International Development Research Centre conference in Nairobi, Kenya. February 2-4, 1999).

The Research Process

I was spellbound as each individual's version of the story unfolded, laughing with them as they found humour or irony in the process, stunned by their anger or derision toward other players, awed by their commitment to a point of view, and moved by their desire to preserve their livelihood or by their disappointment as their efforts to reach a goal were unsuccessful.

I was repeatedly reminded that there is no single "truth"—it lies in eyes of the beholder. Each narrator recounted his or her recollection of the process. Often, individual versions

of the same event were completely disparate, but the narratives captured each individual's memory in his or her own language, highlighting events, perceptions, or emotions that were relevant to them or glossing over issues that may have been central to others. Some narrators seemed initially uncertain as to what was expected of them, but spoke freely once they began. There was a tendency by some to focus on the bylaw itself; gentle prompts were needed to return them to a discussion of the process.

9.01 Strengths of Using a Narrative Analysis Process

The collecting of narratives provided information that I don't believe would have been captured through any other process. The narratives also conveyed that information in a powerful manner. A simple quantitative survey could not have elicited either the wealth of detail or the richness of language found in these stories. Narrators spoke in their own manner, using words and phrases I could not have anticipated. Their choice of words often reflected their attitudes and emotions: EO's reference to health officials as "white coats" succinctly described her perception of them and her resulting attitude toward them; ME's constant use of a "battle" or "game" analogy epitomized his view of the process; LS's admission that they were "children at a garden-party" captured, I am certain, the feelings of many community volunteers suddenly coming face to face with bureaucratic processes; and GV's dismissal of another sector's viewpoint (the hospitality industry's economic concerns) was characteristic of many of the narrators. "That seemed to be their major concern, although I think more than anything it was a stalling tactic" (GV).

A significant concern for me in undertaking this research was the influence that my role

as a public servant would play in individuals' willingness to be interviewed or to openly share information in their narratives. In fact, my professional contacts opened many doors and, in speaking with narrators, it allowed me to follow their stories easily, to understand names and acronyms, and to offer prompts as needed. I often had the impression that narrators' enthusiasm to speak freely increased as they understood that I was familiar with the process. Several narrators commented generously on the role I, or my colleagues, had played in the development of the bylaws. Often, after the interview was over and the tape recorder had been turned off, key informants continued to talk in an even more casual fashion. Again, I believe my role as an "insider" encouraged this sort of conversation. Individuals seemed to feel that we were discussing common ground. I learned to keep my tape recorder ready in case this conversation became a coda to the narrative.

Generally, I was heartened by people's willingness to share their time and their stories. As I was asking people to volunteer their time, interviews took place when and where it was most convenient for them. Individuals welcomed me into their homes, their bars, their restaurants, and their places of business. Many an interview was recorded against the clink of cups or glasses. (In retrospect, a recording device that phased out some of this background noise would have been helpful.) Many an interview ended with the offer of a coffee, a sandwich, or a beer. I had contemplated carrying out some interviews by telephone but, in the end, was pleased that I had made the journey to all communities. There is an ease of conversation that happens face to face that I do not believe can be duplicated on the phone, and it was in the most remote community that I was directed to

the owner of a smoke-free restaurant for an unexpected interview.

Qualitative methods of capturing and reporting interactional and situational processes in a detailed manner are purported to result in rich or “thick description” (Sherman & Reid, 1994, p. 9). The narratives collected for this project aptly fit this depiction. The wealth of material contained in the narratives constitutes both their greatest strength as well as a drawback for the researcher. The analysis and classification of the material, to elicit issues related to the bylaw process, was a challenge.

9.02 Limitations of the Narrative Analysis Process

Narrative analysis is labor-intensive, requiring extensive time in the collection, transcription, analysis, and synthesis of the stories. It calls for a willingness on the part of the respondents to give their time on a voluntary basis and may necessitate travel on the part of the researcher. Key informants may be unwilling to take part in the process, resulting in the absence of important perspectives. In my study, only one individual refused to be interviewed. As head of the Lower Mainland Hospitality Industry Group, EF had played a key role in the Vancouver bylaw process. Several narrators suggested that he had been supported by the tobacco industry in that role. I had met him previously at a meeting related to smoking-control bylaws that was co-sponsored by the federal and provincial governments. In the opinion of many meeting participants (several of whom were interviewed during this research), he had usurped the agenda and dominated the meeting. I cannot be clear whether his refusal to be interviewed related to that encounter

or a general unwillingness to devote his time, voluntarily, to a graduate student's research.

Generally, once narrators started talking, they did not need prompting. Most proceeded in chronological order. However, as one purpose of the research is to delineate some of the factors that influenced the bylaw process, it was occasionally necessary to prompt narrators to comment on these issues. Narrators had a tendency to become absorbed by the details of their personal involvement in the issue, focusing on the bylaw itself or details such as legal challenges, ventilation issues, long-term care facilities, or heating arrangements in outdoor areas. It was sometimes difficult to get them back to the process itself without interrupting the flow of the narrative. Occasionally narrators would ask, "Is this what you want to hear?" It was helpful to have a list of prompts that may be used either during the narrative or to sum up or recapture some issues at the end. Respondents also commented that when they were asked questions, it prompted them to remember details. For the most part, I tried not to interrupt as I felt that this interfered with their train of thought. I also learned that, at times, it was important to be silent. Occasionally, it was preferable to sit and wait, allowing someone to formulate their thoughts or reflect back over the process, rather than jumping in with a question. Only once did I question the nature of these silences. One narrator, whom I had previously known to be a very articulate individual, told her story slowly with long, long pauses. She would often say, "I'm not sure. I don't remember." Her story often differs from those of other narrators from her community. On a practical level it was important to take notes while recording the interviews. It helped greatly in transcribing the tapes.

Collecting narratives from a wide variety of sectors was both fascinating and challenging. First, I had to be very careful with respect to confidentiality. Narrators were often speaking about each other, sometimes in less than flattering terms. They occasionally described differing perceptions of a single event. Second, the interview process required that I move across socio-economic strata, from community volunteers, to government officials, to those involved in the hospitality and health sectors. Making that transition, often in interviews immediately subsequent to each other, was not always easy. I was dismayed to realize, in transcribing one narrative, that I had used the term *fait accompli* to a decidedly anglophone bar-owner. Occasionally, I felt that my questions were more directive than I had intended them to be.

Clearly, while attempting to create a relaxed, chatty environment in the interview process in which the respondent can speak comfortably, the interviewer must maintain some level of detachment. I found each individual so interesting that it was easy to get caught up in simply having a conversation with them. While knowing some of the narrators personally was helpful for the most part, it was also easy to get drawn into discussions on issues of mutual interest that threatened to interrupt the narrative thread. This is one of the challenges of qualitative research where there is not the distance or lack of involvement that one has in a quantitative process. A certain amount of empathy with the narrator helps to facilitate conversation. Nonetheless, some distance is necessary in order to allow the narrative to proceed in a manner that is as uninterrupted as possible and to ensure that recording and transcription of the narrative is unbiased.

Narrators spoke passionately and compellingly on this very polarized topic. It was easy to be swayed by a single person. On several occasions I heard one narrator recount a story in a way that opposed what someone else had stated. Often I would feel that a particular narrator might be able to provide a crucial piece of information that others had not been able to remember. At times like that, in an effort to make the pieces fit together, I would try to probe for details as carefully as possible. In the end, I found that I must stand back and listen to all arguments. It was important to remember that the dissertation is not about who was right or wrong, but rather about trying to highlight the factors that influenced the development of these particular bylaws and that might also influence the development of other statutes.

One of the greatest drawbacks to narrative analysis is the fact that narratives are often difficult to decipher and are time consuming to transcribe. Narrators tended to talk in a “train of thought” manner, which was not always sequential. Also, because it was an emotional topic for many of them, they often jumped from one idea to another without completing a sentence. The narratives have been transcribed in this manner. Not only does it sometimes make the thought process difficult to follow, it also makes analysis difficult. In analyzing the narratives, I believe that the researcher must take great care to only extract from them what is actually there, not, for example, what may seem to be there as a result of some portion of a thought. This may decrease the amount of material one draws from a narrative, but it is this author’s belief that in order to ensure accuracy, one must rely only on what is actually said, not on what seems to have been said.

Perhaps most significantly, I had to ensure that my own biases did not in any way cloud my interpretation of the stories. I went out of my way to read and re-read quotes in context; if there was some doubt as to their meaning, I didn't use them. I was concerned that, since those in the health sector were my colleagues, I would be most sympathetic to their stories. In fact, this was not the case. As I listened to narrators from the hospitality industry, I was touched by their very real concerns and I was aware of how little I knew about either their industry or the potential impact a smoking-control bylaw might have on them. In many instances I was shocked and dismayed by my health colleagues' dismissal or denigration of those concerns.

9.03 Narrative Policy Analysis

The analysis that eventually occurred was successful in delineating many of the factors that influenced the bylaw process, but was not entirely consistent with the manner proposed by Roe (1994). I found the method that Roe describes for analysis of the narratives unnecessarily complex. He advocates disaggregating each narrative into discrete problem statements and then aggregating all problem statements across all narrators. This results in a set of frequency tables indicating the most frequently identified problems and a network of purported causal relationships. He relies on the nature of the frequency tables, the network analysis, and the presence of significant numbers of circular and opposing arguments to confirm that a problem is really complex, uncertain, and polarized. He purports that

in the absence of a formal network analysis, the only sure indication the analyst has that she or he is dealing with a complex, polarized policy problem of many

unknowns is a past record of repeated, unsuccessful, and costly efforts to address it by conventional policy analytical techniques (Roe, 1994 p. 160).

I had been drawn to the bylaw development issue as a research topic because of its obviously complex and polarized nature. The narratives did nothing to dispel this impression. There was no need to obtain confirmation that this was the case.

Furthermore, I found it unnecessary to follow the convoluted narrative analysis path Roe describes. Even though narratives were drawn from a broad cross-section of society and were often told in a rambling, train-of-thought manner, it seemed extraneous to identify which narratives constituted stories and which were counter-stories or non-stories. As I read and re-read each narrative, issues or problem statements were evident. I drew out quotes from the narratives and grouped them under common themes or issues. Initially there were over 60 issues throughout the 22 narratives. I did not develop frequency tables as this seemed to add a quantitative dimension to what was first and foremost a qualitative process. I was more interested in the variety of factors that influenced the bylaw process than assessing causal relationships. Rather than developing frequency tables and undertaking a network analysis of the causal relationship as Roe suggests, I aggregated the initial 60 issues into five broad themes, with the assistance of my doctoral committee, and considered how each of these influenced the policy process. Those themes were discussed in the previous chapter and conclusions are drawn below.

The metanarrative, if it exists, revolves, I believe, around the polarity inherent in the situation. The health sector and some municipal officials were intent only on the public health implications of exposure to ETS in public places. They believed that the

hospitality sector was unwilling to accept the scientific evidence that, in their minds, made smoking-control bylaws a necessity. The hospitality industry was focused on their clients, their staff, and their livelihoods. They felt strongly that the health sector did not respect their economic concerns nor did they understand some of the significant elements of their industry, such as liquor licensing laws. Both sides were led by groups and individuals who championed their respective causes and the animosity between the two sides had reached a point where reasonable discussion seemed impossible.

Champions who were high level, well connected professionals had more success in reaching and influencing policy makers than did community volunteers or lower level staff members. While both adhered to the dominant frames of their argument (health versus economics), they were also willing to reframe the debate or introduce new frames (such as children's health, personal freedom, or ventilation) in an effort to strengthen their argument.

The environment created by provincial, national, and international tobacco-control initiatives provided a backdrop to the process, but was not experienced uniformly in all communities. Furthermore, each community's readiness to take on the new policy initiative was dependent on a number of factors. Politicians' support seemed to be related to their own commitment to the issue, other issues currently or recently on the policy agenda, and the ability of advocates from either side to gain access to politicians and frame their argument in a compelling manner.

The Bylaw Determinants: What Shaped the Process?

9.04 *The Policy Environment*

No single factor determined the bylaw process in any community. The narratives spoke of many factors, some of them common to all communities, others unique to or predominant in a particular city. It was evident that neither a micro- nor a macro-analysis of the policy environment alone was sufficient to understand the process. Any policy analysis must include not only a scan of regional, provincial, national, and global policy environments, but should also take into consideration those one-time events or circumstances that are unique to a particular community.

The B.C. government's Tobacco Reduction Strategy served as a backdrop, albeit unevenly, for all four processes. Provincial tobacco-control initiatives, which until the early 1990s had not been remarkable (led by one part-time staff person with an annual budget of only \$250,000), soared to the national forefront with the passage of the *Tobacco Sales Act* in 1992. Provincial government commitment to tobacco-control measures escalated during the rest of the decade. This growing political and policy commitment in B.C. included school-based prevention programs, teen cessation programs, systematic enforcement of sales-to-minors legislation, legislation to mandate ingredient disclosure, and litigation to recover health care costs. Several ministers of health, in succession, championed the issue.

Clearly, this burst of activity at the provincial level did not act as a motivating force in all communities. In some respects, it seemed to backfire as individually and through the UBCM, communities called on the provincial government to bring in a provincial statute rather than leave the responsibility to individual municipalities. Individual narrators praised provincial government action in providing both funding and informational support for their efforts, but it was obvious that this assistance was not accessed uniformly. The larger, urban communities seemed to receive the majority of provincial aid in order to hire staff, carry out surveys, and, eventually, fight legal battles. It was not clear from the narratives whether those communities had actively sought this funding and, if so, if that action reflected a greater sophistication or more focused advocacy on their part.

Kingdon's concept of a "policy window" that results from a confluence of factors helps to explain the elevation of this issue to the policy agenda in all four cities. Whether the problem was articulated by medical health officers or heart health coalitions, an accumulation of knowledge about the health hazards associated with ETS, particularly in the form of the U.S. EPA report, gave further credibility to the issue. This was compounded by a change in public opinion or national mood as non-smokers gradually became less tolerant of exposure to other people's smoke, as legal action was initiated by non-smokers, and as public discussions (sponsored by the WCB) highlighted ETS as a worker health hazard. Although this confluence of events firmly placed the issue on the policy agenda, it did not resolve the question of which jurisdiction should be responsible for addressing it, nor did it specify the type of restrictions that should be applied. The

narratives reflect these debates.

Also expressed in the narratives were struggles of a more general nature occurring within the province which, directly or indirectly, affected the policy processes. Communities were striving for autonomy while still remaining part the provincial collective. As nascent regional health boards struggled for independence and control over local health issues, there was a sense that the provincial government was downloading responsibilities without the necessary fiscal resources. Narrators also spoke about the tension between diversity and consistency within the province. Narrators recognized that not all parts of the province were ready for smoking-control bylaws, but expressed a desire to have a “level playing field” with adjacent communities. Still others advocated a provincial statute.

Finally, the struggle between compliance and resistance played out on several levels. On an individual level, smokers showed a flagrant disregard for municipal regulations. On a sectoral level, the hospitality industry resisted regulation, offering up ventilation or “letting the industry find its own level” as alternatives. In retaliation to the businesses’ economic arguments, the health sector cited the California experience, civic pride, and the paramount importance of health concerns. At the provincial level, the government resisted pressure from the municipalities to institute a provincial statute. The complexity of the issue offered endless opportunities for resistance and inaction.

9.05 Champions

One factor that strongly influenced the bylaw process in all four communities was the presence of champions—a group or individual championing the cause. In the private sector, champions consisted mainly of bar and restaurant owners or their representatives; in the public sector, they took the form of municipal politicians. A third group of champions could be broadly described as the health sector. This group included members of the voluntary agencies, particularly the Cancer Society, the Heart and Stroke Foundation and the Lung Association. It also included public health officials such as medical health officers, environmental health officers, public health nurses, and health unit managers. In some cases the health sector was represented by a staff member who had been specifically hired to coordinate the bylaw process. Community volunteers or activists acted as champions in the rural communities.

Both Victoria and Vancouver had strongly committed, outspoken medical health officers who led the process. Both communities also had well organized advocacy coalitions of NGOs, made up of paid staff and volunteers, who were able to build public support for a bylaw through a number of activities. These activities included conducting public opinion surveys that demonstrated a desire for smoke-free places, and preparing public service announcements that served to raise community awareness regarding the hazards associated with ETS. In contrast to this predominantly professional leadership, community committees in Kimberley and Squamish struggled with some of the problems common to volunteer groups: attracting and keeping volunteers, scheduling meetings to

suit a variety of individuals, and interpersonal difficulties that threatened to dominate the agenda.

Individual municipal councillors in both Vancouver and Victoria acted as champions. Municipal councils in both communities also demonstrated a collective willingness to consider this issue and instituted public hearings to provide all sectors with an opportunity to voice their opinions.

The effect of this momentum on the part of the health community, NGOs, and municipal officials either individually or collectively, cannot be discounted. It is hard to imagine that the bylaws in Victoria or Vancouver would have happened without these champions. They must be seen as a driving force in the articulation of the policy and the passage of the statute. In both cities they also played an active role in implementing and enforcing the bylaws.

The bylaw processes in Kimberley and Squamish underscored the fact that simply championing the cause was not enough. Understanding the policy process, gauging public readiness, knowing how to bring public opinion on-side, having a vocal and credible spokesperson, and having access to decision makers are also important. As one narrator stated, who the champions were made a “huge, huge” (JK) difference. In both Kimberley and Squamish, the bylaw process was predominantly driven by community volunteers and public health nurses whose statements did not carry the same weight as those of the medical health officers. In both communities, the bylaw process arose as one

component of a community-based Heart Health Initiative. In terms of leadership, the bylaw process in these smaller communities could be described as “bottom-up” in that it was championed mainly by unpaid, “grass roots” community activists, unlike Victoria and Vancouver, where a “top-down” process was driven by health officers and paid professional staff. In both Kimberley and Squamish, bylaw proponents did not have the same access to decision makers enjoyed by health officials in the larger communities. In the smaller communities, both of which were experiencing an economic downturn, municipal politicians seemed more inclined to listen to the business sector that predicted economic disaster than to listen to those advocating for improved public health. The bylaw committee in Kimberley was further sabotaged by an advisory committee that was unwilling to accept the “partial” bylaw that had been developed through community consultation and insisted on bringing to council a bylaw that imposed a total ban on smoking in public places. Council, under the influence of local businesses, was quick to reject this option.

In Vancouver, ME constantly referred to the bylaw process as a “game” or a “battle.” While this author is reluctant to characterize a public health issue of such importance in this way, clearly, a certain amount of strategizing was essential. Assessing public readiness, finding ways to influence public opinion, knowing where opposition was likely to occur and working with those sectors to find a solution, and having the ear of policy makers were all necessary elements of the game plan. A general, or generals, to plan the attack and lead the charge significantly influenced the outcome. Predictably, these generals/champions also increased the polarity of the issue with their strongly held

positions. In Victoria and Vancouver, where all sectors were represented by vocal spokespersons, bylaws were passed, but the friction between groups continued well into the implementation phase. In Kimberley and Squamish, where the health sector lacked the leadership of local officials, municipal councils acquiesced to business complaints and the bylaw process was aborted.

Certain groups were not involved as champions and one is left to wonder what difference their inclusion might have made. Community coalitions were unable to attract youth, hospitality industry employees, or smokers; nor were restaurant owners willing to take part in bylaw committees. While it was difficult to determine whether this was of their own volition or through lack of persistence on the part of the health sector, it was clearly a weakness in the process and only increased the polarity between sectors.

Kingdon (1995) describes policy entrepreneurs as “advocates who are willing to invest their resources—time, energy, reputation, and money—to promote a position” (p. 179). He claims that, in case studies “one can nearly always pinpoint a particular person, or at most a few persons, who were central in moving a subject up on the agenda and into position for enactment” (p. 180). He cites three criteria that contribute to the success of policy entrepreneurs:

- 1) The person has some claim to a hearing . . . expertise, an ability to speak for others, or holds an authoritative, decision-making position;
- 2) The person has strong political connections or negotiating skill; and
- 3) The person is persistency.

He suggests that policy entrepreneurs “are useful in the process of softening up the system,” but they do more than push and push.

They also lie in wait for a window to open up . . . they play a central role in coupling the streams at the window . . . they hook solutions to problems, proposals to political momentum and political events to policy problems (p. 181-182).

Interestingly, he talks about entrepreneurs “riding the wave” (p. 181), the same metaphor used by ME. When one considers the degree of expertise, strategizing, advocacy, and inventiveness Kingdon attributes to these individuals, it is clear that while many of the champions in Vancouver and Victoria would fit into this category, those in the smaller communities lacked the three attributes he claims are essential for policy entrepreneurs. They did not have the breadth of vision, the political savvy, or the tactical ability to place the issue in a broader context. They lacked a “claim to a hearing” and political connections. They were, it seemed, overwhelmed by the process and unable to persist as they ran out of time, energy, and options. The presence of champions is not enough. It matters greatly who those champions are as well as the skills and connections they bring to the process.

9.06 *Polarity and Antagonism*

The polarized nature of the debate surrounding the development of smoking-control bylaws resulted in an animosity that became a key determinant of the process. Hospitality owners raged against health officials’ failure to consult with them and their frank dismissal of bar and restaurant owners’ economic concerns. They repeatedly complained that the health sector either ignored or failed to understand industry regulations and in

particular, liquor licensing laws that they felt were a significant consideration in the development of smoking-control bylaws. Individual smokers raged against government efforts to prevent them from enjoying a cigarette or cigar with dinner or a drink. Health officials raged against business owners' unwillingness (fuelled, they were certain, by the tobacco industry) to come on-side on a matter of such overwhelming public health importance. Once bylaws were implemented, hospitality facilities ignored them in spite of potential fines and individual smokers lit up in defiance. This antagonism, which only worsened as bylaws were formulated, influenced both the process and the outcome of bylaw discussions in all four communities. It was the most common element in all processes. As I listened to narrators, both those that I knew and those I did not, I was repeatedly amazed by the level of vituperation expressed toward each other.

Polarity existed between the sectors and sometimes within sectors (e.g., between the bar and restaurant associations). It was manifested in a number of ways: expressed through the language used to characterize or describe each other and also through personal attacks that occurred through the media or face to face. Polarity was also evident in the battle metaphor that was used by at least one narrator. This narrator talked constantly about "winning and losing," "strategies," and "good guys and bad guys." One had a sense that some actors actually fed on the polarity, that it suited their purposes. Regardless of whether they used the metaphor, all narrators knew that there were "sides" to the issue and each knew which side they were on.

Diverse professional backgrounds also contributed to polarity between the sectors. The

restaurant associations felt that the health sector spoke a language of health, not business. They were uncomfortable with arguments based on scientific facts and figures and complained that health officials lived in a different world than that inhabited by themselves and their customers. They complained that health officials were interested in people who were exposed to second-hand smoke, but were not interested in business people. Conversely, the health sector was either unaware of or had little interest in hospitality industry regulations and was dismissive of their economic concerns. What might have been seen as a “dominant idea” (Doern & Phidd, 1992), that is, stability of income as argued by the hospitality sector, was, in fact, denigrated in the face of the paramountcy of the health issue.

Their unwillingness to accept each other’s data also served to increase the polarization of the debate. As they questioned each other’s surveys and argued over what the public “truly wants,” the concept of truth was eroded. Both sides were able to produce statistics that supported their point of view.

This extreme polarization, particularly on the part of the health and hospitality sectors, engendered a resistance to the process that, in itself, became a factor that profoundly influenced the bylaw process. In all four cities the antagonism between these two sectors had reached such a level that they were incapable of rational conversation. Their ongoing sarcasm, criticism, contradiction, and mistrust made them reluctant to enter into negotiations with each other. This attitude was compounded by a community of smokers who, feeling marginalized and oppressed by existing tobacco-control policies, was

vigorously resisting any further regulation. Finally, the polarity in the larger communities, widely reported by the media, had the effect of limiting the willingness of the smaller communities' to take on the issue.

While many of the bylaw determinants were immutable, a product of time and place, the polarity and antagonism between the sectors seems to be one factor that could have been altered. When asked whether a mediated process would have helped, many narrators emphatically answered "yes." In a policy issue with this level of polarization, a process that would facilitate dialogue between the different sectors seems advantageous.

Disputes have been defined as "the manifestation of conflict—where underlying objectives, beliefs, or values clash in real world situations and the parties are intent upon achieving seemingly mutually exclusive results" (Grzybowski & Morris, 1998). Much has been written on processes to facilitate negotiated or consultative dispute resolution (Grzybowski, 1998; Owen, 1995; Susskind & Cruickshank, 1987). Stephen Owen (1995) describes a shared decision-making process that attempts to reach solutions that accommodate rather than compromise all interests. Focusing on the interests of the different sectors (i.e., their needs, concerns, fears, and desires), the process tries to underscore the interdependent nature of these interests rather than viewing them as separate and in competition. Owen warns that the process requires a certain amount of "wary trust" (p. 20) on the part of all participants. Readiness may be undermined if the "pathology of conflict" within the situation (Owen, 1998, p.87) has escalated to a level where a consensus solution is unlikely to be reached. The process also requires that

government come to the table as a player, prepared to be forthright in informing the other participants of policy and fiscal restraints. A government's unwillingness to involve and listen to a full range of public interests would thwart the process.

Even when a consensus cannot be reached, the process has the potential to result in substantial learning and better understanding on the part of all participants. It will also inform the decision-making process by clearly defining the issues, narrowing the range of issues, and identifying possible policy alternatives. It appears that all communities in this study would have benefited from such a process had it been introduced at the beginning of discussions. By the time I conducted my interviews, the individuals I spoke to had such firm ideas and were so inflexible in their convictions that, I believe, interest-based negotiations would have been a lengthy and difficult process. In fact, they had reached the stage of "pathology of conflict" as described by Owen (1998). He suggests that readiness for shared decision making should include "a general acceptance by all interests of the need for change and of the interdependence of each interest in obtaining the best results" (p. 87). In the case of municipal smoking-control bylaws this readiness is not evident. While shared decision making seems the most likely prospect for a stable solution to the polarity currently existing around the issue, all sectors will need to put aside their rigid convictions, accept the need for change, recognize their interdependence, and prepare to listen as well as speak.

9.07 Framing

The debate was framed in many different ways. Certain frames were common to all

communities. There was a general acceptance that preventing exposure to ETS was a health issue. However, this basic premise was challenged by different frames in some communities or reframed as needed in others. As hospitality owners framed the issue in economic terms, public health officials countered with concerns for public health. When the hospitality industry and vociferous smokers advocated personal freedom, claiming that patrons should have the right to choose which establishments they frequented, public health officials reminded them that children accompanying adults did not have the same freedom of choice. In Vancouver, where the issue had been clearly defined as one of public health in general and worker health in particular, public health officials managed to drive a wedge between hospitality sectors and gain the support of adult-orientated facilities by reframing the issue as one of protecting children's health.

Smokers claimed that tobacco is a legal substance and questioned the government's right to legislate where individuals could smoke, especially in adult-orientated premises. Municipal governments insisted that regulation was a provincial responsibility; the provincial government abrogated responsibility to the WCB.

Some of the most blatant framing of the issue took place in public opinion surveys carried out by both the health and hospitality sectors. Surveys by both sides, which aimed to assess public support, framed their questions in such a way as to guarantee the desired results.

Framing represented the way in which the process was "storied." It also shaped the way

in which the story was presented publicly. Framing determined the “what” of the story—is this a discussion of whether we should have a bylaw, or when and what type of bylaw we should have? Framing also determined the “how” of the story—does a physician relate tragic stories of illness and dying; do school children present a heart-tugging plea for their own health and that of their parents; or does the hospitality industry deliver a compelling presentation on business, income, and employment? The framing of the issue not only influenced public opinion, it often won the day with decision makers. In Kimberley, business owners’ insistence that the bylaw would be economically harmful led councillors to vote suddenly and unexpectedly to abort the bylaw process. In Squamish, business owners were able to persuade council to let the marketplace decide its own level of acceptance. These two cases exemplify the fact that creating a cohesive story was, in itself, a determinant. The way in which the argument was framed, the persuasiveness of the proponents of that frame, and their ability to reach key decision makers was often a deciding factor in the success or failure of the bylaw process. The narratives indicated how unequal access to information and resources among the key parties in a controversy influence how an issue is perceived, communicated, and managed. Power and politics determine what stories are used in policy making.

9.08 Community Readiness

One of the greatest strengths of the narrative process was in identifying the myriad of factors that contributed to a community’s readiness to adopt a new policy. While some of these were specific to the development of municipal smoking-control bylaws, they can be looked at, in a broader sense, as factors that need to be considered in the development of

any policy, whether the community in question refers to a school, a municipality, a province, or a nation. The seven main determinants in assessing community readiness were: sectoral readiness, geographical readiness, nature of the policy, politics and politicians, media coverage, timing, and process. A number of factors contributed to each determinant; certain factors such as community knowledge or consciousness and public attitudes and opinions played a role in many of the determinants (see Figures 3–9).

Sectoral readiness related to each of the major policy sector's belief that this policy change was important as well as their willingness and ability to move it forward on the policy agenda. Was there compelling information available to serve as a rationale for this policy? Was the public aware of this information and of the community's attitude, both generally and within specific sub-groups, toward the proposed policy? Were there individuals to champion the issue and did they have the ability to mobilize support for their cause? It became apparent from the narratives that it was important for champions to take the time to build some level of public understanding regarding the importance of the bylaw as well as understanding the concerns of those who opposed it. This fundamental first step was clearly lacking in the development of municipal smoking-control bylaws in the four communities studied.

Geographical readiness refers to the unique characteristics of the community in which a policy change is to be adopted. What is the size and demographics of the population? Is it a progressive or conservative community? Is the population knowledgeable about the issue and aware of other similar policy measures that have been adopted elsewhere? Does

the community feel that this is an issue of importance? Does the policy represent a significant change from current practices or is it an incremental step? Both Vancouver and Victoria had been involved in discussions related to municipal smoking-control bylaws for almost a decade. Both cities had adopted progressive smoking-control bylaws in the early 1990s and amendments in the mid 1990s represented small, though important changes. The public had been exposed to the issue for a significant period of time and regional changes were proposed that ensured that no community had to “go it alone.” There was safety in numbers—a sense of a level playing field—that did not occur in the rural communities.

The nature of the policy being proposed greatly affected the likelihood of its acceptance by the community. Was it consistent with community norms or did it represent only a small change from current regulations? Community activists in both Squamish and Kimberley came face to face with the fact that a significant number of citizens in those communities either accepted smoking in public places as the norm or were not ready to speak out publicly against it. Furthermore, the bylaws were a relatively new concept in these communities and the bylaw committee’s attempt to propose a complete ban on smoking in public places in Kimberley met with a brick wall. The concept was much too radical a change for this conservative community.

Kingdon’s assertion (1995) that elected politicians and their appointees come closest to dominating the policy process was well exemplified in the development of municipal smoking-control bylaws. Champions who had the ear of policy makers clearly had an

advantage. Knowing how to frame an issue so that it would receive a sympathetic hearing from politicians was important, as was understanding the policy process (knowing when to intervene, understanding where key politicians stood on the issue, and knowing when and how to reach them). Whereas the health sector was able to dominate the argument in the larger communities, the business sector's ability to mobilize support and present a compelling argument to council won the day in both Kimberley and Squamish.

Media played a small but significant role in each bylaw process. The role of the media is a determinant that should not be discounted in the development of any public policy. Media reflected both public support and manifested sectoral arguments. In Kimberley the newspaper became actively involved in the bylaw process by polling readers for their opinion. Media coverage in all communities contributed to public knowledge or consciousness of the issue.

Timing related not only to the unique characteristics of a particular community, but also to a particular moment in that community's history. What other issues were on the policy agenda? Was an election pending or had one just occurred? What was happening in surrounding communities and how was that impacting the community under consideration? Both macro- and micro-policy environments surrounding a community at a given moment in time are important to consider in understanding a community's readiness for policy change.

Finally, the process that accompanies the adoption of a policy is pivotal. It is not

sufficient to have only “an idea whose time has come.” There must be broad understanding of the need for policy change and an acceptance of that policy. There must be adequate time and a process to build consensus. There should be involvement by all sectors who will be impacted by the policy change. Consideration should be given to the need for adjunct programming to facilitate understanding and compliance, in this case education, prevention, and cessation programming. Finally, if compliance is not voluntary, enforcement measures should be specified and resources allocated for enforcement or the policy becomes meaningless.

The stories made it clear that these seven determinants did not function independently of each other. Figures 3 to 9 also indicate the inter-relationship between them. The elements of community readiness must be considered before a policy change is adopted. Failure to do so is likely to result in resistance to the policy and may compromise its effectiveness.

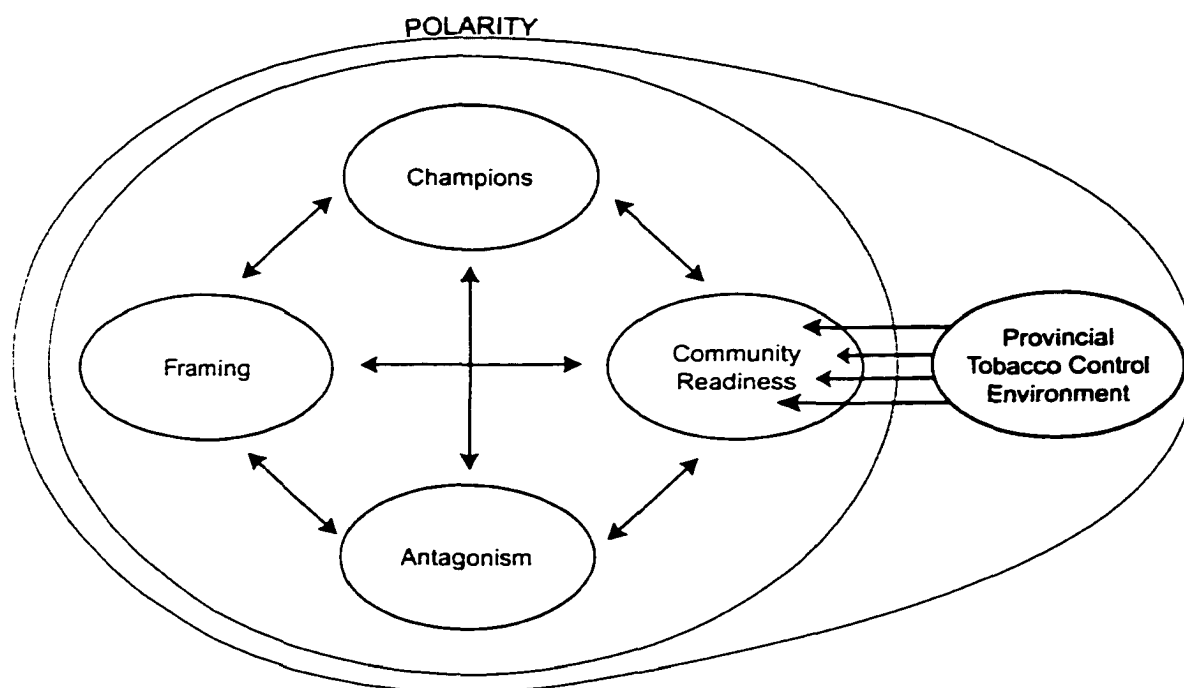
Summary

William Leiss (1997), a professor in the School of Policy Studies at Queen’s University, suggests that, since the late 1980s, tobacco-control policies in Canada “represent a public policy failure of massive proportions” (p. 3). He sees the categorization of the underlying problem as the main issue. Leiss says that, to date, tobacco-control policies have been based on a “rational informed” consumer-choice model, instead of an addiction model of behaviour in which tobacco-control strategies would be based on a policy of gradually withdrawing tobacco from the sphere of ordinary consumer items. While this is unlikely to happen in the near future, Leiss’s argument underscores the fact that tobacco-control

policies seek to regulate an issue that is unlike any other. Tobacco is an addictive product that is legally available; has historically been socially acceptable; is, at least, perceived to contribute to many people's social and psychological well-being; is the major cause of preventable death and disability globally; and is marketed worldwide, for enormous profits, by some of the most powerful multinational corporations. Preparing tobacco-control policies in the face of these facts is no small accomplishment.

This research emphasizes that policy development must take into consideration both the macro- and micro-environment surrounding the issue. The provincial tobacco-control environment unevenly contributed to community readiness for policy change, as did a variety of local social, economic, and political factors. The nature and profile of individuals or groups who championed the cause made a difference. How the issue was framed or "storied" was important as well as a champion's ability to tell that story to influential policy makers. On this policy issue, and as illustrated in Figure 10, the polarity between stakeholders and the level of antagonism that had developed among them strongly influenced both the development and implementation of smoking-control bylaws.

Figure 10: Interaction between Policy Determinants



On an issue of such polarity, process is obviously key. The policy sectors studied in this research had reached a state of grid lock in their mutual antagonism. Initiated at the outset, a process of shared decision making would greatly enhance the potential for a successful and stable resolution. Vancouver and Victoria were successful in several regards.

- 1) The bylaws took place in a provincial and national environment that had placed tobacco control high on the policy agenda.
- 2) Their bylaws represented a progression from existing bylaws rather than a dramatic policy change.
- 3) Their bylaws were part of a regional process, so there was not a sense of going it alone. Other adjacent communities would have similar restrictions, creating a level playing field.

- 4) There was a strong degree of community readiness, reflected in an awareness of the dangers associated with exposure to ETS and a desire on the part of the majority of the community to have access to smoke-free public places.
- 5) There was strong leadership with a credible spokesperson.
- 6) There was strong advocacy support by a cohesive group of voluntary agencies.
- 7) There was access to funding support and information through the Ministry of Health.
- 8) Local factors contributed to a willingness on the part of municipal councils to support the bylaws. (Vancouver was preparing for Expo and Victoria was compensating for their poor record in dealing with another environmental issue, sewage disposal.)

What both cities lacked was a process that might have ensured shared decision making.

This, almost certainly, would have reduced the antagonism and polarity that characterized both processes and might have led to more stable resolutions than those that occurred.

Table 4: Summary of the Bylaw Process in all Four Communities

Communities	Context	Champions	Main Framing	Community Readiness	Policy Process	Policy Outcome
Vancouver & Victoria	<ul style="list-style-type: none"> • Urban • Regional government systems 	<ul style="list-style-type: none"> • Municipal health officers • Municipal councillors • Health advocacy coalitions 	<ul style="list-style-type: none"> • Public health • Workers' health • Children's health 	<ul style="list-style-type: none"> • Mid to high • Debate centred on how to restrict, when to restrict, and to what extent to restrict 	<ul style="list-style-type: none"> • Top-down • Bylaws built on earlier policies 	<ul style="list-style-type: none"> • Bylaws passed
Kimberly & Squamish	<ul style="list-style-type: none"> • Rural • Single municipalities 	<ul style="list-style-type: none"> • Public health nurses • Community volunteers • Business owners as key players 	<ul style="list-style-type: none"> • Let the market-place decide • Economic harm of a bylaw 	<ul style="list-style-type: none"> • Low • Debate centred on whether there should be a municipal bylaw at all 	<ul style="list-style-type: none"> • Bottom-up • Previous bylaws on this issue inconsequential or absent 	<ul style="list-style-type: none"> • Bylaw efforts rejected

Finally, and perhaps most importantly, this research underscores the importance of narratives in understanding the policy process. Each story represents a different view of reality and the “naming and framing” that are a part of each story fulfill an important function.

They select for attention a few salient features from what would otherwise be an overwhelmingly complex reality. They give these elements a coherent organization and they describe what is wrong with the present situation in such a way as to set the direction for its future transformation (Schon, 1980, p. 41).

The same author also talks about reframing through a new story (not unlike Roe’s [1994] metanarrative). “The new story, if it is a good one, achieves a kind of simplicity which is essential for further inquiry and action” (Schon, 1980, p. 57)

While Roe’s text on narrative policy analysis was important in highlighting the role narratives can play in policy analysis, I found his methodology extremely complex and convoluted. Schon emphasizes the narrative’s ability to absorb the listener in the richness of a particular situation. “We must immerse ourselves in the concrete particularity of the situations in order to gain access to many different combinations of features and relationships that open up new possibilities for ways of seeing” (Schon, 1980, p. 57). This richness of description, inherent in the narrative process, brings a new way of viewing situations to policy analysis and will permit the policy analyst to understand the issues involved in a policy decision. Policy making is influenced by political priorities and public opinion. Narrative analysis offers a new means of not only proactively engaging the voices of all stakeholders, including those who are powerful or vociferous, but also engaging any sector that may be affected by the proposed policy. It would require a new

way of thinking (not necessarily familiar to many politicians) and new types of researchers/policy analysts to collect and analyze the narratives, but it has the potential to ensure that policies are developed and implemented with consideration to the unique social, temporal, economic, and geographical context in which they are set and with consideration to the needs and interests of all affected stakeholders.

In this study, narrative analysis was used in a retrospective manner, but I believe that it could be even more effective in preparing for policy change. As suggested by Roe, narratives should be collected from a broad range on stakeholders, taking care to include all those who may be affected by the policy change. Rather than following the analytical process suggested by Roe, immersing oneself in the concrete particularity of the narratives as suggested by Schon would serve to highlight the main issues involved and create a simpler story that defines the policy problem. For policy issues in which there is conflict or polarity between stakeholders, a process of consultative dispute resolution or shared-decision making, outlined by Owen, would assist in reaching a policy that accommodates the interests of all parties and ensures broad acceptance of the policy and stable implementation. The narratives made it clear that simply passing a bylaw does not constitute success. It is more important to have a developmental process that gives all parties an opportunity to be heard and to understand each other's issues and interests. Furthermore, it is important to have an outcome that is successful in achieving policy goals and is acceptable to all stakeholders. To follow up on ME's battle analogy, there is little success in winning the battle if you lose the war. Policies that exceed public

acceptability are destined to be plagued by problems in the implementation and enforcement stage.

Coda

At the completion of this dissertation, the debate continues. In January 2000, the WCB implemented a regulation that resulted in a smoking ban in restaurants and bars throughout the province. Following three months of confrontation, during which establishments and patrons openly defied the policy, the ruling was struck down by a judge who ruled that the industry was not given an opportunity to fight the proposal (Dowd, 2000). Provincial Labour Minister Joy MacPhail urged the WCB not to appeal the ruling: “I hope they will turn their minds immediately to consulting with the industry” (Dowd, 2000). After so much conflict, those consultations promise to be confrontational. Clearly, in a policy process where there are divergent interests, a shared decision-making process, initiated at the start of policy discussions, is an important step toward avoiding the confrontation and bitterness already experienced in some B.C. communities in the development of smoking-control bylaws.

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Appendix A: Recruitment Letter

(Date)

Faculty of Human and Social Development
University of Victoria
Victoria, BC
Canada V8W 3P2

(Internal Address)

Dear _____:

I am a Ph.D. student at the University of Victoria who is studying the development of municipal bylaws to control smoking in public places in British Columbia. My research involves the collection of narratives or stories from a variety of individuals who were involved in the development of bylaws in their communities. It is hoped that analysis of these narratives will assist in suggesting factors that might influence the process of bylaw development. This may lead to a process that would address the needs of all sectors involved in the bylaw process.

It is my understanding that you were a key individual in the development of the smoking-control bylaw in [name of municipality]. I would appreciate the opportunity to meet with you for a period of approximately one hour. During that time I would like you to relate your experience regarding the development of the smoking-control bylaw in [name of municipality]. Your perspective on this experience will provide an important contribution to the research as a whole.

I recognize the fact that your time is valuable and would like to schedule the interview at a time that would be convenient for you. Would you please contact me at the above

address to suggest two or more times that would suit you. I will call you to confirm an appointment as soon as possible.

Thank you, in advance, for your cooperation.

Yours sincerely,

(Ms.) Linda Brigden

Appendix B: Consent Form

**For Participation in the Study Entitled:
Understanding Municipal Smoking-Control Bylaw Development
Through Narrative Policy Analysis**

This study is being carried out as part of the requirements for a Ph.D. program at the University of Victoria. The purpose of this study is to explore and understand the policy process involved in developing smoking-control bylaws in four British Columbia municipalities. The interview will last for approximately one hour. You will be asked to describe the development of the smoking-control bylaw in your community, as you experienced it. The researcher may prompt your recall of that process by asking questions from time to time.

As well as documenting these narratives or stories to compare how different groups viewed the process, the research will seek to identify some of the factors that influenced the bylaw development. The research will also investigate the process of “narrative policy analysis” to determine its effectiveness as a research tool. The research will help policy makers throughout B.C. and Canada understand what factors should be considered in developing municipal smoking-control bylaws.

Your participation in this study is entirely voluntary and you have the right to withdraw at any time without consequences. You have the right to refuse to answer any questions you do not wish to answer.

Any data collected in this study will remain confidential. With your permission, the interview will be audio-taped and the narrative will be transcribed from the tape. You may decline taping if you wish. You will have the opportunity to review the transcribed account of your own narrative to verify accuracy. Only the Principal Investigator and Graduate Supervisor (named below) will have access to the original narratives. Your name will not be attached to any published results. Your anonymity will be protected by using a code number to identify stories obtained from individual respondents. The

Principal Investigator will retain all original tapes and transcripts for five years, in locked cabinets, following publication of the Ph.D. dissertation. After that time, tapes and transcripts will be destroyed. If you choose to withdraw during the course of the study any audio-tapes and transcripts prepared from your interview will be destroyed immediately.

Signature of Participant

Date

Principal Investigator: Ms. Linda Brigden Tel: (250) 595-8322

Graduate Supervisor: Dr. Michael Prince Tel: (250) 721-8051