The International Tobacco Control Policy Evaluation Project

ITC France National Report

RESULTS OF THE WAVE 2 SURVEY

OCTOBER 2011

Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic

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Results from the ITC France Wave 2 Survey

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ITC France second national report

A close examination of tobacco control

Over the past thirty years, France has implemented strong tobacco control policies: the Veil law in 1976, the Evin law in 1991, and smoke-free public places in 2007 and 2008 (Bertrand decree). Our country, the first European country to ratify the WHO Framework Convention on Tobacco Control (FCTC), has never let up in its efforts. Among a range of other legislative measures and regulations, we chose to sharply increase prices in 2003 and 2004, and concurrently supported tobacco cessation. An annual reimbursement of 50 euros on the purchase of nicotine substitutes (150 euros for pregnant women) is thus available for people who want to quit.

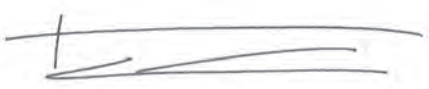
The ITC Project – *International Tobacco Control Policy Evaluation Project* – is the first-ever international cohort study on tobacco consumption. It is carried out by an international team of researchers based at the University of Waterloo in Canada, in 23 countries inhabited by more than half of the world's population and 60% of the world's smokers. The data collected allow international comparisons among ITC countries. Thus they constitute invaluable evidence to guide us in our efforts to fight the number one preventable cause of death and illness in the world.

The first outcomes of this cohort survey were published in 2009 on the occasion of the first anniversary of the second stage of the implementation of the smoke-free regulation in public places. This second ITC France national report details the evolution of behaviours and attitudes towards tobacco control policies in France since 2007.

The success of smoke-free policies in workplaces and public places is evident, including increasing support from the population for this public health initiative. This is an expression towards successfully achieving sustained denormalization of smoking. A decrease in smoking at home has accompanied the smoking ban: is this not the best evidence of its effectiveness? However, the study shows that there are further efforts to be made: be it in workplaces where nearly one employee out of five are still exposed to passive smoking or at smoky terraces of cafés or restaurants.

The second salient point in this survey is the loss of effectiveness of text-only warning labels on cigarettes packs. The recent obligation to put graphic warnings on packs is a step in the right direction and should contribute to increasing the effectiveness of these health warnings. So health protection and public information remain essential priorities. We are determined to move forward with an effective and consistent tobacco control policy that is stronger than ever.

Xavier BERTRAND
Minister of labour, employment and health



“Tobacco is the most effective agent of death ever developed and deployed on a worldwide scale.”

John Seffrin, CEO, American Cancer Society and Past President, International Union Against Cancer (UICC)

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ITC POLICY EVALUATION PROJECT

The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the WHO Framework Convention on Tobacco Control (FCTC). This is the second report in the ITC France National Report series. It presents more comprehensive results from the ITC France Wave 1 and Wave 2 Surveys than the previous report, including an evaluation of the two-phase smoking ban — Phase 1: February 2007 smoking ban in workplaces, shopping centres, airports, train stations, hospitals, and schools; Phase 2: January 2008 smoking ban in bars, restaurants, hotels, casinos, and nightclubs.

ITC France Survey Team

France Team

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- INPES, French Institute for Health Promotion and Health Education (France)
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- Institute of Population and Public Health (Canada)
- Ontario Institute for Cancer Research (Canada)

ITC France National Report

The preparation of this report was coordinated by Lorraine Craig (University of Waterloo) and Romain Guignard (INPES) in collaboration with Jean-Louis Wilquin, Pierre Arwidson, and François Beck (INPES), Antoine Deutsch (INCa), and Mi Yan, Pete Driezen, Sara Hitchman, and Katherine McEwen (University of Waterloo).

BACKGROUND

The ITC Project Surveys

The ITC Project is the first-ever international cohort[1] study of tobacco use. Its overall objective is to measure the psychosocial and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control (FCTC). The ITC Project is a collaborative effort with international health organizations and policymakers in 23 countries so far, inhabited by more than 50% of the world's population, 60% of the world's smokers, and 70% of the world's tobacco users. In each country, the ITC Project is conducting regular longitudinal surveys to assess the impact and identify the determinants of effective tobacco control policies in the key domains of the FCTC, including the following:

- Smoke-free legislation
- Cessation
- Health warning labels and package descriptors
- Price and taxation of tobacco products
- Communication and education
- Tobacco advertising and promotion bans

All ITC surveys are developed using the same conceptual framework and methods, and the survey questions are designed to be identical or functionally equivalent in order to allow relevant comparisons across countries. The ITC Project aims to provide an evidence base to guide policies enacted under the FCTC, and to systematically evaluate the effectiveness of these legislative efforts.

The ITC France Survey

In 2006, researchers from the French Institute for Health Promotion and Health Education (INPES) and the French National Cancer Institute (INCa) formed a collaboration with the ITC Project team to create the ITC France Project. The objectives were to create an ITC Survey in France as a system for comprehensive surveillance and evaluation of tobacco control initiatives in France (including FCTC policies).

The ITC France Project was initiated during the development of national smoke-free policies in France. A comprehensive ban on smoking in workplaces and public places was implemented in two phases. In February 2007, smoking was banned in workplaces, shopping centres, airports, train stations, hospitals, and schools. In January 2008, the ban was extended to hospitality venues (cafés, bars, restaurants, hotels, casinos, and nightclubs).

Wave 1 of the ITC France Survey was conducted between December 2006 and February 2007, before the implementation of the first stage of France's smoking ban. Using random digit dialed telephone procedures, 1,735 adult smokers and 525 adult non-smokers were interviewed. Survey respondents were re-contacted after the January 2008 smoking ban at Wave 2, between September and November 2008, to assess and evaluate, among other topics, the impact of both stages of the smoking ban. Wave 1 respondents who were lost to follow-up were replaced by new randomly selected participants to maintain the sample size (replenishment sample at Wave 2 = 473 smokers and 101 non-smokers). At Wave 2, the sample consisted of 1,540 smokers, 515 non-smokers, and 164 quitters (smokers who had quit between the two waves).

Between both waves of the survey, several other tobacco control policies were implemented in France. In February 2007, reimbursements for stop-smoking medications (nicotine replacement therapies and varenicline) at €50 per year per smoker were introduced. In August 2007, the price of the most commonly sold cigarette packs increased by €0.30, and the price of the most commonly sold roll-your-own tobacco increased by €0.50 (from €5.50 to €6).

In February 2009, the ITC France National Report[2] and a brief ITC France Summary Report[3] were released. These reports focused on describing (1) attitudes and behaviours of smokers and non-smokers before the implementation of France's smoke-free policies, (2) the impact of the smoking bans on smokers' and non-smokers' attitudes, and (3) changes in smoking behaviour after the bans. This report provides a more comprehensive evaluation of France's tobacco control policies, including the impact of France's smoke-free policies approximately 18 months after the ban in indoor public places, public transport, and workplaces and eight months after the ban in hospitality venues.

1. Cohort studies are also known as panel studies in the field of epidemiology.

2. ITC Project (February 2009). ITC France National Report. University of Waterloo, Waterloo, Ontario, Canada; French Institute for Health Promotion and Health Education (INPES), French National Cancer Institute (INCa), and French Monitoring Centre for Drugs and Drug Addiction (OFDT), Paris, France.

3. ITC Project (February 2009). ITC France Survey Summary. University of Waterloo, Waterloo, Ontario, Canada; French Institute for Health Promotion and Health Education (INPES), French National Cancer Institute (INCa), and French Monitoring Centre for Drugs and Drug Addiction (OFDT), Paris, France.

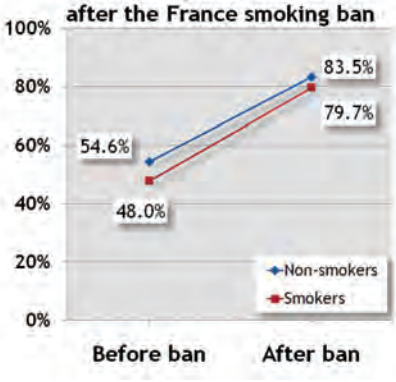
KEY FINDINGS

1. The French smoke-free laws have dramatically reduced smoking in workplaces, cafés, bars, and restaurants. Support for smoking bans in these venues has increased among smokers and non-smokers.

a) The percentage of workplaces with complete smoking bans has increased considerably since the workplace smoke-free policy was implemented.

Before the workplace smoking ban, 48% of smokers and 55% of non-smokers who were employed outside the home[4] had a complete ban on smoking at their workplace. At Wave 2, 17 to 19 months after the workplace smoking ban was implemented, 80% of smokers and 84% of non-smokers reported having a complete smoking ban at their workplace.

Fig ES-1. Percentage of non-smokers and smokers who reported smoking is not allowed in any indoor areas at their workplace, before and after the France smoking ban

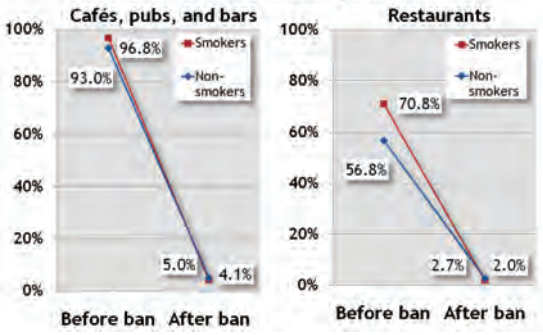


After the ban, fewer respondents had only partial restrictions or no restrictions on smoking at their workplace. At Wave 1, among people who were employed outside the home, 37% of smokers and 31% of non-smokers had designated indoor smoking areas at their workplace. This percentage decreased at Wave 2 to 13% and 11% of smokers and non-smokers, respectively. Similarly, the proportion of smokers with no restrictions on smoking at their workplace decreased from 11% at Wave 1 to 4% at Wave 2.

b) Smokers and non-smokers report that the smoking ban in cafés, pubs, bars, and restaurants is well-enforced.

Before the ban, smoking was observed in nearly all cafés, pubs, and bars — 97% of smokers and 93% of non-smokers noticed smoking on their most recent visit. At Wave 2, 8 to 11 months after the ban, smoking was rarely observed inside these venues — only 4% of smokers and 5% of non-smokers reported that people were smoking on their most recent visit. The same was true in restaurants, with 71% of smokers and 57% of non-smokers reporting that people were smoking on their most recent visit before the ban, and just 2% and 3% respectively after the ban. The majority of survey respondents reported that indoor smoke-free policies are well-enforced: 95% of smokers and 85% of non-smokers reported that local cafés and bars are "totally" enforcing the smoking ban; 98% of smokers and 92% of non-smokers reported that local restaurants are "totally" enforcing the smoking ban[5].

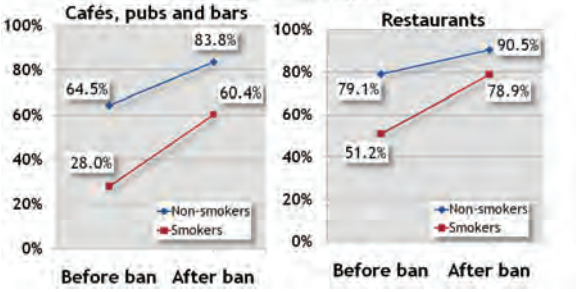
Fig ES-2. Percentage of smokers and non-smokers who noticed smoking in hospitality venues at last visit, before and after the France smoking ban



c) Support for the smoking bans in hospitality venues has increased among smokers and non-smokers since the bans were implemented.

At the same time as the smoking bans have led to a dramatic reduction in smoking in public places, support for the bans has increased among smokers and non-smokers. Smokers' support for the ban in cafés, bars, and pubs increased from 28% before the ban to 60% after the ban. Similarly, support for the restaurant ban among smokers increased from 51% to 79%.

Fig ES-3. Percentage of non-smokers and smokers who "supported" or "strongly supported" a smoking ban in hospitality venues, before and after the France smoking ban



4. 77% of the entire sample of smokers and 50% of the entire sample of non-smokers were employed outside the home.

5. It is noted that a recent report by DNF (Droits des Non-Fumeurs (Rights for Non-Smokers)) entitled "Le Tabac En France entre 2006 et 2009" has drawn attention to the proliferation of smoking on café terraces. Strong enforcement of the indoor ban could explain the increase in the number of terraces between 2007 and 2009 (from 30 000 to 45 000 according to this report).

2. At Wave 2, 13% of smokers in the cohort had quit smoking. Smoke-free laws in workplaces, public places, and hospitality venues have helped some smokers to quit or cut down on smoking.

The Wave 2 survey found that 13% (n=164) of the Wave 1 smokers who were recontacted at Wave 2 (n=1,231) had quit smoking. More than two-thirds (70%) had quit more than six months prior to the Wave 2 survey, while 30% quit in the six months prior to the Wave 2 survey. Among the quitters, 64% were male, 21% were age 55 or older, and 85% were daily smokers. Among those who continued to smoke at Wave 2, 54% were male, 14% were age 55 or older, and 92% were daily smokers. Thus, quitters are more often male, occasional smokers, and are older than smokers who continued to smoke between both waves. Smoke-free laws have had some impact in helping smokers to quit or cut down on smoking and to stay quit, according to what they reported.

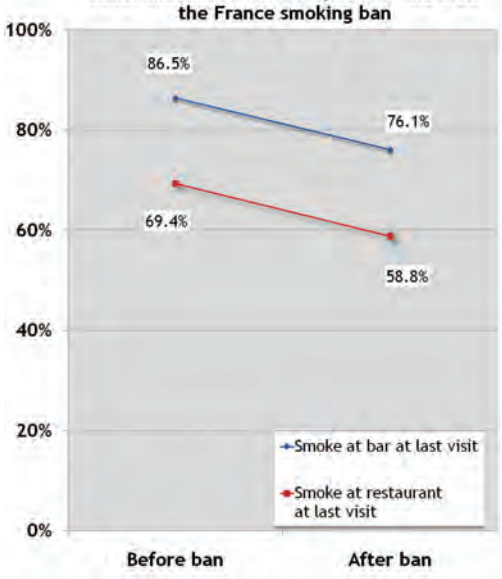
Among 164 quitters at Wave 2[6]:

- 16% of quitters who are employed outside the home (n=19) reported that the 2007 ban on smoking in workplaces and public places was one of the reasons they quit smoking;
- 46% of quitters who are employed outside the home (n=55) said the law banning smoking in workplaces and public places helped them to stay quit;
- 15% (n=24) indicated that the 2008 smoking ban in cafés, restaurants, and bars was one of the reasons they quit smoking;
- 43% (n=71) reported that the hospitality smoking ban helped them to stay quit.

Among 1,067 smokers re-contacted at Wave 2:

- 40% of smokers who are employed outside the home (n=318) reported that the 2007 ban on smoking in workplaces and public places made them cut down on the number of cigarettes they smoked;
- 24% (n=253) indicated that the 2008 smoking ban in cafés, restaurants, and bars made them cut down on the number of cigarettes they smoked[7];
- 13% (n=131) indicated that they are more likely to quit smoking now because of the smoking ban in hospitality venues.

Fig ES-4. Percentage of smokers who smoked at hospitality venues at last visit, either indoors or outdoors, before and after the France smoking ban



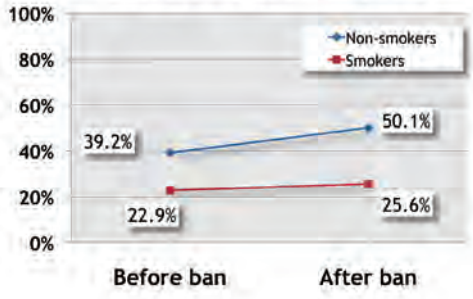
Since the 2008 smoking ban in hospitality venues, fewer smokers have reported smoking at all when they visit these venues, either outdoors or indoors or both. Among smokers who were re-contacted at Wave 2 and who visited a bar in the last six months at both waves, 87% smoked during their last visit (outdoors or indoors or both) before the ban. After the ban, the percentage who smoked at their last visit decreased to 76% and nearly all smoked outdoors only. Similarly, smoking when visiting restaurants decreased from 69% of smokers before the ban to 59% of smokers after the ban with the majority smoking outdoors only.

3. Smoking at home has decreased among smokers and non-smokers since smoke-free laws have been in place.

The ITC France Survey found that the percentage of smokers and non-smokers who do not allow smoking in their home increased after implementation of the smoke-free laws. At Wave 1, 39% of non-smokers and 23% of smokers did not allow smoking in their homes. At Wave 2, 50% of non-smokers and 26% of smokers reported not allowing smoking in their homes[8].

At Wave 2, 15% of smokers who allowed smoking in their home at Wave 1 switched to completely banning smoking in their home. Among non-smokers, 26% of those who allowed smoking at Wave 1 switched to completely banning smoking in their homes at Wave 2. This demonstrates that it may be more difficult for smokers than for non-smokers to switch to making their homes completely smoke-free.

Fig ES-5. Percentage of non-smokers and smokers who do not allow smoking in their home, before and after the France smoking bans



6. Percentages have to be interpreted cautiously since the number of quitters is very low.

7. Note that overall tobacco sales slightly decreased between 2007 and 2008.

8. Figures are for continuing smokers at Wave 2.

ITC surveys conducted in the Netherlands, Germany, and Ireland have also found increases in the percentage of smokers and non-smokers who report not allowing smoking in their homes following the implementation of smoke-free laws. Among smokers who were still smoking in their homes at Wave 2, 24% reported smoking fewer cigarettes inside the home, 68% smoked about the same amount, and 8% smoked more cigarettes inside the home.

Thus, the smoke-free law was associated not only with dramatic reductions in smoking in key public places, but also with a slight reduction at home. These results are consistent with ITC surveys conducted in Ireland and Scotland which showed either a decrease or no change in smoking at home following their comprehensive smoking bans[9, 10, 11]. However, the causal relationship is not obvious since this evolution is part of the long-term process of denormalization of tobacco.

4. The majority of smokers who visited their doctor or health professional did not receive smoking cessation assistance.

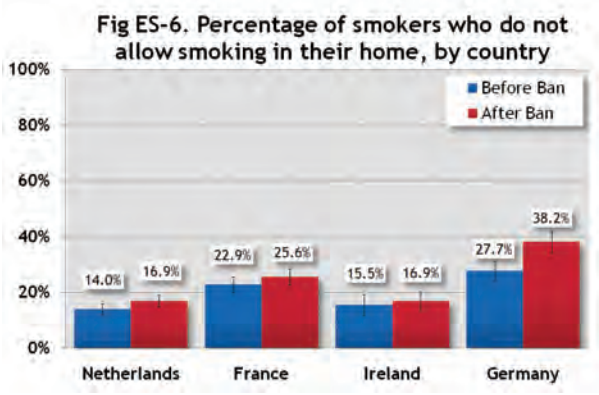
The important role of physician advice in assisting smokers to quit is well-recognized[12, 13]. France ranks among the lowest of 19 ITC countries in terms of the proportion of smokers who received advice to quit from their physicians during a routine visit.

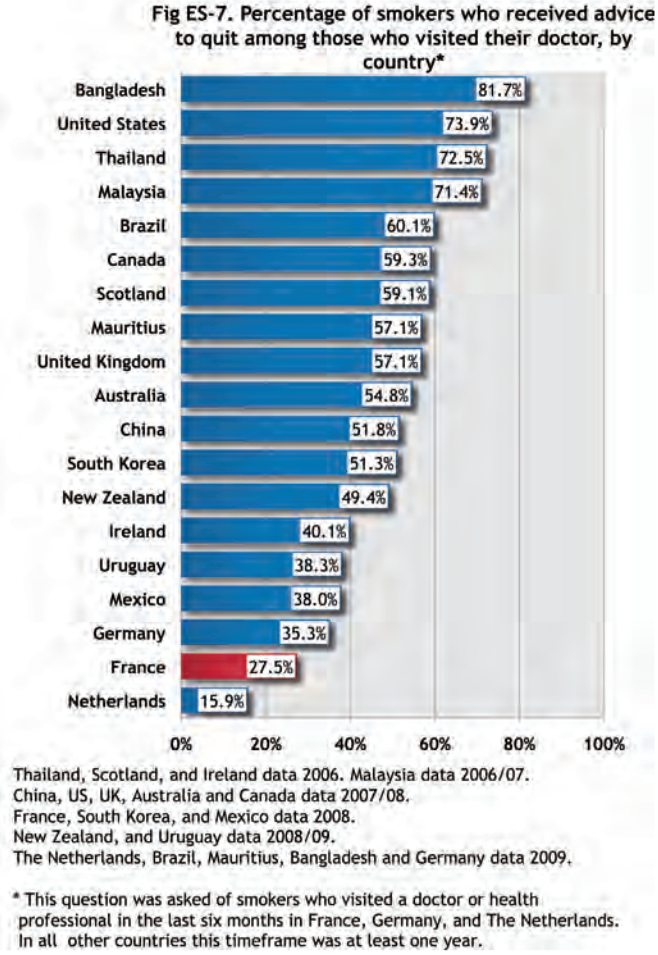
At Wave 2, about three smokers out of ten (28%) who visited their doctor or health professional in the last six months (58% of all smokers) received advice to quit smoking. Three-quarters (75%) of smokers who received advice to quit reported that this advice led them to think about quitting. This suggests that brief counselling had some impact on the majority of smokers who received it.

Advice to quit and pamphlets/brochures were the most common forms of cessation support provided to smokers by a doctor or health professional — 28% and 15% of smokers who had visited their physician in the last six months at Wave 2 received these forms of support, respectively. Stop-smoking medications (SSMs) and referrals to stop-smoking programs were offered less frequently — 7% and 3% of smokers who had visited their physician in the last six months at Wave 2 received these forms of assistance, respectively. These results are similar to those seen in Germany and the Netherlands, where less than 10% of smokers were prescribed SSMs or referred to other services, but are lower than in the United Kingdom where approximately 20% of smokers who visited a doctor or health professional received a prescription for SSMs or a referral to other cessation services[14].

Of the 164 quitters at Wave 2, 68% had visited a doctor in the six months prior to the survey. Approximately half (47%) of these quitters received encouragement or support from their doctor or health professional for quitting smoking.

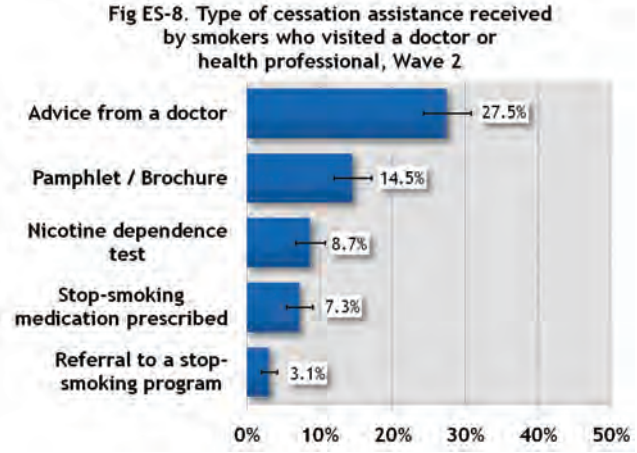
The majority of smokers think the government should do more to help smokers quit. At Wave 2, 60% of French smokers "agreed" or "strongly agreed" that the government should do more to support smoking cessation.





Thailand, Scotland, and Ireland data 2006. Malaysia data 2006/07.
China, US, UK, Australia and Canada data 2007/08.
France, South Korea, and Mexico data 2008.
New Zealand, and Uruguay data 2008/09.
The Netherlands, Brazil, Mauritius, Bangladesh and Germany data 2009.

* This question was asked of smokers who visited a doctor or health professional in the last six months in France, Germany, and The Netherlands. In all other countries this timeframe was at least one year.



9. Fong, G.T., Hyland, A., Borland, R., Hammond, D., Hastings, G., McNeill, A., et al. (2006) Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey. Tob Control, 15, iii51-iii58.

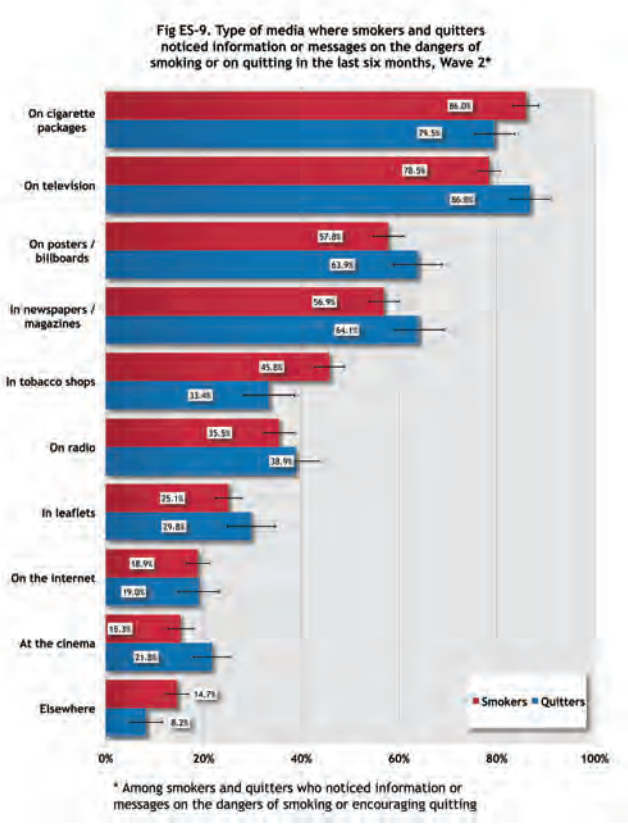
10. Hyland, A., Higbee, C., Hassan, L., Fong, G.T. et al. (2007). Does smoke-free Ireland have more smoking inside the home and less in pubs than in the United Kingdom? Findings from the international tobacco control policy evaluation project. Euro J Public Health, 18, 1, 63-65.

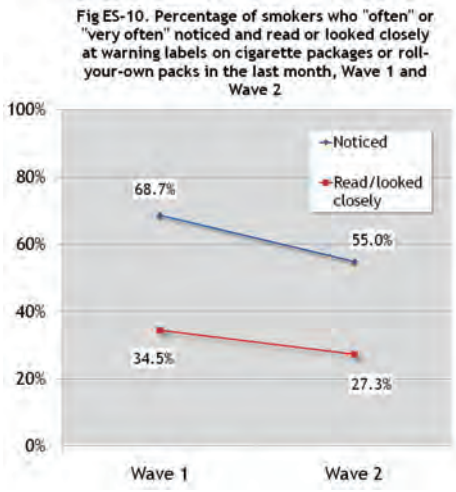
5. Cigarette packages are the most common medium of information for smokers on the dangers of smoking – however the majority of smokers do not frequently notice the current text-only tobacco warning labels.

The French Ministry of Health has recognized that pictorial warning labels are an effective component of a comprehensive approach to tobacco control and have joined Belgium, the United Kingdom, Romania, Latvia, and at least 30 other countries around the world in introducing pictorial warnings. The new warnings were required as of April 20, 2011 for cigarettes packs and from April 2012 for other tobacco products. ITC survey results in other countries provide evidence that pictorial warnings produce greater levels of emotionally charged reactions, stimulate more quitting activity, and that their effects persist for longer than text-only warnings[15].

At Wave 2, 85% of smokers noticed information or messages that talk about the dangers of smoking or encourage quitting in the last six months. Among these smokers, 86% indicated that they noticed messages on cigarette packages — the most frequently identified medium among those suggested.

However, the Wave 2 survey results suggest that the salience of France's current text-only warnings may be decreasing among smokers. At Wave 1, over two-thirds (69%) of smokers stated having noticed warning labels "often" or "very often". Among this same group of smokers at Wave 2, this percentage decreased to 55%. Of smokers who noticed the labels "often" or "very often" at Wave 1, 63% noticed the labels just as frequently at Wave 2. However, more than one-third (37%) noticed them less frequently by Wave 2. These findings highlight the need to enhance the current text warnings — an initiative that could have strong public support, as almost half (46%) of French smokers and 63% of non-smokers think that there should be more health information on cigarette packages.





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11. Hyland, A., Hassan, L.M., Higbee, C., Boudreau, C. et al. (2009). The impact of smokefree legislation in Scotland: results from the Scottish ITC Scotland/UK longitudinal surveys. Euro J Public Health, 19, 2, 198-205.

12. WHO Framework Convention on Tobacco Control (2010). Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control (Demand reduction measures concerning tobacco dependence and cessation). http://www.who.int/fctc/guidelines/article_14/en/index.html

13. Stead, L.F., Bergson, G., and Lancaster T. (2008). Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub3.

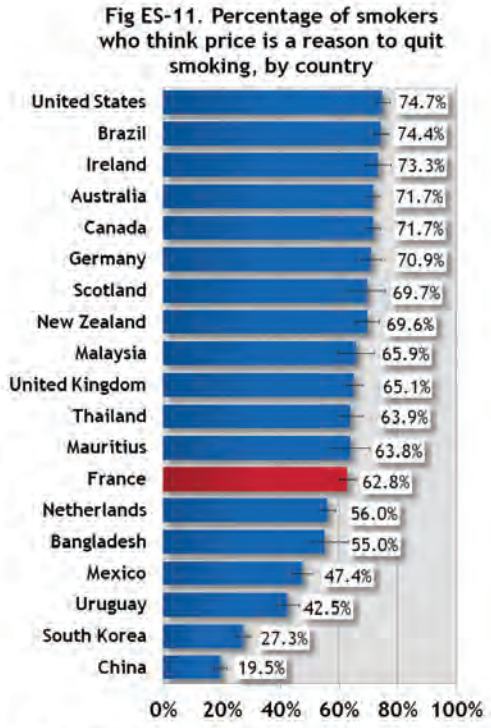
14. Note that the timeframe was longer (since last survey date) in the UK survey question.

15. Borland, R., Wilson, N., Fong, G. T. et al. (2009). Impact of graphic and text warnings on cigarette packs: findings from four countries over five years. Tob Control 18: 358-364.

6. The 6% increase in the price of cigarettes (approximately €0.30 on a pack of 20) that was implemented in August 2007 appears to have had minimal impact on smokers' attitudes towards purchasing cigarettes.

At Wave 1, more than half (58%) of smokers often thought about the money spent on smoking in the last month. This percentage was relatively unchanged (54%) at Wave 2, 13 months after the August 2007 price increase. Approximately one-third of smokers at Wave 1 (33%) and Wave 2 (31%) indicated that in the last six months they spent money on cigarettes that they knew would be better spent on other household items such as food. Price is a reason to quit for nearly two-thirds (63%) of French smokers. More than half of the 19 ITC countries surveyed have a higher percentage of smokers who report that price is "somewhat" or "very much" a reason to quit smoking.

These findings suggest that the small increase (6%) in the price of cigarettes implemented after the Wave 1 survey (August 2007) has had minimal impact on smokers' attitudes, motivation to quit smoking, and perceptions concerning the cost of smoking. The increase in the price of cigarettes in France between 2003 and 2004 demonstrated that an increase of at least 10% is required to significantly reduce cigarettes sales.



IMPLICATIONS FOR TOBACCO CONTROL IN FRANCE

The ITC France Wave 1 and Wave 2 surveys indicate that France's smoke-free policies have substantially reduced smoking in workplaces, public places, and hospitality venues. Increased support among smokers and non-smokers for smoke-free policies after their implementation and high levels of compliance with these policies indicate that France's indoor smoking restrictions have been successful.

The Wave 2 findings also highlight opportunities to further improve tobacco control in France:

1. Continue to monitor compliance with smoke-free laws in workplaces and the hospitality industry.
2. Closely monitor implementation of pictorial warning labels.
3. Strengthen family physicians' roles in promoting smoking cessation among their patients by providing training in smoking cessation counselling.
4. Conduct further economic analyses using ITC Wave 1 and Wave 2 survey data to evaluate the impact of tobacco price and tax increases on tobacco consumption across all age and income groups.

THE TOBACCO LANDSCAPE

The February 2009 ITC France National Report[16] provides an overview of tobacco use and tobacco control policies in France at the time of the Wave 1 ITC France Survey. This section provides an update to give an understanding of tobacco use and the policy context from the time of the Wave 2 survey to 2010. The main tobacco control policy initiatives that were implemented in France after the Wave 1 survey are summarized below.

Smoking prevalence

Smoking prevalence in France has increased among the population aged 15-75 from 32% in 2005 to 34% (37% in males, 30% in women) in 2010[17]. This increase occurred after four decades of decreasing prevalence among men, and only two decades of declining prevalence among women[18]. The smoking prevalence is highest among young people and then decreases with age: 39% of 18-44 year olds declare they smoke daily vs. 31 % of 45-54 year olds, 18% of 55-64 year olds, and 7% of 65-75 year olds. Smoking prevalence studies conducted in 2010 identified a disparity in prevalence between males and females around 30 years old. The lower prevalence among women in this age group is linked to planning for pregnancy or pregnancy itself, or to the presence of infants or small children at home. Such periods are a powerful motivator for quitting, at least temporarily among women, while it is less the case among men.

Tobacco control policies

France has a history of strong leadership in tobacco control in the European Union (EU). The Veil Law placed limitations on tobacco advertising and established health warnings as early as 1976. In 1991, the Evin Law strengthened the ban on tobacco advertising, increased tobacco prices, and established the principle of non-smoker protection. Several increases in cigarette prices were implemented in 2003 and 2004, leading to a strong decrease in tobacco prevalence. France ratified the WHO FCTC in October 2004, the first European Member State to do so. The FCTC addresses the global tobacco epidemic through a variety of measures to reduce tobacco demand and supply, including price and taxation (Article 6), exposure to tobacco smoke (Article 8), packaging and labelling of tobacco products (Article 11), tobacco advertising and sponsorship (Article 13), and cessation and treatment (Article 14). Since that time, tobacco control measures have included restrictions on packaging, the implementation of cessation clinics, reimbursement for nicotine substitutes and prescriptions medications, and smoke-free policies.

France's Cancer Plan 2009-2013, announced in November 2009, identifies a number of tobacco control measures aimed at reducing smoking prevalence from 30% to 20% by 2013. These measures include implementing pictorial warning labels (required since April 2011), banning advertising at point of sale and during television sports broadcasts, extending the nicotine replacement therapy reimbursement for pregnant women and patients entitled to receive full social security cover for medical care, prohibiting the sale of cigarettes by internet, developing information campaigns on the risks of tobacco addiction, and ensuring that the extension of the prohibition on selling tobacco to minors aged 16 to 18 is actually enforced[19].

Pricing and taxation

Raising taxes on tobacco products is considered to be one of the most effective components of a comprehensive tobacco control strategy, particularly among young people[20, 21]. The FCTC calls for tax and price policies, sales restrictions, and limitations on international travellers importing tax and duty free tobacco products.

France increased the price of manufactured cigarettes by 8% in January 2003, 18% in October 2003, and 9% in January 2004. The price for the most commonly sold cigarette pack then increased from €5.00 to €5.30 on August 2007 (6% increase), and the price of the most commonly sold roll-your-own tobacco increased by €0.50 (8.3% increase). Following a moratorium on excise taxes from 2003 until late 2007, France raised its minimum retail price for cigarettes on October 1st, 2007 by €0.30 from €4.49 to €4.79[22].

Since 2007, several other slight increases occurred: a €0.60 increase in the price of roll-your-own tobacco in January 2009, a €0.30 increase in the price of cigarettes packs in November 2009 and another €0.30 increase in November 2010[23].

16. ITC Project (February 2009). ITC France National Report. University of Waterloo, Waterloo, Ontario, Canada; French Institute for Health Promotion and Health Education (INPES), French National Cancer Institute (INCa), and French Monitoring Centre for Drugs and Drug Addiction (OFDT), Paris, France.

17. Beck, F., Guignard, R., Richard, J.B., Wilquin, J.L., and Peretti-Watel, P. (2010). Evolutions récentes du tabagisme en France : Premiers résultats du baromètre santé 2010, INPES.

18. Beck, F. and Legleye, S. (2008). « Tabagisme passif », in Ménard C., Girard D., Léon C., and Beck, F. (dir) Baromètre santé environnement 2007, INPES, St Denis, 170-186.

19. French National Cancer Institute (INCa). (2009). Le plan cancer 2009-2013. http://www.e-cancer.fr/component/docman/doc_download/4787-

20. World Health Organization (2008). WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, World Health Organization.

21. Jha, P., Chaloupka, F.J. (1999). Curbing the epidemic: governments and the economics of tobacco control. Washington, DC: World Bank.

22. Journal officiel, Arrêté du Ministère du Budget, des comptes publics et de la fonction publique, 26 septembre 2007. http://droit.org/jo/20070930/BCFD0763530A.htm.

23. These increases occurred after Wave 2 of ITC France project.

Smoke-free policies

The French government implemented smoke-free legislation in two stages in 2007 and 2008. Smoking was banned in public areas, workplaces, hospitals and schools on February 1st, 2007. This ban was extended to restaurants, cafés, bars, hotels, casinos, and nightclubs on January 1st, 2008. Smoking is permitted in separately ventilated smoking rooms in which no service is to be provided. The smoking room should not occupy more than 20% of the overall surface of the establishment and should not exceed 35 m^2.

According to the law, smoking is permitted in open-air terraces or if the main side of the terrace is open, and if the terrace is separated from the inside of the bar. Smoking is not permitted in covered or enclosed terraces.

Health warning labels

At the time of the ITC France Wave 1 and Wave 2 surveys, cigarette packs displayed text health warnings on 30% of the front and 40% of the back of the pack. An EU directive requires unilingual European countries to have text warnings on at least 30% of the front and 40% of the back of each pack and prescribes a list of two health warning messages for the front and a list of 14 for the back which are to be randomly rotated by member states[24].

Countries in the 27-member European Community have the option of requiring picture-based warnings, choosing one of three picture-based warnings prepared by the European Commission for each of the 14 rotated text warnings. In April 2010, France finalized a decision to require pictorial warnings on cigarette packs effective April 20th, 2011. Fourteen pictorial warnings have been selected from the European Commission library of 42 images. Packs are required to have one of two general text health warnings on at least 30% of the front of the pack and one of 14 pictorial warnings covering at least 40% of the back of the pack (not including borders).

Article 11 of the FCTC recommends that warnings cover at least 50% of the principal display areas of the package (i.e., both the front and back), but at a minimum must cover at least 30% of the principal display areas.

Light/mild product descriptions

Article 11 of the FCTC restricts deceptive tobacco product labelling that "directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products." These descriptors may include terms such as "low tar", "light", "ultra-light", or "mild"[25]. France, as with all EU countries, eliminated these terms under the EU Directive 2001/37/EC. Words forbidden in the displayed product name are: "light", "ultra-light", "légère", "super légère", and "extra légère". Some brands have replaced these words with various colour names such as "silver."

Tobacco advertising and sponsorship

The FCTC requires a comprehensive ban on tobacco advertising, promotion, and sponsorship within five years of ratifying the treaty. The definitions of advertising, promotion and sponsorship are broad and include indirect forms.

In France, a comprehensive advertising ban has been in effect since 1991, with the exception of publications intended for industry professionals, mini-posters in tobacco shops, and live television broadcasts of motor sports events from countries where tobacco advertising is legal.

France's Cancer Plan 2009-2013 calls for legislation to end tobacco advertising at the point of sale and during television broadcasts of motor sports.

Cessation and treatment

Article 14 promotes the implementation of programs for smoking cessation, including programs for diagnosing, counselling, preventing, and treating tobacco dependence, as well as facilitating accessible and affordable treatments.

Current cessation measures in France include 645 smoking cessation clinics, primarily hospital-based, and a national quit-line and internet coaching website (Tabac Info Service) managed by the French Institute for Health Promotion and Health Education (INPES). Nicotine replacement therapy became available over the counter in late 1999, and bupropion (Zyban) and varenicline (Champix) are available with a prescription. Since February 1st, 2007, nicotine substitutes and varenicline can be reimbursed at €50 once per year if prescribed by a physician or a midwife. France's Cancer Plan 2009-2013 calls for extending the nicotine replacement therapy reimbursement for pregnant women and people entitled to received full social security cover for medical care.

24. EU Directive 2001/37/EC.

25. Article 11.1A

METHODS

OVERVIEW

The ITC Project is an international research collaboration across 23 countries – Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, South Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, Mauritius, Brazil, India, Bangladesh, Kenya, Nigeria, and Zambia. The primary objective of the ITC Project is to conduct rigorous evaluation of the psychosocial and behavioural effects of national level tobacco control policies of the Framework Convention on Tobacco Control (FCTC). The ITC Project is conducting large-scale regular prospective panel surveys of tobacco use to evaluate FCTC policies in countries inhabited by half of the world's smokers. Each ITC survey includes key measures for each FCTC policy domain that are identical or functionally similar across the 23 countries to facilitate cross-country comparisons[26]. The evaluation studies conducted from the ITC surveys take advantage of natural experiments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves are compared to other ITC countries where that policy has not changed. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy. For a description of the conceptual model and objectives of the ITC Project, see Fong et al. (2006)[27]; for description of the survey methods, see Thompson et al. (2006)[28].

The ITC France Project was created in 2006 to rigorously evaluate the psychosocial and behavioural effects of French tobacco control legislation, using methods that the ITC Project has employed in many other countries throughout the world. The primary objective is to provide an evidence base to guide policies enacted under the FCTC and to systematically evaluate the effectiveness of these legislative efforts.

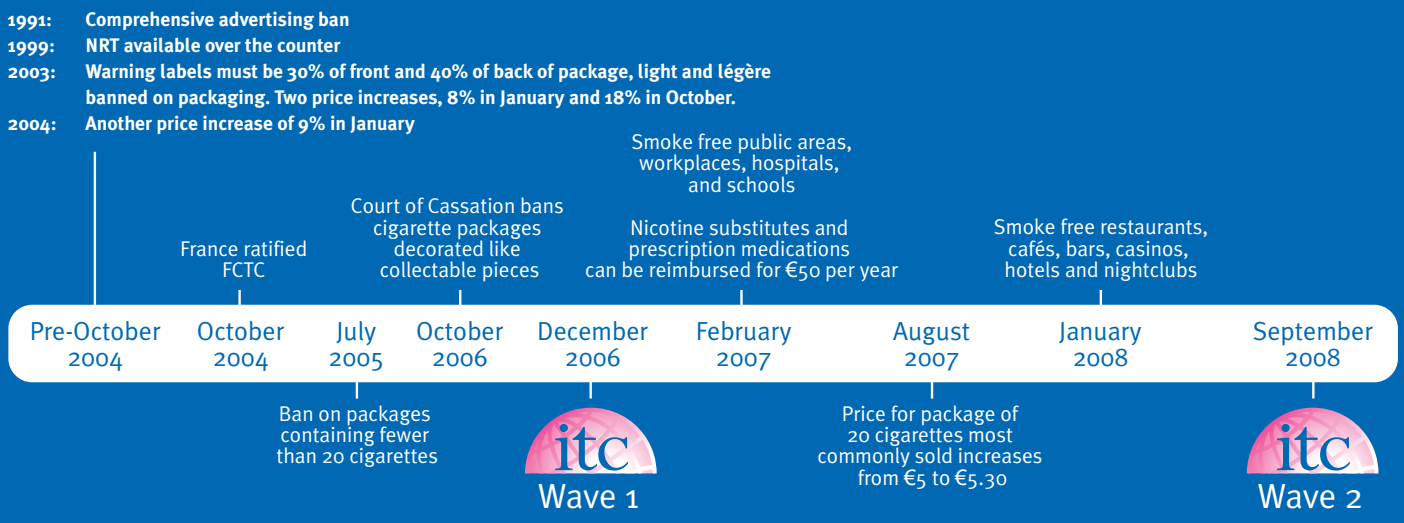
The ITC France Wave 1 and Wave 2 surveys consisted of telephone interviews of a representative sample of adult smokers and non-smokers across France. The Wave 1 survey was conducted before the implementation of France's two-stage smoke-free policy – (1) the February 1st, 2007 ban on smoking in public areas, workplaces, hospitals, and schools and (2) the January 1st, 2008 ban which extended the smoke-free policy to restaurants, bars, hotels, casinos, and nightclubs. The Wave 2 survey began eight months after the ban in hospitality venues and 19 months after the ban in workplaces and other public areas.

26. See the ITC Project website Research Methods link (www.itcproject.org/research) for ITC survey questionnaires.

27. Fong, G.T., Cummings, K.M., Borland, R., Hastings, G., Hyland, A., Giovino, G.A., Hammond, D., and Thompson, M.E. (2006). The conceptual framework of the International Tobacco Control (ITC) Policy Evaluation Project. Tob Control 15 (Suppl III):iii3-iii11.

28. Thompson, M.E., Fong, G.T., Hammond, D., Boudreau, C., Driezen, P., Hyland, A., Borland, R., Cummings, K.M, Hastings, G., Siahpush, M., MacKintosh, A.M., and Laux, F.L. (2006). Methods of the International Tobacco Control (ITC) Four Country Survey. Tob Control 15 (Suppl III):iii12-iii-18.

Figure 1. France's tobacco policy timeline in relation to the ITC France Surveys.



Sampling design

The ITC France Survey is a prospective longitudinal study and respondents are interviewed regularly with computer assisted telephone interviews (CATI). The respondents were representative random samples of adult smokers and non-smokers residing in continental France, excluding the four overseas departments of Guadeloupe, Martinique, French Guiana, and Réunion.

A total of 1735 adult smokers (18 years or older, smoked more than 100 cigarettes in their life, and smoked at least once in the past 30 days) and 525 adult non-smokers (about half from non-smoking households, and half from households with both smokers and non-smokers) participated in Wave 1 of the ITC France Project. The survey was conducted by Institut Atoo in Paris, France using random digit dialed telephone procedures[29]. Wave 1 was conducted between December 12th, 2006 and February 2nd, 2007. The Wave 2 survey was conducted by the survey firm Institut de Sondages Lavialle (ISL) between September 11th, 2008 and November 15th, 2008. The final Wave 2 sample consisted of 1704 adult smokers (including 164 smokers who quit smoking between the two waves) and 515 adult non-smokers. A total of 1645 respondents of the Wave 1 cohort were successfully re-contacted in the Wave 2 survey (1231 smokers and 414 non-smokers, approximately half from non-smoking households, and half from households with both smokers and non-smokers). Of the Wave 1 cohort, 615 were lost to attrition and were replaced by 574 new randomly selected respondents (i.e., the replenishment sample). The retention rate for the Wave 1 cohort smokers was 71% and for cohort non-smokers was 79%. Further information on the sampling design, construction of the sampling weights, and cooperation and response rates is provided in the ITC France Wave 1 and Wave 2 Technical Report. This report is available at http://www.itcproject.org/projects/france.

Characteristics of the sample

Tables 1 and 2 summarize the demographic characteristics of the Wave 1 cohort of smokers and non-smokers, respondents lost to follow up at Wave 2, and the Wave 2 replenishment samples.

See page 11 for Tables 1 and 2.

The Wave 1 survey was conducted before the implementation of France's two-stage smoke-free policy. The Wave 2 survey began 8 months after the ban in hospitality venues and 19 months after the ban in workplaces and other public areas.

29. Survey Sampling International, RDD telephone random digit samples, http://surveysampling.com/.

Table 1. Demographic characteristics (numbers, weighted percentages and confidence intervals) of the ITC France Wave 1 smokers, Wave 1 smokers lost at Wave 2, and Wave 2 replenishment smokers.

	Wave 1 Smokers (n=1,735)			Smokers Lost at Wave 2 (n=504)			Wave 2 Replenishment Smokers (n=473)		
	N	%	95% CI	N	%	95% CI	N	%	95% CI
Sex									
Female	898	44.3	(41.7, 47.0)	248	43.0	(38.2, 47.9)	260	44.4	(39.1, 49.7)
Male	837	55.7	(53.0, 58.3)	256	57.0	(52.1, 61.8)	213	55.6	(50.3, 60.9)
Age (years)									
18-24	233	17.5	(15.2, 19.7)	82	19.9	(15.7, 24.2)	49	17.0	(12.1, 21.9)
25-39	645	35.6	(33.1, 38.1)	195	36.0	(31.3, 40.6)	163	34.9	(29.8, 40.0)
40-54	635	32.5	(30.1, 35.0)	166	29.9	(25.4, 34.5)	190	32.1	(27.4, 36.9)
55+	222	14.4	(12.5, 16.3)	61	14.2	(10.5, 17.9)	61	16.0	(11.8, 20.1)
Income (Euros per month)									
Low	502	25.6	(23.4, 27.8)	170	30.2	(25.7, 34.7)	97	18.9	(14.8, 23.0)
Moderate	767	44.0	(41.4, 46.7)	202	40.4	(35.5, 45.3)	226	51.2	(45.8, 56.7)
High	413	27.0	(24.5, 29.4)	107	23.8	(19.4, 28.2)	139	27.5	(22.7, 32.4)
Not stated	53	3.4	(2.4, 4.5)	25	5.6	(3.2, 8.0)	11	2.4	(0.8, 3.9)
Education									
Low	778	45.5	(42.9, 48.2)	242	48.9	(43.9, 53.8)	198	43.7	(38.3, 49.1)
Moderate	612	35.2	(32.6, 37.7)	168	32.5	(27.8, 37.2)	166	36.0	(30.8, 41.2)
High	343	19.1	(17.5, 21.1)	93	18.4	(14.6, 22.1)	92	16.8	(12.9, 20.8)
Not stated	2	0.2	(0.0, 0.6)	1	0.3	(0.0, 0.9)	17	3.4	(1.6, 5.3)

Table 2. Demographic characteristics (numbers, weighted percentages and confidence intervals) of the ITC France Wave 1 non-smokers, Wave 1 non-smokers lost at Wave 2, and Wave 2 replenishment non-smokers.

	Wave 1 Non-Smokers (n=525)			Non-smokers Lost at Wave 2 (n=111)			Wave 2 Replenishment Non-smokers (n=101)		
	N	%	95% CI	N	%	95% CI	N	%	95% CI
Sex									
Female	344	55.0	(50.1, 59.9)	65	46.4	(36.1, 56.7)	59	55.3	(42.6, 68.0)
Male	181	45.0	(40.1, 49.9)	46	53.6	(43.3, 63.9)	42	44.7	(32.0, 57.4)
Age (years)									
18-24	42	9.5	(6.6, 12.4)	3	3.3	(0.0, 7.7)	12	9.4	(3.7, 15.0)
25-39	128	22.4	(18.5, 26.2)	29	27.2	(17.6, 36.9)	27	24.7	(13.6, 35.7)
40-54	170	27.0	(22.9, 31.2)	25	16.4	(9.0, 23.8)	27	23.4	(13.9, 33.0)
55+	185	41.1	(36.2, 46.0)	54	53.1	(42.7, 63.6)	35	42.5	(29.9, 55.2)
Income (Euros per month)									
Low	138	24.8	(20.7, 28.9)	39	32.8	(23.6, 41.6)	21	22.1	(11.9, 32.2)
Moderate	236	43.4	(38.5, 48.2)	46	38.4	(27.7, 48.9)	44	42.3	(30.5, 54.1)
High	123	25.6	(21.2, 29.9)	17	20.7	(12.0, 29.4)	29	26.3	(17.2, 35.4)
Not stated	28	6.2	(3.8, 8.7)	9	8.1	(2.4, 13.8)	7	9.3	(1.6, 17.0)
Education									
Low	264	48.9	(44.0, 53.7)	68	55.5	(45.7, 65.4)	45	50.0	(37.4, 62.5)
Moderate	159	32.6	(28.0, 37.4)	25	26.4	(16.7, 36.0)	31	27.0	(15.8, 38.3)
High	102	18.5	(14.8, 22.1)	18	18.1	(9.7, 26.4)	25	23.0	(13.2, 32.7)

Content of the ITC France Survey

The ITC France Survey was developed by an international transdisciplinary team of tobacco control experts. Most of the survey methods and virtually all of the survey items have been taken from the standardized protocols used in ITC nationwide surveys conducted in 22 other countries around the world.

Smokers responded to questions on:

1. **Smoking behaviour and cessation.** Smoking history and frequency, as well as current smoking behaviour and dependence, and quitting behaviours;
2. **Knowledge and basic beliefs about smoking.** Knowledge of the health effects of smoking and environmental tobacco smoke, and important beliefs relevant to smoking and quitting, perceived risk, and perceived severity of tobacco-related diseases;
3. **Tobacco control policies.** Awareness of, impact of, and beliefs relevant for each of the FCTC demand reduction policy domains (warning labels, taxation/price, advertising/promotion, smoke-free policies, light/mild);
4. **Other important psychosocial predictors** of smoking behaviour and potential moderator variables (e.g., attitudes, normative beliefs, self-efficacy, intentions to quit);
5. **Individual difference variables relevant to smoking** (e.g., depression, stress, time perspective); and
6. **Demographics** (e.g., age, gender, marital status, education, occupation).

Non-smokers were asked to respond to similar survey items, with the exception of questions related to individual smoking and cessation behaviour. Full copies of the Wave 1 and Wave 2 questionnaires are available in English and French on the ITC Project website at www.itcproject.org.

What this Report Contains

This ITC France National Report provides an overview of key findings from the ITC France Wave 1 and Wave 2 surveys[30].The results are discussed in the context of key policy domains of the WHO Framework Convention for Tobacco Control (FCTC). Cross-country comparisons are provided for illustrative purposes based on ITC survey results for the most recent wave in each ITC country. Note that results of the Wave 2 France survey are presented as cross-sectionally weighted point estimates, where Wave 2 'smokers' include Wave 1 smokers who were re-contacted at Wave 2, Wave 1 smokers who quit at Wave 2, and smokers recruited at Wave 2 to replace those lost to follow up (i.e., replenishment smokers), unless otherwise indicated. For analyses comparing Wave 1 and Wave 2 results over time, only the sample of smokers and non-smokers who completed both waves are included, and the analyses use longitudinal weights. For the cross-country comparison figures (except those variable that address smoking behaviour), Wave 2 France smokers include those who were recruited at Wave 1 and re-contacted at Wave 2, Wave 1 smokers who quit at Wave 2, and Wave 2 replenishment smokers and cross-sectional weights are used.

30. A National Report and Summary Report on the results of the ITC France Wave 1 Survey and selected findings from the Wave 2 Survey with respect to the evaluation of France's smoke-free laws were published in February 2009. These reports are available at http://www.itcproject.org/keyfindi.

“The second salient point in this survey is the loss of effectiveness of text-only warning labels on cigarettes packs. The recent obligation to put graphic warnings on packs is a step in the right direction and should contribute to increasing the effectiveness of these health warnings.”

Xavier BERTRAND
Minister of labour, employment and health

FINDINGS

SMOKING AND QUITTING BEHAVIOUR

While the number of cigarettes smoked per day among French daily smokers essentially remained unchanged after France's smoking bans in public places, workplaces, and hospitality venues, daily consumption is low among ITC European countries. After the smoking bans, 13% of the Wave 1 smokers had quit and almost one-third of all smokers surveyed at Wave 2 planned to quit within the next six months.

The provision of cessation support to smokers by doctors or health professionals continues to be low as less than one-third of smokers who visited their doctor or health professional in the last six months received advice to quit. Even fewer smokers (less than 10% of those who visited their doctor or health professional in the last six months) received a prescription for stop-smoking medication or referral to another service to help them quit.

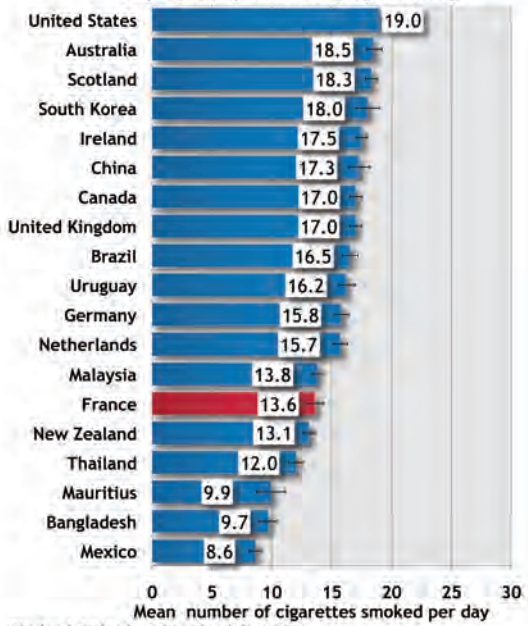
These findings suggest the need to strengthen family physicians' roles in promoting smoking cessation as recommended in the new Guidelines for Article 14 of the World Health Organization Framework Convention for Tobacco Control.

Daily cigarette consumption

At Wave 1, 91% smokers were daily smokers, 6% were weekly smokers, and 2% were monthly smokers. Eighty-five percent of the Wave 1 daily smokers continued to smoke daily at Wave 2; 2% became weekly smokers; less than 1% became monthly smokers; and 13% quit smoking. Fourteen percent of non-daily smokers at Wave 1 became daily smokers at Wave 2.

The average daily consumption of cigarettes at Wave 2 (13.6) cigarettes, was essentially unchanged from Wave 1 (13.5). French smokers have the lowest average daily consumption of cigarettes compared to smokers in other European countries and are among the lowest third of all 19 ITC countries. Daily average cigarettes smoked among males (14.8) is higher than among females (12.2) and is higher among males across all groups. Males and females aged 40-54 had the highest average daily consumption at 16.5 and 13.7,respectively. Smokers with a higher level of education had a slightly lower than average cigarette consumption among both male and female smokers.

Fig 2. Mean number of cigarettes smoked per day by daily smokers, by country



Thailand, Ireland, and Scotland data 2006.
Malaysia data 2006/07.
Canada, Australia, US, UK, and China data 2007/08.
Mexico, South Korea, and France data 2008.
New Zealand and Uruguay data 2008/09.
The Netherlands, Mauritius, Germany, Bangladesh, and Brazil data 2009.

Fig 3. Mean number of cigarettes smoked per day by daily smokers by gender and age, Wave 2

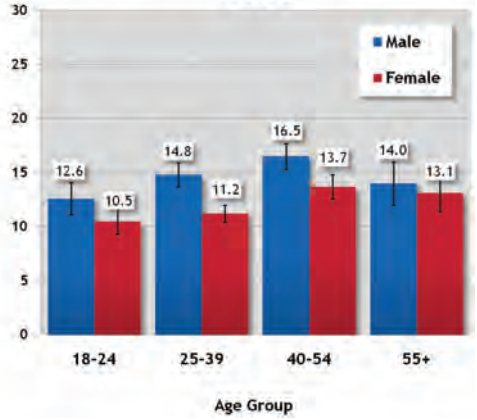
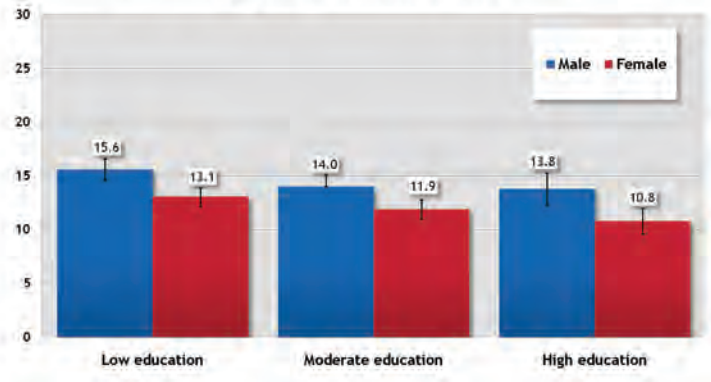


Fig 4. Mean number of cigarettes smoked per day by daily smokers by gender and education, Wave 2



Type of cigarette products smoked

The type of cigarette products smoked was relatively unchanged between waves. At Wave 2, 72% of smokers smoked factory made cigarettes only (73% at Wave 1), 13% smoked roll-your-own cigarettes only (12% at Wave 1), and 15% smoked both types of cigarettes (15% at Wave 1). These findings differ from the United Kingdom and the Netherlands, where the proportion of smokers who smoke roll-your-own or both factory-made and roll-your-own cigarettes is higher (37% and 55% respectively).

Reasons for smoking roll-your-owns

The majority of roll-your-own smokers indicated that one of the main reasons for smoking roll-your-owns is that they are less expensive. Ninety-one percent of roll-your-own smokers at Wave 1 and Wave 2 reported that they smoke them for this reason. The next most common reason reported (72% at Wave 1 and 73% at Wave 2) was that roll-your-owns reduce the amount that they smoke. Almost half of roll-your-own smokers (47% at Wave 1 and 47% at Wave 2) never use a filter when they smoke this form of cigarette.

Use of non-cigarette tobacco products in the last month

Less than 10% of smokers (9% at Wave 1; 4% at Wave 2) reported using other tobacco products besides cigarettes or rolling tobacco in the last month. Among the 64 smokers who reported use of other products in the last month at Wave 2, 19 (36%) smoked cigars, 9 (13%) used waterpipe, 7 (12%) used cigarillos, and 1 (1%) used a pipe.

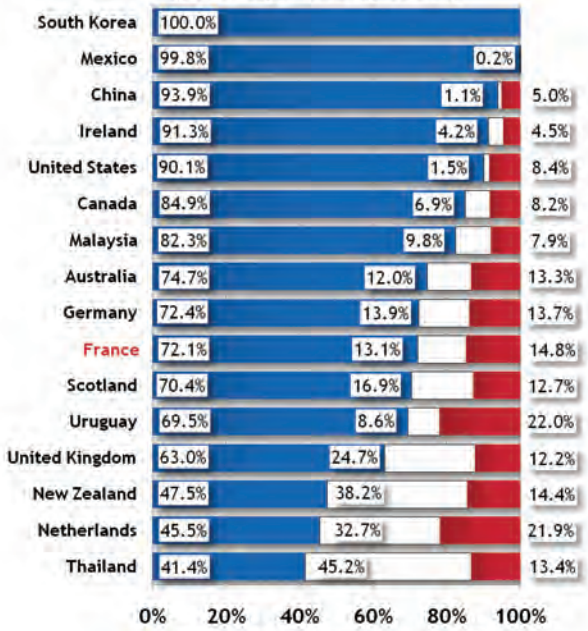
Characteristics of Wave 2 quitters

At Wave 2, 13% (n=164) of Wave 1 smokers had quit smoking. The majority of quitters (70%) quit smoking more than six months before the Wave 2 survey. Sixty-four percent of those who quit smoking were male and 36% were female. Forty-one percent of quitters were age 25-39, 29% were 40-54 years, 21% were 55 years or older, and 10% were age 18-24. Half of all quitters (50%) had a moderate income, 32% had a high income, and 16% were in a low income category. Thirty-nine percent had a low education, 34% had a moderate level of education, and 27% of quitters had a high education. Among the quitters, 85% were daily smokers and 15% were non-daily smokers at Wave 1. Sixty percent of the quitters smoked 10 cigarettes or less per day at Wave 1, 34% smoked between 11 and 20 cigarettes, and 6% smoked between 21 and 30 cigarettes per day.

Reasons to think about quitting

As in Wave 1, among the suggested reasons, the most common reasons for thinking about quitting smoking "very much" or "somewhat" in the past 6 months at Wave 2 were "setting an example for children" (79%), "the price of cigarettes" (63%), and "concern about the effect of cigarette smoking on non-smokers" (55%). Concern for personal health was "very much" or "somewhat" a reason for quitting for 44% of smokers at Wave 2, compared to 48% at Wave 1. The decrease could be due to the fact that some smokers quit smoking between both waves and were more prepared to quit at Wave 1.

Fig 5. Percentage of adult smokers who smoke factory-made, roll-your-own, or both types of cigarettes, by country



Thailand, Ireland and Scotland data are from 2006.
Malaysia data are from 2006/07.
Australia, Canada, UK, US, and China data are from 2007/08.
South Korea, Mexico and France data are from 2008.
New Zealand and Uruguay data are from 2008/09.
The Netherlands and Germany data are from 2009.

Fig 6. Important reasons for smoking roll-your-own cigarettes, Wave 2

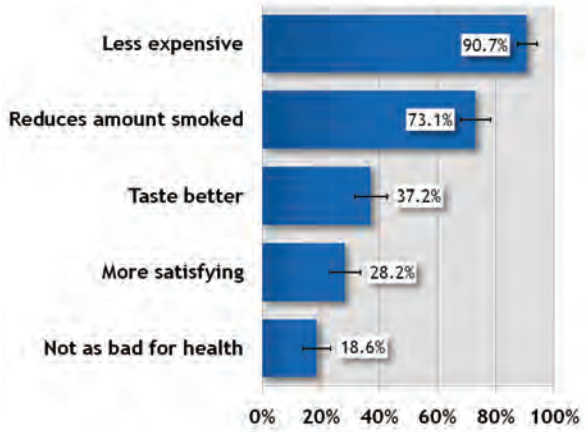
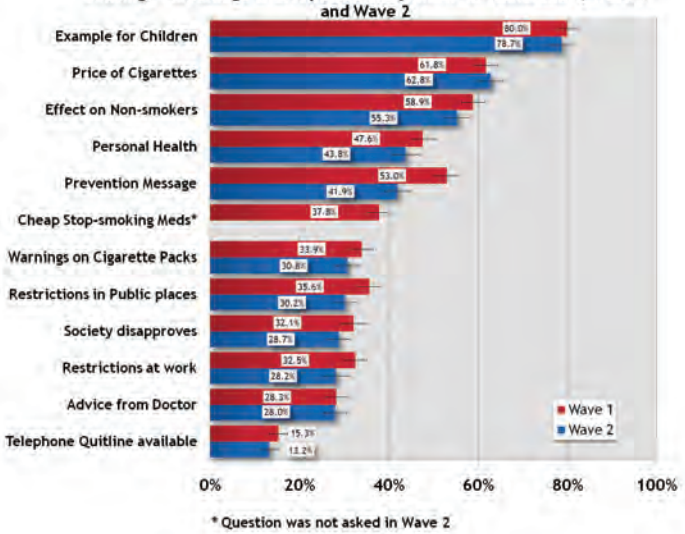


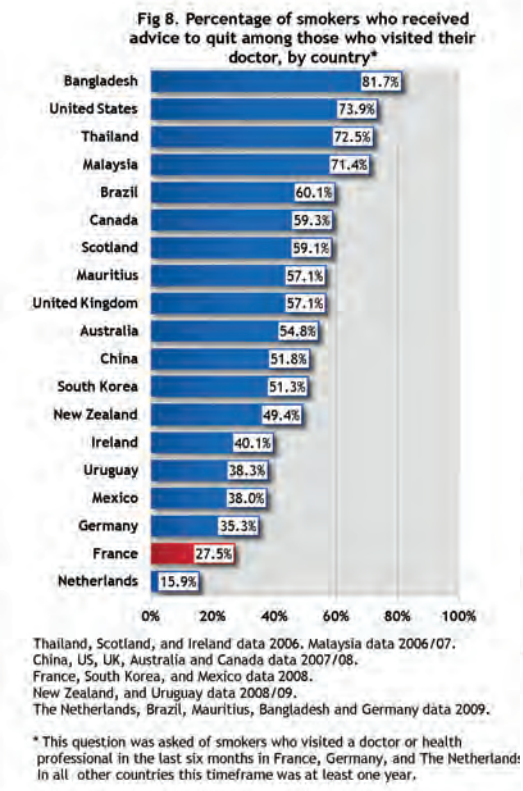
Fig 7. Smokers' opinions: 'Which reasons made me think of quitting smoking?' Percentage who reported "very much" or "somewhat", Wave 1 and Wave 2



* Question was not asked in Wave 2

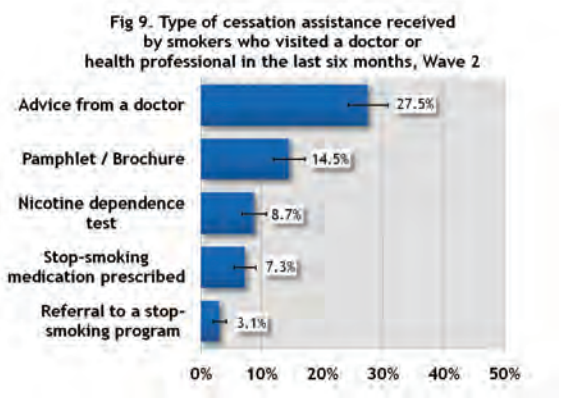
Table 3. Demographic characteristics of the ITC France Wave 1 smokers who became successful quitters at Wave 2 and Wave 1-Wave 2 continuing smokers

	Wave 2 Quitters (n=164)			Wave 1-2 Continuing Smokers (n=1,067)		
	N	%	95% CI	N	%	95% CI
Sex						
Female	73	36.2	(28.1, 44.2)	577	45.7	(42.3, 49.0)
Male	91	63.8	(55.8, 71.9)	490	54.3	(51.0, 57.7)
Age (years)						
18-24	14	10.0	(4.5, 15.4)	137	18.1	(15.0, 21.1)
25-39	68	40.8	(32.3, 49.2)	382	34.7	(31.5, 37.9)
40-54	56	28.7	(21.1, 36.4)	413	33.0	(29.9, 36.1)
55+	26	20.5	(13.0, 28.0)	135	14.3	(11.8, 16.7)
Income						
Low	28	16.4	(10.2, 22.6)	287	23.6	(20.9, 26.4)
Moderate	86	50.4	(41.7, 59.0)	501	47.4	(44.0, 50.8)
High	47	32.2	(23.8, 40.6)	259	26.9	(23.7, 30.1)
Not Stated	3	1.0	(0.0, 2.3)	20	2.1	(1.0, 3.1)
Education						
Low	66	38.6	(30.2, 47.1)	462	43.6	(40.2, 47.0)
Moderate	54	34.3	(26.0, 42.6)	385	36.9	(33.6, 40.3)
High	44	27.0	(19.3, 34.8)	219	19.2	(16.6, 21.8)
Not Stated	0	.	.	1	0.2	(0.0, 0.7)
Smoking Status in Wave 1						
Daily smokers	139	85.4	(79.5, 91.2)	964	91.6	(89.8, 93.3)
Weekly smokers	16	9.2	(4.6, 13.8)	73	6.3	(4.7, 7.8)
Monthly smokers	9	5.4	(1.5, 9.4)	30	2.2	(1.3, 3.1)
Cigarettes smoked per day in Wave 1						
0 - 10	100	60.3	(51.6, 68.6)	545	50.1	(46.7, 53.6)
11 - 20	54	33.6	(25.4, 41.8)	443	42.5	(39.1, 45.9)
21 - 30	10	6.3	(1.9, 10.7)	62	5.6	(4.1, 7.0)
30 +	0	.	.	17	1.8	(0.9, 2.7)



Use of cessation assistance

At Wave 2, 58% of smokers visited a doctor or health professional in the last six months. Among these smokers, less than one-third (28%) received advice to quit smoking. France ranks among the lowest of 19 ITC countries in terms of the proportion of smokers who received advice to quit from their physicians during a routine visit. Three-quarters (75%) of smokers who received advice to quit reported that this advice led them to think about quitting. The percentage of smokers who received a prescription for stop-smoking medications or who were referred to other programs or services continued to be low at Wave 2 (less than 10% of smokers who visited a doctor or health professional), but there was a slight increase in the percentage of smokers who received a prescription for stop-smoking medications (SSMs) at Wave 2, from 4% to 7% of such smokers.



Less than one-third of smokers who visited a doctor or health professional in the last six months received advice to quit.

Cessation support used by quitters

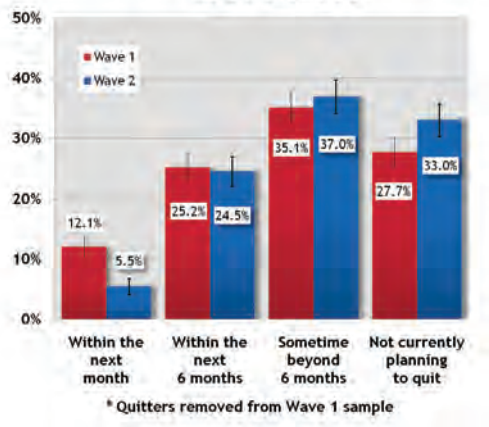
Sixty-eight percent (n=110) of those who quit smoking at Wave 2 visited a doctor or health professional in the six months prior to the Wave 2 survey. These quitters received the following forms of support during this visit:

- 47% received encouragement or support for quitting smoking (63% said this was helpful)
- 14% received a prescription for SSMs
- 13% received a pamphlet or brochures on how to stay quit (69% said this was helpful)
- 10% received additional help or a referral to another service to help them stay quit (100% said this was helpful)[31]

Quit intentions

At Wave 2, 67% of smokers indicated that they are planning to quit – 30% are planning to quit within the next six months or sooner and 37% are planning to quit sometime in the future beyond six months. One-third (33%) are not currently planning to quit. Fewer smokers were planning to quit within the next month at Wave 2 (6%) compared to Wave 1 (12%)[32].

Fig 10. Smokers' plans to quit smoking, Wave 1* and Wave 2



More than half of smokers (57%) at Wave 2 "agreed" or "strongly agreed" with the statement that they enjoy smoking too much to give it up. This result is similar to that found in the Netherlands where 53% of smokers "agreed" or "strongly agreed" with this statement, but considerably lower than Germany where almost three-quarters (73%) of smokers "agreed" or "strongly agreed" that they enjoy smoking too much to give it up.

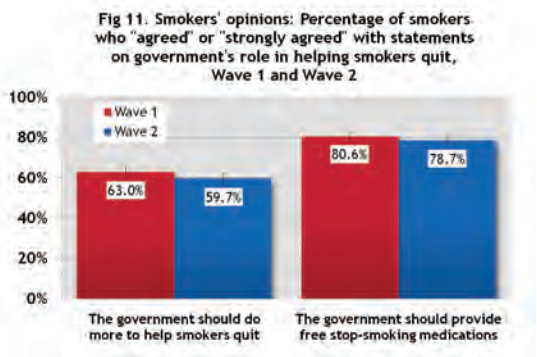
Beliefs about quitting

At Wave 2, 7% were "extremely sure" and 18% were "very sure" that they would succeed if they decided to give up smoking completely in the next six months. Forty-four percent were "moderately sure" that they would be successful and almost one-third (31%) of smokers were "not at all sure" or only "slightly sure" that they would quit successfully.

Government support for cessation assistance

Similar to the Wave 1 results, more than half of Wave 2 smokers and quitters (60%) think the government should do more to help smokers quit (63% at Wave 1). The majority of smokers and quitters (79%) think the government should provide free stop-smoking medications to help smokers to quit (81% at Wave 1).

Fig 11. Smokers' opinions: Percentage of smokers who "agreed" or "strongly agreed" with statements on government's role in helping smokers quit, Wave 1 and Wave 2



31. Percentages have to be interpreted cautiously since the number of quitters is very low.

32. Note that quitters were removed from the Wave 1 sample for this analysis.

PRODUCT LABELLING

The Wave 2 survey findings indicate that warning labels are the most common medium of information on the dangers of smoking or on quitting for smokers and quitters. However, indicators of warning label effectiveness suggest that France's new pictorial warnings are timely as fewer smokers noticed the text warning labels or read or looked closely at them at Wave 2. Almost half of smokers think that labels should have more information than they do now.

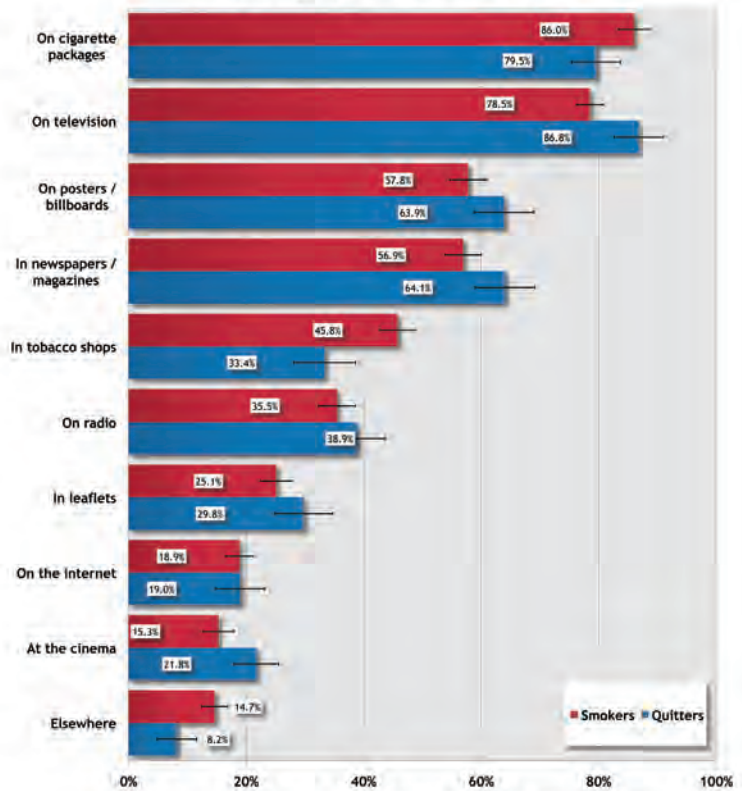
Warning labels as a medium of information

At Wave 2, 85% of smokers and quitters noticed information or messages in that last six months that talk about the dangers of smoking or encourage quitting. Cigarette packages were the most common medium of information for smokers on the dangers of smoking among a list of 10 suggested information media. Eighty six percent of smokers who noticed information or messages on the dangers of smoking or encouraging quitting indicated that they noticed these messages on cigarette packages.

Awareness of warning labels

Wave 2 survey results suggest that the salience of France's current text-only warnings may be decreasing among smokers. At Wave 1, over two-thirds (69%) of smokers stated having noticed warning labels "often" or "very often". Among this same group of smokers at Wave 2, this percentage decreased to 55%. Of smokers who noticed the labels "often" or "very often" at Wave 1, 63% noticed the labels just as frequently at Wave 2. However, more than one-third (37%) noticed them less frequently by Wave 2. In addition, at Wave 1, 35% of smokers read or looked closely at warning labels in the last month. This percentage decreased to 27% at Wave 2.

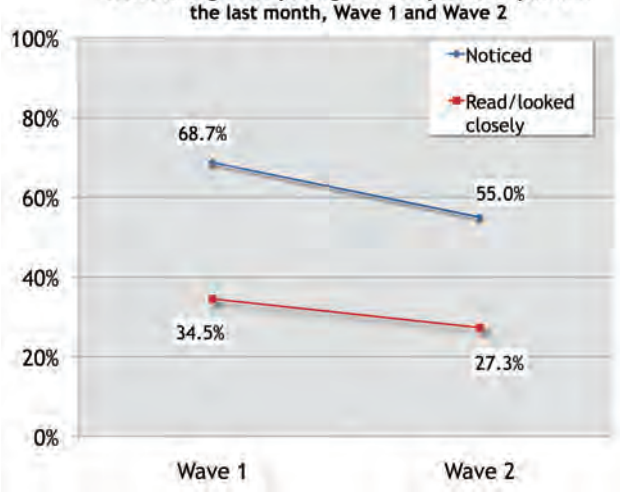
Fig 12. Type of media where smokers and quitters noticed information or messages on the dangers of smoking or on quitting in last six months, Wave 2*



* Among smokers and quitters who noticed information or messages on the dangers of smoking or encouraging quitting

Cigarette packs are the most common information medium on the dangers of smoking. However, the majority of France smokers do not read or look closely at these text labels.

Fig 13. Percentage of smokers who "often" or "very often" noticed and read or looked closely at warning labels on cigarette packages or roll-your-own packs in the last month, Wave 1 and Wave 2



Behavioural responses to warning labels

Other indicators of warning label effectiveness show slight decreases or no change in effectiveness. At Wave 1, 80% of smokers said that warning labels made them think about the health risks of smoking "somewhat" or "a lot". This figure did not change much at Wave 2 (77%) among the same group of smokers. At Wave 1, 28% of smokers said that warning labels made them more likely to quit smoking "somewhat" or "a lot". This decreased to 24% among the same group of smokers at Wave 2. At Wave 1, 21% of smokers said that warning labels stopped them from smoking in the last month at least once. This percentage remained the same among the same group of smokers at Wave 2.

The French Ministry of Health has recognized that pictorial warning labels are an effective component of a comprehensive approach to tobacco control and has joined Belguim, the United Kingdom, Romania, Switzerland, and at least 30 other countries around the world in introducing pictorial warnings. The new warnings were required as of April 20th, 2011 for cigarettes packs and as of April 2012 for other tobacco products.

The ITC Wave 2 survey findings highlight the need for pictorial warnings — an initiative that could have strong public support, as almost half (46%) of French smokers and 63% of non-smokers think that there should be more health information on cigarette packages. ITC survey results in other countries provide evidence that pictorial warnings produce greater levels of emotionally charged reactions, stimulate more quitting activity and that their effects persist for longer than text-only warnings[33].

The ITC Wave 2 survey findings highlight the need for pictorial warnings which were required on cigarette packs as of April 2011.

Fig 14. Reactions of French smokers to warning labels, Wave 1 and Wave 2

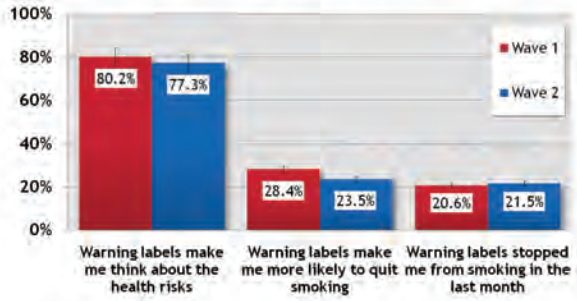
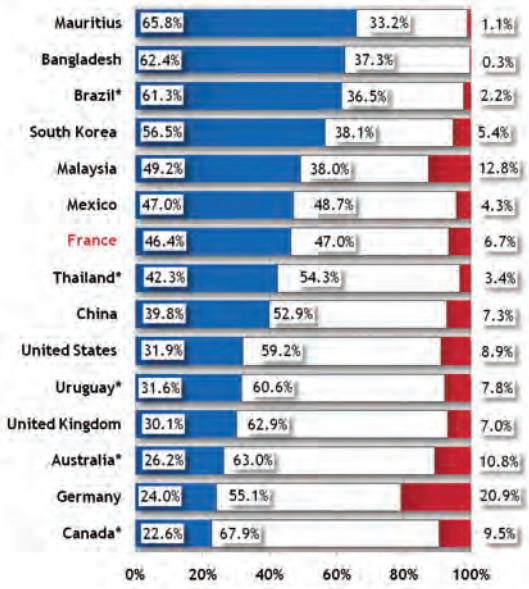


Fig 15. Cigarette smokers' opinions on whether there should be more, less, or the same amount of health information on cigarette packages, by country



Thailand data are from 2006. Malaysia data 2006/07. China, US, UK, Australia and Canada data 2007/08. South Korea, Mexico, and France data 2008. Uruguay data 2008/09. Brazil, Mauritius, Bangladesh and Germany data 2009.
*Countries with graphic warning labels at time of survey

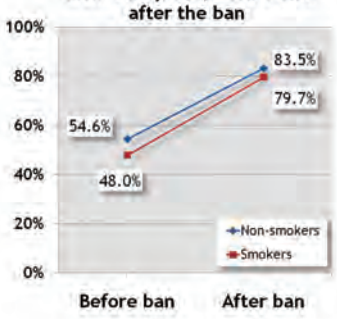
Almost half (46%) of French smokers and 63% of non-smokers think that there should be more health information on cigarette packs.

33. Borland, R., Wilson, N., Fong, G. T. et al. (2009). Impact of graphic and text warnings on cigarette packs: findings from four countries over five years. Tob Control 18: 358-364.

PROTECTION FROM EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE

France implemented a comprehensive ban on smoking in public places in two phases – Phase 1 was implemented in February 2007 in workplaces, shopping centres, airports, train stations, hospitals, and schools. In January 2008, the ban was extended to hospitality venues (cafés, bars, restaurants, hotels, casinos, and nightclubs). The design of the ITC France Project was planned to evaluate these smoking bans among other tobacco control initiatives. The ITC France Wave 1 survey was launched before these bans (December 2006-February 2007) and the Wave 2 survey was undertaken after both bans were in place – approximately eight months after the ban in hospitality venues and approximately 18 months after the ban in workplaces and other public areas. Results of the ITC France Wave 1 and Wave 2 surveys provide strong evidence that the smoking bans have been a success. Smoke-free laws have dramatically reduced smoking in workplaces, cafés, bars, and restaurants. Support for the smoking bans in these venues has increased among smokers and non-smokers. Smoke-free laws have helped some smokers to quit or to cut down on smoking. The percentage of workplaces with complete smoking bans has increased considerably since the workplace smoke-free policy was implemented. In addition, since the bans were implemented, the percentage of respondents with smoke-free homes has increased.

Fig 16. Percentage of non-smokers and smokers who reported smoking is not allowed in any indoor areas at their workplace, before and after the ban



Smoking in workplaces

At Wave 1, 48% of smokers and 55% of non-smokers who were employed outside the home[34] had a complete ban on smoking at their workplace. At Wave 2, 17 to 19 months after the workplace smoking ban was implemented, 80% of smokers and 84% of non-smokers reported having complete smoking bans at their workplace.

After the ban, fewer respondents had only partial restrictions or no restrictions on smoking at their workplace. At Wave 1, among people who were employed outside the home, 37% of smokers and 31% of non-smokers had designated smoking areas at their workplace. This percentage decreased at Wave 2 to 13% and 11% of smokers and non-smokers respectively. Similarly, the proportion of smokers with no restrictions on smoking at their workplace decreased from 11% at Wave 1 to 4% at Wave 2.

Smoking in hospitality venues

At Wave 1, smoking was observed in nearly all cafés, pubs, and bars — 97% of smokers and 93% of non-smokers reported the presence of smoking on their most recent visit. At Wave 2, 8 to 11 months after the ban, smoking was rarely observed inside these venues - only 4% of smokers and 5% of non-smokers reported that people were smoking on their most recent visit. The same was true in restaurants, with 71% of smokers and 57% of non-smokers reporting that people were smoking on their most recent visit before the ban, and just 2% and 3% respectively, after the ban.

A comparison of post-ban smoking in pubs and bars with other ITC European countries provides further evidence of the successful implementation of the ban as approximately one-third of smokers in the Netherlands and half of smokers in Germany noticed smoking in pubs and bars at their last visit.

The majority of survey respondents reported that indoor smoke-free policies are well-enforced: 95% of smokers and 85% of non-smokers reported that local cafés and bars are "totally" enforcing the smoking ban; 98% of smokers and 92% of non-smokers reported that local restaurants are "totally" enforcing the smoking ban[35].

Fig 17. Percentage of smokers and non-smokers who noticed smoking in hospitality venues at last visit, before and after the France smoking ban

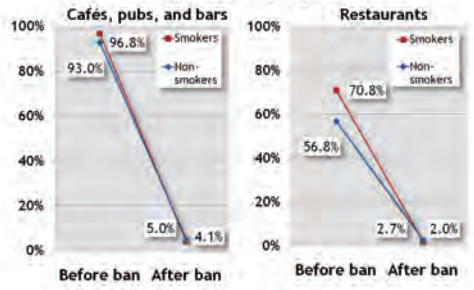
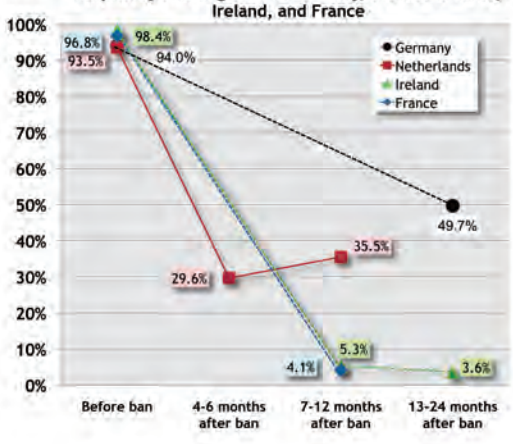


Fig 18. Percentage of smokers who noticed smoking in cafés, pubs, and bars at last visit, before and after the hospitality smoking bans in Germany, the Netherlands, Ireland, and France



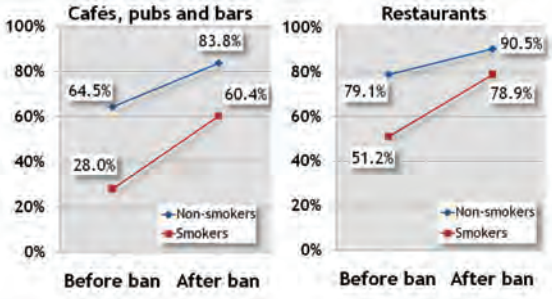
34. 77% of the entire sample of smokers and 50% of the entire sample of non-smokers were employed outside the home.

35. It is noted that a recent report by DNF (Droits des Non-Fumeurs (Rights for Non-Smokers)) entitled "Le Tabac En France entre 2006 et 2009" has drawn attention to the proliferation of smoking on café terraces. Strong enforcement of the indoor ban could explain the increase in the number of terraces between 2007 and 2009 (from 30.000 to 45.000).

Support for the ban in hospitality venues

At the same time as the smoking ban has led to a dramatic reduction in smoking in public places, support for the ban has increased among smokers and non-smokers. Smokers' support for the ban in cafés, bars, and pubs increased from 28% before the ban to 60% after the ban. Similarly, support for the restaurant ban increased from 51% to 79%. This increase in support for bans among smokers and non-smokers is consistent with ITC survey findings in other ITC European countries.

Fig 19. Percentage of non-smokers and smokers who "supported" or "strongly supported" a French smoking ban in hospitality venues, before and after the ban



Smoking in the home

The ITC France Survey found that the percentage of smokers and non-smokers who do not allow smoking in their home increased after implementation of the smoke-free laws. At Wave 1, 39% of non-smokers and 23% of smokers did not allow smoking in their home. At Wave 2, 50% of non-smokers and 26% of smokers reported not allowing smoking in their home[36].

At Wave 2, 15% of smokers who allowed smoking in their home at Wave 1 switched to completely banning smoking in their home. Among non-smokers, 26% of those who allowed smoking at Wave 1 switched to completely banning smoking in their home at Wave 2. This demonstrates that it may be more difficult for smokers than for non-smokers to switch to making their homes completely smoke-free. ITC surveys conducted in the Netherlands, Germany, and Ireland have also found increases in the percentage of smokers and non-smokers who report not allowing smoking in their homes following the implementation of smoke-free laws.

At Wave 2, 22% of smokers, 28% of non-smokers, and 28% of quitters who allow smoking in their home indicated that they plan to make their home totally smoke-free within the next year.

Among smokers who were still smoking in their homes at Wave 2, 24% reported smoking fewer cigarettes inside the home, 68% smoked about the same amount, and 8% smoked more cigarettes inside the home. Thus, the smoke-free law was associated not only with dramatic reductions in smoking in key public places, but also with a slight reduction at home. These results are consistent with ITC surveys conducted in Scotland and Ireland which showed a decrease in smoking at home following their comprehensive smoking bans[37, 38, 39]. However, the causal relationship is not obvious since this evolution is part of long-term process of denormalization of tobacco.

Fig 20. Percentage of non-smokers and smokers who do not allow smoking in their home, before and after the France smoking bans

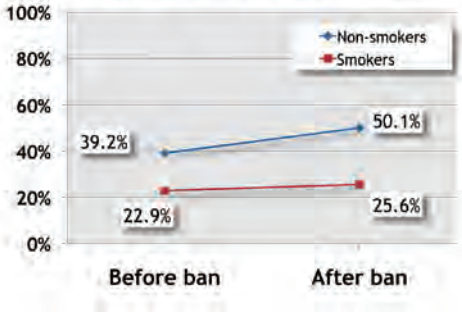
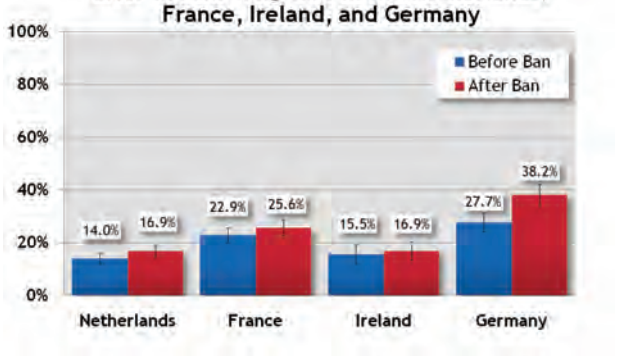


Fig 21. Percentage of smokers who do not allow smoking in their home, before and after the smoking bans in the Netherlands, France, Ireland, and Germany



36. Figures are for continuing smokers in Wave 2.

37. Fong, G.T., Hyland, A., Borland, R., Hammond, D., Hastings, G., McNeill, A., et al. (2006) Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey. Tob Control, 15, iii51-iii58.

38. Hyland, A., Higbee, C., Hassan, L., Fong, G.T. et al. (2007). Does smoke-free Ireland have more smoking inside the home and less in pubs than in the United Kingdom? Findings from the international tobacco control policy evaluation project. Euro J Public Health, 18, 1, 63-65.

39. Hyland, A., Hassan, L.M., Higbee, C., Boudreau, C. et al. (2009). The impact of smokefree legislation in Scotland: results from the Scottish ITC Scotland/UK longitudinal surveys. Euro J Public Health, 19, 2, 198-205.

40. Percentages have to be interpreted cautiously since the number of quitters is very low

41. Note that overall tobacco sales slightly decreased between 2007 and 2008.

42. Hitchman, S.C., Fong, G.T., Zanna, M.P., Hyland, A., and Bansal-Travers, M. (2010). Support and correlates of support for banning smoking in cars with children: findings from the ITC Four Country Survey. Eur J Public Health Jul 14 (Epub ahead of print).

Association of the ban with quitting

The Wave 2 survey found that 13% (n= 164) of the Wave 1 smokers who were recontacted at Wave 2 (n=1231) had quit smoking. Smoke-free laws have had some impact in helping smokers to quit or cut down on smoking and to stay quit.

Among 164 quitters:

- 19 (16% of quitters who are employed outside the home) reported that the 2007 ban on smoking in workplaces and public places was one of the reasons they quit smoking;
- 55 (46% of quitters who are employed outside the home) said the law banning smoking in workplaces and public places helped them to stay quit;
- 24 (15%) indicated that the 2008 smoking ban in cafés, restaurants, and bars was one of the reasons they quit smoking;
- 71 (43%) reported that the hospitality smoking ban helped them to stay quit[40].

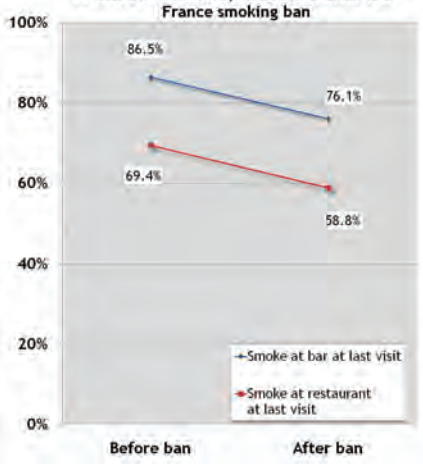
Among 1067 smokers re-contacted at Wave 2:

- 318 (40% of smokers who are employed outside the home) reported that the 2007 ban on smoking in workplaces and in public places made them cut down on the number of cigarettes smoked;
- 253 (24%) indicated that the 2008 smoking ban in cafés, restaurants, and bars made them cut down on the number of cigarettes smoked[41];
- 131 (13%) indicated that they are more likely to quit smoking now, because of the smoking ban in hospitality venues.

Self-reported smoking at hospitality venues

Since the 2008 smoking ban in hospitality venues, fewer smokers report smoking at all when they visit these venues, either outdoors or indoors or both. Among smokers who were recontacted at Wave 2 and who visited a bar in the last six months at both waves, 87% smoked during their last visit (indoors or outdoors or both) before the ban. After the ban, this percentage who smoked at their last visit decreased to 76% and the majority of them smoked outdoors only. Similarly, smoking when visiting restaurants decreased from 69% of smokers before the ban to 59% of smokers after the ban with the majority smoking outdoors only.

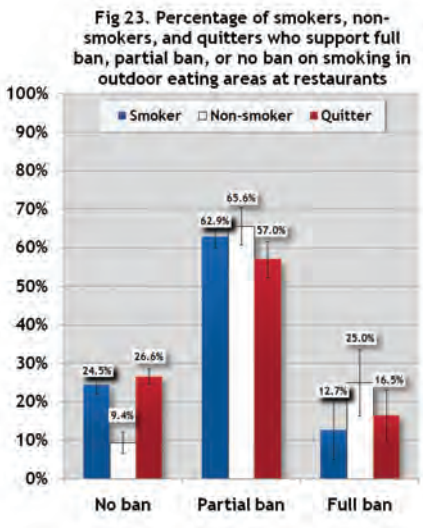
Fig 22. Percentage of smokers who smoked at hospitality venues at last visit, either indoors or outdoors, before and after the France smoking ban



Support for smoking bans in outdoor eating areas

At Wave 2, all respondents were asked their opinions on whether smoking should be allowed in all outdoor eating areas of restaurants, in designated eating areas such as smoking terraces, or not allowed in outdoor eating areas at all. One quarter (25%) of non-smokers, 17% of quitters, and 13% of smokers supported a complete ban on smoking at all outdoor eating areas. Among all respondents, there was substantially stronger support for designated outdoor smoking areas such as smoking terraces than for no restrictions on smoking in outdoor eating areas. More than half of smokers (63%), non-smokers (66%), and quitters (57%) supported designated outdoor smoking areas in outdoor eating areas. Unrestricted smoking in outdoor eating areas was supported by 25% of smokers, 27% of quitters, and 9% of non-smokers.

Fig 23. Percentage of smokers, non-smokers, and quitters who support full ban, partial ban, or no ban on smoking in outdoor eating areas at restaurants



Support for a ban on smoking in cars when children are passengers

Smoking in cars constitutes a venue with high potential exposure to second-hand smoke. At Wave 2 all respondents were asked whether they support or oppose a total ban on smoking in cars with children in them. The majority of respondents "strongly supported" this ban – 72% of smokers, 79% of non-smokers, and 75% of quitters. Seventeen percent of smokers, 11% of non-smokers, and 14% of quitters "supported" the ban. There was weak opposition to the ban as only 9% of Wave 2 survey respondents "strongly opposed" and 5% "opposed" this ban.

ITC surveys in other countries have also found strong support for bans on smoking in cars with children[42]. For example, 62% of German smokers "strongly supported" and 30% "supported" such a ban; 96% of Dutch smokers and 76% of UK smokers indicated that they would support a law that banned smoking when children are passengers.

ADVERTISING AND PROMOTION

A comprehensive ban on tobacco advertising has been in effect in France since 1992, with the exception of publications intended for industry professionals, mini-posters in tobacco shops, and live broadcasts of sporting events from countries where tobacco advertising is legal. France's Cancer Plan 2009-2013 calls for a ban on advertising at point of sale and during television sports broadcasts. The ITC France Survey measures levels of awareness of tobacco advertising and promotion activities among smokers and non-smokers. The survey findings indicate that despite the comprehensive ban, 14% of smokers and 16% of non-smokers frequently notice advertising or promotion of smoking. Sponsorship of sporting events by the tobacco industry continues as 19% of smokers have seen or heard about this form of advertising in the six months prior to the Wave 2 survey. This suggests the need to extend advertising and promotion restrictions to televised international sporting events.

Noticing tobacco advertising and sponsorship

At Wave 2, 14% of smokers and 16% of non-smokers "often" or "very often" noticed things that promote smoking in the last six months[43].

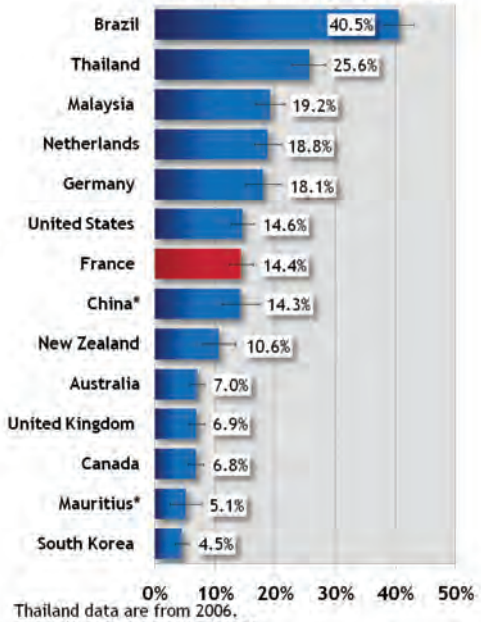
These percentages are slightly lower than in Germany and the Netherlands where 18% of smokers noticed tobacco promotion, but are twice as high as in the United Kingdom (7%) where a comprehensive ban on tobacco advertising and promotion has been in place since 2003.

Among smokers who were surveyed at both waves, the percentage who noticed promotion of smoking "often" or "very often" decreased from 20% to 13%, while among non-smokers the percentage decreased from 26% to 16%[44].

At Wave 1 and Wave 2, respondents were asked whether they had seen or heard about sports or sporting events, or music, theatre, art, or fashion events that were sponsored by or connected with cigarette brands or tobacco companies. At Wave 2 the promotion of tobacco through sporting events remained prevalent and decreased only slightly from Wave 1, as 19% of smokers and 21% of non-smokers who were surveyed at both waves reported they had seen or heard about this type of promotion in the last six months. As in Wave 1, advertising and promotion of tobacco through arts events was less prevalent — 4% of smokers and 6% of non-smokers who were surveyed in both waves had seen or heard about any music, theatre, art, or fashion event that was sponsored by or connected with either cigarette brands or tobacco companies in the last six months.

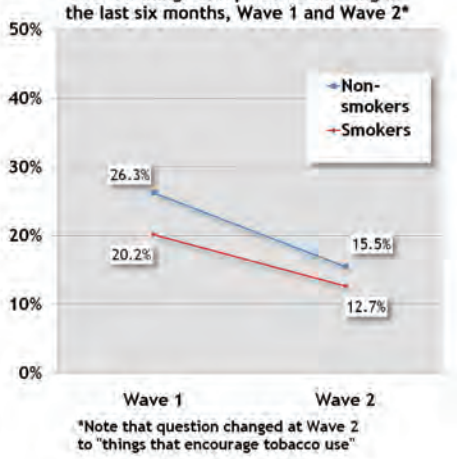
These findings suggest that despite the comprehensive advertising ban, smokers and non-smokers are continuing to see or hear about advertising and promotion of tobacco products. There is a need to extend bans on tobacco advertising to televised sporting events in countries where this form of advertising is currently permitted.

Fig 24. Percentage of smokers who "often" or "very often" noticed the promotion of smoking, by country



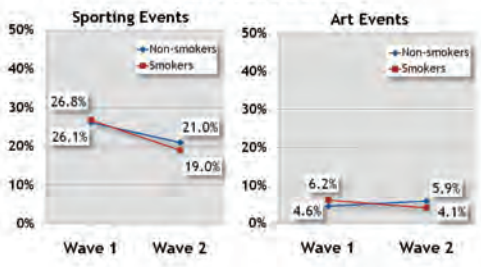
Thailand data are from 2006.
Malaysia data are from 2006/07.
Australia, Canada, UK, US, and China data are from 2007/08.
South Korea, Mexico, and France data 2008.
New Zealand data are from 2008/09.
The Netherlands, Germany, Brazil, and Mauritius data are from 2009.
*Response options did not include 'very often'.

Fig 25. Percentage of non-smokers and smokers who "often" or "very often" noticed things that promote smoking in the last six months, Wave 1 and Wave 2*



*Note that question changed at Wave 2 to "things that encourage tobacco use"

Fig 26. Percentage of non-smokers and smokers who have seen or heard about sporting events or arts events sponsored by or connected with cigarette brands or tobacco companies in the last six months, Wave 1 and Wave 2



43. *It is not necessarily advertising, it is anything encouraging tobacco smoking.*

44. *Note that the question was revised in Wave 2 from "things that promote tobacco use" to "things that encourage tobacco use". This may explain the slight difference between both waves.*

PRICE AND TAXATION

In August 2007, the price of a package of 20 of the most commonly sold cigarettes was increased by 6% (from €5 to €5.30) and the price of roll-your-own tobacco was increased by €0.50. The ITC Wave 1 and Wave 2 surveys measured the effect of this increase through questions on smokers' perceptions of the money spent on tobacco and the influence of price on tobacco purchasing decisions and on thoughts about quitting.

The findings suggest that the small increase has had minimal impact on smokers' attitudes, motivation to quit smoking, and perceptions concerning the cost of smoking. The increase in the price of cigarettes in France between 2003 and 2004 has demonstrated that an increase of at least 10% is required to significantly reduce cigarettes sales.

Cigarette or tobacco purchases

The majority of French smokers (76%) last purchased cigarettes or tobacco from a tobacconist or a bar-tabac; 17% purchased them outside of France, but in the EU, 2% purchased them from outside the EU, and 2% purchased them from duty-free shops. Less than 1% of smokers last purchased cigarettes or tobacco via the internet. In the last six months, 44% of smokers purchased cigarettes from outside France, but in the EU; 14% purchased them outside the EU; 3% purchased them from an independent seller, and less than 1% purchased them via the internet.

Price as a reason to quit

At Wave 1, price was "somewhat" or "very much" a reason to quit for 62% of smokers. This was essentially unchanged at Wave 2 (63%) and remained the second most frequently mentioned reason for quitting among the list of suggested reasons (setting an example for children was the most frequent at 79%). More than half of 19 ITC countries surveyed had a higher percentage of smokers who reported that price is "somewhat" or "very much" a reason to quit smoking.

Fig 27. Location of smokers' last cigarette or tobacco purchase for themselves, Wave 2

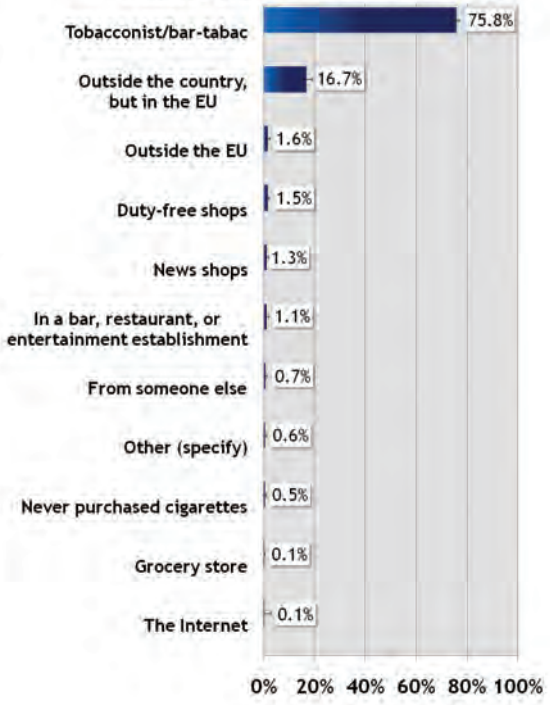
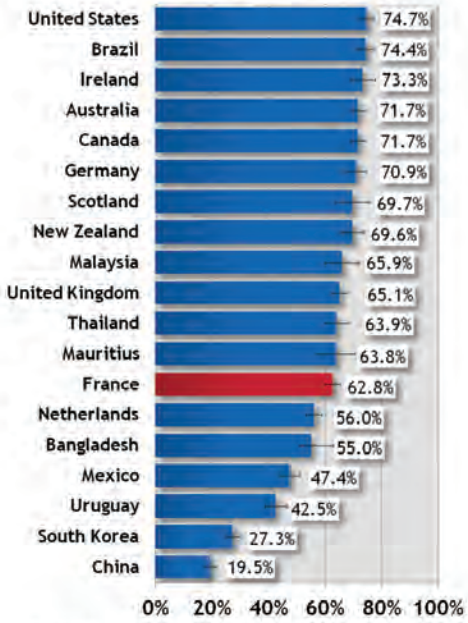


Fig 28. Percentage of smokers who think price is a reason to quit smoking, by country



Thailand, Ireland and Scotland data are from 2006.
Malaysia data are from 2006/07.
Mexico, South Korea and France data are from 2008.
China, Canada, US, UK and Australia data are from 2007/08.
Uruguay data are from 2008/09
The Netherlands, Brazil, Bangladesh, Mauritius, and Germany data are from 2009.

Thinking about money spent on cigarettes

At Wave 1, 58% of smokers had "often" or "very often" thought about the money spent on cigarettes in the last month. At Wave 2, this was relatively unchanged (54%). Approximately one-third of smokers at Wave 1 (33%) and Wave 2 (31%) indicated that in the last six months they spent money on cigarettes that they knew would be better spent on household essentials such as food. At Wave 2, only a small percentage of smokers who answered "no" at Wave 1 (15%) changed their response to "yes".

Price and roll-your-owns

The majority of roll-your-own smokers indicated that one of the main reasons for smoking roll-your-owns is that they are less expensive. Ninety-one percent of roll-your-own smokers at Wave 1 and Wave 2 reported that this is one of the main reasons for smoking this form of tobacco.

This suggests that the price differential between roll-your-own and factory-made cigarettes may be a factor in promoting continued tobacco use, rather than quitting. Article 6 of the FCTC calls for harmonizing tobacco tax policies so that increasing taxes will not simply lead to changing the form of tobacco use, but rather to reducing smoking rates. It is noted that tobacco manufacturers implemented a €0.60 increase in the price of roll-your-own tobacco in January 2009. The Wave 3 ITC France Survey will evaluate whether this increase had an effect on smokers' attitudes and behaviours.

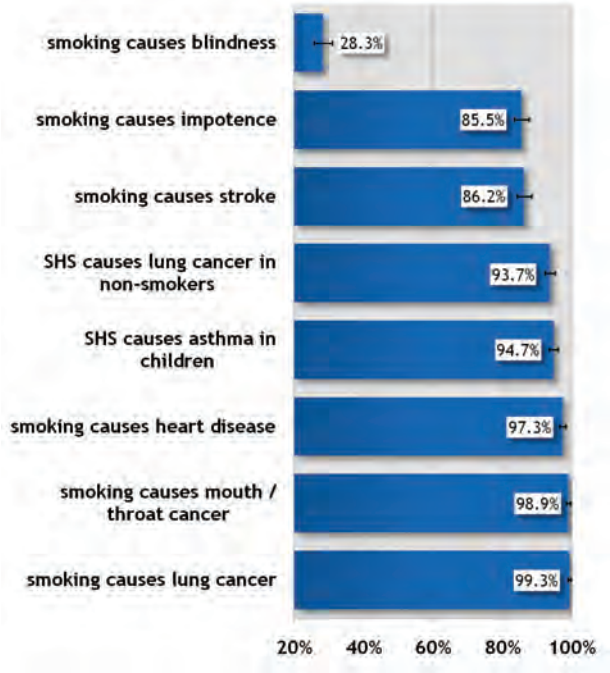
EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

Article 12 of the WHO Framework Convention on Tobacco Control (FCTC) requires Parties to ensure the highest level of public awareness of tobacco control issues by providing broad access to information about the health risks of tobacco consumption and exposure to tobacco smoke and the benefits of cessation. The ITC France Surveys measured smokers' knowledge of the health risks of smoking and the dangers associated with exposure to second-hand smoke, identified media for this information, and awareness of education campaigns on these issues and their perceived effectiveness. The findings indicate that the majority of French smokers are aware of the variety of health risks of smoking (with the exception of smoking-related blindness) and the harms associated with exposure to second-hand smoke. Cigarette packs were the most common medium of information for smokers on the dangers of smoking and encouraging quitting. This provides evidence of the importance of warning labels as a risk communication tool and the opportunity for large pictorial warnings to have a strong effect on smokers.

Knowledge of the harms of smoking

The ITC France Surveys measured smokers' and non-smokers' awareness of various smoking-related health effects. French smokers are highly aware of the harms of smoking and dangers of exposure to second-hand smoke. At Wave 2, almost all smokers were aware that smoking causes lung cancer (99%), mouth and throat cancer (99%), and heart disease (97%). There were also high levels of awareness of the effects of second-hand smoke on children and other non-smokers — 95% agreed that second-hand smoke causes asthma in children, and 94% agreed that second-hand smoke causes lung cancer in non-smokers. There was less awareness that smoking causes stroke (86% of smokers agreed) and impotence (86% of smokers agreed). There was also a significant lack of awareness of the link between smoking and blindness — 72% of smokers were not aware of this smoking-related health effect.

Fig 29. Percentage of smokers who agree that smoking causes various health effects and diseases, Wave 2



Perceptions of the health risks

At Wave 2, almost one-third of smokers and quitters (32%) responded that smoking has damaged their health "not at all". This percentage is similar to that found among smokers in the Netherlands (33%) and Germany (32%), but is considerably higher than the United Kingdom, where 19% of smokers reported that smoking has not damaged their health.

However, more than half (54%) of smokers were "moderately worried" that smoking will damage their health in the future and a further (16%) were "very worried." Thirty percent of smokers were "a little worried" or were "not worried at all."

At Wave 2, almost half (48%) of smokers "often" or "very often" thought about the harm that their smoking *might be doing to them* in the last month. Twenty-nine percent of smokers "sometimes" thought about the harm in the last month. Smokers thought about the harm that their smoking does to *others* less often. One-third (34%) of smokers "often" or "very often" and 23% "sometimes" thought about the harm to others.

While the majority (82%) of smokers thought that smokers have a "very high" or "somewhat high" likelihood of developing lung cancer, fewer smokers (58%) thought that if they continue to smoke the amount they do now they will have a "very high" or "somewhat high" chance of developing lung cancer. A higher percentage of quitters (90%) and non-smokers (91%) than smokers responded that smokers have a "very high" or "somewhat high" likelihood of developing lung cancer.

The majority of smokers did not feel that smoking has lowered their quality of life. For half of smokers (50%), smoking has not lowered their quality of life at all. For 35% of smokers, smoking has lowered their quality of life "just a little." For 16% of smokers, smoking has lowered quality of life "a fair amount" or "a great deal."

More than half were moderately worried that smoking will lower their quality of life in the future and a further 13% were very worried. Fifteen percent were not at all worried and 20% were a little worried.

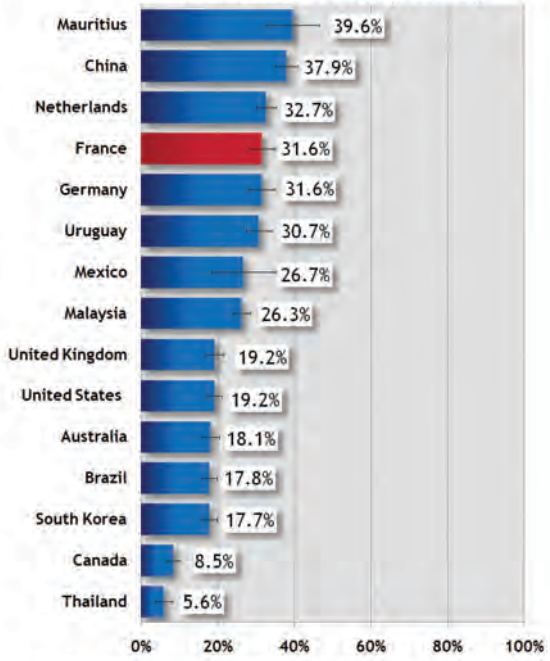
Information on the dangers of smoking and the benefits of quitting

At Wave 2, almost one-third (31%) of smokers and quitters "often" or "very often" noticed information or messages that talk about the dangers of smoking or encourage quitting in the last six months. More than half of smokers (54%) noticed this information "rarely" or "sometimes".

Among smokers who noticed this information in the last six months, cigarette packs were the most commonly cited medium (86%), followed by television (79%), poster/billboards (58%), and newspapers/magazines (57%). Among quitters, television was the most common medium (87%), followed by cigarette packs (80%), and posters/billboards (58%) (See Figure 12 in Product Labelling section).

More than three-quarters of smokers and quitters who noticed this information "agreed" or "strongly agreed" that this information is relevant (76%) and is from a credible medium (78%). However, fewer smokers (54%) "agreed" or "strongly agreed" that the information is convincing.

Fig 30. Percentage of smokers who believe smoking has damaged their health "not at all", by country



Thailand, Ireland and Scotland data 2006.
Malaysia data 2006/07. Mexico, South Korea and France data 2008.
China, Canada, US, UK and Australia data 2007/08.
Uruguay, and New Zealand data 2008/09.
Brazil, Mauritius, The Netherlands, and Germany data 2009.

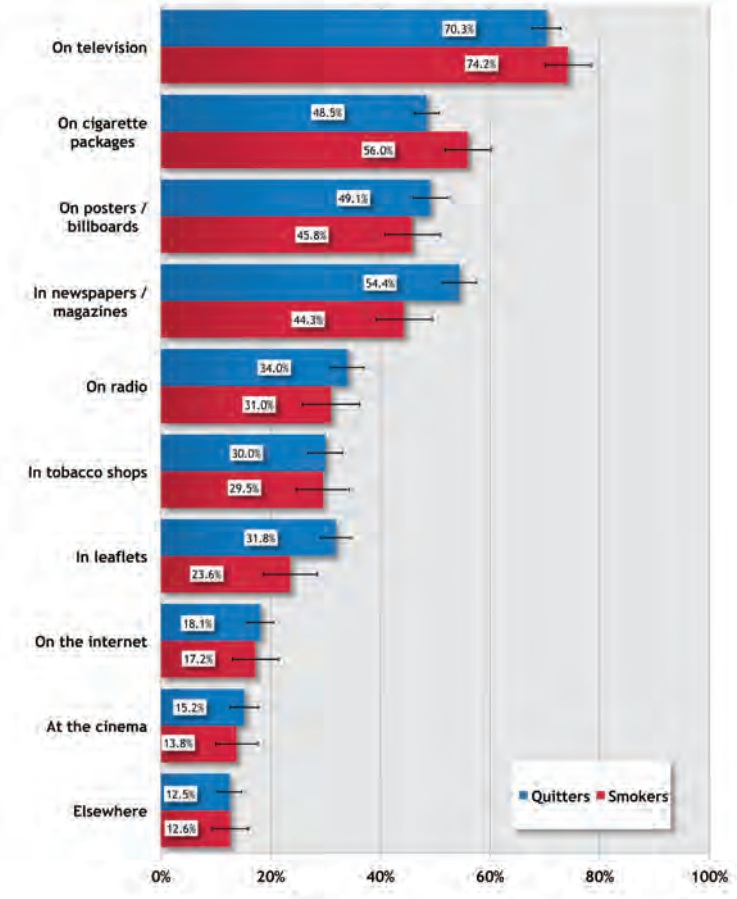
Information on the dangers of second-hand smoke

At Wave 2, 22% of smokers and quitters "often" or "very often" noticed information or messages about the dangers of passive smoking or second-hand smoke in the last six months. Sixty-two percent noticed this information "rarely" or "sometimes".

Among smokers and quitters who noticed this information in the last six months, television was the most common medium of information for smokers (74%) and quitters (70%). The next most common medium of information for smokers was cigarette packs (56%) followed by posters/billboards (46%). Among quitters, the next most common media were newspapers/magazines (54%) followed by posters/billboards (49%).

The majority of smokers and quitters "agreed" or "strongly agreed" that this information is relevant (79%) and credible (82%). Information on the dangers of second-hand smoke was perceived as more convincing than the information on the dangers of smoking and the benefits of quitting — 73% of respondents who noticed this information "agreed" or "strongly agreed" that this information is convincing (compared to 54% of respondents who noticed information on the dangers of smoking and the benefits of quitting).

Fig 31. Type of media where smokers and quitters noticed information or messages on the dangers of passive smoking or second-hand smoke, Wave 2



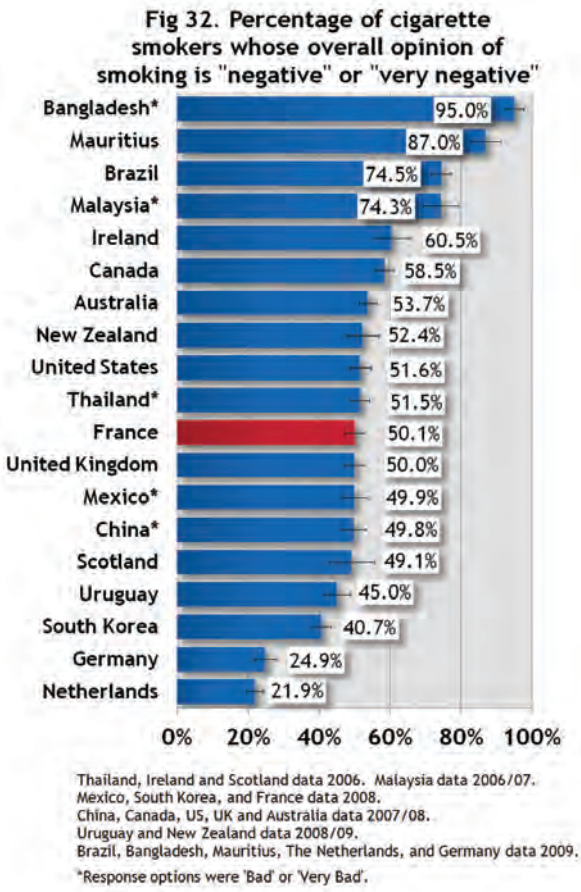
Overall opinion of smoking

At Wave 2 half (50%) of smokers expressed the overall opinion that smoking is "negative" or "very negative".

Non-smokers and quitters were more likely to consider smoking as "negative" or "very negative" compared to smokers. 76% of non-smokers and 64% of quitters viewed smoking as "negative" or "very negative".

France has a higher percentage of smokers with a "negative" or "very negative" opinion of smoking compared to the Netherlands and Germany where 22% and 25% of smokers respectively have negative opinions of smoking. Similar to France, half of smokers in the United Kingdom have "negative" or "very negative" opinions of smoking.

The majority of French smokers are aware of the health risks of smoking, with the exception of smoking-related blindness.



A higher percentage of smokers in France (50%) have a "negative" or "very negative" opinion of smoking compared to smokers in Germany (25%) and the Netherlands (22%).

IMPLICATIONS OF THE FINDINGS

The ITC France Wave 1 and Wave 2 surveys indicate that France's smoke-free policies have substantially reduced smoking in workplaces, public places, and hospitality venues. Increased support among smokers and non-smokers for smoke-free policies after their implementation and high levels of compliance with these policies indicate that France's indoor smoking restrictions have been successful.

The Wave 2 findings also highlight opportunities to further improve tobacco control in France:

1. Continue to monitor compliance with smoke-free laws in workplaces and the hospitality industry.

Eighteen months after the February 2007 workplace smoke-free law was implemented, there has been a dramatic increase in the percentage of smokers that have smoke-free workplaces and a decrease in workplaces with designated smoking areas to just over 10% of workplaces. However, Wave 2 results indicate that 17% of smokers and 16% of non-smokers who work outside the home do not have completely smoke-free workplaces. Guidelines for Article 8 of the WHO Framework Convention on Tobacco Control (FCTC), which was ratified by France in 2004, require all indoor workplaces to be completely smoke-free. The issue of smoking in covered terraces has been identified by Droits Des Non-Fumeurs (DNF) as a problem for compliance with the hospitality smoking ban. Continued monitoring, enforcement, and education of owners and of the public is critical to convey the public health importance of limiting exposure to second-hand smoke and building support for compliance with the legislation. The ITC France Wave 3 Survey will continue to collect information from patrons to further assess the prevalence of this problem.

2. Closely monitor implementation of pictorial warning labels.

Warning labels on cigarette packages are the most commonly identified medium of information on the dangers of smoking in France, as well as in other countries. However, relatively low percentages of smokers who noticed the current text warning labels suggest the need for strong implementation of pictorial warning labels and careful monitoring of compliance. The WHO FCTC Guidelines for Article 11 recommend strong communication of the requirements of the law among tobacco manufacturers, importers, and retailers before it comes into force and ensuring that an infrastructure and budget are in place to conduct compliance and enforcement activities.

3. Strengthen family physicians' roles in promoting smoking cessation among their patients by providing training in smoking cessation counselling.

It has been shown across numerous studies that brief advice to quit from a primary care physician during a routine visit can help smokers to successfully quit[45]. FCTC Guidelines for Article 14 adopted in 2010 at the fourth session of the Conference of the Parties (COP) recommend that tobacco users receive brief physician advice to quit as one of the key initial population-level strategies for increasing cessation[46]. It is therefore important to increase awareness among physicians of the need to advise all smokers to quit as an essential part of standard practice and to provide or refer smokers to other available treatments or services for smoking cessation.

4. Conduct further economic analyses using ITC Wave 1 and Wave 2 survey data to evaluate the impact of tobacco price and tax increases on tobacco consumption across all age and income groups.

Increasing tobacco taxes and prices is universally recognized as the single most effective policy instrument to reduce tobacco consumption, particularly among youth. Given the increasing prevalence of smoking among lower socio-economic groups and the higher financial sensitivity of lower income groups to price changes, it is important to examine ITC survey data in more detail to provide guidance on effective tobacco price increase policies.

45. Stead, L.F., Bergson, G., and Lancaster T. (2008). Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub3.

46. WHO Framework Convention on Tobacco Control (2010). Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control (Demand reduction measures concerning tobacco dependence and cessation). http://www.who.int/fctc/guidelines/article_14/en/index.html

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- Ontario Institute for Cancer Research (Canada)

Further References

ITC France Survey results

2010. ITC France Survey Waves 1-2 Technical Report. Construction and Use of Sampling Weights for the International Tobacco Control (ITC) France Survey. Prepared by C. Boudreau. Department of Statistics and Actuarial Science and Data Management Core of the ITC Project. University of Waterloo, Waterloo, Canada.

http://www.itcproject.org/projects/france/francew12technicalreportaug19_2010pdf

2009. ITC Project (February 2009). ITC France National Report. University of Waterloo, Waterloo, Ontario, Canada; French Institute for Health Promotion and Health Education (INPES), French National Cancer Institute (INCa), and French Monitoring Centre for Drugs and Drug Addiction (OFDT), Paris, France.

http://www.itcproject.org/keyfindi

2009. INPES. Perception des Français du respect de l'interdiction de fumer dans les cafés et bars, et dans les restaurants, un an après son application. Résultats de deux enquêtes. Dossier de presse. 7 janvier 2009.

http://www.sante-jeunesse-sports.gouv.fr/actualite-presse/presse-sante/dossiers-presse/perception-francais-du-respect-interdiction-fumer-cafes-bars-restaurants-an-apres-son-application.html

2009. Bilan de la première année d'interdiction de fumer - Discours de Roselyne Bachelot-Narquin 7 janvier 2009.

http://www.sante-jeunesse-sports.gouv.fr/actualite-presse/presse-sante/discours/bilan-premiere-annee-interdiction-fumer-discours-roselyne-bachelot-narquin.html

2008. Bulletin Épidémiologique Hebdomadaire, Numéro thématique - Journée mondiale sans tabac 2008 (Special issue - World No Tobacco Day 2008), 27 May 2008.

http://www.invs.sante.fr/beh/2008/21_22/beh_21_22_2008.pdf

Other Reports on France/European tobacco control

2009. French National Cancer Institute (INCa). 2009. Le plan cancer 2009-2013.
http://www.e-cancer.fr/component/docman/doc_download/4787-

2009. DNF. Les Droits des Non-Fumeurs. Le Tabac En France entre 2006 et 2009. Évolution des comportements, Détournement de la Loi et nouvelles Menaces.
http://dnf.asso.fr/-Communiques-de-Presse-.html?communique=51

2007. Alliance contre le tabac. Implementing the Framework Convention on Tobacco Control in France. Current Situation and Recommendations. Report of the French Alliance Against Tobacco.

2007. WHO. Regional Office for Europe. 2007. The European Tobacco Control Report.
http://www.euro.who.int/__data/assets/pdf_file/0005/68117/E89842.pdf

2003. WHO Framework Convention on Tobacco Control (WHO FCTC) Geneva, World Health Organization.
http://www.who.int/tobacco/framework/en/

The International Tobacco Control Policy Evaluation Project

The ITC Project

Evaluating the Impact of FCTC Policies in...

23 countries • 50% of the world's population
60% of the world's smokers • 70% of the world's tobacco users

Australia
Bangladesh
Bhutan
Brazil
Canada
China (Mainland)
France
Germany
India
Ireland
Kenya
Malaysia
Mauritius
Mexico
Netherlands
New Zealand
Nigeria
South Korea
Thailand
United Kingdom
Uruguay
United States of America
Zambia