A good book has the capacity to rouse good arguments, and this book does precisely that. It will perhaps not resonate as strongly as the author may have wished with reformist elites and policymakers. The poor involved in self-empowerment movements will find little here as well. However, what it will do is help in the education of yet another generation of students furthering their journey through the complicated sets of issues and options that make the elimination of extreme poverty—the latest goal to be embraced by the international community—so challenging.

PHYLLIS R. POMERANTZ  
Duke University


Smoking has fallen out of favor in most advanced industrialized states, which constitutes a vital victory for public health. Despite decades of obstructionism by tobacco companies, smoking rates have dropped by up to 40% across the OECD (Organisation for Economic Co-operation and Development) region between 1990 and 2010.

Global Tobacco Control raises two significant questions about policy change in general and tobacco control in particular. First, why did it take governments so long to recognize the health consequences of smoking? Second, why did policy action vary if the problem is the same across the globe? The case studies in this book include detailed chapters on the United Kingdom and the United States, the EU and Germany, as well as Australia, Canada, New Zealand, and Japan, which is lagging behind in tobacco control. The developing world and the World Health Organization (WHO) are examined in separate chapters.

The authors—Paul Cairney, Donley Studlar, and Hadii Mamudu—anchor their two questions (why such a long delay and why does policy intervention vary?) to the wider debate on how established policy frameworks undergo major transformations. While tobacco companies blocked government action to combat smoking for decades, this book suggests that to fully grasp why antismoking measures found currency after 1990, we need to go beyond the nefarious influence of “big tobacco.”

The authors list five factors: institutional shifts, framing of problems and policy solutions, the relative weight of competing interests, the broader social environment, and the transnational diffusion of new knowledge and ideas. No single event can explain why governments suddenly tackled tobacco consumption and introduced new legislation to discourage smoking. Instead, piecemeal change gave rise to a comprehensive framework that ultimately ushered in quantum changes.
The authors propose to combine different theories of change in order to create a multilayered framework. First, who carries responsibility for tobacco policy? Institutions have different objectives and rules of behavior. Is tobacco still housed in the department of agriculture or trade or in the department of health? Second, political leaders have access to additional tools to combat smoking once health ministries have taken charge of the tobacco agenda. Third, until the 1980s, tobacco companies and trade groups dominated tobacco-related discourse. However, since the 1990s, consumer groups, health nongovernmental organizations (NGOs), and international organizations such as the WHO have exerted greater influence, reducing the power of tobacco companies and creating space for a tobacco control agenda. The fourth factor examines the larger social environment across the country chapters. As smoking rates shrank in the OECD, politicians found it easier to heed the suggestions of consumer and health NGOs.

Special importance is assigned to the dissemination of ideas. The WHO and the EU have been major vehicles for persuading reluctant government officials to prioritize tobacco control. Many OECD countries enacted tobacco control policies at more or less at the same time under pressure from the EU and the WHO. The fifth variable is thus the spread of new ideas, norms, and practices by international health advocates/organizations and their national allies.

One of the outstanding features of *Global Tobacco Control* is its coverage of tobacco control in the developing world. In the developed world, the interplay between the five variables gave rise to tobacco control legislation though Western countries embraced the new paradigm at different rates and intensity. However, outside the OECD region, little change has taken place. In many developing countries (or middle-income countries), health departments are marginalized. Tobacco companies are powerful, and excise taxes provide important source of tax revenues. Tobacco is often perceived as an economic activity. Medical information is not widely known, and NGOs struggle to be heard. In the absence of domestic pressures for change, international groups and transnational policy intervention seek to create momentum for the introduction of tobacco control measures. The WHO occupies an important position because it bolsters the credibility of domestic antismoking advocates. Therefore, in the developing world, in contrast to the developed world, change may be more sudden and radical because external forces can possibly upend the entrenched position of tobacco interests. Nonetheless, even if governments officially embrace the public health paradigm, enforcement is often weak and tobacco companies continue to sell cigarettes unimpeded.

The situation in the developing world is best described by global governance, which refers to the ability of international organizations backed by certain countries to influence the policy behavior of states. International organizations and transnational policy alliances uphold a model of “best
practices” to which government officials can be held accountable. As the climate in the developed world turned against smoking and tobacco use, tobacco companies have moved aggressively into the markets of the developing world where demand for tobacco products has risen sharply. The WHO and the Framework Convention on Tobacco Control will be key building blocks in convincing governments in the developing world to stand up against tobacco companies and in adopting a public health approach.

Global Tobacco Control is an important addition to the literature on how to analyze policy conflicts surrounding tobacco use. The authors provide an extensive framework for tracing the battle against tobacco use in the OECD as well as presenting a set of analytical tools to study its policy trajectory in the developing world. All in all, Global Tobacco Control is a superb examination of an important question that will be an interest to a broad audience that deals with politics, public health, and policy analysis. With their combined expertise, Cairney, Studlar, and Mamudu have produced a first-rate account of tobacco control that will be a standard text for years to come.

PAULETTE KURZER
University of Arizona


Immigration policy in the United States is immensely polarizing, a convoluted network of interconnected policy problems and conflicts among actors and stakeholders (Leaman 2012; Tichenor 2012). The social construction and imaging of immigrants and noncitizens by U.S. immigration policymakers, law, and public opinion, through degenerative politics; how the “state-created” immigration bureaucratic system (2) coerces noncitizens, their families, and by extension, immigrant communities and American society—for a stronger understanding of the issues surrounding immigration policies, all these things and more must be carefully analyzed. Since the events of 9/11 and the 1996 federal immigration laws (e.g., the Anti-terrorism and Effective Death Penalty Act and the Illegal Immigration and Immigrant Responsibility Act), U.S. immigration policy has become punitive and restrictive, the resulting administrative programs leading to the criminalization of immigrants and militarization of the country’s border. In addition, since the 2000s, the “rescaling” of immigration policy through local activism on immigration policymaking has only served to render the country’s stance more entrenched and convoluted than ever (Varsanyi 2011). In examining these series of social and political contexts, this book attempts to analyze how current punitive