Tobacco Control Interest Groups and Their Influence on Parliamentary Committees in Canada

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ABSTRACT

Objectives: The aim of this study was to determine how tobacco control interest groups influence tobacco policy decision-making through submissions and presentations to parliamentary committees.

Methods: A qualitative content analysis was used to examine the presentations and submissions on tobacco-related legislation made to parliamentary committees between 1996 and 2004. The sample was identified from the public list of tobacco-related bills tabled in both the House of Commons and the Senate; the Government of Canada website and LEGISinfo were used to determine which committee reviewed the relevant bill. Committee clerks were asked to send submissions and presentations related to specific bills identified through LEGISinfo. Submissions and presentations were scanned and entered into QSR N6 software for coding. The coding instrument was adapted from previous studies employing qualitative content analysis. Montini and Bero's recommendations were used to evaluate the submissions and presentations.

Results: Tobacco control interest groups did present scientific evidence to support tobacco control. However, they underused credible witnesses to present information at meetings. The topics presented by tobacco control interests groups were usually relevant to the bill being discussed.

Discussion: Tobacco control interest groups employed some of the strategies suggested by Montini and Bero in their attempt to influence parliamentary committees through submissions and presentations. They did include scientific evidence in their submissions; however, they could improve their strategies in the area of using credible witnesses, such as scientists and medical experts. Incorporating Montini and Bero's recommendations into lobbying efforts may increase success in influencing committees.

Key words: Public health; lobbying; tobacco; consumer advocacy; federal government; Canada

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2009;100(5):370-75.

Health advocacy, a strategy of pressuring governments for legislative and regulatory changes that improve health, is an essential part of health promotion and public health policy. Interest groups engage in health advocacy by providing the public and policy-makers with information (e.g., technical or scientific) and lobbying policy-makers both in public forums and private forums to support particular positions.¹

Tobacco control is an issue that evokes strong reactions from various stakeholders because it sits at the interface of individual versus collective rights, and health improvements versus tax revenues. Of all stakeholders, the tobacco industry has the most political clout given its wealth, despite its low credibility and a poor reputation.^{2,3} Thus, the inclusion of tobacco control interest groups (e.g., the Non-Smokers' Rights Association, Physicians for a Smoke-Free Canada or the Canadian Cancer Society) in tobacco control deliberations is necessary to advocate for public health. Otherwise, the tobacco industry and its interests might dominate policy discussions. This is occurring in other countries, for example, in Argentina, where tobacco control legislation is seen as weak as a result of strong industry pressure and an inability to learn from the experience of other countries.⁴ In Asia, the tobacco industry, in its efforts to counter and delay the process of tobacco control legislation and tobacco control regulations, is attempting to undermine tobacco control advocacy groups, including the World Health Organization and the Asia Pacific Association for the Control of Tobacco.⁵ Effective health advocacy is required from tobacco control interest groups in order to achieve optimal tobacco control legislation.⁶

Some researchers have come to the conclusion that public forums are the most effective means of lobbying the government for change.⁷ An important finding from studies of lobbying in different forums is that legislators have more positive attitudes toward non-profit health organizations and medical professional groups than toward the tobacco industry lobbyists.⁸ However, legislators reported not having enough contact with non-profit health organizations.⁸ Another study indicated that US Food and Drug Administration committees, required to review every document submitted, took note when documents were submitted multiple times, which may disadvantage coalitions that act on behalf of many organizations.⁹ Committee members also noted how the tobacco industry and tobacco control interest groups used the same scientific articles to support their differing arguments.⁹ Recent and peer reviewed articles also attracted officials' attention.¹⁰ While these studies have focused on committee members' perceptions of viewed material, there is a lack of systematic understanding about the characteristics of the submissions or presentations.

The purpose of this study was to determine how Canadian tobacco control interest groups attempt to influence tobacco policy decision-

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Acknowledgements: RH was supported through an Ashley Studentship for Research in Tobacco Control from the Ontario Tobacco Research Unit. AK holds a career scientist award from the Ontario Ministry of Health and Long-Term Care.

Table 1. Bills Examined

Bill Number	Bill Title	Parliament, Session (Start/End Dates)	Committees
C-71	An Act to regulate the manufacture, sale, labeling and promotion of tobacco products, to make consequential amendments to another Act and to repeal certain Acts	35 th Parl, 2 nd Sess (February 27, 1996-April 27, 1997)	Senate Committee – Legal & Constitutional Affairs
S-5	An Act to restrict the manufacture, sale, importation and labeling of tobacco products	35 th Parl, 2 nd Sess (February 27, 1996-April 27, 1997)	Senate Committee – Social Affairs, Science & Technology
C-42	An Act to amend the Tobacco Act	36 th Parl, 1 st Sess (September 22, 1997-September 18, 1998)	Senate Committee – Legal & Constitutional Affairs
S-13	An Act to incorporate and to establish an industry levy to provide for the Canadian Tobacco Industry Community Responsibility Foundation	36 th Parl, 1 st Sess (September 22, 1997-September 18, 1999)	Senate Committee – Social Affairs, Science & Technology
S-20	An Act to enable and assist the Canadian tobacco industry in attaining its objective of preventing the use of tobacco by young persons in Canada	36 th Parl, 2 nd Sess (October 12, 1999-October 22, 2000)	Senate Committee – Energy, the Environment and Natural Resources
S-15	An Act to enable and assist the Canadian tobacco industry in attaining its objective of preventing the use of tobacco by young persons in Canada	37 th Parl, 1 st Sess (January 29, 2001-September 16, 2002)	Senate Committee – Energy, the Environment and Natural Resources
C-260	An Act to amend the Hazardous Products Act (fire-safe cigarettes)	37 th Parl, 2 nd Sess (September 30, 2002-November 12, 2003)	House of Commons – Standing Committee on Health

making in their written submissions and presentations to Canadian parliamentary committees. It is important to understand how this set of advocacy material comes across as a whole. By doing so, tobacco control interest groups can refine their presentation strategies to legislative and regulatory committees to effectively achieve the groups' intended outcomes. According to Montini and Bero's¹¹ study, on the basis of interviews with policy-makers, tobacco control interest groups should 1) present scientific evidence to support tobacco control, 2) offer credible witnesses to present at meetings and 3) understand the factors outside of science that affect policy-making, for example, timing of legislation and lobbying pressure. These recommendations were used to develop research questions with which to evaluate the presentations and submissions; however, the study design did not allow the authors to examine the third recommendation. We asked whether the tobacco control interest groups involved in health advocacy 1) provide scientific evidence to support tobacco control, 2) offer credible witnesses to present at meetings and 3) present content themes that are consistent with the theme of the bill under consideration.

METHODS

Design

This study employed a qualitative content analysis, using a coding instrument adapted from Durrant et al.¹² and Wenger et al.¹³ The coding instrument (see Data Collection/Instrument) was used to examine the presentations and submissions to parliamentary committees reviewing tobacco control legislation. A pilot test was conducted with two coders in order to refine the instrument. Operational definitions of the codes were developed, and a single coder (the primary author) was used to increase rigour. The study used publicly available documents and not confidential or personal data; thus an ethics review was not required.

Sample

LEGISinfo and other Government of Canada websites were used to compile a list of bills tabled between the 35th Parliament 2nd Session and the 37th Parliament 3rd Session (February 27, 1996, to May 23, 2004). This eight-year time period was advantageous in that it included many milestones in tobacco control legislation. Also, starting with the 35th Parliament 2nd Session, transcripts of com-

mittee meetings became readily available online. No bills involving tobacco control have gone to committee since the end of the 37th Parliament 3rd Session. The bill number, title, date of first reading, committee referrals, and furthest stage or date of Royal Assent were recorded. Ten bills regarding tobacco were identified as having gone to committee during this time period. The committees include the House of Commons Standing Committee on Finance; the House of Commons Standing Committee on Health; the Senate Standing Committee on Social Affairs, Science and Technology; the Senate Standing Committee on Legal and Constitutional Affairs; the Senate Standing Committee on Energy, the Environment and Natural Resources; and the Standing Senate Committee on Banking, Trade and Commerce. The clerks for the identified committees were contacted by E-mail and requested to send any submissions regarding the specified bills. Four of the committee clerks sent the requested submissions in relation to nine bills; however, two of the nine bills were excluded because the submissions only included speaking notes and no further submissions (Table 1).

The committee meeting minutes and transcripts are available on parliamentary committee websites for bills introduced from the 35th parliament 2nd session onward. This information was used to make a list of presenters and organizational affiliations. The presentations analyzed in this study were extracted from these transcripts. The documents were classified by the committee to which they were submitted, the bill they concerned, the individual or organization making the submission, the date of submission (if available) and the title of submission. This list was then compared with the list of presenters to identify pairs of submissions and committee testimony.

Data collection/instrument

The submissions were scanned and entered into QSR N6 software (QSR International) for coding. The coding instrument was an adaptation of instruments used in other tobacco-related studies that have employed content analysis.^{12,13} It coded information on the committee to which the presentation or submission was made, the bill it concerned, which organization made the presentation or submission, whether the organization supported or opposed the bill, any recommendations made, type of document (for example, presentation, brief, research, newsletter), use of scientific evidence and

Table 2. Coding Instrument

Items in Instrument	Code Categories	Operational Definitions	Research Question Addressed
Affiliation	<ul style="list-style-type: none"> Non-Smokers' Rights Association Canadian Cancer Society Ontario Campaign for Action on Tobacco Info-Tabac Physicians for a Smoke-Free Canada National Cancer Institute of Canada Coalition québécoise pour le contrôle du tabac Canadian Association of Fire Chiefs 	The affiliation listed in the committee meeting minutes or the organization that submitted documents to the committee	Description of participants
Type	<ul style="list-style-type: none"> Brief Speaking notes for presentation Letter Research/article Questions Transcript of committee meeting Newsletter/memo Other 	<p>A document providing background on the issue, prepared by the organization</p> <p>Power point slides and speaking notes for presentations to the committee (corresponds to a presentation in the committee meeting transcript)</p> <p>Letters to the committee from the organization</p> <p>Copies of journal articles</p> <p>Lists of questions provided by an organization for the committee to ask other organizations (e.g., tobacco industry representatives)</p> <p>Transcripts of the committee meetings available on the committee website</p> <p>A document provided by an organization to the committee that was originally produced as a memorandum or organizational newsletter</p> <p>Items that did not fit into the above categories, e.g., other types of documents, art work or advertisements</p>	<p>Description of participants</p> <p>Description of participants</p> <p>Description of participants and Question 1: provide scientific evidence to support tobacco control</p> <p>Description of participants</p> <p>Description of participants</p> <p>Description of participants</p> <p>Description of participants</p>
Committee	<ul style="list-style-type: none"> House of Commons Standing Committee on Health House of Commons Standing Committee on Finance Senate Standing Committee on Social Affairs, Science and Technology Senate Standing Committee on Legal and Constitutional Affairs Senate Standing Committee on Energy, the Environment and Natural Resources Senate Standing Committee on Banking, Trade and Commerce 	To which committee was the information submitted/presented	Description of participants
Bill	C-71, C-42, C-26, C-47, C-260, S-5, S-8, S-13, S-20, S-15	Which bill was the information submitted/presented related to	Description of participants
References	<ul style="list-style-type: none"> Primary research conducted by the organization Research from other tobacco control interest groups Government report/publication Journal article Monograph Tobacco industry paper Symposium/conference presentation 	Description of the research cited by the organization in its submissions and presentations	Question 1: provide scientific evidence to support tobacco control
Title of presenter	<ul style="list-style-type: none"> Executive director Director President Vice president Program manager Senior policy analyst Legal counsel Coordinator Health consultant Physician/doctor Scientist/researcher Health effects of smoking 	From the committee meeting minutes	Question 2: Offer credible witnesses to present at meetings
Themes	<ul style="list-style-type: none"> Second-hand smoke issues Tobacco consumption Tobacco advertising, promotion, sponsorship Economic issues Farming and trade Product issue Addiction Youth access issues 	<p>For example, cancer, cardiovascular disease, lung disease</p> <p>The harm of second-hand smoke and location – in public, inside/outside, in private.</p> <p>Rates and trends of tobacco consumption</p> <p>Limitations on tobacco advertising, promotion and sponsorship</p> <p>Costs to society, government, individual</p> <p>Economic issues related to farming and trade, and compensation to tobacco farmers</p> <p>Design of tobacco products (e.g., vents)</p> <p>Information related to addictive properties of tobacco (e.g., nicotine)</p> <p>Sales to youth, buying for youth, product targeted to youth (for example, smokeless tobacco products)</p>	Question 3: What themes did they present in their presentations and submissions?

...continues/

Table 2. Coding Instrument (continued)

Items in Instrument	Code Categories	Operational Definitions	Research Question Addressed
Themes	<ul style="list-style-type: none"> • Education, prevention and cessation programs, services and campaigns • Environmental damage • Tobacco industry • Denormalization • Warning labels • Sales location • Tax • Smuggling • Packaging • Contraband • Labeling • Other tobacco products • Legislation/regulation • Legal issues • Hazardous products • First Nations issues • Personal rights • Other 	<p>Discussion of programs or services available or proposed to educate the public about the harm of tobacco and cessation programs</p> <p>For example, fire, litter</p> <p>References to the tobacco industry (e.g., past actions, reactions to bill)</p> <p>Campaigns revealing the lies to and manipulation of the public by the tobacco industry</p> <p>Warning labels on cigarette packages, including the pictures and phrases</p> <p>Issues at the location of sale, where cigarettes are sold, advertising in stores</p> <p>Changes in taxation of tobacco, use of tobacco tax revenue</p> <p>Smuggling from other jurisdictions</p> <p>Plain packaging</p> <p>Contraband products</p> <p>Tobacco products labeled Light/Mild</p> <p>Smokeless tobacco, chewing tobacco, flavoured tobacco</p> <p>Legislation/regulation in other jurisdiction and how it can be applied to the situation</p> <p>Potential legal issues that can be foreseen with the legislation or faced in other jurisdictions</p> <p>Classifying tobacco as a hazardous product</p> <p>Traditional uses of tobacco</p> <p>Right to smoke vs. right not to be exposed to second-hand smoke</p> <p>Issues not mentioned above</p>	
Support for the Bill	<ul style="list-style-type: none"> • Yes • No • Yes, with amendments 	<p>Stating support or opposition to the bill in the presentation</p>	
Recommendations	<ul style="list-style-type: none"> • Addition • Deletion 	<p>Recommendation that an amendment be added to the bill</p> <p>Recommendation that a section be removed from the bill</p>	

themes (for example, tobacco advertising, promotion and sponsorship, youth smoking issues, tobacco industry, legislation and regulation). For more information regarding the coding instrument, see Table 2.

Analysis

Emerging and predetermined themes were developed and refined during the coding process to reflect the analytical framework. The thematic categories were not mutually exclusive. Interpretations of findings were ongoing during the coding and analysis process, and were conducted through discussions between the authors. The themes derived from the content analysis were compared with the themes in the bills to determine whether they were appropriate.

RESULTS AND DISCUSSION

The sample consisted of 21 presentations and 39 submissions written in English. The submissions and presentations related to seven bills made to four parliamentary committees. The most common type of document submitted to committees was briefs prepared by tobacco control interest groups ($n=12$). The second largest category was journal articles that the interest groups used to support their opinion ($n=11$). The least common types of documents submitted were letters from tobacco control interest groups to the committees ($n=3$) and questions prepared by the tobacco control interest groups directed at the industry ($n=1$).

The presentations and submissions in the sample were made by eight tobacco control interest groups. The interest groups engaged in health advocacy were categorized as a Tobacco Control Specific Organization (organizations whose main objective is tobacco

control, for example, the Non-Smokers' Rights Association), Health Advocacy Group (organizations that have a broad mandate of improving health or are disease specific, for example, the Canadian Cancer Society) or a Professional Organization (organizations that represent the interests of a specific profession, for example, the Canadian Medical Association and the Canadian Association of Fire Chiefs). The Non-Smokers' Rights Association made the most submissions ($n=14$, Table 3), but 13 of these were made to the same committee regarding the same bill (C-71). The organization that made the largest total number of presentations and submissions to committees regarding different bills was the Canadian Cancer Society (4 submissions regarding different bills, 4 presentations).

Groups have an opportunity to express support or opposition for the bill in both their submissions and their presentations. Professional Organizations rarely expressed their view on the legislation. The only example in the sample was the Canadian Association of Fire Chiefs, which opposed Bill 260, *An Act to Amend the Hazardous Products Act* (fire-safe cigarettes), because it favoured measures being taken by Health Canada. Most Health Advocacy Groups did not express support or opposition for the bills either, although the Canadian Cancer Society did so in three-quarters of submissions and presentations in the study. The Tobacco Control Specific Organizations explicitly expressed support or opposition more frequently ($n=13$) than the other two categories (combined, $n=7$). They were also more likely to express this support during a presentation than in a submission.

The report written by the Standing Senate Committee on Social Affairs, Science and Technology on Bill S-13, *An Act to Incorporate*

Table 3. Type of Submission* by Tobacco Interest Group

	Brief	Letter	Article	Questions	Newsletter/ Memo	Other	Total
Non-Smokers' Rights Association	2		6		3	3	14
Canadian Cancer Society	3	1	1		1		6
Ontario Campaign for Action on Tobacco			1				1
Info-Tabac	1						1
Physicians for a Smoke-Free Canada	1	1	1		1	1	5
National Cancer Institute of Canada	2					1	3
Coalition québécoise pour le contrôle du tabac	3		2	1	1	1	8
Canadian Association of Fire Chiefs		1					1
Total	12	3	11	1	6	6	39

* Includes multiple submissions regarding the same bill.

and to Establish an Industry Levy to Provide for the Canadian Tobacco Industry Community Responsibility Foundation, mentions that the bill was supported by over 100 groups and organizations across Canada. The tobacco control interest groups identified in the report included the Canadian Cancer Society, the Canadian Medical Association, and the Heart and Stroke Association. The only tobacco control interest group found in this study to support Bill S-13 was the Quebec Coalition for Tobacco Control, suggesting that organizations may state their support in other ways that were not examined in this study, for example, in conversations (in person or on the telephone), through the media or by press releases, which were outside the purview of this study.

Did the tobacco control interest groups present scientific evidence to support tobacco control? The results show that scientific evidence was part of the process. The evidence included journal articles provided to the committee ($n=11$) and citation of journal articles in briefs (12 of 12). These articles were both systematic reviews and epidemiological studies. This is important, because there is strong evidence in favour of tobacco control, and our analysis demonstrates that such scientific evidence was introduced to the policy-making process.

Did the tobacco control interest groups offer credible witnesses to present at meetings? The organizations did not provide scientists or medical experts as witnesses; instead, the presenters were always a spokesperson from the tobacco control interest group. This might be seen as a deficit in the tobacco control interest groups' overall tobacco prevention strategy. It is an underused method of influencing policy-makers. The importance of providing scientists as witnesses has been stressed by Bero et al.¹⁴ and is reinforced by the finding that policy-makers rate witnesses provided by tobacco control interest groups as more credible than the lawyers and scientists provided by the tobacco industry as witnesses.⁸

Did the tobacco control interest groups present content themes that were consistent with the theme of the bill under consideration? Despite not explicitly supporting the legislation in the submissions and presentations, tobacco control interest groups generally adhered to the topic of the bill. The most common themes that tobacco control interest groups mentioned were tobacco advertising, promotion and sponsorship (42 combined presentations and submissions) and youth smoking (37 combined presentations and submissions). This is not surprising, since two bills concerned tobacco advertising, promotion and sponsorship (C-71 and C-42), and three bills were about youth smoking (C-71, S-15 and S-20). In submissions and presentations pertaining to C-71 and C-42, 81% mentioned the theme of tobacco advertising, promotion and sponsorship; for C-71, S-15 and S-20 86% of the submissions and presentations mentioned the theme of youth

smoking. All of the submissions and presentations regarding C-260 mentioned the theme of hazardous products. Other commonly mentioned themes included education (23 combined presentations and submissions), health effect of smoking (22 combined presentations and submissions) and tax (22 combined presentations and submissions). Themes that were not commonly mentioned included personal rights (2 combined presentations and submissions), environmental damage (5 combined presentations and submissions) and farming/trade (5 combined presentations and submissions).

With respect to the study's limitations, it did not examine whether submissions or presentations were effective in influencing policy-makers; future research is needed to link the process to outcomes. As well, the study employed a content analysis of presented material, whereas an analysis of discursive devices or other subtle ways to influence decision-making might reveal further insights about the policy process.

Examining one aspect of the legislative process (i.e., parliamentary committee meetings) excludes issues and topics that are dismissed at earlier stages and actors who participate in other stages. The two committees that did not provide the requested documents were the House of Commons Standing Committee on Finance and the Senate Standing Committee on Banking, Trade and Commerce, which both reviewed finance bills, including bills involving tobacco taxes. Thus, the exclusion of these submissions limits the scope of topics and the range of actors examined in this paper. The study provides a description of the themes presented by tobacco control interest groups and not an evaluation of the submissions or issues presented. As well, it did not evaluate the scientific evidence provided by the tobacco control interest groups to determine whether it was the best available evidence or properly interpreted. The study was unable to examine the third part of Monini and Bero's framework,¹¹ that is, the need to understand factors outside of science that affect policy-making. Because of limited resources, the authors did not have the ability to review French language submissions; however, this did not exclude traditionally French language groups (for example, Info-Tabac and Coalition québécoise pour le contrôle du tabac), because many of the submissions were translated into English and the transcripts of the committee meetings are provided in both official languages.

The strength of this study is that it is the first to examine the content and organizational affiliation of parliamentary committee submissions related to federal tobacco control bills. The hope is that this analysis will stimulate further work in this important policy area.

CONCLUSION

To investigate the influence of tobacco control interest groups their presentations and submissions to parliamentary committees were

subjected to a qualitative content analysis and the framework set out by Montini and Bero.¹¹ Tobacco control interest groups employed some of the strategies suggested by Montini and Bero in their attempts to influence parliament committees through submissions and presentations. They did provide scientific evidence in the form of both submitted articles and references to articles in submitted documents and presentations. An area where tobacco control interest groups can improve their strategies is in providing credible witnesses, for example, scientists and medical experts, in addition to employees of the organization. Incorporating Montini and Bero's recommendations into lobbying efforts may increase success in influencing committees not only for tobacco control interest groups but also for other public health advocates working in similar areas.

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Received: January 27, 2009

Accepted: August 6, 2009

RÉSUMÉ

Objectifs : Déterminer comment les groupes d'intérêts antitabac influencent les décisions politiques liées au tabagisme dans leurs présentations aux comités parlementaires.

Méthode : Nous avons analysé le contenu qualitatif des présentations sur la législation antitabac faites devant les comités parlementaires entre 1996 et 2004. Notre échantillon était extrait de la liste publique des projets de loi sur le tabac déposés à la Chambre des communes et au Sénat; pour déterminer quels comités avaient examiné ces projets de loi, nous avons consulté le site Web du gouvernement du Canada et LEGISinfo. Nous avons demandé aux greffiers des comités de nous envoyer les présentations liées aux projets de loi trouvés dans LEGISinfo. Ces documents ont été numérisés et saisis avec le logiciel QSR N6 pour être codés. Notre outil de codage était inspiré d'études antérieures reposant sur des analyses de contenu qualitatives. Pour évaluer les présentations, nous avons utilisé les recommandations de Montini et Bero.

Résultats : Les groupes d'intérêts antitabac ont fourni des preuves scientifiques à l'appui de la lutte contre le tabagisme. Cependant, ils auraient pu faire davantage appel à des témoins crédibles pour présenter l'information lors des réunions. Les thèmes abordés par les groupes d'intérêts antitabac étaient généralement en rapport avec le projet de loi débattu.

Discussion : Les groupes d'intérêts antitabac ont employé certaines des stratégies suggérées par Montini et Bero pour influencer les comités parlementaires dans leurs présentations. Ils ont fourni des preuves scientifiques dans leurs documents, mais ils auraient pu améliorer leurs stratégies en faisant appel à des témoins crédibles (scientifiques ou experts en médecine). En appliquant les recommandations de Montini et Bero aux activités de lobbying, ils pourraient accroître leur influence sur les comités.

Mots clés : santé publique; lobbying; tabac; protection des consommateurs; gouvernement fédéral; Canada

New Museum of Public Health at UBC to Open in 2010

The School of Population and Public Health at the University of British Columbia will have a new address on campus next year and plans are underway to house a Museum of Public Health in the new building. The museum will engage UBC students, faculty, staff and the surrounding community with interesting information and exhibits from the field of public health.

We have gathered a number of artifacts and have plans for several exhibits, and we are currently seeking donations of materials to add to our collection. We would like to touch on as many public health-related subjects as possible to create a comprehensive educational experience for our visitors. If you have any public health materials which you would like to share with us, please contact Erica Frank, MD, MPH at erica.frank@ubc.ca for more information.