

The International Tobacco Control Policy Evaluation Project

ITC France National Report



FINDINGS FROM THE WAVE 1 TO 3 SURVEYS (2006-2012)



Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic



International Tobacco Control
Policy Evaluation Project



UNIVERSITY OF
WATERLOO



Findings from the ITC France Wave 1 to 3 Surveys

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EXECUTIVE SUMMARY

France has a strong history of tobacco control having implemented a range of policy measures long before ratifying the WHO Framework Convention on Tobacco Control (FCTC) in 2004. Unfortunately, after four decades of decreasing smoking prevalence among males and two decades of declining prevalence among females, smoking rates among 15 - to 75-year-olds have increased from 31% in 2005 to 34% in 2010¹. However, tobacco sales sharply decreased between 2011 and 2013 in the official distribution network in France (-3.4% between 2011 and 2012 and -6.2% between 2012 and 2013). This decrease may be due to: 1) a decrease in smoking prevalence; 2) a decrease of the quantity of cigarettes smoked by smokers; and 3) more cross-border purchasing — trends which could be caused by price increases and the emergence of e-cigarettes. With regard to cross-border purchasing, the telephone survey ETINCEL carried out in 2013 by the French Monitoring Centre for Drugs and Drug Addiction (OFDT)² showed no significant difference in the proportion of smokers whose last purchase of tobacco was cross-border purchasing (17%) compared with a previous survey conducted in 2010 by the French Institute for Health Promotion and Health Education (Inpes) and the OFDT where this proportion was 15%³.

The ITC Project was developed to provide an evidence base to guide policies enacted under the FCTC and to systematically evaluate the effectiveness of these legislative and regulatory efforts. The ITC Project is conducting longitudinal surveys in 22 countries to assess the impact, and identify the determinants of effective tobacco control policies in the following areas: health warning labels and pack descriptors; pricing and taxation of tobacco products; smoke-free legislation; tobacco advertising, promotion, and sponsorship; education; and support for cessation. In addition to policy evaluation, the ITC Project provides a greater understanding of patterns of tobacco use and cessation over time and across countries, including factors that predict quit attempts and successful quitting at an international level.

In 2006, researchers from the Inpes (now called Santé publique France) and the French National Cancer Institute (INCa) formed a collaboration with the ITC Project team at the University of Waterloo to create the ITC France Project. The objective was 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 Wave 1 Survey was conducted among 1,735 smokers and 525 non-smokers between December 2006 and February 2007, just before the first stage of the smoking ban in public places. Two follow-up survey waves were conducted in 2008, i.e., 9 months after the second stage of the smoking ban (Wave 2), and in 2012 (Wave 3). The study sample in Waves 2 and 3 included cohort participants from the previous waves, as well as newly recruited respondents (the replenishment sample) to replace respondents who were lost to follow up. Respondents were surveyed using computer assisted telephone interviews (CATI), following a random digit dialing (RDD) sampling design covering continental France.

The ITC France Wave 1 to 3 Survey findings indicate that France has made a number of important tobacco control achievements between 2006 and 2012. However, the findings also point to several areas where France can move forward to implement stronger tobacco control policies and achieve comprehensive implementation of the FCTC and the treaty Guidelines.

Tobacco Use Behaviour

The percentage of cigarette smokers who smoke exclusively factory-made cigarettes has decreased between Wave 1 (78%) and Wave 3 (64%). RYO cigarette use only increased from 11% of smokers at Wave 1 to 19% at Wave 3, while use of both types of cigarettes increased from 12% at Wave 1 to 17% at Wave 3. The number of cigarettes smoked per day (13) among daily smokers interviewed in the ITC France Survey has essentially remained unchanged between Waves 1 to 3 and is lower than in other ITC European countries.

The findings provide insight on smokers' perceptions about their smoking behaviours. About half of smokers have negative views of smoking and over 85% regret having started smoking. Over three-quarters of smokers and quitters believe that society disapproves of smoking or that people who are important to them believe they should not smoke.

Smoking Cessation

Although physician advice to quit is recognized as having a powerful influence on helping smokers to quit, the results indicate low rates of involvement of health professionals in cessation. Across all three waves, less than one-third of smokers were offered advice to quit during a routine visit and less than 10% were offered a prescription or a referral to another health professional, while according to the Inpes Health Barometer 2010, 37% of smokers who want to quit reported they would like to be assisted by a doctor¹. Although there has been an increase in the provision of cessation assistance, specifically referrals to other services (from 2% at Wave 2 to 9% at Wave 3) and prescriptions (from 4% at Wave 1 to 9% at Wave 3), findings supported by results of a recent French survey of general practitioners^{4, 5}, the level is still relatively low.

However, the findings suggest that cessation support is available for those smokers who visit a doctor or health professional around the time of a quit attempt. At Wave 3, the majority of cohort smokers (73%) and quitters (82%) who visited a doctor or health professional around the time of their last or current quit attempt received advice to quit, a prescription for stop-smoking medications (59% of smokers; 57% of quitters), or instructions or suggestions on how to quit or how to stay quit (59% of smokers; 66% of quitters).

At Wave 3, there was consistency in the most common reasons for thinking about quitting / for quitting among smokers / quitters: wanting to set an example for children (83% of smokers; 85% of quitters), the price of cigarettes (77% of smokers; 72% of quitters), and concern for personal health (67% of smokers; 84% of quitters). A higher percentage of quitters compared to smokers reported that concern for personal health "somewhat" or "very much" led to their quit attempt, or helped them to stay quit. Concern for personal health was also the most common reason for triggering the last or current quit attempt among smokers and quitters.

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In April 2011, pictorial health warnings were introduced on 40% of the back of factory-made cigarettes, while text warnings remained on 30% of the front.

Health Warning Labels

From October 2003 to April 2011, France had text-based health warnings on 30% of the front and 40% of the back of all factory-made and RYO cigarette packages. In April 2011, pictorial health warnings were introduced on 40% of the back of factory-made cigarettes, while text warnings remained on 30% of the front. This same change was implemented one year later (April 2012) on RYO tobacco packages.

Overall, the findings indicate that the introduction of pictorial warnings on only 40% of the back of cigarette and RYO packages, without any increase in size nor any change in the content of the text warning labels for the last 8 years, has not been effective among the majority of France smokers, and that warning label effectiveness has actually decreased over time. Noticing health warnings in the last month decreased among smokers from 70% at Wave 1 to 57% at Wave 2 and further decreased to 49% at Wave 3 after the pictorial health warnings were introduced. Low-income smokers more frequently reported noticing warning labels compared to high-income smokers at Waves 2 and 3. Reading or looking closely at the labels in the last month also decreased from approximately one-third (31%) of smokers at Wave 1 to 26% at Wave 2 and 19% at Wave 3. Health warnings continued to rank low among the given reasons for thinking about quitting, even after the implementation of pictorial health warnings. Just above one-third (39%) of smokers reported that health warnings on cigarette packages made them think about quitting at Wave 3, not significantly different from previous waves. All these results suggest that the introduction of pictorial warnings did not increase warning label effectiveness. New messages and larger pictorial warnings on both sides of the pack (65% of the front and back of cigarette and RYO packs as required by the European Union Tobacco Products Directive by May 20, 2016) may be more effective in encouraging cessation⁶.

Smoke-free Public Places

Findings show that the success of France's national smoke-free laws in reducing smoking in workplaces and restaurants in 2008 has been sustained in 2012. In workplaces, more than 5 years after the ban, 15% of smokers and quitters and 14% of non-smokers reported observing smoking indoors at their workplace (respectively 7% and 6% for respondents who reported that smoking was not allowed at all at their workplace). In restaurants, the near elimination in observed smoking 9 months after the ban continued more than 4 years after the ban (1% of smokers and quitters observed smoking indoors at last visit; 2% of non-smokers).

Of concern however is the increase in observed smoking in bars between 2008 (4% of respondents) and 2012 (6% of smokers and quitters; 8% of non-smokers), suggesting the need to strengthen efforts to monitor the enforcement of the smoking ban in these venues. In addition, evidence from other studies also indicates a lack of compliance with the existing law banning smoking in covered and enclosed terraces.

Consistent with findings in other ITC countries, support for smoking bans in workplaces, restaurants, and bars has continued to increase since the implementation of the smoke-free laws, even among smokers. Indeed, the majority of smokers are aware of the harms of secondhand smoke. However, support (percentage who responded that smoking should “never be allowed”) for complete smoking bans in outdoor areas of restaurants remained relatively unchanged among smokers and quitters (37% at Wave 2; 35% at Wave 3) and non-smokers (32% at Wave 2 and 35% at Wave 3).

After the implementation of smoke-free policies between Wave 1 and Wave 2, the percentage of respondents who reported having home smoking bans has continued to increase from 23% of smokers at Wave 1 to 37% of smokers and quitters at Wave 3 and from 44% of non-smokers at Wave 1 to 61% at Wave 3.



Tobacco Advertising, Promotion, and Sponsorship

While France has implemented strong policies to ban direct and indirect advertising, promotion, and sponsorship of tobacco products, the country has not yet implemented a ban on advertising at point of sale as intended in France’s Cancer Plan 2009-2013. Approximately 20% of respondents across all three waves noticed advertising and promotion of tobacco products in France. The findings show that exposure to tobacco promotion is more widespread among young people and among low-income and less educated smokers.

The proportion of respondents who noticed promotion of either cigarette brands or tobacco companies in sporting events decreased between Wave 2 (noticed by 22% of smokers and quitters) and Wave 3 (noticed by 11% of smokers and quitters), possibly due to the decline in tobacco advertising and sponsorship at Formula One races. A similar trend was observed among non-smokers (21% at Wave 1; 24% at Wave 2; 13% at Wave 3). Across the three survey waves, less than 10% of respondents saw or heard about the use of arts events to promote cigarette brands or tobacco companiesⁱ.

The depiction of smoking in movies, while not measured in the ITC France Survey, is another form of tobacco promotion used by the tobacco industry and has been shown to lead to smoking initiation among youth. Promotion through pack design, such as colour, and through the Internet also increases the risk of smoking initiation and the renormalizing of smoking, especially among young people. In September 2014, the French Government announced its intention to introduce measures to curb tobacco promotion among young people as part of the National Tobacco Reduction Plan. These measures include plain packaging and a ban on the advertising of tobacco products at point of sale.

i. Arts events include music, theatre, art, or fashion events. It does not include the depiction of smoking in movies.

Tobacco Price and Taxation

France has had several price increases during the time period covered by the ITC France Surveys. Between Wave 1 (2006-2007) and Wave 2 (2008) there was one increase in the price of RYO tobacco (+9%) and manufactured cigarettes (+6%), and between Wave 2 and the end of Wave 3 (December 2012) there were four price increases in both products (+25% for manufactured cigarettes and +45% for RYO tobacco). With these increases, tobacco products in France are now the most expensive of any country in continental Europe.

More than three-quarters of smokers across Waves 1 to 3 bought their cigarettes from a tobacconist or bar-tabac in France at last purchase, while approximately one smoker out of six (13% at Wave 1; 17% at Waves 2 and 3) last purchased cigarettes from outside of France, but in the EU. Previous ITC evidence has shown that among six EU countries, France smokers living in regions bordering countries with lower cigarette prices had the highest reported rates of frequently purchasing cigarettes from another EU country⁷. Other tax avoidance behaviour, such as purchasing cigarettes from the Internet or from duty-free shops, was virtually non-existent at Wave 3.

Findings suggest that the multiple price increases that occurred between Wave 2 and Wave 3 had a greater impact on smokers' attitudes, motivation to quit, and perceptions concerning the cost of smoking compared to the single price increase that occurred between Waves 1 and 2. The percentage of smokers who reported that they "often" or "very often" thought about the money they spent on smoking increased between Waves 2 (56%) and 3 (66%), and was the highest among ITC European countries and high among all ITC countries. This same trend was observed among smokers who reported that the price of cigarettes led them to think about quitting (64% at Wave 2; 73% at Wave 3) with relatively no difference between Waves 1 and 2 for these variables.

Although ITC France data shows that the affordability of manufactured cigarettes has decreased between Waves 1 and 3, increased use of RYO tobacco suggests that the remaining price differential between cigarettes and RYO tobacco may be compromising the effectiveness of France's annual price increases on cigarette products in encouraging quitting, even though price increases were stronger for RYO tobacco than for manufactured cigarettes in recent years. Over 90% of smokers who smoke RYO cigarettes reported price as one of their main reasons to smoke RYO at all three waves.

Although affordability of manufactured cigarettes has decreased between Waves 1 and 3, increased use of RYO tobacco suggests that the price differential between cigarettes and RYO tobacco may be compromising the effectiveness of France's annual price increases.

Education, Communication, and Public Awareness

During the time of the ITC France Surveys, there was a reduction in public expenditures on tobacco prevention campaigns. However, France carried out mass media anti-smoking campaigns each year between 2008 and 2012, in particular in conjunction with World No Tobacco Day (May 31st).

Consistent with the reduction in campaign expenditures between Waves 1 to 3, the percentage of smokers who noticed information on the dangers of smoking, or encouraging quitting, in the last 6 months decreased between Waves 1 (43%) and 3 (29%). Television, newspapers and magazines, posters and billboards, and the radio as sources of anti-smoking information also declined or remained relatively unchanged in this time period. However, there was an increase in smokers noticing anti-tobacco information on the Internet (11% at Wave 1; 16% at Wave 2; 23% at Wave 3).

The survey findings indicate that cigarette packages were the second most noticed medium of information for smokers on the dangers of smoking and encouraging quitting at Wave 1 (78%) after television (80%), and the most common medium at Waves 2 (75%) and 3 (77%), providing evidence of the high degree of visibility of warning labels and the potential for messages to reach the public, particularly in the absence of sustained public awareness campaigns. However, the percentage of smokers who noticed anti-smoking information on cigarette packs did not increase after the introduction of pictorial health warnings (78% at Wave 1; 75% at Wave 2; 77% at Wave 3).

The majority of smokers and quitters were aware of the variety of health risks associated with smoking and the harms of secondhand smoke. However, only about one-third (32%) of smokers and quitters believed that smoking may cause blindness.

Implications of the Findings

The ITC France Wave 1 to 3 Survey findings point to the following opportunities for action to reduce the prevalence of tobacco use and to strengthen France's commitment to strong implementation of the FCTC.

1. Even though only half of smokers have a negative opinion of smoking, strong feelings of regret among smokers for initiating smoking and strong perceived societal disapproval of smoking constitute an ideal ground for stronger interventions to assist with smoking cessation, with sustained funding for anti-smoking campaigns to motivate quitting, and promotion of cessation services to support smokers who want to quit. Full coverage of smoking cessation treatment has been proposed as a cost-effective policy option to reduce the prevalence of smoking in France⁸. The National Smoking Reduction Plan will introduce legislation to increase the coverage of cessation treatment from 50 to 150 Euros per year for those aged 20 to 30 years, beneficiaries of the supplementary universal health plan, and cancer patients. Strong feelings of regret also show the importance of health promotion interventions aimed at children and teenagers to prevent them from taking up smoking. The National Smoking Reduction Plan will introduce strategies aimed at creating, among children born today, the first generation of adult non-smokers.



2. There is a continued need to strengthen family physicians' roles in promoting smoking cessation as recommended in the Guidelines for Article 14 of the FCTC. Continued training and the inclusion of cessation in the French remuneration of public health goals (ROSP), measures that are identified in the National Smoking Prevention Plan, strengthen the motivation of health professionals in educating their patients about the importance of tobacco in the occurrence of diseases and the benefits of smoking cessation.
3. The increase in noticing anti-tobacco information on the Internet suggests that the development of "Apps" and other online tools would be beneficial to promote cessation and help quitters to stay quit, expanding on the personalized cessation coaching program on the Tabac Info Service (TIS) website (<http://www.tabac-info-service.fr/>) created by Inpes in 2005.
4. While the introduction of pictorial health warnings has brought France closer to meeting the FCTC Article 11 Guidelines adopted in November 2008, the new warnings do not meet the recommendation that warnings cover at least 50% of the top of the front and the back of the pack. The implementation of pictorial warnings on at least 65% of both the front and the back of cigarette and RYO packs, that will be mandatory in 2016 following the revised EU Directive, and forthcoming legislation to introduce plain packaging under the National Smoking Reduction Plan, are likely to strengthen the impact of health warnings.
5. The current pictorial health warnings in France consist of abstract or symbolic warnings that convey the health effects of smoking, as well as a few "hard-hitting" and graphic images, that have been selected from the European Commission library among 42 images. ITC studies have shown that images that are most graphic or emotional are more effective than abstract or symbolic images with respect to cognitive and behavioural impact^{9, 10}. Experimental studies also support these findings¹¹⁻¹⁴. These findings, as well as those of Moodie *et al.* (2013)¹⁵ suggest that larger, more "hard-hitting" pictorial health warning labels could improve their effectiveness in France. Providing quit tips on inserted leaflets, as done in Canada, could also be effective.
6. Given the importance of the cigarette pack as a medium of information for smokers on smoking-related health risks, the implementation of a pictorial health warning on the risk of blindness, as well as the renewal of current warning labels in order to emphasize less well-known health risks, should be considered. Australia, New Zealand, and Canada currently have pictorial health warnings on smoking-related risks to eye health.ⁱⁱ
7. The increase in observed smoking in bars between 2008 and 2012 suggests the need to strengthen efforts to monitor the enforcement of the smoking ban in these venues.
8. Campaigns to further educate the public on the harms of secondhand smoke may be helpful to further increase the adoption of smoke-free homes.

ii. See Tobacco Labelling Resource Website for images: www.tobaccolabels.ca

9. In the face of mass media tobacco advertising bans, the retail environment is a key promotion venue for the tobacco industry. Although the sale of tobacco is regulated with the existence of dedicated tobacconists, banning advertising at point of sale, as intended in France's Cancer Plan 2009-2013, and recently announced as part of the National Smoking Reduction Plan, is likely to decrease exposure to tobacco advertising, particularly among youth. A number of countries have implemented point of sale display bans including Australia, Canada, Finland, Iceland, Ireland, New Zealand, Norway, and Thailand and a ban is being phased in through the United Kingdom. Research has demonstrated that point of sale displays influence spontaneous purchases and tobacco display bans are associated with reducing such purchases¹⁶.
10. Strategies to curb the use of journalistic or artistic expression for the promotion of tobacco use or products are outlined in the Guidelines for Article 13 of the FCTC. Further surveillance data, for example focusing on the Internet, is needed to better identify the sources and strategies used by the tobacco industry to market its products in France and to evaluate forthcoming restrictions on advertising and promotion as new policies are implemented.
11. Increases in the price of tobacco have been demonstrated to be an effective tool for reducing tobacco consumption. While the price of RYO tobacco has increased in recent years, increases in the prices of other tobacco products (such as cigars and pipes) should also be considered to minimize shifts to cheaper products. The WHO also recommends increasing the excise tax to at least 70% of the final retail price, which would increase prices, promote cessation, and deter smoking initiation among youth¹⁷.
12. Previous ITC studies call for the EU to reduce price differences between countries and the number of cigarettes and amount of RYO tobacco that can be legally imported for personal consumption⁷. However, the new EU Tobacco Directive does not address this issue.

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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 World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in 22 countries.

In 2006, researchers from the French Institute for Health Promotion and Health Education (Inpes) (now called Santé publique France) and the French National Cancer Institute (INCa) formed a collaboration with the ITC Project team at the University of Waterloo 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).

The ITC France Project conducts nationally representative cohort surveys of adult smokers and non-smokers residing in continental France, i.e. excluding the five overseas departments of Guadeloupe, Martinique, French Guiana, Réunion, and Mayotte. This is the third report in the ITC France National Report series. It presents comprehensive results from the ITC France Wave 1 to Wave 3 Surveys, including a long-term evaluation of the two-phase smoking ban and an assessment of the impact of pictorial health warnings that were required on the back of cigarette packages as of April 2011 and on roll-your-own tobacco packages as of April 2012.

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France 2006-2012

THE TOBACCO LANDSCAPE IN FRANCE

This section provides an overview of tobacco use and tobacco control policies in France at the time of the ITC France Wave 1 (December 2006 – February 2007), Wave 2 (September – November 2008), and Wave 3 (September – December 2012) Surveys. On September 25, 2014, the France Minister of Social Affairs, Health, and Women’s Rights announced a National Smoking Reduction Plan (PNRT). The key measures are described in this section and summarized in Figure 2.

Smoking Prevalence

Smoking prevalence in France among the population aged 15 to 85 years was 32% (36% in males; 28% in females) in 2010¹. The European School Survey Project on Alcohol and Other Drugs (ESPAD) shows that among youth aged 15 to 16 years, prevalence of smoking at least once in the last 30 days has significantly increased from 30% in 2007 to 38% in 2011, with a higher prevalence among girls (43%) compared to boys (34%) in 2011¹⁸.

Among 15- to 75-year-olds, smoking prevalence in France has increased to 34% (37% in males; 30% in females) in 2010 compared to 31% (36% in males; 27% in females) in 2005; the increase being particularly important among females¹. This increase occurred after four decades of decreasing prevalence among men, and only two decades of declining prevalence among women^{19, 20}. Smoking prevalence is highest among young people and then decreases with age: 39% of 18- to 44-year-olds declare they smoke daily vs. 31% of 45- to 54-year-olds, 18% of 55- to 64-year-olds, and 7% of 65- to 75-year-olds. Smoking prevalence studies conducted in 2005 and 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 among women, at least temporarily, while it is less the case among men.

European Commission Tobacco Products Directive

The Tobacco Products Directive (2001/37/EC) was adopted in 2001 and specifies the laws and regulations governing the manufacture, presentation, and sale of tobacco products including smoked tobacco (e.g., cigarettes, roll-your-own tobacco, cigars, cigarillos, pipe) and smokeless tobacco (e.g., snus, chewing tobacco, nasal snuff). The main requirements set out in this Directive include: the maximum limits for tar, nicotine, and carbon monoxide yields of cigarettes; health warnings on tobacco product packages; and bans on misleading descriptors such as “light”, which would suggest that the product is less harmful than others²¹.

Since the adoption of the Tobacco Products Directive over 10 years ago, a number of weaknesses, gaps, and loopholes have been identified following several market (i.e., introduction of electronic cigarettes, changes in flavouring and packaging), scientific (i.e., display of tar, nicotine, and carbon monoxide yields on packages may mislead consumers to believe some types of tobacco products are less harmful than others), and international policy developments (i.e., ratification of the FCTC by EU and all Member States). On December 18th, 2013, the European Commission, Parliament, and Council reached an agreement on the proposed revision to the 2001 Directive²², and on February 26th, 2014, the revision was approved by the European Parliament^{23, 24}. The new Directive entered into force in May 2014 and Member States have 2 years to align their national legislation with the revised Directive.

Some of the main issues addressed in the revision of the Directive include: how to regulate products that do not contain tobacco, but are related to smoking (e.g., electronic and herbal cigarettes with or without nicotine); labelling and packaging, including requiring pictorial warnings and increasing the size of health warnings to 65% at the top of the front and back of RYO and cigarette packs: banning additives, such as flavourings by 2016, including menthol cigarettes by 2020; and banning Internet sales of tobacco products²⁵.

Tobacco Control Policies: France's Cancer Plan and the National Smoking Reduction Plan

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. Following the 1st Cancer Plan 2003-2007, several strong increases in cigarettes prices occurred in 2003 and 2004. After that time, tobacco control policy was less strong, particularly with respect to price increases, until the implementation of nearly comprehensive smoke-free legislation in 2007.

France became a Party to the WHO Framework Convention on Tobacco Control (FCTC) on October 19th, 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 the ratification of the FCTC, tobacco control measures have included several price increases, the implementation of cessation clinics, partial reimbursement for nicotine substitutes and prescriptions medications, smoke-free policies, a ban on cigarette sales to young people under 18, and pictorial warnings on the back of cigarette packages.

On September 25, 2014, the France Minister of Social Affairs, Health, and Women's Rights, Marisol Touraine, announced a National Smoking Reduction Plan (PNRT). The plan includes a variety of measures including standardized packaging of cigarettes and restrictions on electronic cigarettes. Electronic cigarettes (e-cigarettes) have increased in popularity since their introduction with an estimated 7.7 to 9.2 million people who have tried them and 1.1 to 1.9 million daily users in France². Sales of electronic cigarettes to minors under age 18 have been forbidden by law since 2014. Health Minister Marisol Touraine has announced that as part of France's PNRT e-cigarette smoking will be banned in some public places including schools, public transport, and all indoor workplaces. Advertising of e-cigarettes is restricted as of September 25, 2014 and banned as of May 20, 2016, except at point of sale and in e-cigarette trade publications²⁶. In addition, the revised Tobacco Products Directive has strengthened mandatory safety and quality requirements for e-cigarettes, as well as mandatory health warnings and information leaflets.

France's Cancer Plan 2014-2019 is a national program that follows from the Cancer Plan 2009-2013 and focuses on the objective of reducing smoking. The Cancer Plan aims to reduce the prevalence of daily smoking in the adult population by one-third in order to achieve a smoking prevalence rate of 22% by the end of the Plan. The Plan also endeavors to put France in a position to drop below a 20% smoking prevalence rate within 10 years, which would save approximately 15,000 lives each year.

France's Cancer Plan 2014-2019 aims to reduce the prevalence of daily smoking in the adult population by one-third in order to achieve a smoking prevalence of 22% by the end of the Plan.

France's Cancer Plan 2014-2019 is based on four major principles: (1) deter smoking initiation, especially among youth, by strengthening the law prohibiting the sale of tobacco to minors and decreasing the "attractiveness" of tobacco products; (2) facilitate smoking cessation through strengthening the involvement of healthcare professionals and increasing financial aid related to cessation assistance (for people entitled to receive full social security cover for medical care, young smokers aged 20 to 30 years and persons with cancer); (3) create a consistent pricing policy with the creation of a fund dedicated to cancer research, prevention and improvement in care, financed by tax revenues on tobacco sales²⁷; and (4) improve the effectiveness of tobacco policies by taking stakeholders and tobaccoists into consideration²⁸. An action plan for the national program for smoking reduction is set to be defined in September, 2014.

The Australia National Tobacco Strategy 2004-2009 had similar objectives²⁹ and implemented a number of strong tobacco control policies during this period including mass media campaigns, cessation services, pictorial health warnings covering 30% of the front and 90% of the back of cigarette packages, smoke-free legislation in states and territories, and price increases³⁰. These measures resulted in a reduction in daily smoking prevalence to 15.1% in 2010, from 16.6% in 2007 and 24.3% in 1991, among the population aged 14 years and older³¹. Finland also declared that it would become tobacco-free in its Tobacco Act of 2010 and the government has accepted a target date of 2040³². The Act aims to reduce smoking by carrying out a number of measures including keeping tobacco prices high, prohibiting advertising and promotion, and limiting the availability of tobacco products³³. In March 2011, New Zealand also adopted a goal of reducing smoking prevalence and tobacco availability to minimal levels such that the country will essentially be smoke-free by 2025. Strategies to achieve this goal include reducing the supply of tobacco, implementing plain packaging, banning all retail displays of tobacco, and strengthening support for cessation³⁴.

Cessation and Treatment

Article 14 of the FCTC 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.

The Consensus Conference on Smoking Cessation, held in October 1998, proposed recommendations on cessation help including the use of pharmacological treatments (i.e., nicotine replacement therapies) as well as other treatment methods such as minimal intervention, which involves health professionals systematically asking each patient if they smoke and if they have been thinking about quitting³⁵. However, this minimal intervention has not had comprehensive application, as only about two-thirds (63%) of general practitioners discuss tobacco consumption with each patient^{4, 5}.

Current cessation measures in France include a national quitline and an Internet coaching website (Tabac Info Service) managed by the French Institute for Health Promotion and Health Education (Inpes). This quitline number and Tabac Info Service (TIS) website address are mentioned in all Inpes TV campaigns, are the topic of specific radio campaigns, and have been present on cigarette packages since 2011. France also has approximately 1,400 smoking cessation (hospital-based or social and medical) centres, referenced on the TIS website.

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 can be reimbursed at €50 once per year if prescribed by a physician or a midwife. Since 2011, the financial reimbursement in cases of women who are pregnant has been raised to €150, a measure outlined in France's Cancer Plan 2009-2013³⁶. The National Smoking Reduction Plan (PNRT) will increase annual reimbursement of cessation treatment from €50 per year to €150 per year for those aged 20 to 30 years, those receiving supplementary universal health benefits, and cancer patients.

Health Warning Labels

In October 2003, cigarette packs in France became required by law to have text-based health warning labels on 30% of the front and 40% of the back. This same requirement was implemented 1 year later (October 2004) on roll-your-own tobacco. In April 2010, the law was amended, requiring cigarette packs in France to display pictorial health warnings on 40% of the back of the pack, while maintaining the required text-based warnings on 30% of the front (not including borders). The change to require pictorial warnings on cigarette packs became effective as of April 20th, 2011 for manufactured cigarettes, and 1 year later (April 2012) for roll-your-own tobacco.

Fourteen pictorial warnings in total have been selected from the European Commission library of 42 images. Packs are required to have one of two general text health warnings on the front of the pack and one of 14 pictorial warnings on the back of the pack (see Figure 1 for examples of France's current text and pictorial warnings). Warning labels include graphic images of the effects of tobacco use on the body, including diseased organs, mouth and throat, as well as lived experience such as impotence, the effects of secondhand smoke on children, and the harms of tobacco smoke as they relate to pregnant women. The text health warnings on the front of the pack have not changed since 2003. To view the full set of France's current pictorial health warnings, see <http://www.sante.gouv.fr/avertissements-sanitaires-graphiques.html>.

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. The Article 11 Guidelines, which were later adopted in 2008, recommend further strengthening the warning labels by including image-based warnings on at least 50% of the front and back of the pack. In this regard, France meets its requirements under the FCTC Article 11, while falling short of the recommendations in the Article 11 Guidelines as pictorial warnings currently do not appear on the front of the pack and at the top.

France will increase the size of its pictorial health warnings to 65% of the front and back of RYO and cigarette packs as of May 20, 2016 as required by the EU Directive. In addition, a new pictogram will be introduced during 2015 that will recommend pregnant women to not smoke.

Figure 1. Examples of France's current text and pictorial health warnings on cigarette packages (2011 – present)



France falls short of the recommendations in the Article 11 Guidelines as pictorial warnings currently do not appear on the front of the pack and at the top.



Smoke-free Public Places

National smoke-free policies were implemented in two phases in France in 2007 and 2008. Phase 1, implemented on February 1st, 2007, banned smoking in workplaces, shopping centres, airports, train stations, hospitals, and schools. The ban was extended in Phase 2 (January 1st, 2008) to include hospitality venues such as cafés, bars, restaurants, hotels, casinos, and nightclubs. Designated smoking rooms are permitted under strict conditions; the room must be separately ventilated, no service is to be provided in the room, the room must not occupy more than 20% of the overall surface of the establishment, and it must also not exceed 35m².

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

New legislation will be introduced under the National Smoking Reduction Plan to denormalize smoking among children and to protect them from the harms of secondhand smoke. Smoking in cars with children under 12 years of age will be banned. In addition, smoking will be banned in public playgrounds.

Tobacco Advertising, Promotion, and Sponsorship

Article 13 of the FCTC recommends all Parties implement legislation against tobacco advertising, promotion, and sponsorship within 5 years of ratifying the treaty. The definitions of advertising, promotion, and sponsorship are broad and include both direct and indirect forms. The guidelines on the implementation of Article 13 recommend a total ban on all advertising, promotion, and sponsorship of tobacco products, including cross-border activities, as well as the ban of displays of tobacco products at points of sale. Article 13 also requires that Parties restrict the use of direct or indirect incentives that encourage tobacco product purchase, such as promotional discounts or free samples.

Since the Evin law in 1991, which provided a very progressive legislative framework for tobacco control, France has had a ban on both direct and indirect forms of advertising, as well as a ban on the distribution of free tobacco and tobacco-related products. The ban makes an exception for 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. Despite the ban on advertising, concerning point of sale, a study by the French National Committee Against Smoking (CNCT) in 2010 showed that 88% of point of sale advertising did not meet the conditions of advertising in terms of poster size or content³⁷. The National Smoking Reduction Plan will introduce new restrictions on tobacco advertising, promotion, and sponsorship including a ban on tobacco advertising at point of sale and a requirement for tobacco manufacturers to report sponsorship expenditures on a government website.

France has not addressed tobacco promotion, whether direct or indirect, in cinema, a form of promotion that has been linked to smoking initiation among youth³⁸⁻⁴⁰. In fact, a study by the French League Against Cancer found that among 180 French films between 2005 and 2010, 80% depicted events related to tobacco. In 2005, 72.9% of the characters who smoked were “respectable” characters. However in 2010, this percentage increased to 90.7%, promoting the normalization of smoking in France according to the association⁴¹.

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^{42, 43}. It may also be the most beneficial for underprivileged groups if they stop smoking. However, evidence from cross-sectional studies conducted in France suggested that was not the case among the unemployed between 2000 and 2005, a period with several strong price increases⁴⁴. Article 6 of the FCTC calls for tax and price policies, as well as limitations on international sales and importation of tax and duty-free tobacco products.

Since January 2003, France has had several increases in the price of manufactured cigarettes, such that tobacco products in France are now the most expensive of all countries in continental Europe. The following price increases are for the most commonly sold brands. Between January 2003 and January 2004, cigarette prices were increased three times: by 8% in January 2003, 18% in October 2003, and 9% in January 2004. In August 2007, the price increased again by 6%, while the price of the most commonly sold roll-your-own (RYO) tobacco increased by 9%. Following a moratorium on excise taxes from 2004 until late 2007, France raised its minimum retail price for cigarettes on October 1st, 2007 by €0.30 from €4.49 to €4.79 (+7%)⁴⁵. Since 2007, several other increases occurred: a 6% increase in the price of cigarette packs in November 2009 and a 17% increase in the price of RYO tobacco in this same year. Two 5% increases on manufactured cigarettes occurred in November 2010 and October 2011 respectively, while the price of RYO packs of tobacco was increased by 11% in 2011. In October 2012, the price of manufactured cigarettes was increased again by 6%, reaching €6.60 for the most commonly sold brand, while the most common RYO packs were sold for €8.70 by the end of 2012⁴⁶ (see Table 1). The most commonly sold brand of manufactured cigarettes throughout the period mentioned has been Marlboro, while the most commonly sold brands of RYO tobacco have been Interval Blond (2007-2009), Drum Jaune (2010-2012), and Fleur du Pays N° 1 Blond (2012-present), which prevents us from presenting changes “by percent” when switching from one brand to another. The prices shown in Table 1 are the selling price per 20-pack of manufactured cigarettes and per 40 grams of RYO tobacco, which is equivalent to 50 cigarettes assuming one cigarette equals 0.8 grams. Thus, under this assumption, the price per cigarette in October 2012 was approximately €0.33 for manufactured cigarettes and only €0.17 for RYO tobacco.

Table 1. Price (in Euros) for the most commonly sold tobacco brands (2000-2012)*

Year	Price of 20-pack of manufactured cigarettes (Marlboro) (€)	Price of 40 gram pack of RYO tobacco** (€)
2000	3.20	-
2001	3.35	-
2002	3.60	-
January 2003	3.90	-
October 2003	4.60	-
January 2004	5.00	Not available before 2005
2005	-	5.50
August 2007	5.30	6.00
November 2009	5.60	7.00
November 2010	5.90	7.20
October 2011	6.20	8.00
October 2012	6.60	8.70

* The evolution of prices shown are not adjusted for inflation.

** 40 grams of RYO tobacco is equivalent to approximately 50 cigarettes (assuming one cigarette = 0.8 grams).

Since January 2003, France has had several increases in the price of manufactured cigarettes, such that tobacco products in France are now the most expensive of all countries in continental Europe.

The excise tax on cigarettes in France is currently 64.7% of the weighted average price of the pack, plus 16.38% of VAT⁴⁷. This excise tax share is below the 70% excise tax share in the total price of the pack that is recommended by the WHO¹⁷. However, tax increases do not influence all smokers. Some smokers find legal tax avoidance strategies, such as cigarette purchases through cross-border shopping or via the Internet, even though several data sources indicate that such strategies have been quite stable for several years. France has signed the WHO Protocol on Illicit Trade and the ratification process is in progress. The European Union has many different tax and price rates for tobacco, and countries can differ substantially throughout the Union. Although EU countries may set guide levels, such as upper limits to the amount one may import from another EU member state, under EU regulations, there are no limitations on how much tobacco an individual can import⁷.

Education, Communication, and Public Awareness

In the past few years, there has been a reduction in public expenditures for tobacco prevention and education campaigns⁴⁸. However France has annually carried out national anti-smoking campaigns in conjunction with World No Tobacco Day (May 31st).

In 2006, Inpes conducted two TV campaigns (May 31st to June 21st and November 15th to December 12th) and three radio campaigns to promote the TIS quitline. In 2008, there was just one TV campaign (combined with an Internet campaign) directed towards young people aged 15 to 25 years between September 20th and October 14th, as well as two radio campaigns for adult smokers (in June and December). In 2012, there was one TV campaign held between May 31st and June 20th, accompanied by radio and Internet communication, and another radio campaign held between December and January. These campaigns have been shown to increase TIS quitline activity⁴⁹. The French Government launched a media campaign from September 26 to October 22, 2014 with the theme “Tobacco kills one in two smokers”. The campaign includes radio and TV spots and social media.

ITC SURVEY METHODS

Overview

The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international research collaboration across 22 countries of the five continents – Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, Republic of Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, Mauritius, Brazil, India, Bangladesh, Kenya, 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 prospective cohort surveys to evaluate FCTC policies in countries inhabited by over half of the world's smokers. Each ITC survey includes key measures for each FCTC policy domain that are identical or functionally similar across all ITC countries to facilitate cross-country comparisons. The evaluation studies conducted from the ITC surveys take advantage of natural experiments created when an ITC country implements a new policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves can be compared to other ITC countries where that policy has not changed. This method has already been used in a number of peer-reviewed publications. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy. For description of the conceptual model and objectives of the ITC Project, see Fong *et al.* (2006)⁵⁰; for description of the survey methods, see Thompson *et al.* (2006)⁵¹.

The ITC France Project was created in 2006 to evaluate the psychosocial and behavioural effects of French tobacco control legislation, using methods that the ITC Project had already employed in other countries. The project 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 Survey: Waves 1 to 3

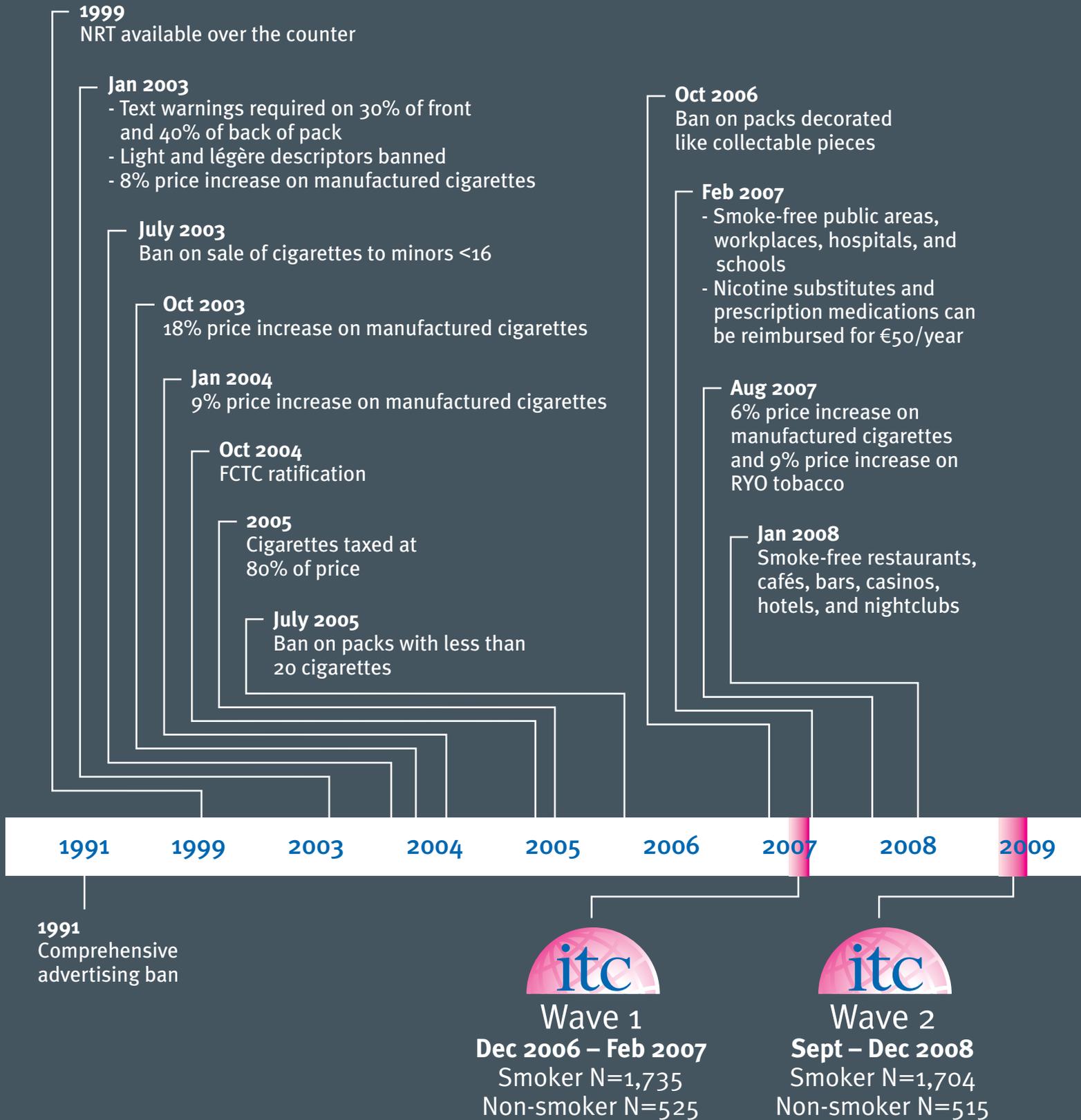
In 2006, the French Institute for Health Promotion and Health Education (Inpes), the French National Cancer Institute (INCa), and the French Monitoring Centre for Drugs and Drug Addiction (OFDT) partnered with the University of Waterloo in Canada to create the ITC France Survey. The ITC France Survey has three evaluation objectives:

- 1. To examine attitudes and behaviours among adult smokers and non-smokers in France;**
- 2. To examine the impact of tobacco control policies in France;**
- 3. To compare smoking behaviour and the impact of policies between France and other ITC countries.**

The Wave 1 Survey was conducted between December 2006 and February 2007, just prior to France's 2007 smoke-free policy in public areas, workplaces, hospitals, and schools. The Wave 2 Survey was conducted between September and November 2008, approximately 18 months after the 2007 smoke-free policy in public places and 9 months after the 2008 smoke-free policy in hospitality venues such as restaurants, bars, hotels, casinos, and nightclubs. The ITC France Wave 3 Survey was conducted between September and December 2012, after the implementation of pictorial warnings covering 40% of the back of cigarette packages. Figure 2 illustrates the timeline of the ITC France Wave 1 to 3 Surveys in relation to the implementation of tobacco control policies.



Figure 2. France tobacco policy timeline in relation to the ITC France Surveys



July 2009

Ban on sale of cigarettes to minors (<18)

Nov 2009

6% price increase on manufactured cigarettes and 17% price increase on RYO tobacco

Nov 2010

5% price increase on manufactured cigarettes

April 2011

Pictorial warnings required on cigarette packs (40% back; text only on 30% front)

Oct 2011

5% price increase on manufactured cigarettes and 11% price increase on RYO tobacco

April 2012

Pictorial warnings required on roll-your-own packs

Oct 2012

6% price increase on manufactured cigarettes

May 2013

Ban on e-cigarettes sales to minors under 18

Jan 2014

Price for a pack of 20 Marlboros now €7.00

Sept 2014

National Smoking Reduction Plan will:

- introduce plain packaging
- increase size of pictorial health warnings to 65% of the front and back of RYO and cigarette packs by May 20, 2016 (as required by EU Directive)
- require pictogram recommending pregnant women to not smoke
- ban tobacco advertising at point of sale
- ban smoking in cars with children
- ban smoking in public playgrounds
- ban e-cigarette use in schools, workplaces, and public transport
- ban e-cigarette advertising by May 20, 2016 (except at point of sale and trade magazines)
- increase reimbursement of cessation treatment from 50 to 150 Euros per year for vulnerable groups
- ban flavours in tobacco (including menthol)

2010

2011

2012

2013

2014



Wave 3

Sept – Dec 2012

Smoker N=1,700

Non-smoker N=504

Sampling design

The ITC France Survey is a prospective longitudinal study of adult (18 years of age or older) smokers and non-smokers. Respondents were surveyed using computer assisted telephone interviews (CATI), following a random digit dialing (RDD) sampling design covering continental France. Smokers were defined as having smoked more than 100 cigarettes in their lifetime and smoke at least monthly.

A total of 2,260 respondents (1,735 smokers and 525 non-smokers) participated in Wave 1 of the ITC France Project. The survey was conducted by the survey firm Atoo using the Next Birthday method if there were multiple eligible respondents in a household. The study sample in Waves 2 and 3 included cohort participants from the previous waves, as well as newly recruited respondents (the replenishment sample) replacing respondents who were lost to recontact. These new participants were selected based on the same sampling design as Wave 1. The Wave 2 Survey was conducted by the Institut de sondage Laviaille (ISL) and consisted of 1,645 cohort respondents (1,231 from the cohort smoker sample and 414 from the cohort non-smoker sample) and 574 replenishment respondents (473 smokers and 101 non-smokers). This resulted in a total of 2,219 respondents (1,540 smokers, 164 smokers who had quit smoking between Wave 1 and Wave 2, and 515 non-smokers) at Wave 2 and an overall retention rate of 72.8%. At Wave 3, the survey was conducted by the firm BVA and included a total of 2,204 respondents (1,420 smokers, 297 quitters, and 487 non-smokers). Of these 2,204 respondents, 1,588 were cohort respondents (1,198 from the cohort smoker sample and 390 from the cohort non-smoker sample which included 17 respondents who were non-smokers at Wave 2 and became smokers at Wave 3), resulting in an overall retention rate of 71.6%. The Wave 3 replenishment sample consisted of 616 respondents (502 smokers and 114 non-smokers). Further information on the methods of the ITC France Surveys can be found in the ITC France Weights Document available at www.itcproject.org⁵².

Characteristics of the Wave 1 to 3 sample

Table 2 provides sample sizes of respondents interviewed at each wave. Tables 3 and 4 summarize the demographic characteristics of the participating smokers and non-smokers at each wave.

Table 2. Total respondents interviewed, by wave

Respondent Type	Smokers [†]			Non-Smokers			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Wave 1									
Recruited at Wave 1	837	898	1,735	181	344	525	1,018	1,242	2,260
Wave 2									
Recruited at Wave 1	581	650	1,231	135	279	414	716	929	1,645
Recruited at Wave 2	213	260	473	42	59	101	255	319	574
Total	794	910	1,704	177	338	515	971	1,248	2,219
Wave 3									
Recruited at Wave 1*	422	459	881	93	211	304	515	670	1,185
Recruited at Wave 2**	149	185	334	26	43	69	175	228	403
Recruited at Wave 3	219	283	502	33	81	114	252	364	616
Total	790	927	1,717	152	335	487	942	1,262	2,204

[†]Numbers represent smokers at Wave 1, and both smokers and quitters at Waves 2 and 3.

*12 respondents (6 males and 6 females) who were recruited as non-smokers at Wave 1 became smokers at Wave 3.

**5 respondents (3 males and 2 females) who were recruited as non-smokers at Wave 2 became smokers at Wave 3.

Table 3. Demographic characteristics of the ITC France smokers, by wave

	Wave 1		Wave 2		Wave 3	
	N	%	N	%	N	%
Sex						
Male	837	48.2	794	46.6	790	46.0
Female	898	51.8	910	53.4	927	54.0
Age (years)						
18-24	233	13.4	200	11.7	169	9.8
25-39	645	37.2	613	36.0	559	32.6
40-54	635	36.6	659	38.7	700	40.8
55+	222	12.8	232	13.6	289	16.8
Smoking status						
Daily	1,564	90.1	1,384	81.2	1,277	74.4
Non-daily	171	9.9	156	9.1	143	8.3
Quitter	-	-	164	9.6	297	17.3
Highest level of education						
Low (< Bac)	778	44.8	736	43.2	692	40.3
Moderate (Bac – Bac + 2)	612	35.3	609	35.7	612	35.6
High (≥ Bac + 3)	343	19.8	357	21.0	410	23.9
Not stated	2	0.1	2	0.1	3	0.2
Monthly household income (Euros)						
Low (< 1500)	502	28.9	412	24.2	328	19.1
Moderate (1500 - 3000)	767	44.2	813	47.7	755	44.0
High (≥ 3000)	413	23.8	445	26.1	572	33.3
Not stated	53	3.1	34	2.0	62	3.6

Table 4. Demographic characteristics of the ITC France non-smokers, by wave

	Wave 1		Wave 2		Wave 3	
	N	%	N	%	N	%
Sex						
Male	181	34.5	177	34.4	152	31.2
Female	344	65.5	338	65.6	335	68.8
Age (years)						
18-24	42	8.0	51	9.9	32	6.6
25-39	128	24.4	126	24.5	114	23.4
40-54	170	32.4	172	33.4	171	35.1
55+	185	35.2	166	32.2	170	34.9
Highest level of education						
Low (< Bac)	264	50.3	238	46.2	217	44.6
Moderate (Bac – Bac + 2)	159	30.3	162	31.5	137	28.1
High (≥ Bac + 3)	102	19.4	115	22.3	133	27.3
Monthly household income (Euros)						
Low (< 1500)	138	26.3	114	22.1	79	16.2
Moderate (1500 - 3000)	236	44.0	245	47.6	214	43.9
High (≥ 3000)	123	23.4	133	25.8	168	34.5
Not stated	28	5.3	23	4.5	26	5.3

Content of the ITC France Survey

The ITC France Survey was developed by the project team with members from both France and the University of Waterloo in Canada. Most of the survey methods and survey questions were adapted from the standardized protocols and surveys that have been used in ITC surveys conducted in 21 other countries around the world. In the ITC France Survey, each respondent who was categorized as a smoker or quitter was asked to respond to the following types of questions:

- 1. Smoking- and cessation-relevant questions.** 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 important beliefs relevant to smoking and quitting, perceived risk, and perceived severity of tobacco-related diseases;
- 3. Policy-relevant questions.** 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 descriptors, public communication);
- 4. Other important psychosocial predictors** of smoking behaviour and potential moderator variables (e.g., normative beliefs, self-efficacy, intentions to quit);
- 5. Individual difference variables** relevant to smoking (e.g., depression, stress, time perspective);
- 6. Demographics** (e.g., age, gender, marital status, income, education).

Respondents who quit smoking between waves were asked a similar set of survey questions, but with some questions rephrased to be relevant to those who had quit (e.g., using the past tense). Quitters were grouped with smokers when reporting results when there are no significant differences between the responses of quitters and smokers, except in cases where the measure of interest is especially relevant for quitters, or where the measure of interest is only relevant for smokers (e.g., noticing health warnings on cigarette packages, avoiding health warnings on cigarette packages, etc.). Respondents who were categorized as non-smokers were also asked to respond to similar survey items, with the exception of the smoking- and cessation-relevant questions.

At Wave 3, new questions related to cessation support received at last quit attempt, reasons that triggered quit attempts, and support for plain cigarette packaging (i.e., packaging without the usual brand colours and symbols, but keeping the warning labels) were also included.

The protocol and questionnaires of the ITC France Survey were first developed in English and then translated by the team members. The questionnaires are available at <http://www.itcproject.org/countries/france>.

Analytic Approach

This report presents findings from the ITC France Wave 1 to 3 Surveys (2006-2012). The focus of this report is to inform tobacco control policy makers by evaluating the effectiveness of policies as they were implemented in France over time. Comparisons with other ITC countries are also drawn. This section describes the analytic approach used in this report, including methods used to control for time-in-sample effects and the covariates used in the regression models.

Time-in-sample effects

The longitudinal nature of the ITC France Survey allows for the measurement of behavioural responses to tobacco control policies among smokers and non-smokers before and after a new policy is introduced. During the 6 years that the ITC France Wave 1 to 3 Surveys were conducted, respondents were lost to attrition, as they are in any longitudinal cohort study. To compensate for this attrition and maintain a sufficient sample size, new respondents were recruited in Waves 2 and 3. Therefore, at Wave 2 and Wave 3, the total set of respondents consists of individuals with different levels of prior participation in the ITC Survey. For example, the Wave 3 sample of respondents consists of 1,185 smokers, quitters, and non-smokers who participated in all three survey waves, 403 smokers, quitters, and non-smokers who participated in two survey waves (Wave 2 and Wave 3), and 616 smokers and non-smokers who participated in one survey wave (those who were newly recruited in Wave 3). The composition of the sample is important because responses to survey questions have been shown to vary systematically as a function of the number of times that a respondent has completed the ITC survey. Newly recruited respondents may vary in their responses compared to those with one prior wave, who may vary from those with two prior waves, and so on. These documented effects are known as “time-in-sample” (TIS) effects and have been found in the ITC surveys in other countries and in many other surveys as well⁵³⁻⁵⁷. The analytic methods described next provide adjustments for time-in-sample and some other potentially confounding factors.

Analytic methods

To assess temporal changes in any of the many variables measured in the ITC France Survey, data from all three waves of the ITC France Survey are used to estimate the longitudinal trends in a measure of interest, unless otherwise stated. Quitters are grouped with smokers in the analysis when there are no significant differences between the responses of quitters and smokers, unless the measure of interest is especially relevant for quitters. The analytical data set for respondents in Waves 1 to 3 is based on 3,450 unique smokers and non-smokers and has a total of 6,683 observations. Among these 6,683 observations, 2,260 are from Wave 1 smokers and non-smokers, 2,219 are from Wave 2 smokers, quitters, and non-smokers, and 2,204 are from Wave 3 smokers, quitters, and non-smokers.

During the 6 years that the ITC France Wave 1 to 3 Surveys were conducted, respondents were lost to attrition. To compensate for this attrition and maintain a sufficient sample size, new respondents were recruited in Waves 2 and 3.

If the same questions are asked across waves and an outcome of interest is categorical, then a complex survey logistic regression approach is used to generate standardized or adjusted values of the descriptive statistics (proportions) over time, where feasible. Variables such as gender, age group, smoking status, wave, and time-in-sample (the number of times a respondent has participated in the survey, a time-varying quantity over time) can be included in the model as covariates, and the measure of interest is used as the response variable. Survey weights are also taken into account. The time-specific “adjusted” meansⁱⁱⁱ of the response variable were then calculated using the parameter estimates from the regression model, assuming the overall distributions of the covariates in the data combined across all waves. These “adjusted” means were computed using the LS MEANS statement in SAS software and the CONDMARG statement in SUDAAN. Similarly, if the measure of interest is continuous, a complex survey linear regression model is used for adjustment. This method is directly analogous to age-adjustment when comparing mortality in two or more populations in epidemiology and demography⁵⁸. It should be noted that the resulting predicted means (percentages) depend on the set of covariates chosen for the model. In this report, covariates such as gender, age group, smoking status (i.e., smokers vs. non-smokers or daily vs. non-daily smokers), wave, and time-in-sample are used for adjustment except where indicated. Since time-in-sample has the largest impact on adjustments, the estimates are referred to as “adjusted for time-in-sample.” Hence, these time-in-sample adjusted estimates are best for understanding the evolution of a given variable’s outcomes over the three waves of the ITC France Survey. On the other hand, the unadjusted estimates best represent what is happening at a given wave. In this report, both adjusted and unadjusted estimates are shown in figures illustrating changes between waves; the solid lines represent adjusted percentages while the dashed lines represent the corresponding unadjusted percentages. SAS 9.3 and SUDAAN 10.0 are used to calculate both adjusted and unadjusted estimates.

In cross-country comparisons, since the country samples vary in their composition, the same kind of adjustment is applied. Multi-country comparisons include smokers only and control for differences in age, gender, smoking status (daily vs. non-daily smokers), and time-in-sample. Cross-country estimates presented in text are for the combined (i.e., males and females) sample unless otherwise noted, whereas separate cross-country estimates for males and females are provided in the figures.

In this report, covariates such as gender, age group, smoking status (i.e., smokers vs. non-smokers or daily vs. non-daily smokers), wave, and time-in-sample (the number of times a respondent has participated in the survey, a time-varying quantity over time) are used for adjustment except where indicated. Since time-in-sample has the largest impact on adjustments, the estimates are referred to as “adjusted for time-in-sample.” Hence, these time-in-sample adjusted estimates are best for understanding the evolution of a given variable’s outcomes over the three waves of the ITC France Survey.

iii. “Least-squares means estimates”

FINDINGS

TOBACCO USE BEHAVIOUR

The FCTC aims to protect individuals from the consequences of tobacco use by providing a framework for tobacco control measures. Parties are obligated to implement measures to prevent and reduce all tobacco consumption and to monitor the magnitude and patterns of tobacco use. The ITC France Survey includes several measures to assess smokers' tobacco use behaviour, such as cigarette consumption, brand choice, and types of products used. The Survey also measures smokers' perceptions and attitudes, such as beliefs about society's attitude towards smoking and regret for smoking initiation.

Cigarette consumption

The majority of smokers at each survey wave (91%) reported that they were daily cigarette smokers (rather than non-daily smokers, such as weekly or monthly). Among daily smokers, the average number of cigarettes smoked has remained relatively unchanged between each wave (13 cigarettes per day at each wave) and is lower in France compared to other European countries (see Figure 3). This can be related with the higher proportion of smokers among the French population (32% among those aged 15 to 85 years¹ compared with 20% among those aged 16 and older in the UK⁵⁹, 25% among those aged 15 to 85 years in the Netherlands⁶⁰ and 30% among those aged 18 to 79 years in Germany⁶¹) — when smoking prevalence decreases, the remaining smokers are often the heaviest smokers.

Reasons for choosing current brand

At Wave 3, among smokers who have a regular brand of cigarettes, the majority reported that taste was a factor in choosing their current brand (79%), with the next most common factor influencing brand choice being price (36%). The least commonly cited reasons for brand choice were the tar and nicotine levels (18%), and the belief that the brand may not be as bad for their health (14%). However, among smokers who have smoked their current brand of cigarettes for less than 1 year, price was mentioned by one out of two (52%), while taste was only mentioned by 60%. This may reflect switching to cheaper brands on the occasion of price increases.

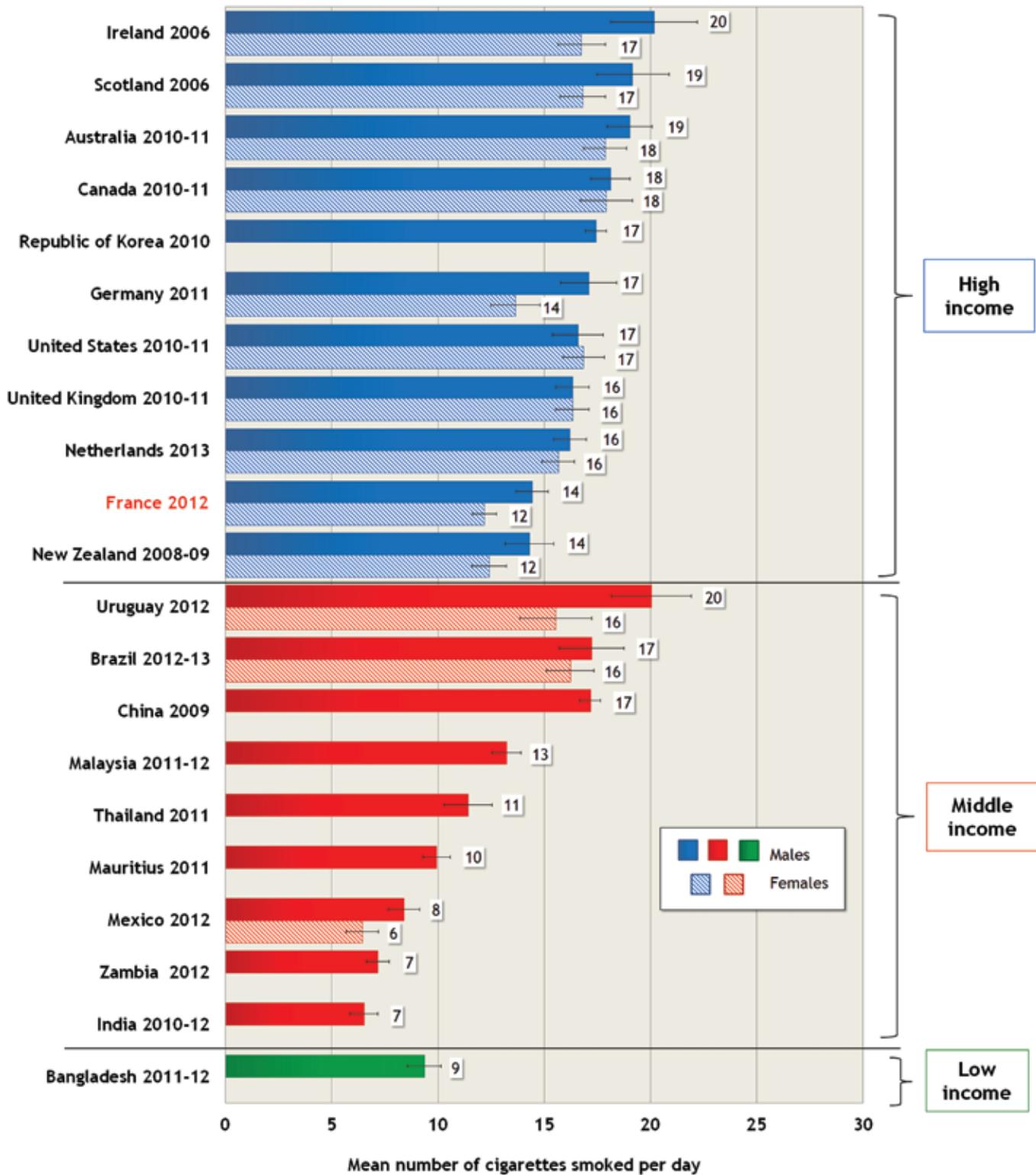
Use of factory-made vs. roll-your-own (RYO) cigarettes

The majority of smokers in France smoke exclusively factory-made cigarettes. However this proportion has declined^{iv} between Waves 1 to 3 (see Figure 4). At Wave 1, 78% of smokers reported that they smoked factory-made cigarettes only. This percentage decreased slightly to 74% at Wave 2 and further decreased to 64% at Wave 3. Conversely, the proportion of smokers who reported that they only smoke roll-your-own (RYO) cigarettes has increased between Waves 1 to 3. At Wave 1, 11% of smokers reported smoking only RYO cigarettes. This percentage remained relatively unchanged at Wave 2 (13%) and then increased to 19% at Wave 3. The proportion of smokers who reported smoking both types of cigarettes has also increased overall between Waves 1 to 3 (12% at Wave 1; 13% at Wave 2; 17% at Wave 3).

The majority of smokers in France smoke exclusively factory-made cigarettes. However this proportion has declined between Waves 1 to 3. Conversely, the proportion of smokers who reported that they only smoke roll-your-own (RYO) cigarettes has increased between Waves 1 to 3.

iv. In this Report, terms “increase” and “decrease”/ “decline” represent a statistically significant increase or decrease ($p < 0.05$) unless otherwise noted.

Figure 3. Mean number of cigarettes smoked per day among daily smokers, by country



Although the proportion of smokers who smoke RYO cigarettes has increased, the percentage of male smokers at Wave 3 who smoke exclusively RYO cigarettes is still low (24%) compared to male smokers in the United Kingdom (34%), where use of RYO tobacco has also increased^{62, 63}, and the Netherlands (40%) (see Figure 5). A similar trend is also observed among female smokers (see Figure 6). ITC studies have shown that the price of RYO versus factory-made cigarettes is a main factor in RYO use^{63, 64}. It has been suggested that the increase in RYO use in the UK may be in part due to the growing price differential between RYO and factory-made cigarettes⁶⁵. Multiple price increases on RYO tobacco as well as factory-made tobacco in France (see the Tobacco Price and Taxation section of this report) may have helped to limit increases in RYO use among French smokers. There is also a large price differential between factory-made and RYO cigarettes in the Netherlands⁶⁶, which may explain the higher use of RYO tobacco in the Netherlands compared to France.

Figure 4. Percentage of smokers who smoke only factory-made, roll-your-own, or both types of cigarettes, by wave

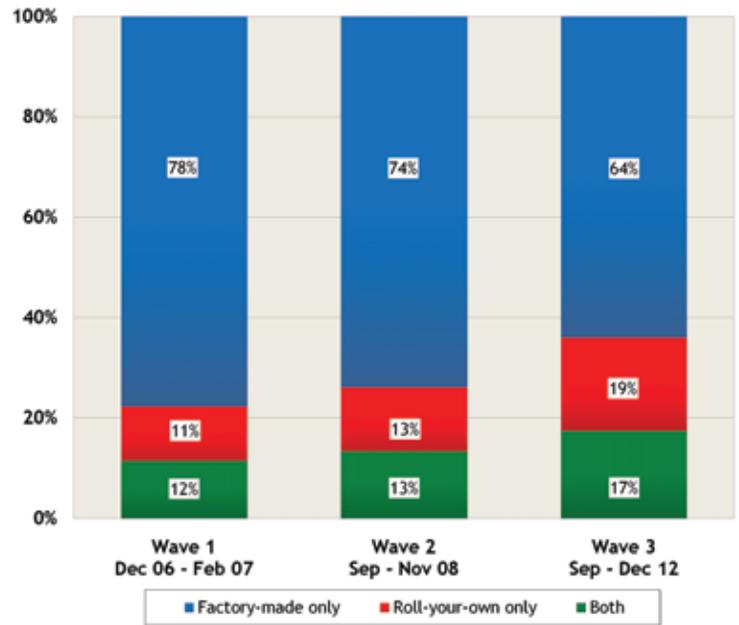


Figure 5. Percentage of male smokers who only smoke factory-made, roll-your-own, or both types of cigarettes, by country

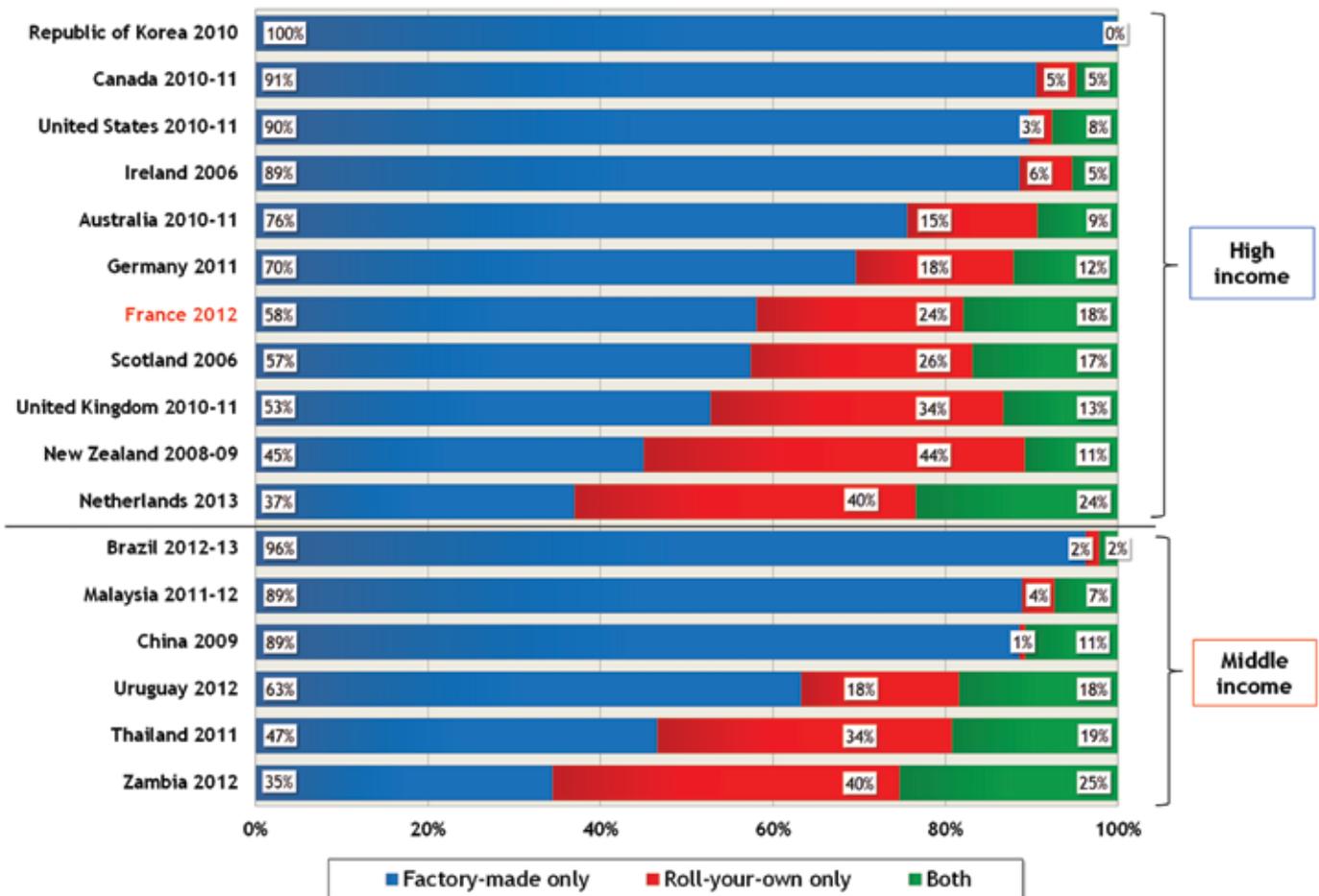
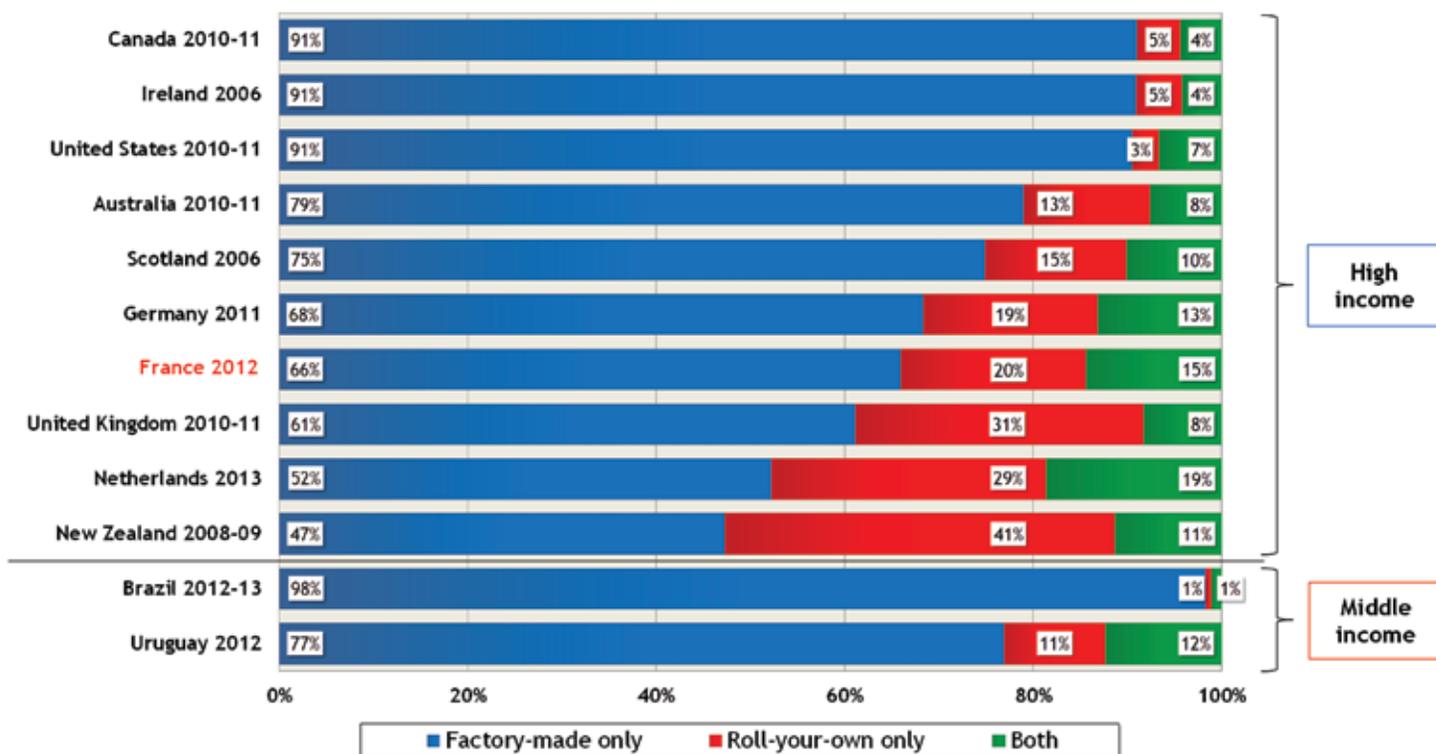


Figure 6. Percentage of female smokers who only smoke factory-made, roll-your-own, or both types of cigarettes, by country

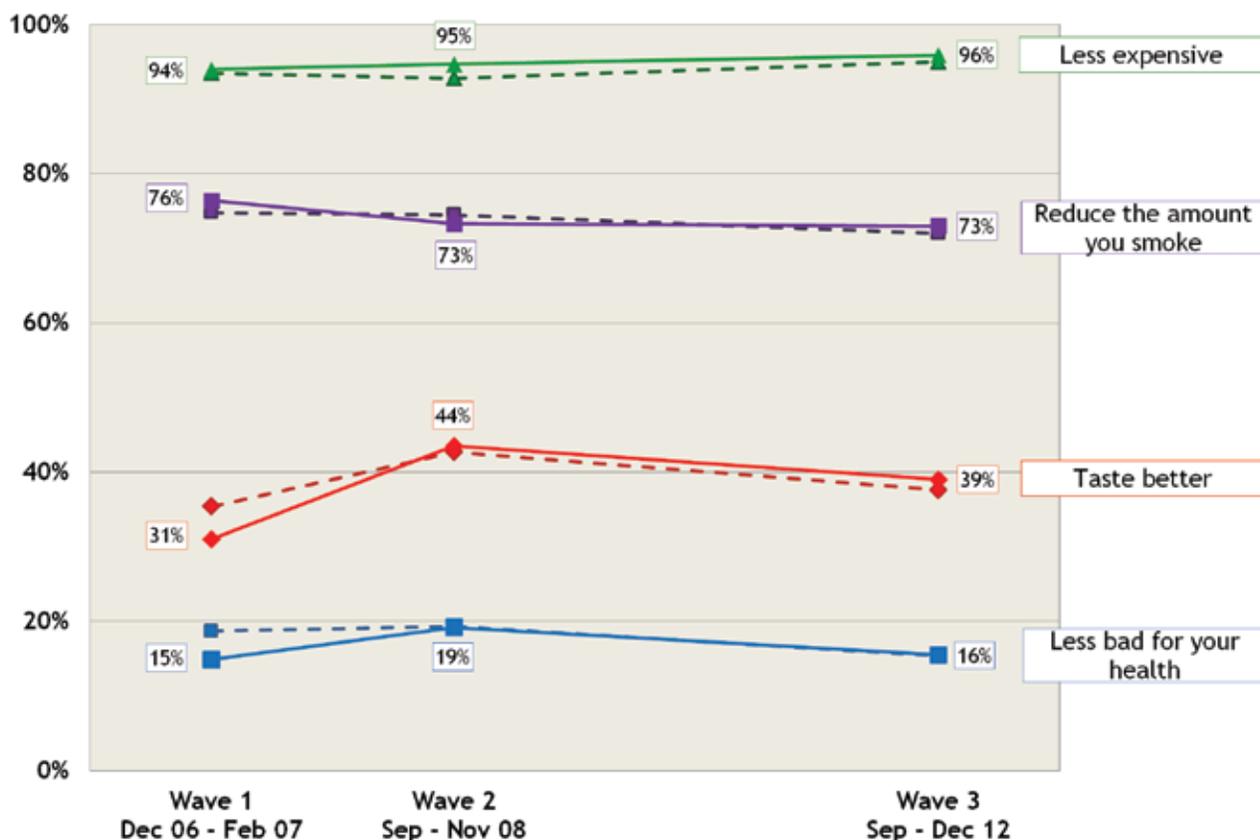


Reasons for smoking roll-your-owns

Those smokers who reported smoking only roll-your-own (RYO) cigarettes or both RYO and factory-made cigarettes were given a list of possible reasons for smoking RYO cigarettes and asked if any were one of the main reasons they smoked them. The majority of smokers who smoke the same amount or a greater amount of RYO versus factory-made cigarettes reported that one of the main reasons for smoking RYO is that they are less expensive (94% at Wave 1; 95% at Wave 2; 96% at Wave 3). About three-quarters (76% at Wave 1; 73% at Waves 2 and 3) reported that RYO cigarettes reduce the amount they smoke. The next most commonly cited reason, but far less, was that RYO taste better (31% at Wave 1; 44% at Wave 2; 39% at Wave 3; significant difference between Wave 1 and Wave 2 only). A minority of RYO smokers reported smoking them because they are perceived to be less harmful than factory-made cigarettes (15% at Wave 1; 19% at Wave 2; 16% at Wave 3) (see Figure 7).

The majority of smokers who smoke the same amount or a greater amount of RYO versus factory-made cigarettes reported that one of the main reasons for smoking RYO is that they are less expensive (94% at Wave 1; 95% at Wave 2; 96% at Wave 3).

Figure 7. Reasons for smoking roll-your-own cigarettes among smokers who smoke the same or a greater amount of roll-your-own versus factory-made cigarettes, by wave*



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

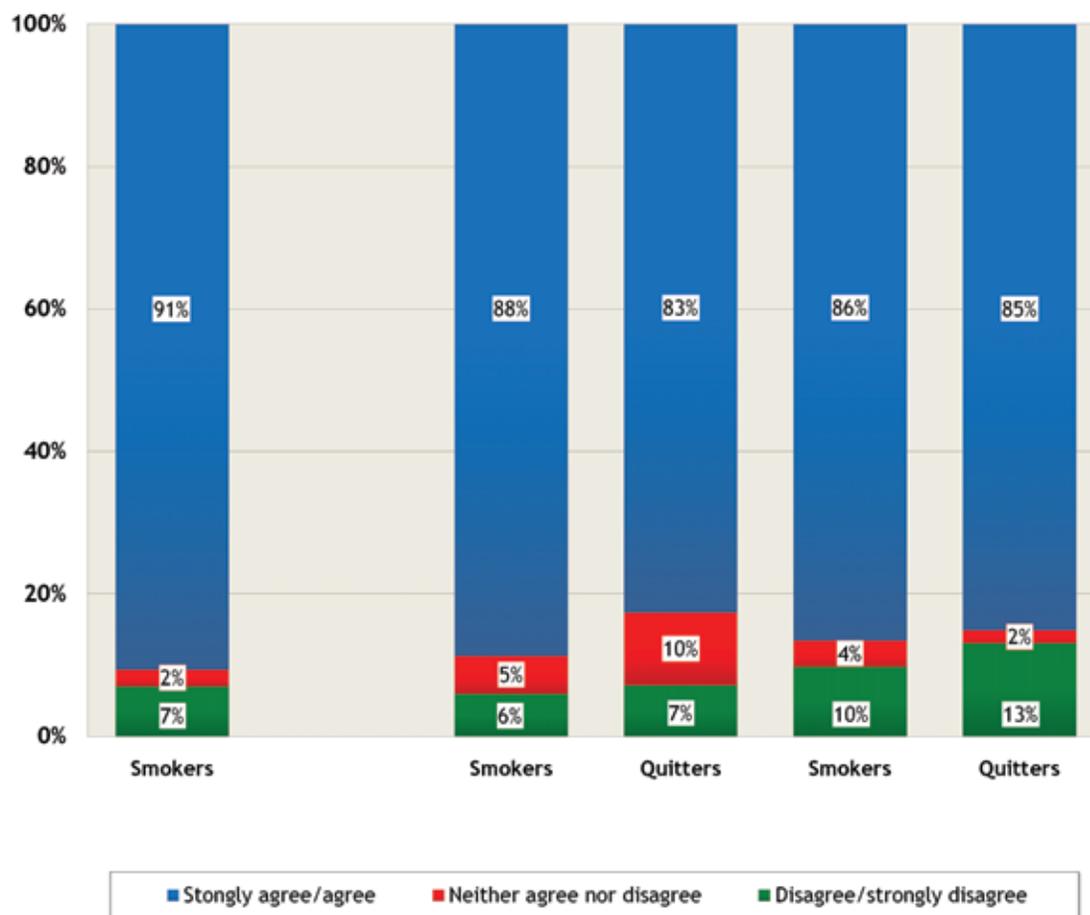
Regret for smoking initiation

The ITC France Survey asked smokers and quitters whether they would not have started smoking if they had to do it over again. The majority of smokers (91% at Wave 1; 88% at Wave 2; 86% at Wave 3) and quitters (83% at Wave 2; 85% at Wave 3) “agreed” or “strongly agreed” that if they had to do it over again, they would not have started (see Figure 8). However, agreement with this statement has decreased among smokers between Waves 1 (91%) and 3 (86%).

At Wave 3, 83% of male smokers “agreed” or “strongly agreed” with the statement that if they had to do it over again, they would not have started smoking. This result is similar to that found among male smokers in the United Kingdom where 84% also “agreed” or “strongly agreed” with the statement, and considerably higher than in the Netherlands and Germany where only 70% and 71% of male smokers, respectively, “agreed” or “strongly agreed.” Similarly, among females, the percentage who “agreed” or “strongly agreed” that they would not have started smoking if they had to do it over again was high in France (90%) and the United Kingdom (88%), and lower in the Netherlands (77%) and Germany (80%)^v.

v. France and Netherlands data are from 2012. United Kingdom data are from 2010-2011, and Germany data are from 2011.

Figure 8. Percentage of smokers and quitters who agree or disagree that if they had to do it over again, they would not have started smoking, by wave



Opinions on smoking

About half (51% at Wave 2; 52% at Wave 3) of smokers expressed the overall opinion that smoking is “negative” or “very negative.” A higher percentage (63%) of quitters had a “negative” or “very negative” opinion of smoking compared to smokers at Wave 2. However, there is relatively no significant difference between quitters (58%) and smokers at Wave 3.

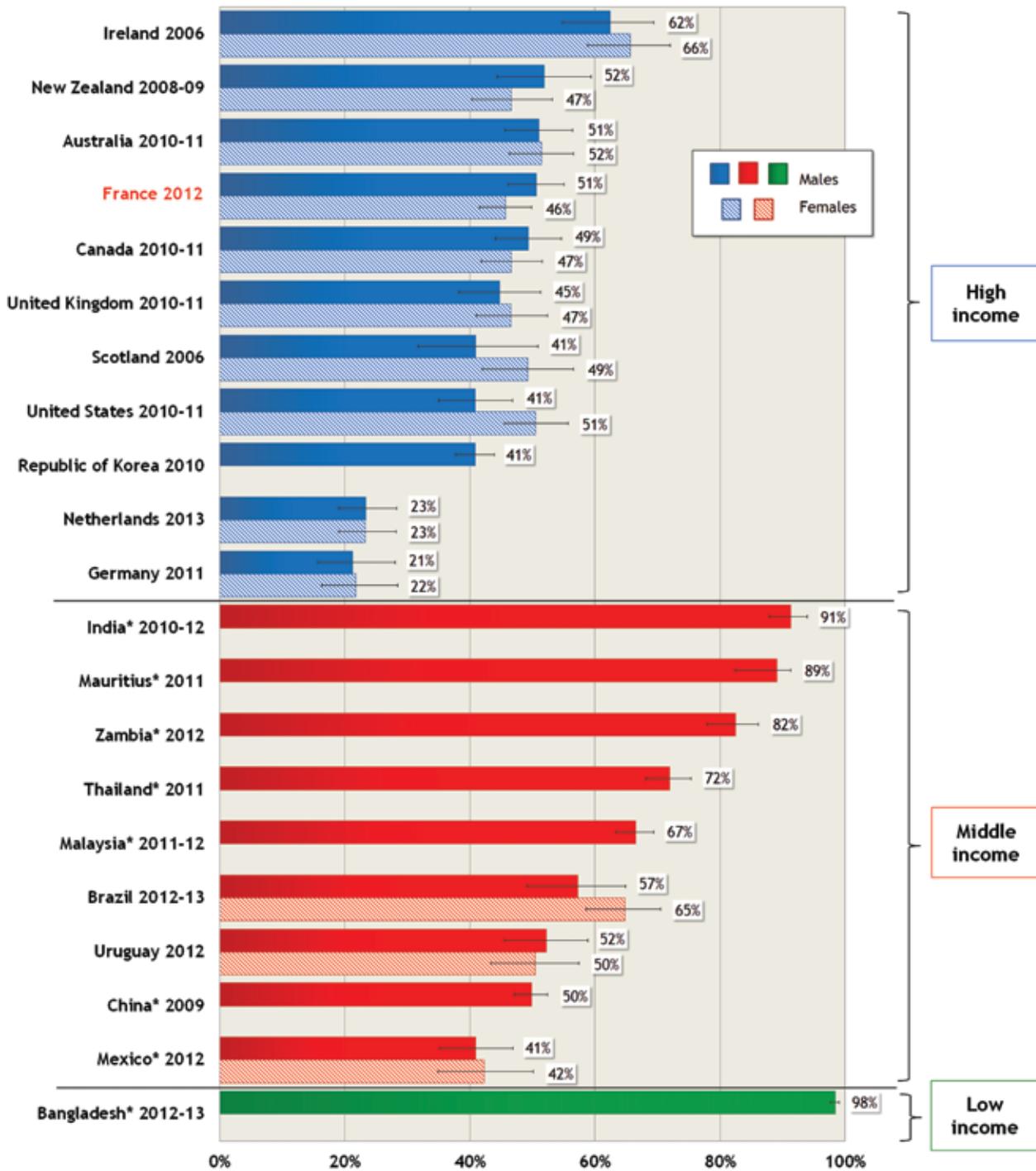
Non-smokers were also more likely to consider smoking as “negative” or “very negative” compared to smokers and quitters at both Waves 2 and 3. Among them, about three-quarters or more (74% at Wave 2; 81% at Wave 3) viewed smoking as “negative” or “very negative.”

At Wave 3, France had a higher percentage of smokers with a “negative” or “very negative” opinion of smoking (48%) compared to the Netherlands (23%) and Germany (21%). The percentage of smokers in France that have a negative opinion of smoking is again similar to that in the United Kingdom (45%) (see Figure 9).

Perceived norms about smoking

The percentage of smokers and quitters who think that society disapproves of smoking has remained relatively unchanged between Wave 1 and Wave 3. At Wave 3, 77% of smokers and quitters “agreed” or “strongly agreed” that France society disapproves of smoking compared to 77% of smokers at Wave 1 and 75% of smokers and quitters at Wave 2. The percentage of non-smokers who “agree” or “strongly agree” that society disapproves of smoking has also remained steady across all three waves (76% at Wave 1; 79% at Wave 2; 75% at Wave 3).

Figure 9. Percentage of cigarette smokers whose overall opinion of smoking is “negative” or “very negative,” by country



* Response options were “bad” or “very bad.”

The ITC France Survey also asked smokers and quitters if they agreed with the statement: “People who are important to you believe you should not smoke.” The majority “agreed” or “strongly agreed” that people who are important to them (such as friends and family) thought they should not smoke; however, there has been an overall decrease in agreement among smokers between Waves 1 to 3. Among smokers, 90% at Wave 1, 88% at Wave 2, and 84% at Wave 3 “agreed” or “strongly agreed” with the statement^{vi}.

vi. The percentages are similar if smokers who quit smoking at a subsequent wave are excluded from the analysis.

SMOKING CESSATION

Guidelines for the implementation of Article 14 of the FCTC recommend that Parties “incorporate tobacco dependence treatment into national tobacco control programmes and health-care systems” and “ensure that tobacco users at least receive brief advice [to stop using tobacco].” Waves 1 to 3 of the ITC France Survey include measures to assess the provision of cessation support to smokers by doctors or health professionals during a routine visit. At Wave 3, new questions about cessation assistance received from doctors or health professionals during a quit attempt were added.

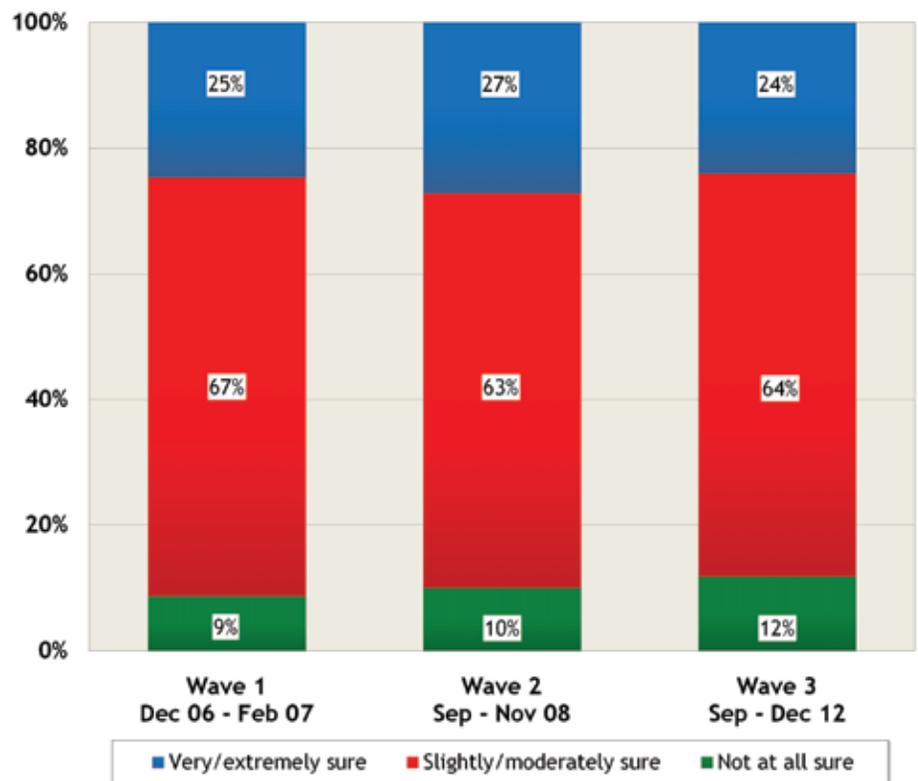
The ITC France Survey also includes a broad set of measures to assess motivational and behavioural factors related to quitting, including intentions to quit, outcome expectancy of quitting, and reasons to think about quitting.

Self-reported addiction to cigarettes and beliefs about quitting

At all three survey waves, just over half of smokers considered themselves to be “very addicted” to cigarettes. At Wave 1, 52% of smokers considered themselves to be very addicted. This percentage remained relatively the same at Wave 2 (57%) and Wave 3 (58%).

When asked “if you decided to give up smoking completely in the next 6 months, how sure are you that you would succeed?”, about one-quarter of smokers were “very” or “extremely” sure that they would succeed (25% at Wave 1; 27% at Wave 2; 24% at Wave 3) and about one out of ten at each wave reported that they were “not at all” sure that they would succeed (see Figure 10).

Figure 10. How sure smokers are that they would succeed if they decided to give up smoking completely in the next 6 months, by wave



Quit intentions

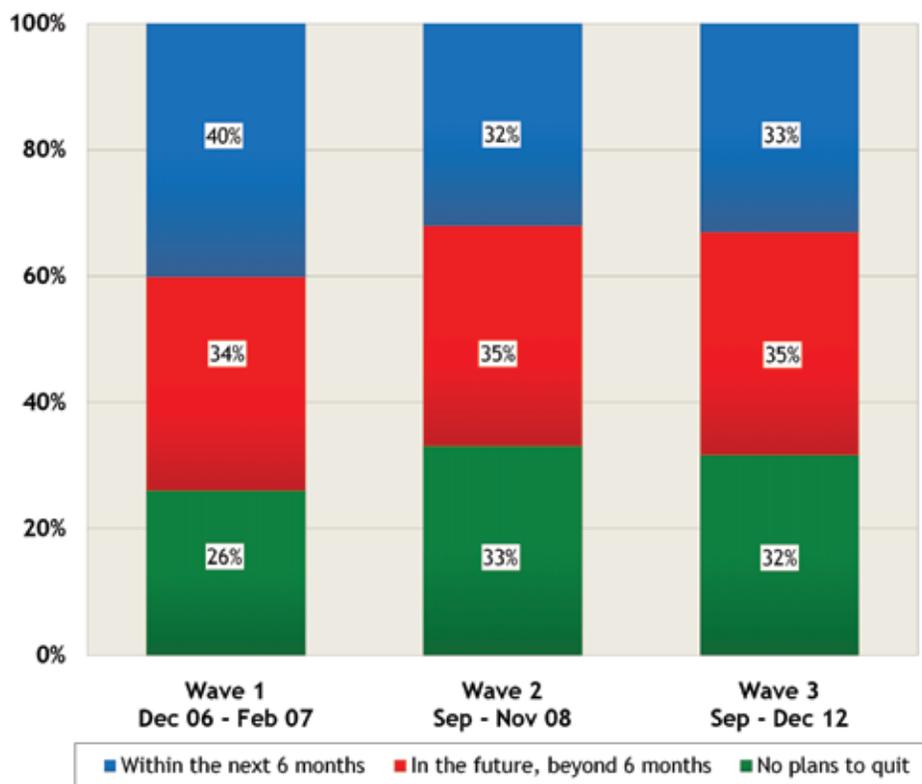
At Wave 1, 40% of smokers reported that they were planning to quit within the next 6 months. At Wave 2, this percentage decreased to 32%, then remained relatively unchanged at Wave 3 (33%). There was no change in the percentage of smokers planning to quit “sometime in the future, beyond 6 months” with 34% at Wave 1 and 35% at Waves 2 and 3. Approximately one-quarter (26%) of smokers at Wave 1 were not planning to quit. This percentage increased to 33% at Wave 2 and then remained steady at 32% at Wave 3 (see Figure 11)^{vii}.

vii. Similar trends are observed when excluding smokers who quit smoking at a subsequent wave.

A similar trend was observed between 2005 and 2010 in the French Institute for Health Promotion and Health Education (Inpes) Health Barometer, concerning the proportion of smokers who want to quit¹. This decrease in intentions to quit is of concern given the increase in the prevalence of smoking in France.

Also, among cohort respondents at Wave 2 who had indicated that they planned to quit at Wave 1, 15% had quit at Wave 2 (vs. 11% for those who did not plan to quit; a non-significant difference). Among cohort respondents at Wave 3 who had indicated that they planned to quit at Wave 2, 23% had quit at Wave 3 (vs. 16% for those who did not plan to quit; $p=0.023$). In addition, among cohort respondents who indicated that they planned to quit at Wave 1, 27% had quit by Wave 3 (vs. 24% for those who did not plan to quit; a non-significant difference).

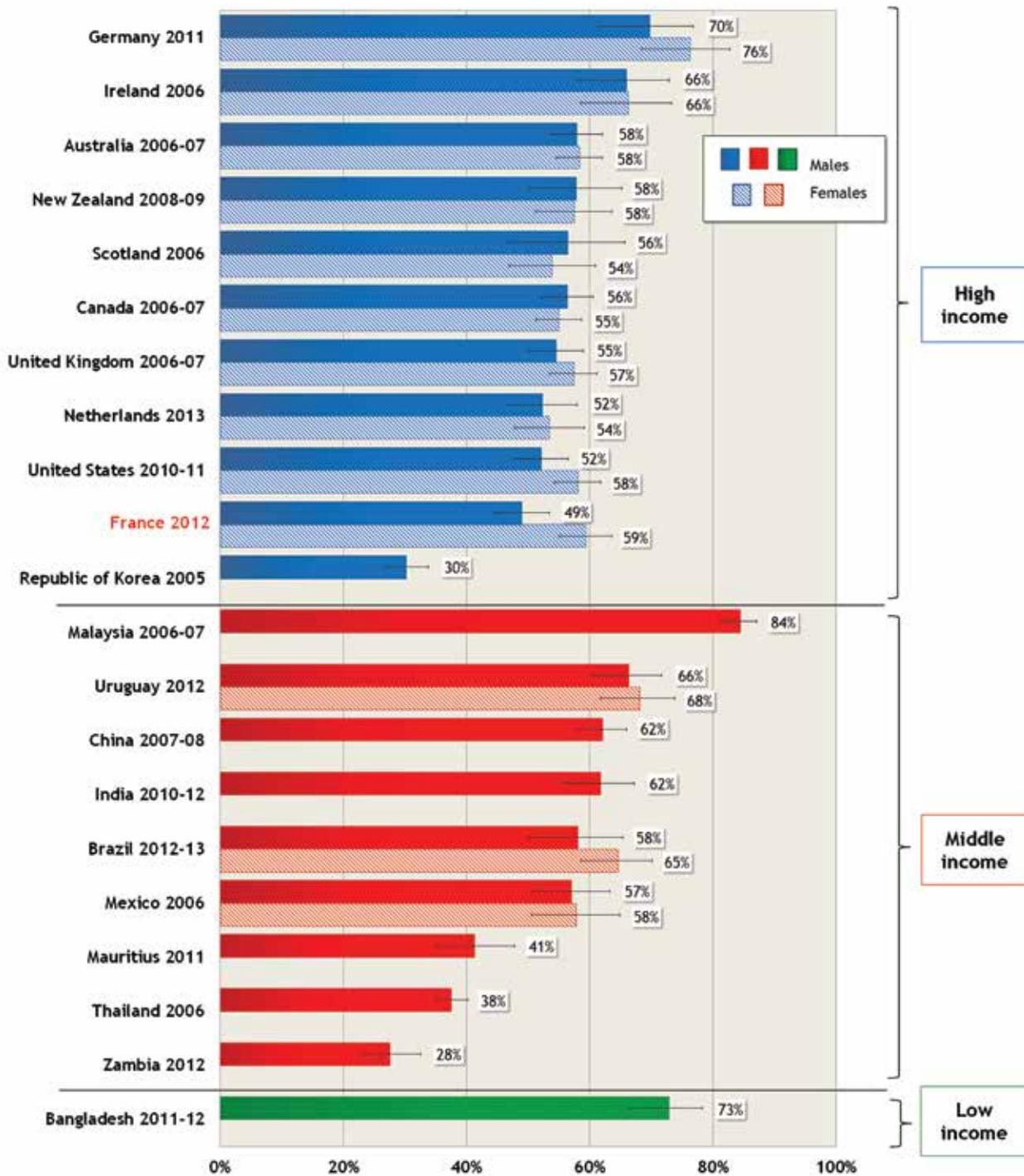
Figure 11. Plans to quit smoking among smokers, by wave



More than half of smokers at all three waves (55% at Wave 1; 57% at Wave 2; 53% at Wave 3) “agreed” or “strongly agreed” that they enjoy smoking too much to give it up, females significantly more often than males except at Wave 2. ITC cross-country comparisons show that the percentage of male smokers in France who agree with this statement (49%) is among the lowest of high-income ITC countries, whereas the percentage of female smokers in France who agree that they enjoy smoking too much to give it up (59%) is among the highest of high-income ITC countries (see Figure 12).

At Wave 1, 40% of smokers reported that they were planning to quit within the next 6 months. At Wave 2, this percentage decreased to 32%, then remained relatively unchanged at Wave 3 (33%). This decrease in intentions to quit is of concern given the increase in the prevalence of smoking in France.

Figure 12. Percentage of cigarette smokers who “agree” or “strongly agree” that they enjoy smoking too much to give it up, by country

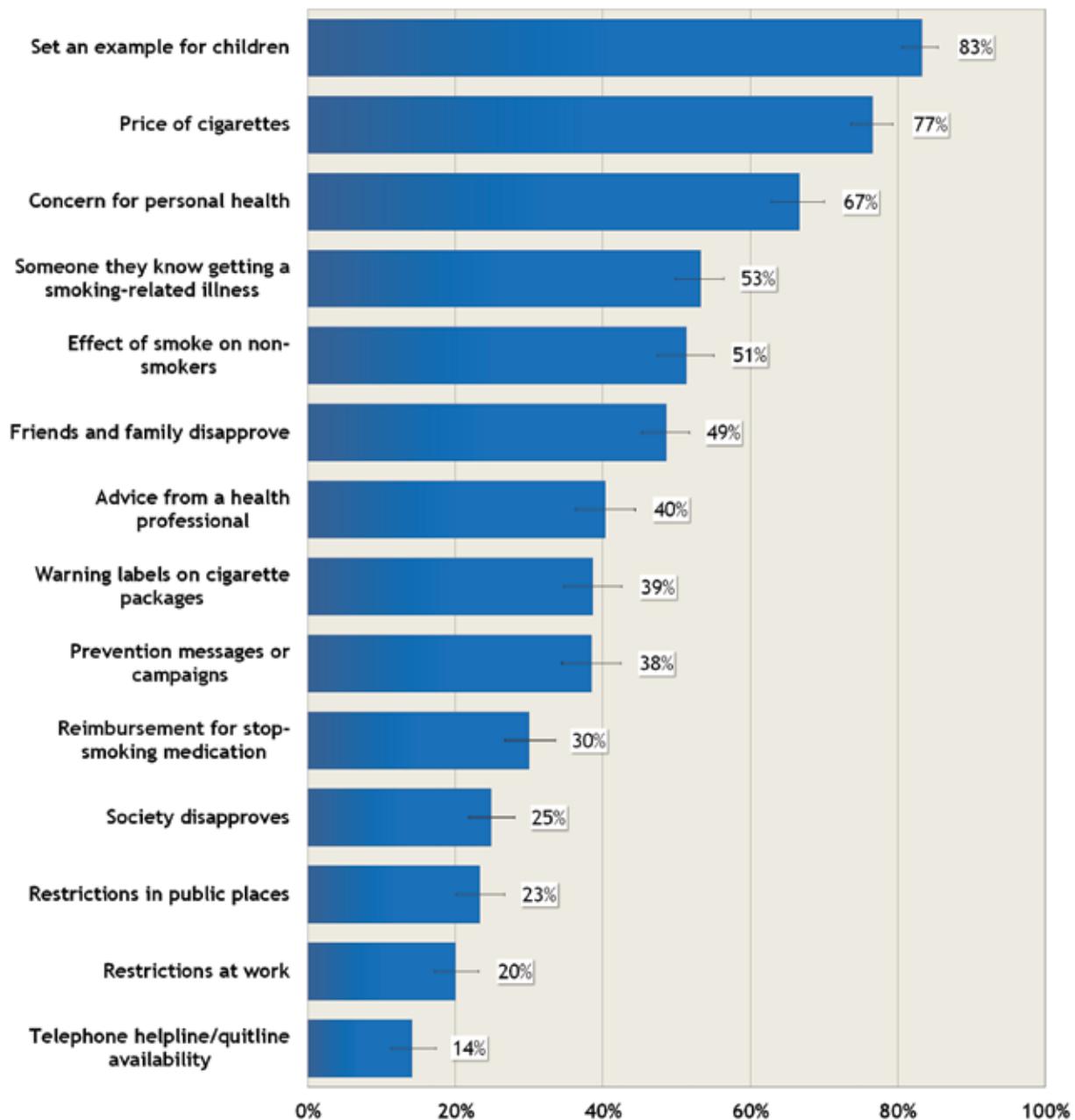


Reasons to think about quitting

Smokers who reported that they had plans to quit or had no plans to quit, but indicated that they want to quit, were given a list of reasons and asked about which ones led them to think about quitting smoking in the last 6 months. At Wave 3, the most common reasons for thinking about quitting were (see Figure 13):

1. Wanting to set an example for children (83%);
2. Price of cigarettes (77%);
3. Concern for personal health (67%);
4. Someone they know getting a smoking-related illness (53%)^{viii};
5. Concern about effect of smoke on non-smokers (51%).

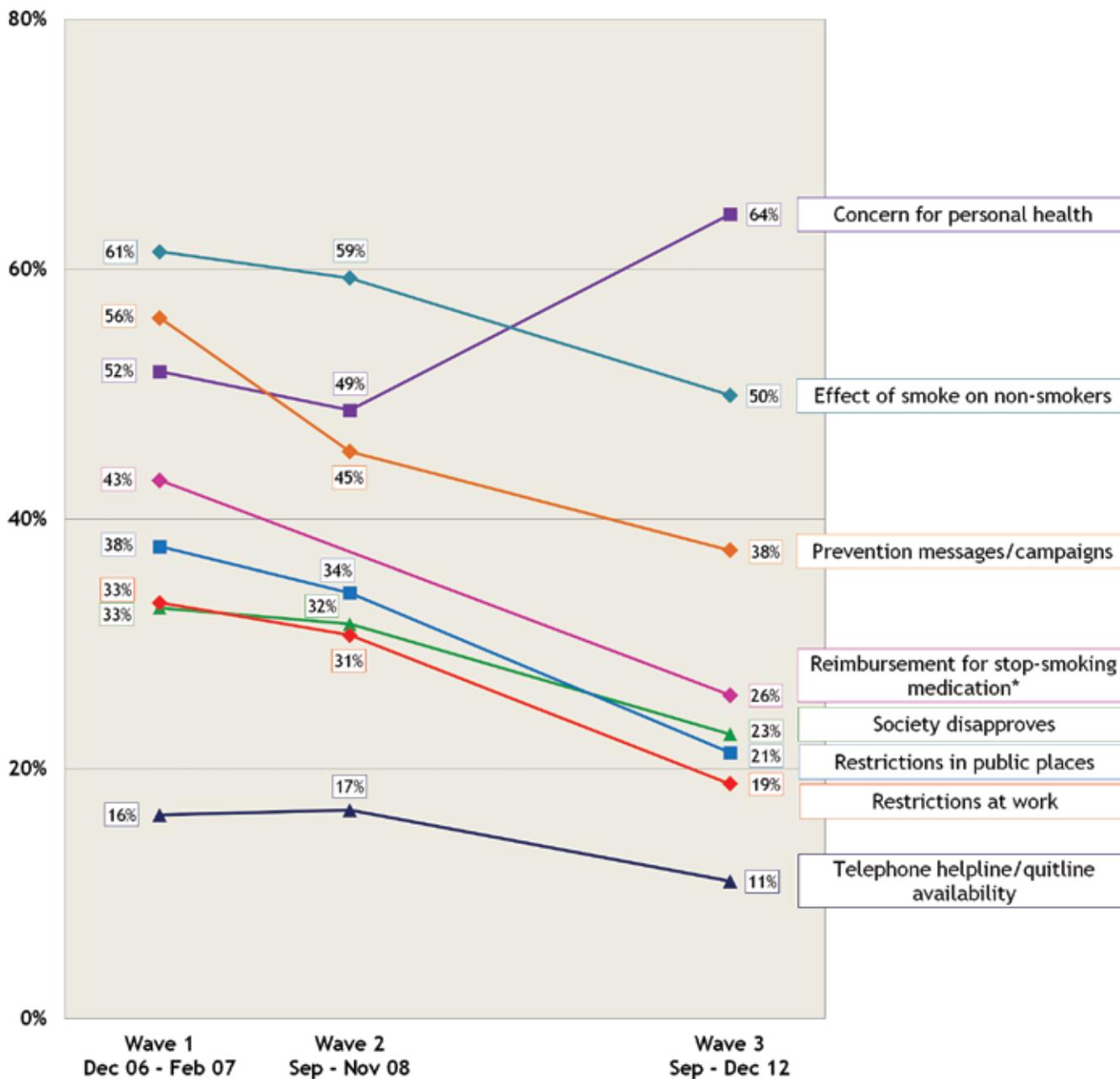
Figure 13. Percentage of smokers who thought about various reasons to quit “somewhat” or “very much” in the last 6 months, Wave 3 (Sep – Dec 2012)



viii. This reason was not listed at Waves 1 and 2.

Figure 14 presents estimates for those reasons to think about quitting that had significant changes between waves^{ix}.

Figure 14. Percentage of smokers who thought about various reasons to quit “somewhat” or “very much” in the last 6 months, by wave



* Reimbursement for stop-smoking medication as a reason to think about quitting smoking was not asked at Wave 2.

Note: Estimates for reasons that were only asked at Wave 3 (close friends and family disapprove and someone you know getting a smoking-related illness) or reasons that did not have any significant changes between waves (price of cigarettes, advice from a health professional, warning labels on cigarette packages, and set an example for children) are not shown.

ix. Note that there are slight differences between the Wave 3 percentages listed above and the percentages given in Figure 14 that correspond to trend analysis. Unadjusted estimates better represent what is happening at a given wave; thus, the percentages provided above for the most commonly cited reasons for thinking about quitting at Wave 3 are the unadjusted estimates. Conversely, percentages adjusted for time-in-sample are presented in Figure 14 as these adjusted percentages are best for understanding the change in a given variable's outcome over the three waves. See the Analytic Approach section of this report for more detail.

Between Waves 1 to 3, wanting to set an example for children (83% at Wave 1; 81% at Wave 2; 82% at Wave 3) and the price of cigarettes (69% at Waves 1 and 2; 73% at Wave 3) consistently remained the most common reasons to think about quitting for more than two-thirds of smokers. The percentage of smokers reporting price as a reason to quit smoking was not significantly different between the three waves. However, further monitoring is needed to see if what looks like an increasing trend continues.

Concern for personal health as a reason to think about quitting increased between Waves 2 (49%) and 3 (64%), while prevention messages and campaigns as a reason to quit decreased between all three waves (56% at Wave 1; 45% at Wave 2; 38% at Wave 3). This may be due to:

- **A TV and radio anti-smoking campaign (on secondhand smoke) carried out by Inpes just before Wave 1 that may have had an impact on smokers' answers;**
- **The continuous decrease in funding allocated to smoking prevention, and education campaigns in particular (see the Education and Communication section of this report), even though the Inpes campaigns in 2011 and 2012 specifically focused on the decision and the reasons for quitting;**
- **The dilution of information messages in the context of an increase in TV programs (many new channels were made available).**

Even though fewer respondents reported that such education campaigns were a reason to quit, the fact that concern for personal health as a reason to quit increased at Wave 3 could show the longer term efficiency of such campaigns (with other policies like health warnings and smoke-free laws) on awareness of the health risks of smoking. Indeed, the 2009 and 2010 campaigns specifically addressed the risks of smoking.

Despite the implementation of pictorial health warnings covering 40% of the back of cigarette packages, there was no significant change in the percentage of smokers who reported warning labels on cigarette packages as a reason to think about quitting between Waves 2 (34%) and 3 (37%). In contrast, the percentage of smokers citing the effect of smoke on non-smokers as a reason to think about quitting decreased during this period of time (59% at Wave 2 to 50% at Wave 3). This decrease may be partly due to the implementation of comprehensive smoke-free laws in 2007 and 2008 that decreased non-smokers' exposure to secondhand smoke in public places such as bars, restaurants, and workplaces (see the Smoke-Free Public Places section of this report). Similarly, significant decreases in the percentage of smokers indicating that smoking restrictions in public places (34% at Wave 2 to 21% at Wave 3) and workplaces (31% at Wave 2 to 19% at Wave 3) suggest that these have become normal practice and no longer constitute a reason to think about quitting.

Of concern is the significant decrease in the percentage of smokers indicating that society disapproval is a reason that led them to think about quitting (32% at Wave 2 to 23% at Wave 3). Telephone helpline or quitline availability as a reason to think about quitting has also remained consistently low across all three waves and further decreased between Wave 2 (17%) and Wave 3 (11%), although a short number (39 89) was created in 2009 for the quitline Tabac Info Service (TIS) that has been visible on all cigarette packages since 2011.

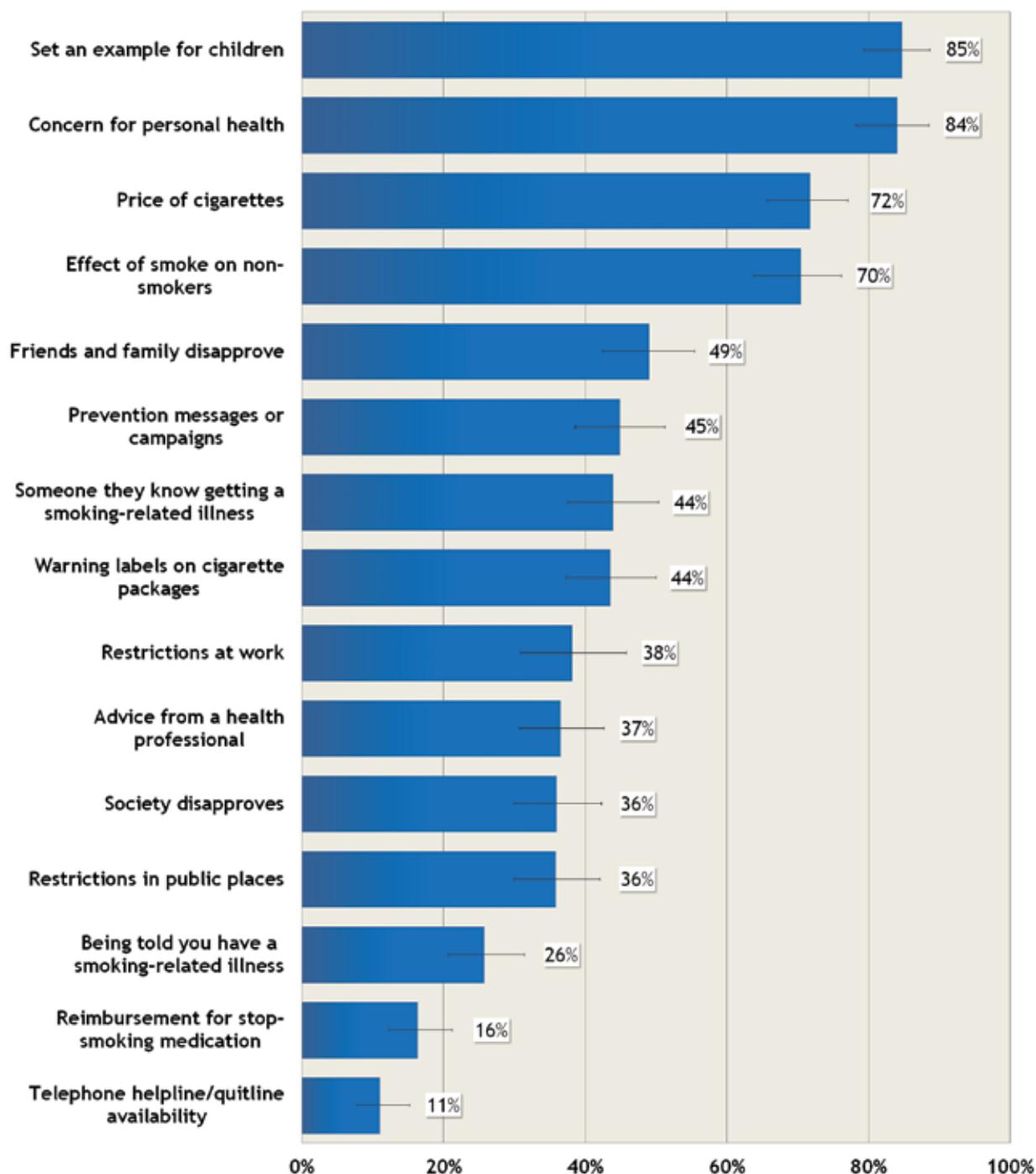
Reasons to quit smoking among quitters

At Wave 3, quitters were also given a list of reasons and asked to report on which ones led to their quit attempt if they had quit for less than 6 months and which ones have helped them to stay quit if they had quit smoking longer than 6 months ago (see Figure 15). The most commonly cited reasons were:

- 1. Wanting to set an example for children (85%);**
- 2. Concern for personal health (84%);**
- 3. Price of cigarettes (72%);**
- 4. Concern about effect of smoke on non-smokers (70%);**
- 5. Friend and family disapproval of smoking (49%).**

Of note is that at Wave 3, the percentage of quitters who reported that concern for personal health “somewhat” or “very much” led to their quit attempt, or helped them to stay quit is significantly higher than the percentage of smokers who indicated that this reason led them to think about quitting. Indeed, concern for personal health seems to be closely related with success in tobacco cessation¹. A similar trend is observed for society disapproval of smoking.

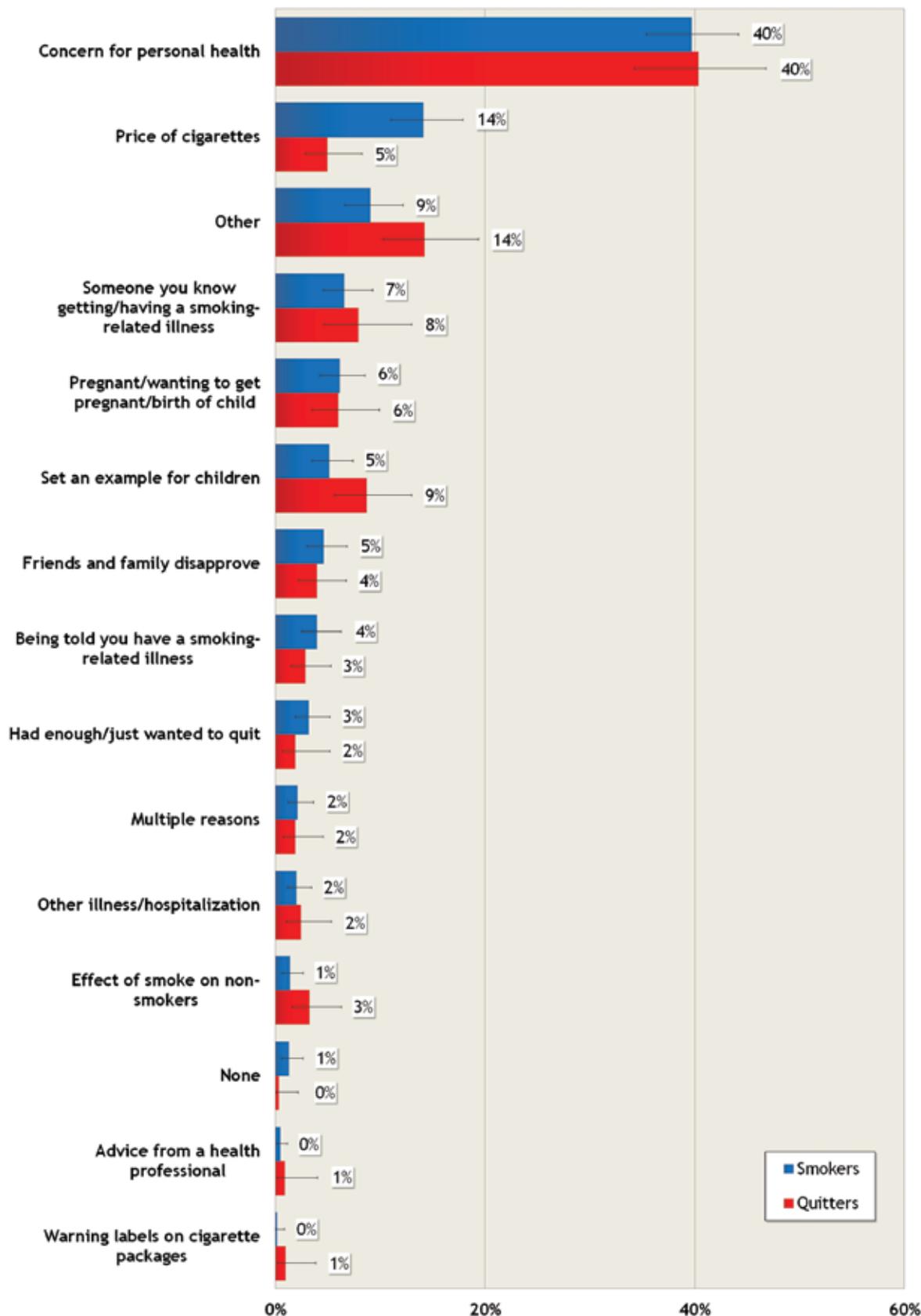
Figure 15. Reasons among quitters that “somewhat” or “very much” led to their quit attempt or have helped them to stay quit, Wave 3 (Sep – Dec 2012)



Most important reason that triggered last or current quit attempt

The ITC France Wave 3 Survey also asked smokers (who had made a quit attempt) and quitters what was the most important reason that triggered their last or current quit attempt. Concern for personal health was the main reason among both smokers (40%) and quitters (40%) (see Figure 16). A higher percentage of smokers (14%) reported price of cigarettes as the main reason for their last quit attempt compared to quitters (5%); however no other differences were found.

Figure 16. Smokers (who have made a quit attempt) and quitters' main reason for triggering their last or current quit attempt, Wave 3 (Sep – Dec 2012)

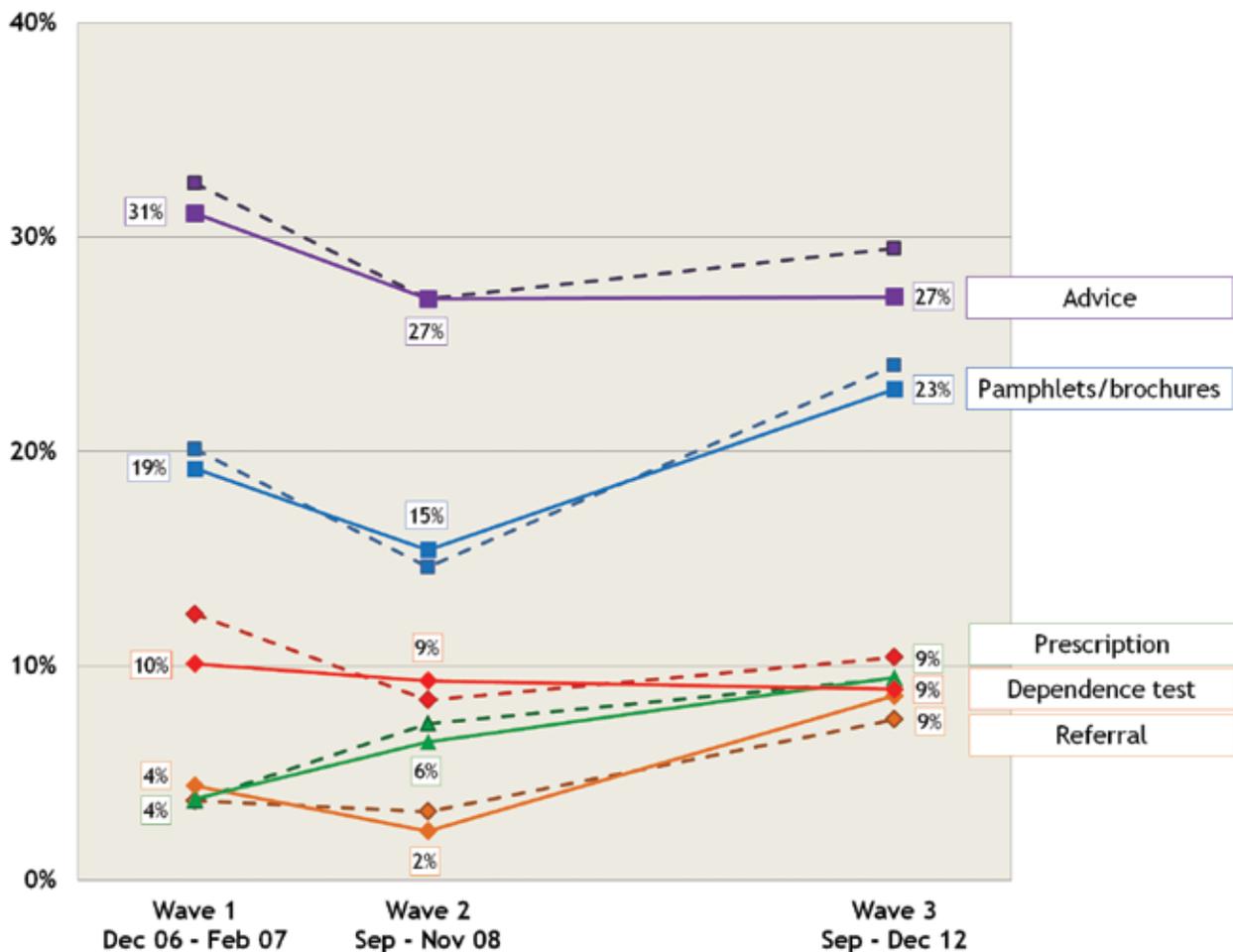


* The reasons where zero percent of smokers and quitters reported it as being the main reason for their last or current quit attempt are not shown. These include prevention messages or campaigns, restrictions in public places, society disapproval, and reimbursement for stop-smoking medications.

Cessation assistance received during a routine visit to a doctor^x

Among smokers who reported visiting a doctor or other health professional in the last 6 months, the percentage who received advice to quit smoking, pamphlets or brochures, or a short dependence test to assess their level of dependence on cigarettes remained relatively the same at all three waves (see Figure 17). Of concern is the low rate of physician advice to quit which has been proven to be a powerful intervention for motivating smokers to quit. Less than a third of smokers who visited a doctor or other health professional in the last 6 months received such advice. However, between Waves 2 and 3, there was a significant increase in the percentage of smokers who reported being referred to other programs or services (2% at Wave 2 to 9% at Wave 3). The percentage of respondents who received a prescription for stop-smoking medications also increased from Wave 1 (4%) to Wave 3 (9%).

Figure 17. Type of cessation assistance received by smokers who visited a doctor or health professional in the last 6 months, by wave*†



* At Wave 3, cohort respondents were asked since last survey date rather than about the last 6 months. Therefore, only replenishment respondents are included in the analysis for Wave 3.

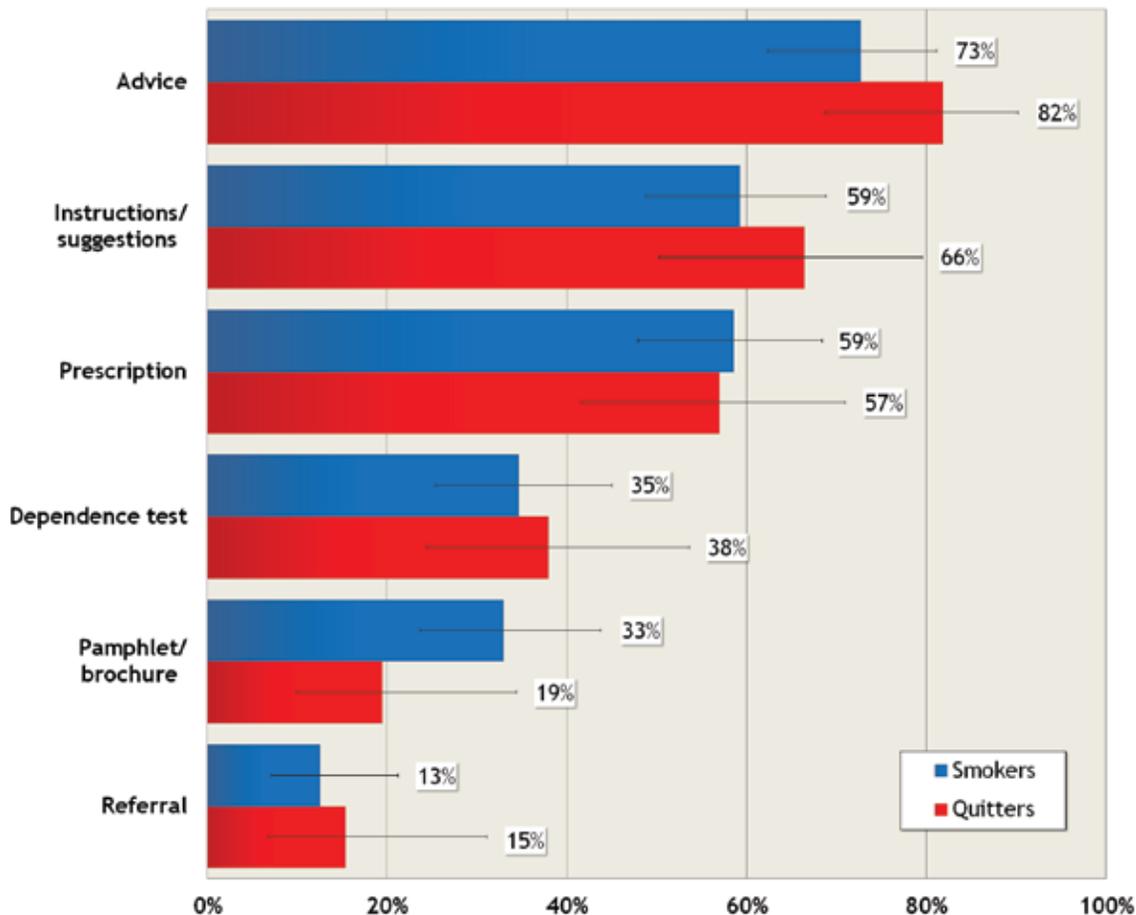
† The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

x. At Waves 1 and 2, respondents were asked about any visits to a doctor or health professional “in the last 6 months.” At Wave 3, replenishment respondents were also asked about “the last 6 months”; however, cohort respondents were asked “since last survey date.” Due to the difference in time frame, only replenishment respondents were included in the analyses at Wave 3.

Cessation assistance received during a quit attempt

The ITC France Wave 3 Survey also asked cohort smokers who had made a quit attempt since last survey date and quitters who had stopped smoking since last survey date about their use of cessation assistance during their last or current quit attempt. A higher percentage of smokers (33%) reported visiting a doctor or other health professional around the time of their last quit attempt compared to quitters (22%); however there were no significant differences in the percentage who received each form of assistance. Among these respondents, about three-quarters received advice to quit (73% of smokers; 82% of quitters), and more than half received a prescription for stop-smoking medications (59% of smokers; 57% of quitters), or instructions or suggestions on how to quit or how to stay quit (59% of smokers; 66% of quitters) (see Figure 18). Among the 63 smokers and 38 quitters who received instructions or suggestions on how to quit or stay quit, 43 (61%) smokers and 31 (82%) quitters found this advice helpful.

Figure 18. Type of cessation assistance received by cohort smokers and quitters who visited a doctor or health professional around the time of their last quit attempt, Wave 3 (Sep – Dec 2012)

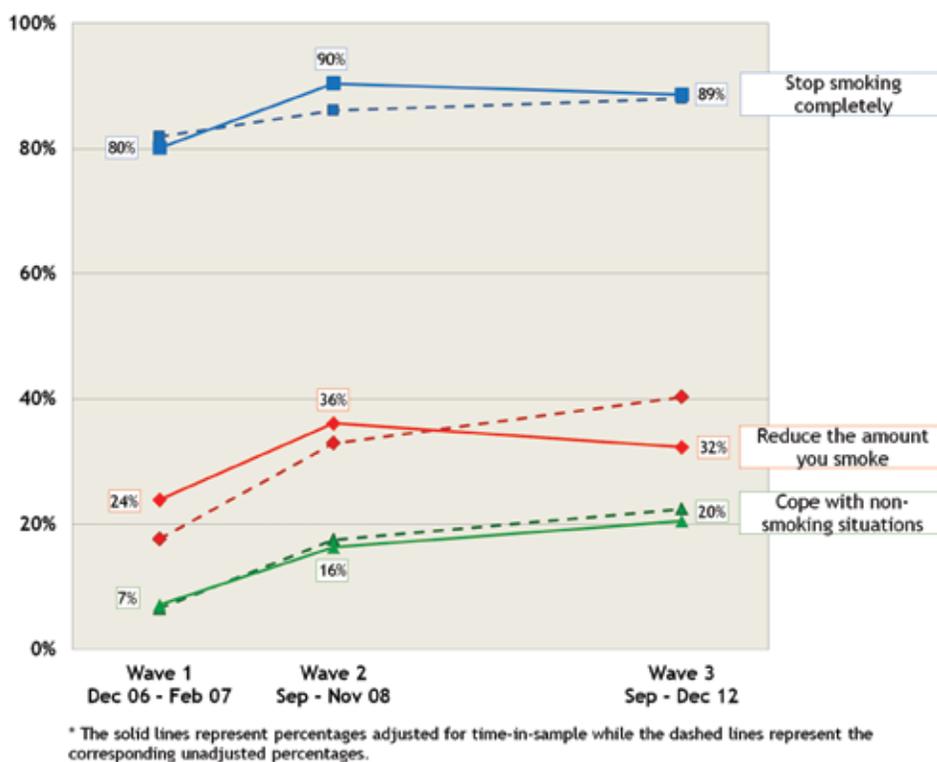


Cohort smokers who had made a quit attempt since last survey date and quitters who had quit since last survey date were also asked about other forms of help they received during their last or current quit attempt at Wave 3. About one-third (29%) of smokers and 14% of quitters reported receiving pamphlets (outside of a visit to a doctor or a health professional). Among the 88 smokers and 29 quitters who received a pamphlet, 30 (32%) smokers and 12 (36%) quitters reported that the pamphlets helped them in their quit attempt. Less than 10% reported using a local stop-smoking clinic or specialist (7% of smokers; 6% of quitters), using a cessation website (5% of smokers; 2% of quitters), or using a telephone or quitline service (2% of smokers; 1% of quitters).

Use of stop-smoking medications

Among smokers who have heard of stop-smoking medications (SSMs) such as nicotine replacement therapies (NRTs) or prescriptions such as Zyban® or Champix®, about one-third (33% at Wave 1; 33% at Wave 2; 35% at Wave 3) have ever used them. The majority of smokers at each wave used SSMs to quit smoking completely (see Figure 19). At Wave 1, 80% of smokers said they used SSMs to stop smoking completely. This percentage increased to 90% at Wave 2, then remained relatively unchanged at Wave 3 (89%). Similarly, the percentage of smokers who used SSMs to reduce the amount that they smoke increased between Wave 1 (24%) and Wave 2 (36%), then remained relatively the same at Wave 3 (32%). The percentage of smokers who reported using SSMs to cope with non-smoking situations also increased from 7% at Wave 1 to 16% at Wave 2 and 21% at Wave 3. This increase coincides with the implementation of a comprehensive smoke-free law between Waves 1 and 2 that banned smoking in workplaces, hospitality venues, and other public places – see the Smoke-free Public Places section of this report^{xi}.

Figure 19. Reasons for use of stop-smoking medications among smokers who have ever used them, by wave*



Use of stop-smoking medications at last quit attempt

The France Wave 3 Survey also asked about SSM use during a respondent's last quit attempt. Among cohort smokers who had made a quit attempt since last survey date, 37% reported using any SSMs, such as NRTs, or other medications that require a prescription during their last quit attempt. The most commonly used NRT was a nicotine patch (62%), followed by nicotine gum (33%). Less than 10% of cohort smokers who reported using stop-smoking medications at their last quit attempt used nicotine lozenges (8%), sublingual tablets (6%), nasal spray (3%), inhaler (1%), or another NRT product (6%). Of those that used an NRT, 68% reported that the NRT helped them in their quit attempt. Among the cohort smokers who reported using SSMs at their last quit attempt, bupropion/ Zyban® was the most commonly used prescription medication (12%), followed by varenicline/Champix® (11%), and other prescription medications (3%). More than half (57%) of smokers who used at least one prescription medication found that it helped them in their quit attempt.

xi. The increase between Wave 1 and Wave 2 among the reasons for use of stop-smoking medications may be in part due to a change in how the question was asked between Wave 1 and Waves 2 and 3. At Wave 1, the reasons for use were listed as a multiple choice question where respondents could indicate more than one reason for use. At Waves 2 and 3, each reason was asked as a yes/no question.

HEALTH WARNING LABELS

From October 2003 to April 2011, France had text-based health warning labels on 30% of the front and 40% of the back of all factory-made and roll-your-own cigarette packages^{xii}. In April 2011, pictorial warnings were mandatory on 40% of the back of factory-made cigarettes, while text warnings remained on 30% of the front. This same change was implemented one year later (April 2012) for roll-your-own cigarette packs. While the warnings have brought France closer to meeting the FCTC Article 11 Guidelines, adopted in November 2008, and the regulation is in accordance with the 2001 European Tobacco Products Directive, these new labels do not meet the requirement of the FCTC that warnings cover at least 50% of the top of the front and the back of the pack. The France Wave 3 Survey evaluates the effectiveness of pictorial warnings approximately 17 months after they were mandatory on the back of factory-made cigarettes, and 5 months after they were mandatory on the back of roll-your-own packs.

Changes in warning effectiveness over time

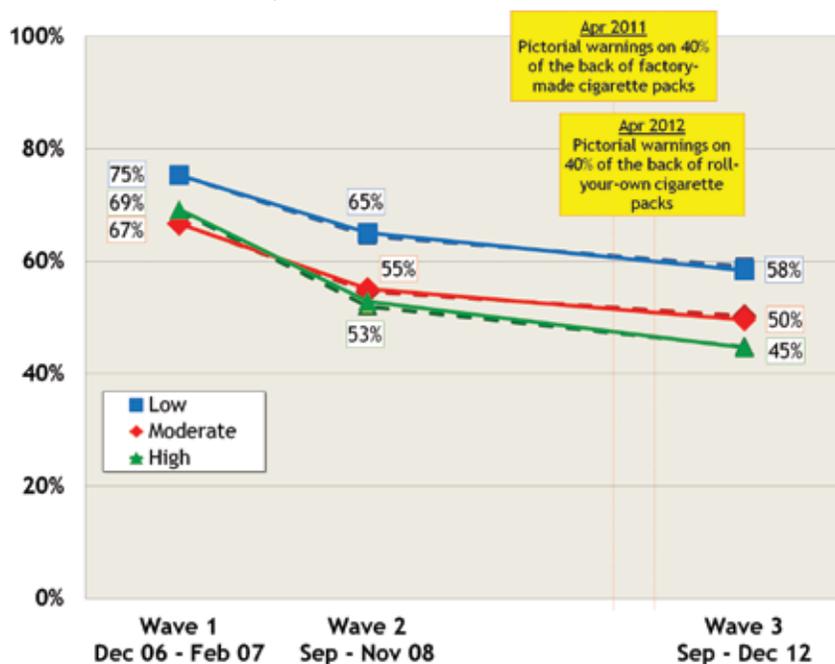
The ITC Survey includes several measures to assess health warning effectiveness, including measures of label salience, as well as cognitive, emotional, and behavioural responses to the warnings.

Note that throughout this section, smokers who smoke factory-made cigarettes and those who smoke roll-your-own cigarettes are grouped together as it was found that their responses did not significantly differ.

Noticing health warnings

At Wave 1, 70% of smokers reported that they had noticed health warning labels “often” or “very often” in the last month (see Figure 21). This percentage decreased to 57% at Wave 2 and further decreased to 49% at Wave 3, after the new pictorial warnings were introduced. No significant differences were found between age groups or gender; however, differences were observed between different levels of socio-economic status. Low-income smokers more frequently reported noticing warning labels compared to moderate- and high-income smokers (see Figure 20). These

Figure 20. Percentage of smokers who “often” or “very often” noticed health warning labels in the last month, by income level, by wave*



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

results are consistent with other ITC findings where the effectiveness of warning labels (measured as a score calculated by combining measures of warning label salience, thoughts of harm and quitting, and forgoing a cigarette) was higher among low-income smokers in France, Germany, the Netherlands, and the United Kingdom⁶⁷. At Waves 1 and 2, smokers with a low education level noticed warning labels more often than those with moderate and high levels of education. At Wave 3, there were no longer any significant differences between education levels.

xii. From October 2004 for roll-your-own packages.

Overall, the findings indicate that the introduction of pictorial warnings on only the back of cigarette packages is not effective among the majority of France smokers and that effectiveness has actually decreased over time.

Reading/looking closely at health warnings

At Wave 1, approximately one-third (31%) of smokers reported “often” or “very often” reading or looking closely at these warning labels in the last month. This proportion decreased at Wave 2 to 26% and further decreased at Wave 3 to 19% (see Figure 21).

Thinking about the harms of smoking

The majority of smokers at all three survey waves said that the labels made them think about the health risks of smoking “somewhat” or “a lot.” However, this percentage has decreased between Waves 1 to 3. At Wave 1, 83% of smokers reported that the health warning labels make them think about the harms of smoking “somewhat” or “a lot” compared to 76% at Wave 2. This percentage further decreased to 71% at Wave 3 (see Figure 21).

Thinking about quitting

The percentage of smokers who said that the health warning labels made them “somewhat” or “a lot” more likely to think about quitting smoking followed the same trends as thinking about the harms of smoking. Approximately one-quarter (27%) of smokers said that the warning labels made them “somewhat” or “a lot” more likely to quit at Wave 1. This percentage decreased overall to 20% at Wave 3 (see Figure 21).

Avoiding warning labels

The percentage of smokers who reported making an effort to avoid looking at or thinking about the warning labels remained relatively unchanged between Waves 1 and 2 at 13%. However, after the introduction of the new pictorial warnings, the percentage of smokers avoiding looking at or thinking about the labels increased to 20% (see Figure 21)^{xiii}.

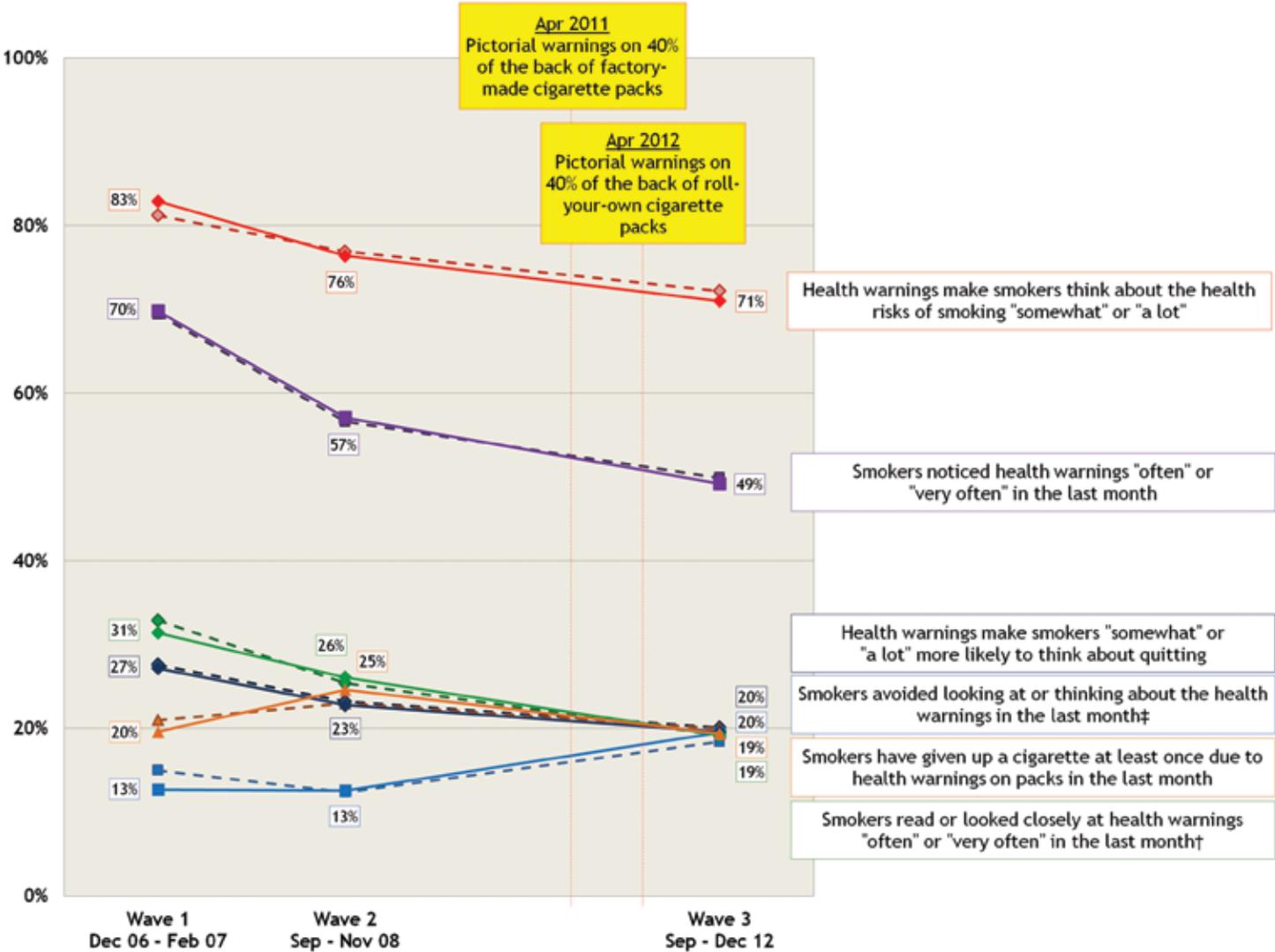
Forgoing a cigarette

The percentage of smokers who said that the warning labels had stopped them from smoking at least once in the last month was 20% at Wave 1. This percentage increased to 25% at Wave 2, then declined to 19% at Wave 3.

Overall, the findings indicate that the introduction of pictorial warnings on only the back of cigarette packages is not effective among the majority of France smokers and that effectiveness has actually decreased over time. These results are consistent with those found among regular youth smokers in the United Kingdom¹⁵.

xiii. It should be noted that at Waves 1 and 2, avoidance was determined by combining the responses to four questions which asked if in the last 30 days, the respondent had made any effort to avoid looking at or thinking about the warning labels by 1) covering the warnings up, 2) keeping the pack out of sight, 3) using a cigarettes case or some other pack, or 4) not buying packs with particular labels. If the respondent answered “yes” to any of these questions, then it was assumed that the respondent had made an effort to avoid the warning labels. At Wave 3, these questions were combined into a single question and also included the insertion of “or any other means,” such that the question was “In the last 30 days, have you made any effort to avoid looking at or thinking about the warning labels – such as covering them up, keeping them out of sight, using a cigarettes case, avoiding certain warnings, or any other means?”

Figure 21. Impact of health warning labels on smokers' perceptions and behaviours, by wave*



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.
 † Among smokers who noticed health warning labels at least "rarely."

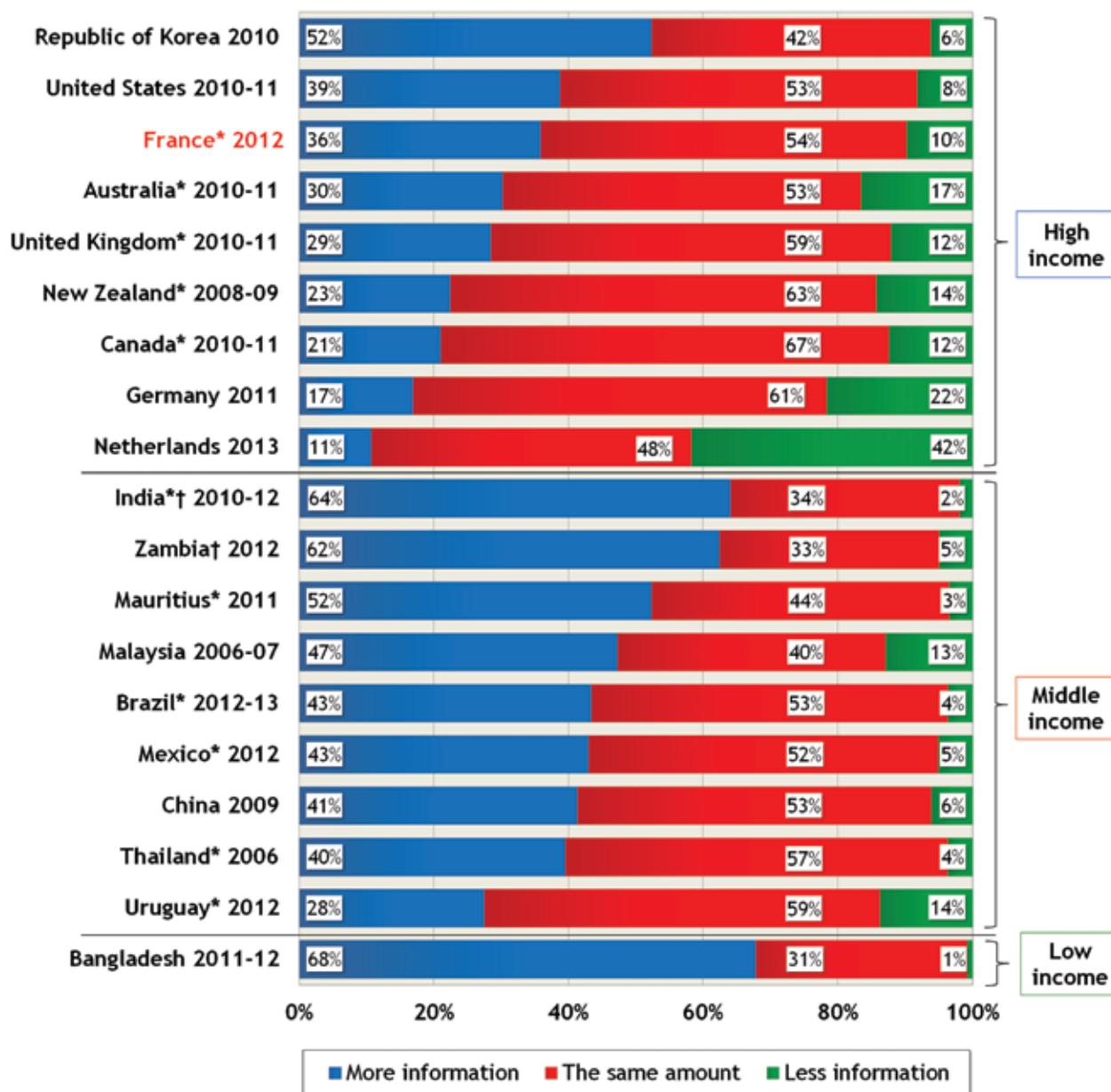
Support for more information on cigarette packs

Between Waves 2 and 3, the percentage of smokers who said there should be more information on cigarette packs than they do now decreased from 45% to 35%. Conversely, the percentage of respondents who thought cigarette packages should have the same amount of health information increased from 48% to 55%. A slight increase was also observed among the percentage of smokers who think there should be less information (7% at Wave 2 to 10% at Wave 3).

At Wave 3, about one-third of smokers still think there should be more information, even after the implementation of pictorial warnings. ITC cross-country comparison data shows that support for more health information among smokers remains high in comparison to other ITC high-income countries (see Figures 22 and 23).

The findings suggest that there is an opportunity to provide additional information, particularly given that the text warnings on the front of the pack have not changed since 2003. In addition to the quitline number and website address that provides further information to assist smokers in quitting, that is already present on the warning labels, France could consider the example of Canada where along with providing a quitline number and website address on pictorial warnings, packages of cigarettes and little cigars must also contain one of sixteen “health information” messages on an inserted leaflet.

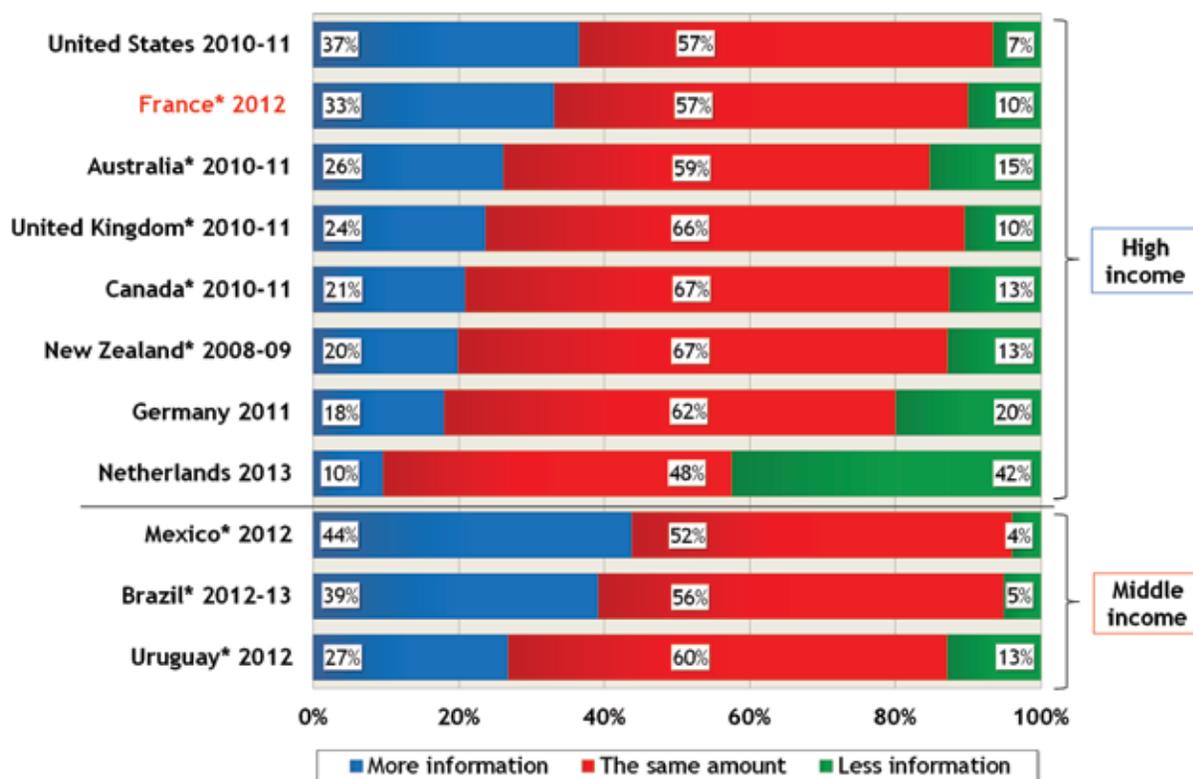
Figure 22. Percentage of male cigarette smokers who think there should be more, less, or the same amount of health information on cigarette packages, by country



* Countries with pictorial warnings at time of survey.

† Among respondents who answered "yes" to the question "As far as you know, do cigarette/any smoked tobacco packages in Zambia/India have warning labels?"

Figure 23. Percentage of female cigarette smokers who think there should be more, less, or the same amount of health information on cigarette packages, by country



Support for plain packaging

At Wave 3, smokers were also asked whether they agreed or disagreed with the statement “Tobacco companies should be required to sell cigarettes in plain packages – that is, in packs without the usual brand colours and symbols, but keeping the warning labels.” About one-third (36%) of smokers “agreed” or “strongly agreed” with this statement, 14% of smokers “neither agreed nor disagreed”, and about half (50%) “disagreed” or “strongly disagreed” that tobacco companies should be required to sell cigarettes in plain packaging.

About one-third (36%) of smokers “agreed” or “strongly agreed” that tobacco companies should be required to sell cigarettes in plain packages.

SMOKE-FREE PUBLIC PLACES

A national ban on smoking in public places was implemented in two phases in France between the ITC France Wave 1 and 2 Surveys. The ban is considered “nearly” comprehensive as designated smoking rooms are permitted, however there are strict technical requirements for their construction (see the Tobacco Landscape section of this report), and as a result, they remain uncommon in France. Phase 1 of the ban was implemented in February 2007 in workplaces, shopping centres, airports, train stations, hospitals, and schools. Phase 2 was implemented in January 2008 and extended the ban to include hospitality venues such as cafés, bars, restaurants, hotels, casinos, and nightclubs.

Results from the Wave 2 Survey, conducted less than a year after the Phase 2 smoking ban, showed evidence that the bans were successful in reducing smoking in workplaces, cafés, bars, and restaurants and that support for smoking bans in these venues had increased among smokers, quitters, and non-smokers. The Wave 3 Survey provides an opportunity to assess whether the success of these smoke-free policies has been maintained almost 5 years (for the Phase 2 ban) and 6 years (for the Phase 1 ban) after their implementation. A more detailed analysis of the effectiveness of the Wave 1 to 3 smoke-free laws in workplaces, restaurants, and bars can be found in Fong *et al.* (2013)⁶⁸.

Opinion on the smoking ban

Prior to the implementation of the France’s smoke-free legislation, several organizations actively argued in favour of the legislation, including the National Committee Against Tobacco Smoking (CNCT), the Non-smokers’ Rights Association (DNF), and the French Institute for Health Promotion and Health Education (Inpes). However, the media also reported strong opposition to the legislation from bar owners and tobacconists, who feared economic losses as a result of the legislation, even though the opposition was weaker than in the Netherlands or Germany⁶⁹.

The ITC France Survey asked respondents whether a ban on smoking in restaurants, bars, and other public places was a good or bad thing. The findings showed that public support for the legislation increased after the implementation of the bans and remains strong several years later. At Wave 1, 59% of smokers and 84% of non-smokers said that a smoking ban in these venues would be “good” or “very good.” After the implementation, the percentage of respondents who reported that the smoking ban was “good” or “very good” increased to 88% of smokers and quitters and 96% of non-smokers. This positive opinion of the smoking ban was maintained at Wave 3 (89% of smokers and quitters; 97% of non-smokers).

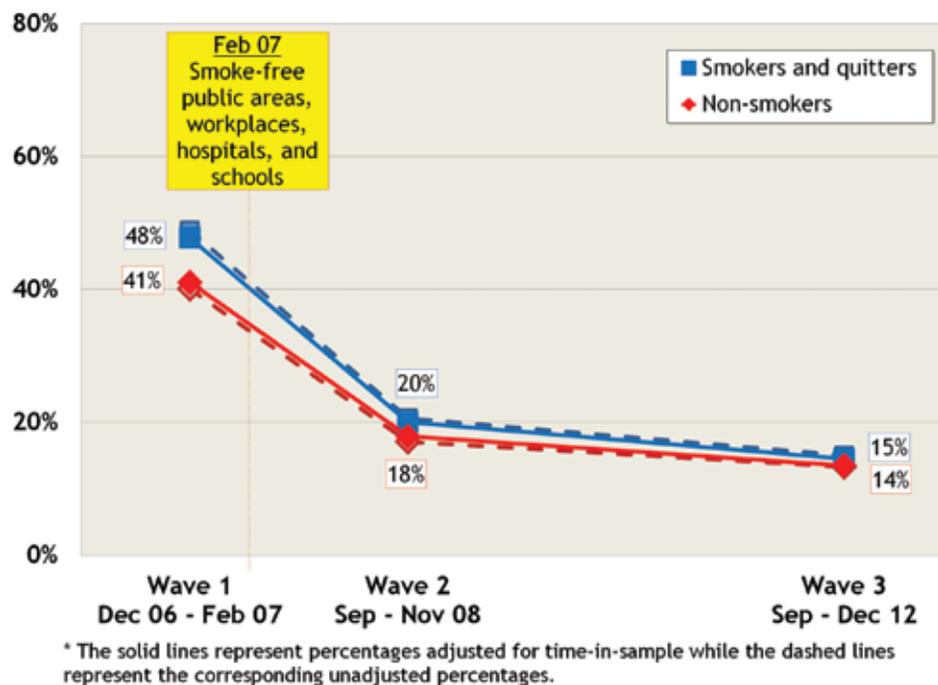
Smoking in indoor workplaces

Noticing smoking in workplaces

While smoking indoors in workplaces has continued to decrease over the past 6 years, the decrease has slowed over the past 4 years. Among respondents who were employed outside the home, 48% of smokers and 41% of non-smokers noticed people smoking indoors at their workplace in the last month at Wave 1, prior to the smoking ban. This percentage decreased at Wave 2 to 20% of smokers and quitters and 18% of non-smokers. At Wave 3, 15% of smokers and quitters and 14% of non-smokers reported observing smoking indoors at their workplace (see Figure 24). These percentages were lower for respondents who reported that smoking was not allowed indoors at all at their workplace (7% of smokers and quitters; 6% of non-smokers).

While smoking indoors in workplaces has continued to decrease over the past 6 years, the decrease has slowed over the past 4 years. At Wave 3, 15% of smokers and quitters and 14% of non-smokers reported observing smoking indoors at their workplace.

Figure 24. Percentage of smokers, quitters, and non-smokers who noticed smoking indoors in the workplace in the last month among those who are employed outside the home, by wave*



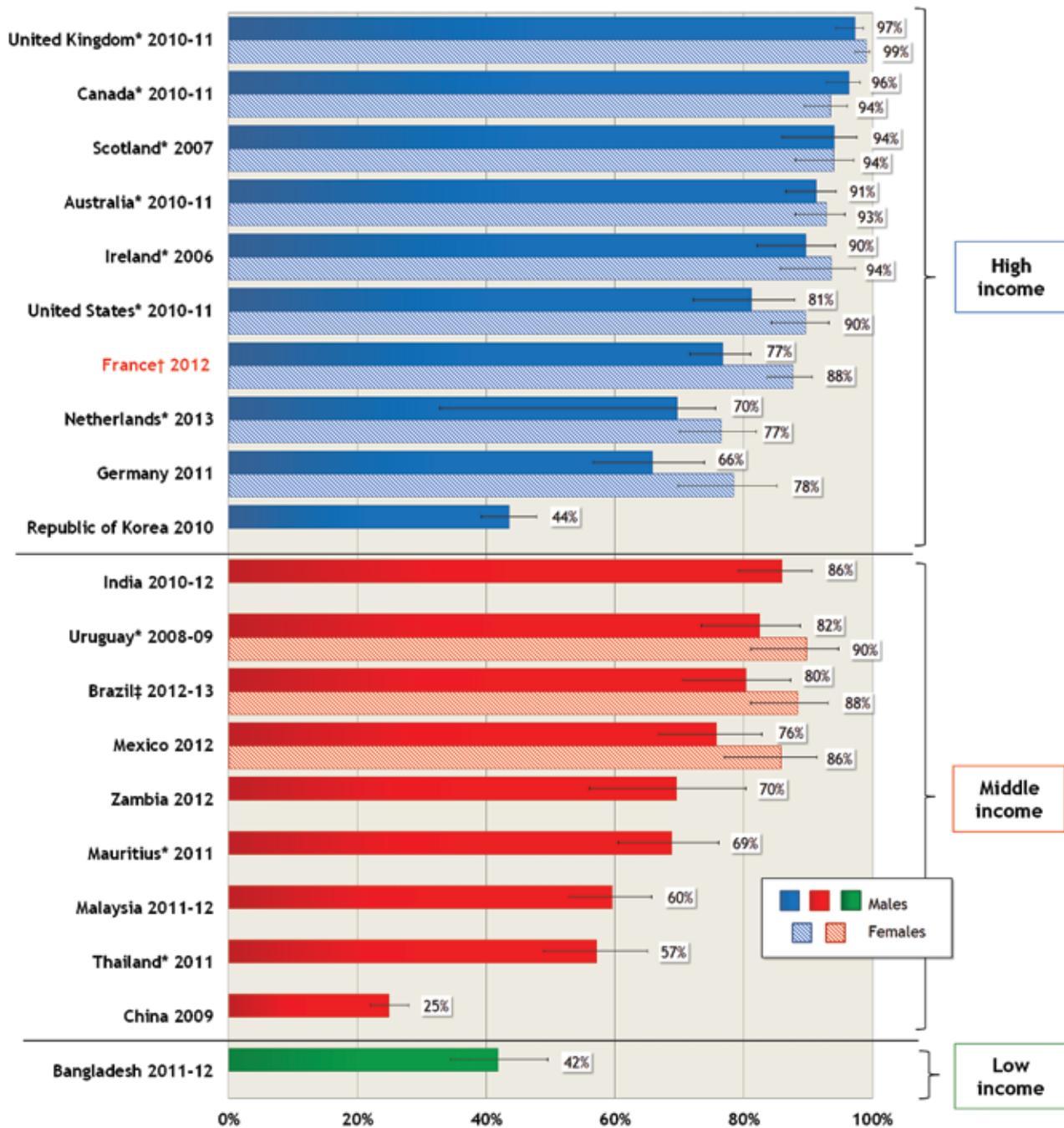
Prevalence of smoking bans in workplaces

Although the majority of workplaces in France have complete bans on smoking indoors as a result of France's smoke-free laws, there continues to be workplaces where complete bans have not been implemented. At Wave 1, 53% of smokers and 58% of non-smokers who were employed outside the home had a complete ban on smoking at their workplace. At Wave 2, approximately 18 months after the workplace smoking ban was implemented, these percentages increased to 83% among smokers and quitters and 85% among non-smokers. The percentage of respondents reporting have a complete smoking ban at their workplace was maintained 5 years after the smoking ban was implemented (82% of smokers and quitters; 89% of non-smokers).

ITC cross-country comparison data suggest that further progress on workplace smoke-free laws is possible in France. With the exception of the Netherlands (71%), Germany (69%), and the Republic of Korea (44%, males only), the percentage of smokers in France reporting that smoking is not allowed at all in their workplace is relatively low (83%) in comparison to other ITC high-income countries, especially among men (see Figure 25).

Although the majority of workplaces in France have complete bans on smoking indoors as a result of France's smoke-free laws, there continues to be workplaces where complete bans have not been implemented. The percentage of smokers in France reporting that smoking is not allowed at all in their workplace is relatively low (83%) in comparison to other ITC high-income countries.

Figure 25. Percentage of smokers who reported that smoking is not allowed at work among those who are employed outside the home, by country



* Countries with a complete smoking ban in workplaces in effect at time of survey.

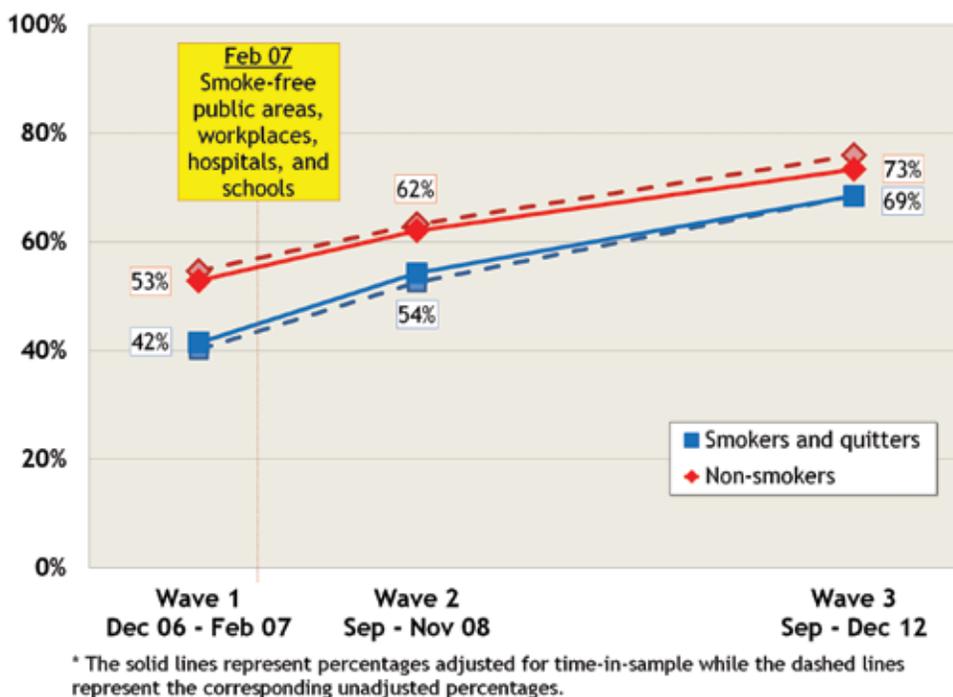
† The smoking ban in France is "nearly" comprehensive as designated smoking rooms are permitted, however there are strict technical requirements for their construction.

‡ Brazil implemented a complete smoking ban in workplaces prior to the time of survey, however, regulations for implementation have not been defined at time of survey.

Support for smoking bans in indoor workplaces

Although the implementation of complete smoking bans in workplaces has slowed over the past 4 years, public support for the bans has continued to increase. At all three waves, respondents were asked whether they think smoking should be allowed in indoor areas of the workplace. Prior to the workplace smoking ban, 42% of smokers and 53% of non-smokers said that smoking should “not be allowed at all” in indoor workplaces. Support increased at Wave 2 (54% of smokers and quitters; 62% of non-smokers) and continued to increase at Wave 3 (69% of smokers and quitters; 73% of non-smokers), more than 5 years after the workplace smoking ban was implemented (see Figure 26).

Figure 26. Percentage of smokers, quitters, and non-smokers who agree that smoking should “not be allowed at all” in indoor workplaces, by wave*

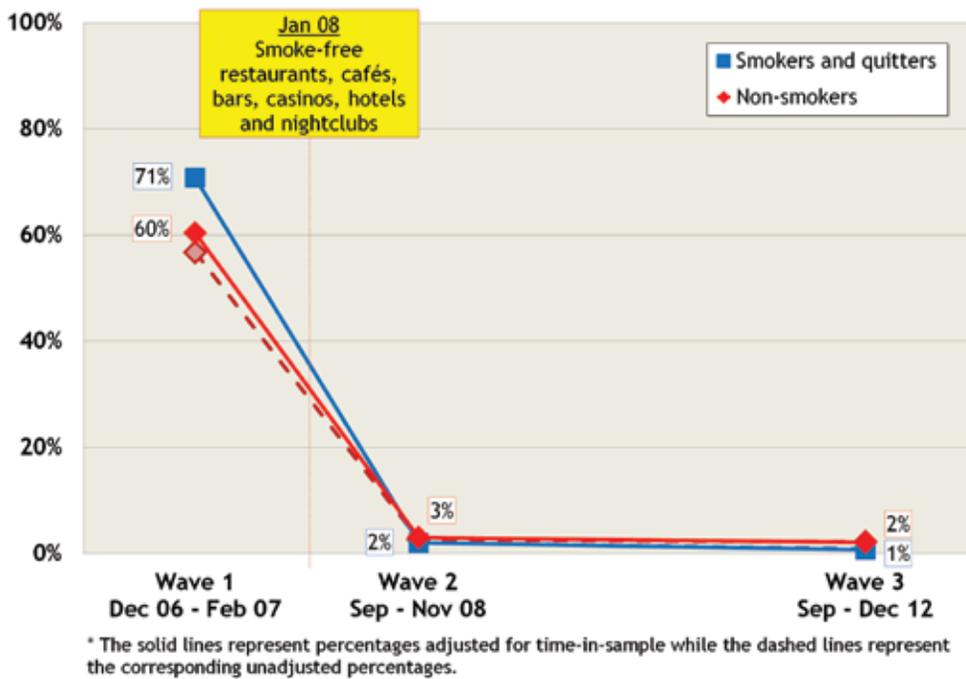


Smoking in restaurants

Noticing smoking in restaurants

Compliance with the ban on indoor smoking in restaurants remains strong, more than 4 years after the ban. The ITC France Survey asked respondents who had visited a restaurant in the last 6 months whether they had noticed anyone smoking indoors during their last visit. Prior to the smoking ban in hospitality venues, 71% of smokers and 60% of non-smokers noticed people smoking indoors at their last visit. At Wave 2, approximately 10 months after the ban was implemented, this percentage decreased dramatically to 2% among smokers and quitters and 3% among non-smokers. At Wave 3, more than 4 years after the smoking ban was implemented, observed smoking in restaurants was nearly nonexistent (1% among smokers and quitters; 2% among non-smokers) (see Figure 27).

Figure 27. Percentage of smokers, quitters, and non-smokers who noticed smoking in restaurants at their last visit among those who have visited a restaurant in the last 6 months, by wave*

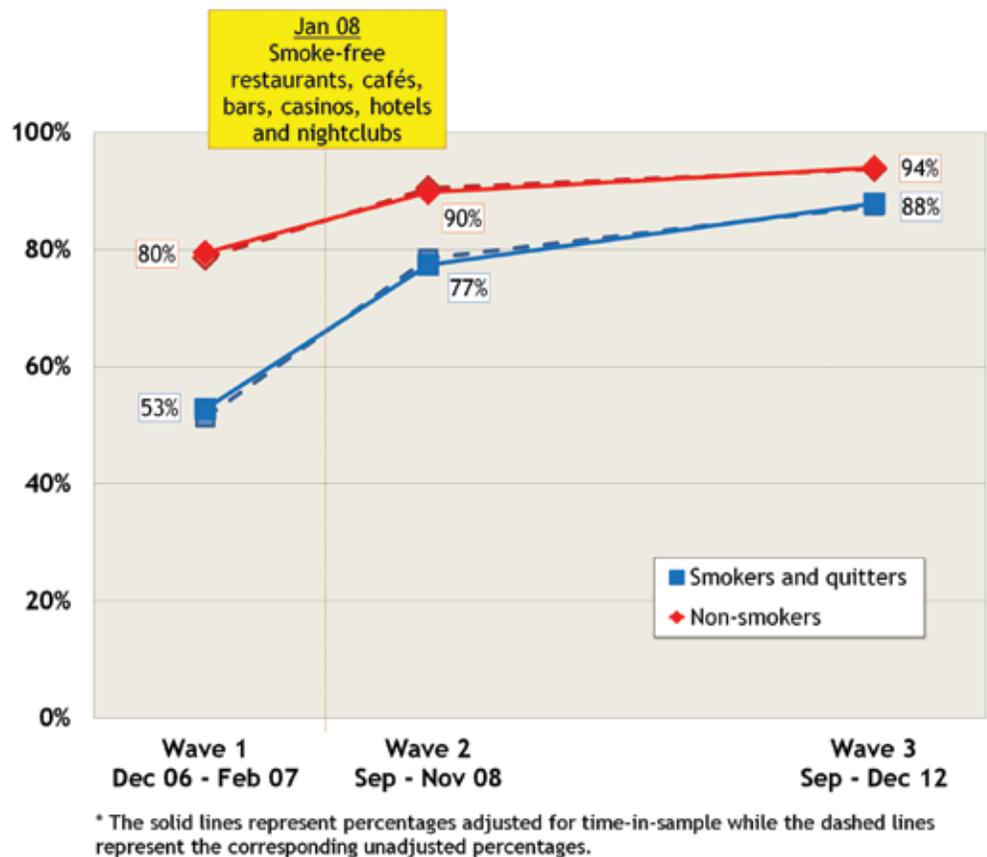


Observed smoking in restaurants continued to be almost nonexistent almost 4 years after the smoking ban.

Support for smoking bans in restaurants

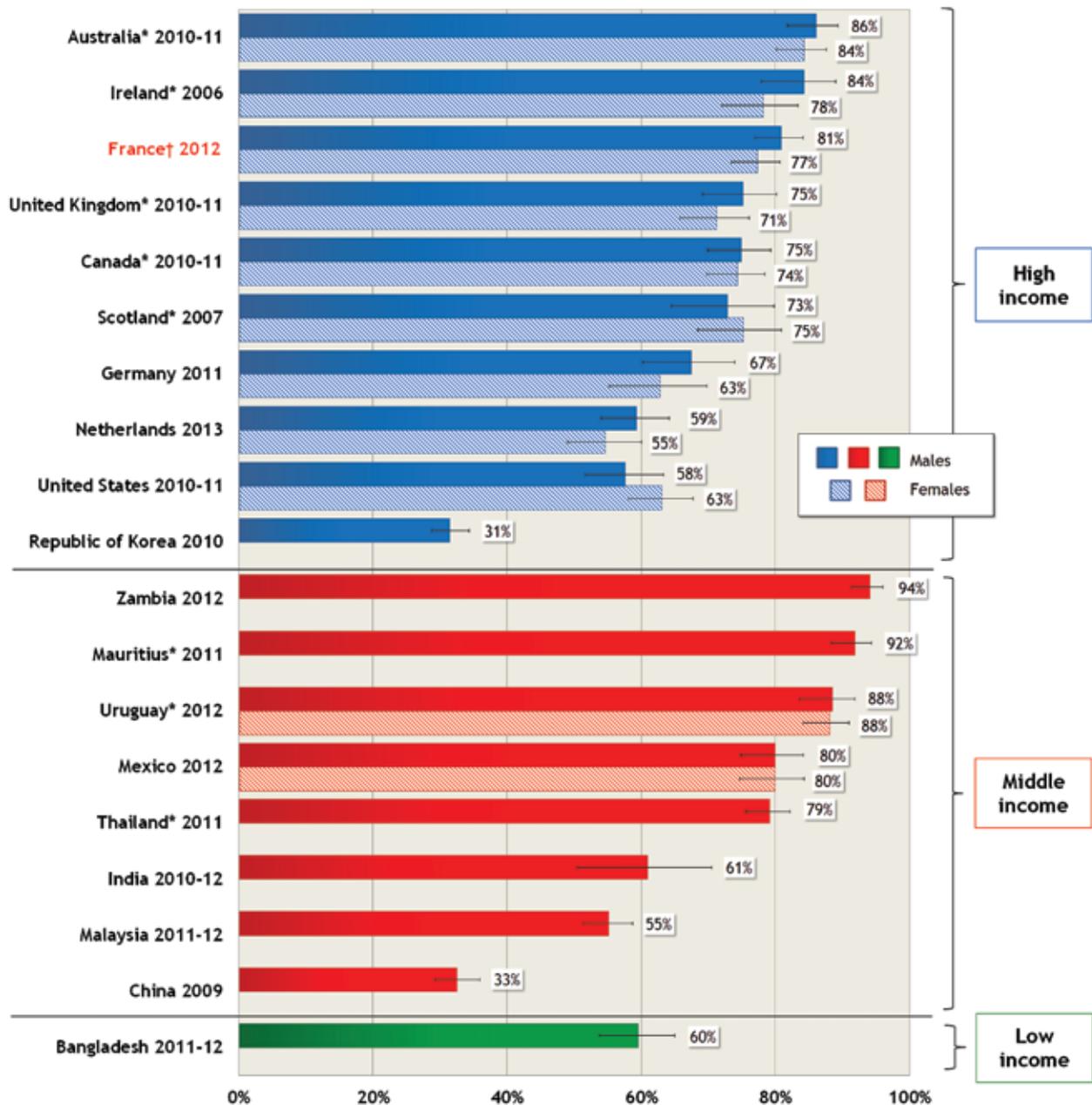
Public support for complete smoking bans in restaurants increased across all three waves. Prior to the smoking ban in hospitality venues, about half (53%) of smokers “supported” or “strongly supported” smoke-free laws in restaurants. Support among this group increased to 77% at Wave 2 and continued to increase more than 4 years after the ban was implemented (88% at Wave 3). Support for smoke-free laws in restaurants among non-smokers followed the same trend with 80% of non-smokers supporting a smoking ban at Wave 1, increasing to 90% at Wave 2 and 94% at Wave 3 (see Figure 28).

Figure 28. Percentage of smokers, quitters, and non-smokers who “support” or “strongly support” smoke-free laws in restaurants, by wave*



Respondents were also asked whether they thought that smoking should be allowed indoors, only in some indoor areas, or not allowed indoors at all in restaurants. The percentage of smokers in France (80%) who thought that smoking should “not be allowed indoors” is among the highest of 10 ITC high-income countries and is higher than in the United Kingdom (74%), Germany (66%), and the Netherlands (58%) (see Figure 29).

Figure 29. Percentage of smokers who think that smoking should “not be allowed at all” in restaurants, by country



* Countries with a complete smoking ban in restaurants in effect at time of survey.

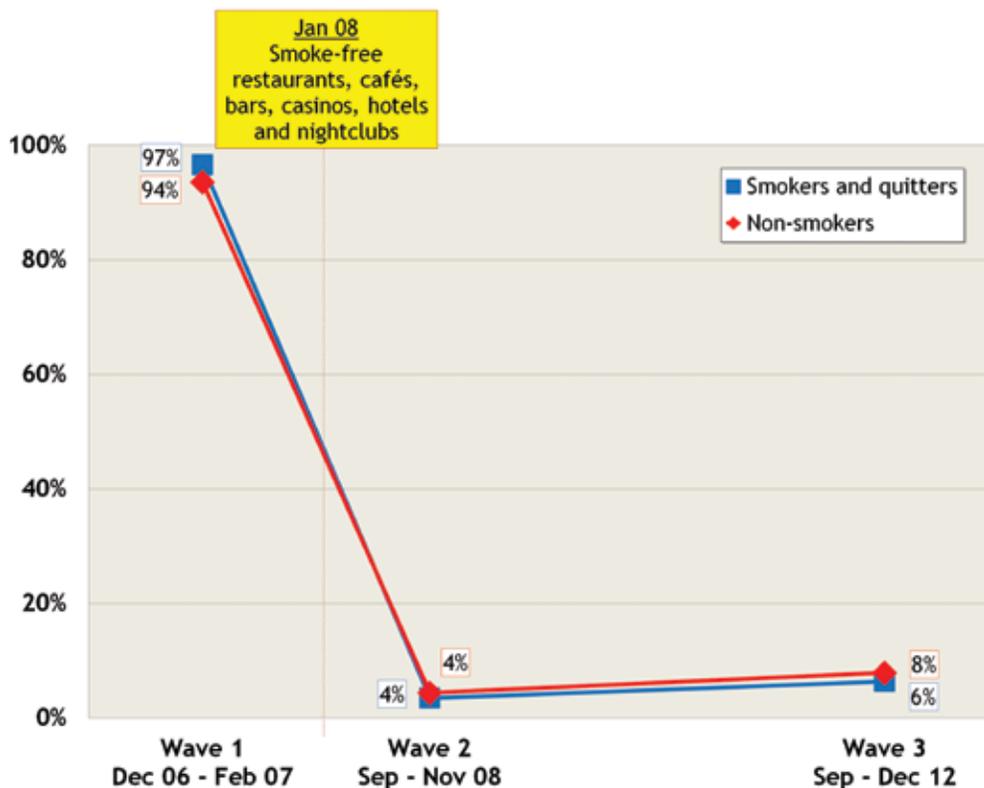
† The smoking ban in France is “nearly” comprehensive as designated smoking rooms are permitted, however there are strict technical requirements for their construction.

Smoking in bars

Noticing smoking in bars

Smoking in bars decreased dramatically less than a year after the ban. Even though designated smoking rooms are permitted, there is evidence to suggest that compliance with the ban may have weakened over the past 4 years. Among respondents who had visited a bar in the last 6 months, observed smoking indoors in these venues decreased from Wave 1 to Wave 2. At Wave 1, 97% of smokers and 94% of non-smokers noticed people smoking indoors in bars. At Wave 2, approximately 10 months after smoking was banned in hospitality venues, observed smoking decreased to 4% among smokers and quitters, as well as non-smokers. About 5 years after the smoke-free law (Wave 3), noticing smoking inside bars has increased among both smokers and quitters (6%) and non-smokers (8%) (see Figure 30). This trend suggests that some bars are no longer totally enforcing the smoking ban, which is also supported by the decrease in the perceived enforcement of the smoke-free laws in bars between Waves 2 and 3 (see page 62). This is not surprising as monitoring compliance with smoke-free laws is currently minimal⁴⁸.

Figure 30. Percentage of smokers, quitters, and non-smokers who noticed smoking in bars at their last visit among those who have visited a bar in the last 6 months, by wave*

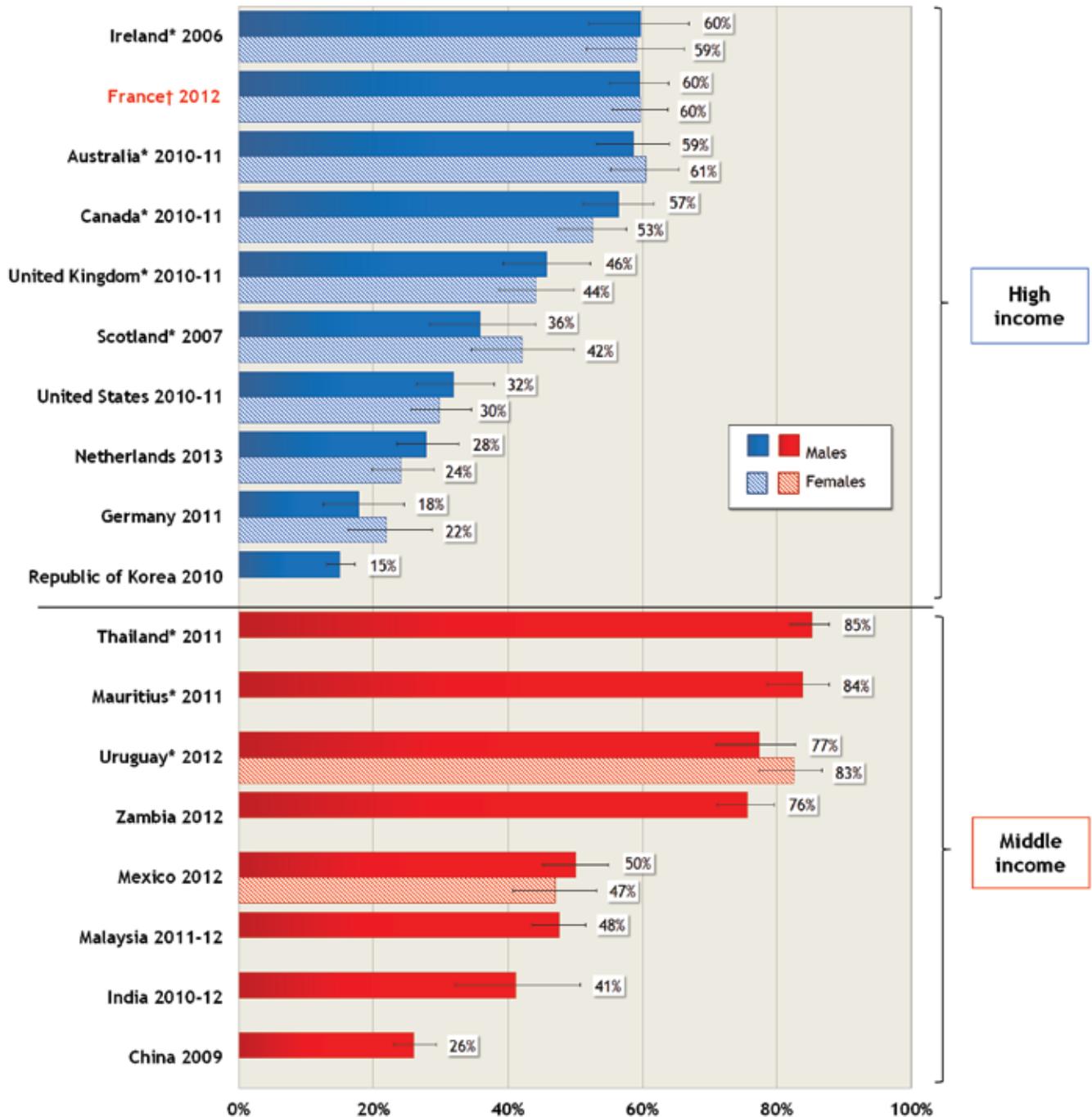


Support for smoking bans in bars

Similar to the trends observed for support of smoking bans in restaurants, support for smoke-free laws in bars has also increased from Waves 1 to 3. At Wave 1, 29% of smokers and 62% of non-smokers “supported” or “strongly supported” complete smoking bans in bars. This percentage increased to 61% of smokers and quitters and 82% of non-smokers at Wave 2. At Wave 3, support continued to increase with 77% of smokers and quitters and 88% of non-smokers “supporting” or “strongly supporting” smoke-free laws in bars.

The ITC France Survey also asked respondents whether they thought that smoking should be allowed indoors, only in some indoor areas, or not allowed indoors at all in bars. ITC cross-country comparison data shows that the percentage of French smokers who think that smoking should “not be allowed at all” (60%) is the same as Australia and Ireland and is among the highest of ITC high-income countries (e.g., 45% in the UK, 26% in the Netherlands, 20% in Germany) (see Figure 31).

Figure 31. Percentage of smokers who think that smoking should “not be allowed at all” in bars, by country



* Countries with a complete smoking ban in bars in effect at time of survey.

† The smoking ban in France is “nearly” comprehensive as designated smoking rooms are permitted, however there are strict technical requirements for their construction.

Perceived enforcement of smoke-free laws

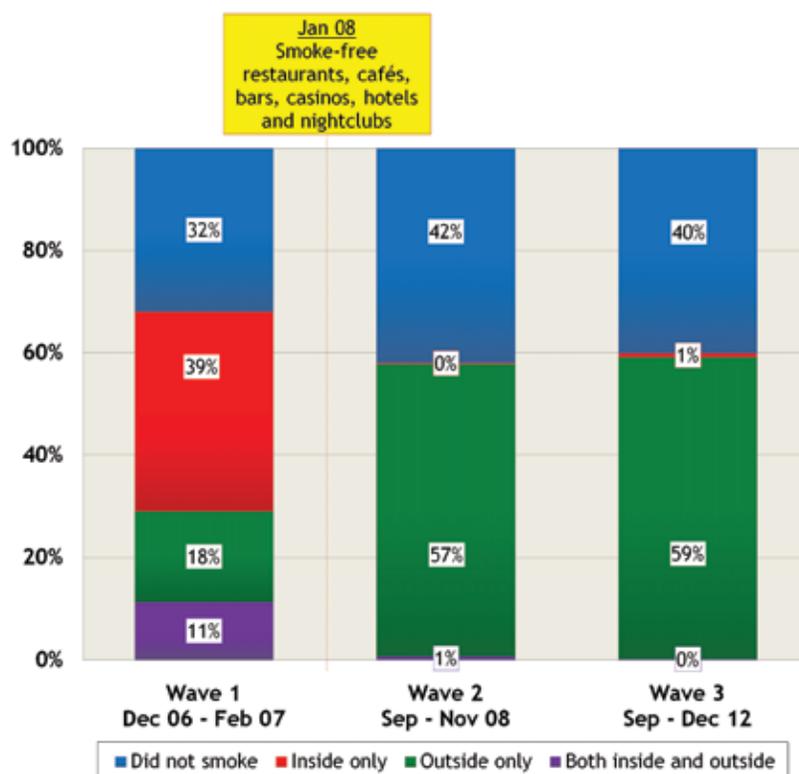
At Waves 2 and 3, the ITC France Survey asked respondents to what extent they thought that their local restaurants were enforcing the smoking ban. Among those respondents who had visited a restaurant within the last 6 months, the percentage who thought that restaurants were “totally” enforcing the smoking ban remained relatively unchanged between Waves 2 and 3 (98% at Wave 2 and 97% at Wave 3 among smokers and quitters; 94% at Wave 2 and 91% at Wave 3 among non-smokers).

Respondents were also asked about the enforcement of the smoking ban in bars. Among those respondents who had visited a bar in the last 6 months, 96% of smokers and quitters at Wave 2 thought that their local bars were “totally” enforcing the smoking ban. This percentage decreased to 87% at Wave 3. A similar trend was observed among non-smokers, with 88% reporting that bars were “totally” enforcing the smoking ban at Wave 2, and decreasing to 74% at Wave 3. This decrease suggests that the enforcement of the smoking ban in bars needs to be strengthened.

Smoking outdoors in hospitality venues

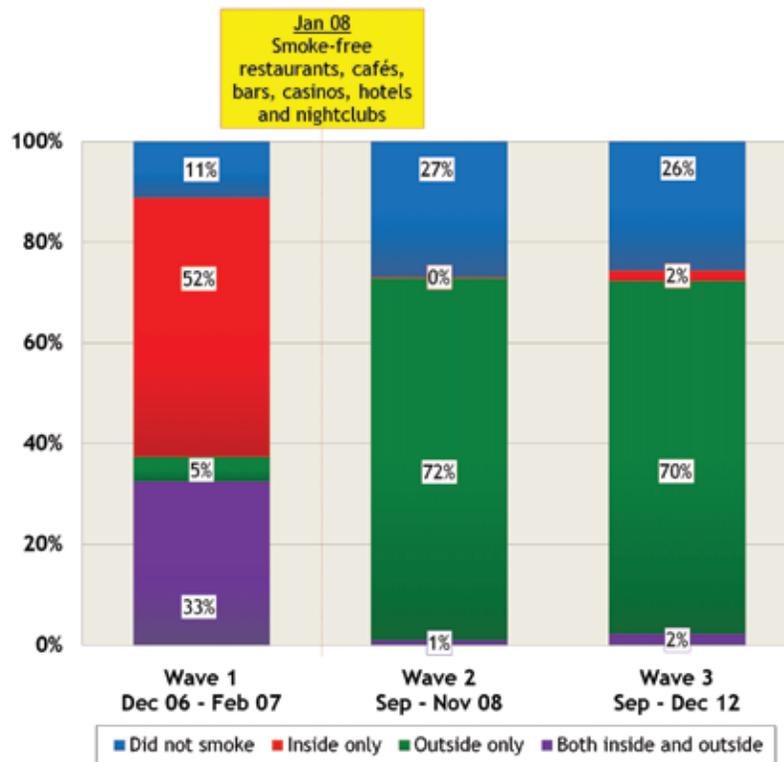
Smokers who had visited a restaurant or bar in the last 6 months were asked if they smoked at their last visit, and if they did smoke, they were asked to report whether they smoked inside only, outside only, or both inside and outside. The percentage who reported not smoking at all at their last visit to a restaurant was 32% at Wave 1 (see Figure 32). This percentage was not significantly different at Wave 2 (42%) and Wave 3 (40%). The percentage of smokers who smoked inside at their last visit to a restaurant significantly decreased from 51% at Wave 1 to below 1% at Waves 2 and 3, approximately 10 months and 5 years after the smoking ban was implemented, respectively. Correspondingly, the percentage of smokers who indicated that they smoked only outside at their last visit to a restaurant increased from 18% at Wave 1 to 57% at Wave 2 and 59% at Wave 3.

Figure 32. Percentage of smokers who did not smoke, smoked only inside, only outside, or both inside and outside at their last visit to a restaurant among those who have visited a restaurant in the last 6 months, by wave



Among those smokers who reported that they had visited a bar within the last 6 months, the percentage who reported that they did not smoke at their last visit increased between Wave 1 (11%) and Wave 2 (27%) (see Figure 33). Similar to restaurants, the percentage of smokers who smoked inside at their last visit decreased dramatically between Waves 1 (85%) and 2 (1%). However, this percentage has significantly increased to 4% at Wave 3, which is not surprising given the decrease in perceived enforcement of the smoking ban in bars. The percentage of smokers who smoked only outdoors at their last visit increased between Wave 1 (5%) and Wave 2 (72%). This percentage was maintained approximately 4 years later at Wave 3 (70%).

Figure 33. Percentage of smokers who did not smoke, smoked only inside, only outside, or both inside and outside at their last visit to a bar among those who have visited a bar in the last 6 months, by wave



The ITC France Wave 3 Survey also asked smokers about smoking in an outdoor area of the venue, such as a terrace, during their last visit to a restaurant or bar. Among smokers who had visited a restaurant within the last 6 months, 22% reported that they had smoked in an outdoor area of the venue during their last visit. In comparison, a greater percentage of smokers reported smoking in an outdoor area of a bar during their last visit (36%).

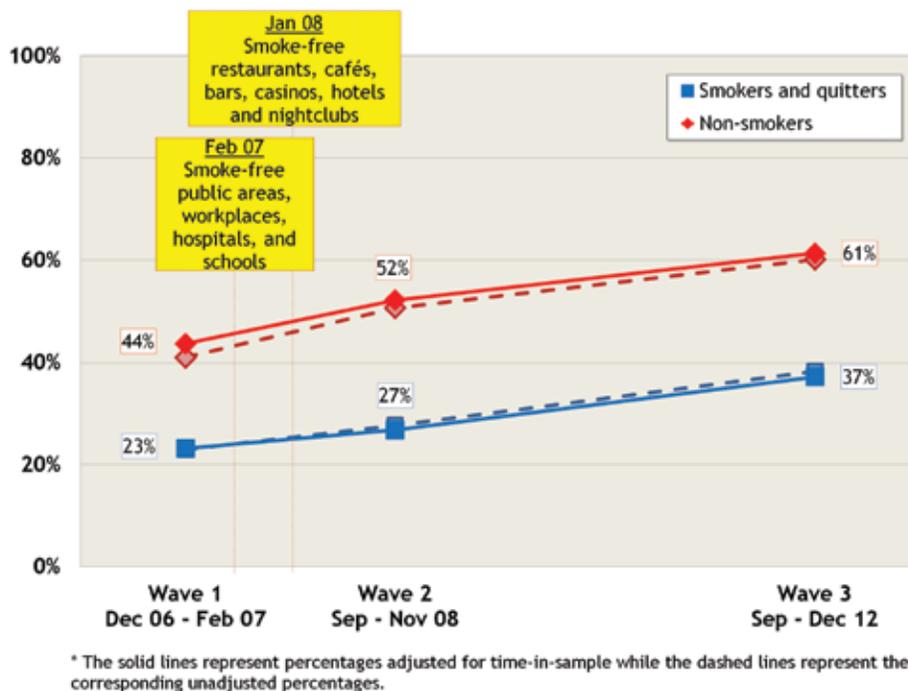
Support for smoking bans in outdoor eating areas

At Waves 2 and 3, support for smoking bans at outdoor eating areas was assessed. Support (percentage who responded that smoking should “never be allowed”) was low and remained relatively unchanged among smokers and quitters (37% at Wave 2; 35% at Wave 3) and non-smokers (32% at Wave 2 and 35% at Wave 3).

Smoking in the home

The percentage of smokers and non-smokers who reported that smoking was “never” allowed anywhere inside their home has continued to increase since the smoke-free laws were implemented, dispelling the concern that smoking in private places would increase as a result of the smoking ban in public places. Prior to the smoking bans in workplaces and hospitality venues, 23% of smokers and 44% of non-smokers did not allow smoking in their home. At Wave 2, 27% of smokers and quitters and 52% of non-smokers reported not allowing smoking in their home. These percentages increased to 37% among smokers and quitters and 61% among non-smokers at Wave 3 (see Figure 34).

Figure 34. Percentage of smokers, quitters, and non-smokers who reported that smoking is “never” allowed anywhere inside their home, by wave*



The percentage of respondents who reported that they planned to make their home smoke-free, among those that did allow smoking in their home at least occasionally, was not significantly different in Wave 2 (24% of smokers and quitters; 31% of non-smokers) and in Wave 3 (25% of smokers and quitters; 23% of non-smokers).

At Waves 2 and 3, smokers who allowed smoking in their home were also asked if they smoked fewer, the same amount, or more cigarettes inside the home compared to a year ago. The percentage of these smokers who reported smoking fewer cigarettes inside their home has increased from 22% at Wave 2 to 31% at Wave 3, while the percentage of smokers who smoked about the same amount compared to a year ago has decreased from 71% at Wave 2 to 54% at Wave 3 (see Figure 35). Of concern is the increase in the percentage of smokers reporting that they smoked more cigarettes inside their home compared to a year ago (7% at Wave 2 to 15% at Wave 3).

Support for smoking bans in other public places

Hospitals

At all three waves, the vast majority of respondents supported a complete smoking ban indoors in hospitals. Prior to the implementation of smoke-free laws in health care facilities, 87% of smokers and 92% of non-smokers said smoking should “never be allowed” indoors in hospitals. At Wave 2, this percentage increased slightly to 91% of smokers and quitters and 95% of non-smokers and then was maintained at Wave 3 (92% of smokers and quitters; 95% of non-smokers).

Train stations

Between Waves 1 to 3, there has been an increase in the percentage of smokers and quitters who reported that smoking should “never be allowed” at train stations (42% at Wave 1; 48% at Wave 2; 60% at Wave 3). Among non-smokers, support remained relatively the same at Waves 1 and 2 (49%), and increased at Wave 3 to 60%.

Football stands

Support for smoking bans at football stands has remained relatively the same overall between Waves 1 and 3, with about one out of two respondents indicating that they would support a smoking ban at this venue.

Among smokers, the percentage who reported that smoking should “never be allowed” decreased slightly between Wave 1 (56%) and Wave 2 (51%). At Wave 3, this percentage increased slightly to 53%. Among non-smokers, 53% at Wave 1 and 55% at Waves 2 and 3 supported a complete smoking ban at football stands.

Concert venues

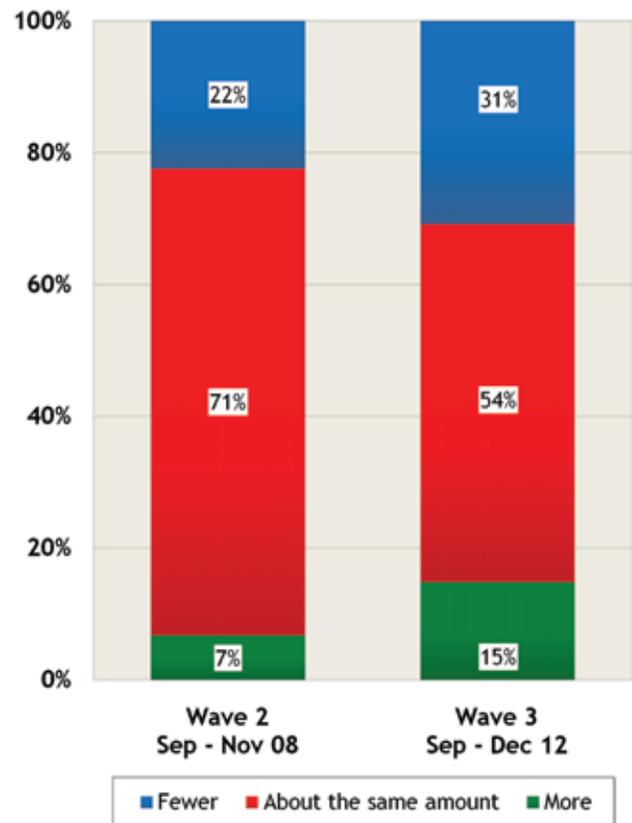
The ITC France Survey asked respondents at all three waves whether smoking should be allowed at both covered and open concert venues. Support for complete smoking bans at covered concert venues was high and increased slightly between Waves 1 to 3 among smokers (84% at Wave 1; 85% at Wave 2; 89% at Wave 3). Among non-smokers, 92% at Wave 1, 91% at Wave 2, and 94% at Wave 3 reported that smoking should “never be allowed” at covered concert venues.

Support for smoking bans at open concert venues was much lower with about one out of four respondents reporting that smoking should “never be allowed” at open concert venues. Among both smokers and quitters and non-smokers, support was stable between Waves 2 and 3 (20% at Wave 2 and 22% at Wave 3 for smokers and quitters; 28% at Wave 2 and 29% at Wave 3 for non-smokers).

Support for smoking ban in cars with children

The vast majority of respondents support smoking bans in cars with children. At Wave 2, 89% of smokers and quitters and 90% of non-smokers “supported” or “strongly supported” bans on smoking in cars with children. This high level of support was sustained at Wave 3 (89% of smokers and quitters and 92% of non-smokers).

Figure 35. Percentage of smokers who smoke fewer, the same amount, or more cigarettes inside the home compared to a year ago, by wave



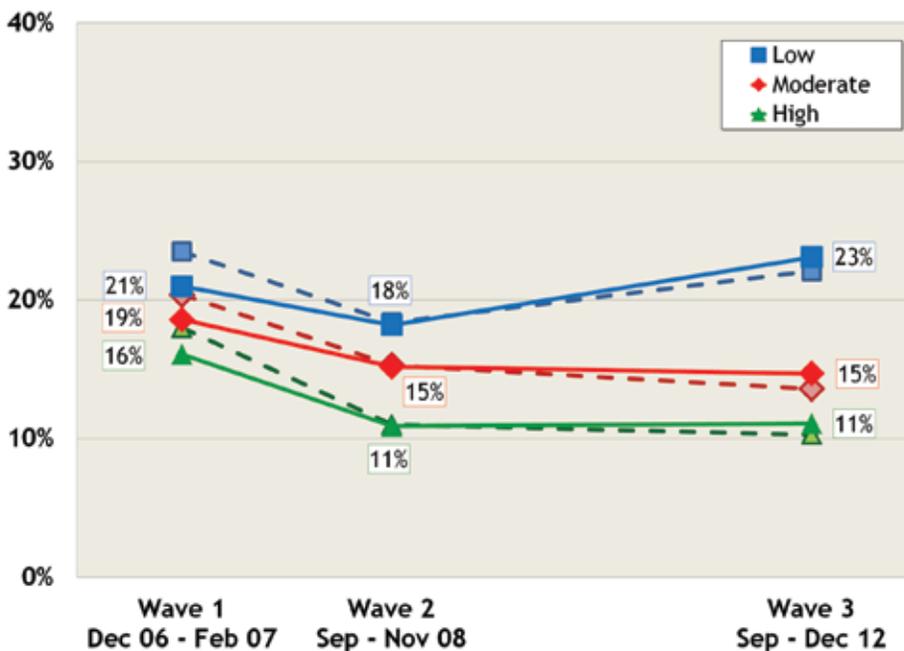
TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP

Article 13 of the FTC requires Parties to implement effective measures against tobacco advertising, promotion, and sponsorship. In 1991, the Evin law banned direct and indirect tobacco advertising, as well as the distribution of free tobacco and tobacco products in France. This ban excludes publications intended for tobacco industry professionals, mini-posters in tobacco shops and other limited point of sale advertising, and live televised broadcasts of sporting events from countries where tobacco advertising is permitted. Sponsorship activities intended to directly or indirectly promote or advertise tobacco products are also banned. France's Cancer Plan 2009-2013 called for a ban on advertising at point of sale and during television broadcasts. However, there are currently no legislative measures that have been implemented to ban advertising in these areas, though concerning point of sale, a study carried out by the French National Committee Against Tobacco Smoking (CNCT) in 2010 showed that more than 80% of tobacco smokers did not meet the conditions of advertising³⁷. The ITC France Waves 1 to 3 Surveys measured levels of awareness of tobacco advertising and promotion activities among smokers and non-smokers.

Noticing tobacco advertising and sponsorship

Respondents at all three waves were asked how often they noticed things that encourage tobacco use in the last 6 months^{xiv}. The percentage of smokers and quitters who “often” or “very often” noticed things that encourage tobacco use in the last 6 months remained relatively unchanged between Waves 1 to 3 (18% at Wave 1; 15% at Wave 2; 16% at Wave 3). The percentage of non-smokers who reported that they “often” or “very often” noticed things that encourage tobacco use was similar to smokers and also remained relatively the same across all three waves (22% at Wave 1; 15% at Wave 2; 21% at Wave 3; non-significant differences).

Figure 36. Percentage of smokers and quitters who “often” or “very often” noticed things that encourage tobacco use in the last 6 months, by income level, by wave*†



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

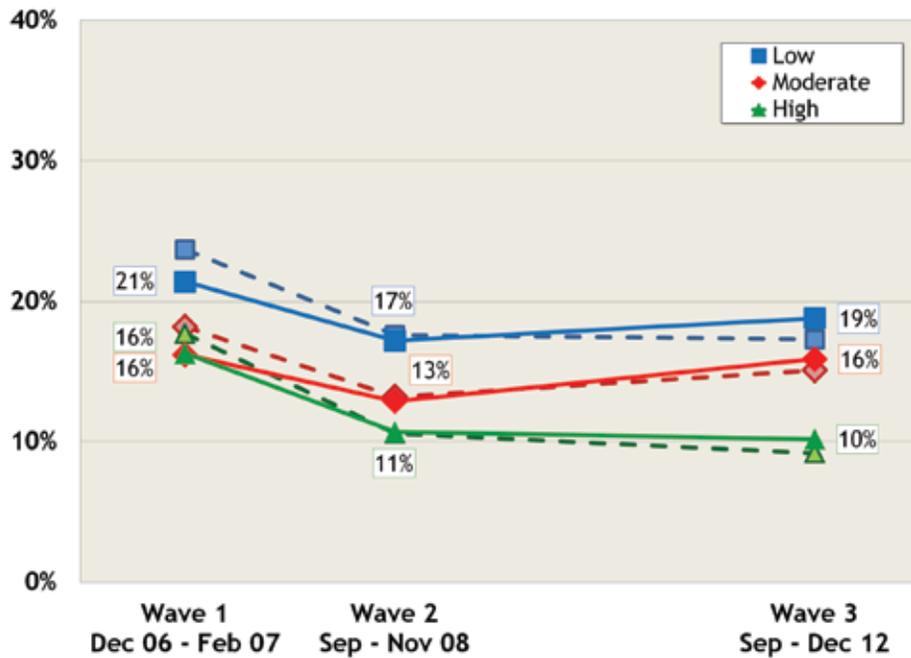
† At Wave 1, the question asked about “things that promote smoking,” whereas at Waves 2 and 3, the question was reworded to “things that encourage tobacco use.”

Noticing things that encourage tobacco use tended to be higher among smokers and quitters with a lower household income compared to those with moderate or high household incomes (see Figure 36). At Wave 1, there were no significant differences in noticing tobacco promotion between income levels among smokers. However, the percentage of low-income smokers and quitters who reported noticing such things was significantly higher compared to high-income smokers and quitters at Waves 2 and 3.

xiv. At Wave 1, the question asked about “things that promote smoking,” whereas at Waves 2 and 3, the question was reworded to “things that encourage tobacco use.”

Among smokers and quitters of various levels of education, noticing things that encourage tobacco use also remained relatively the same between Waves 1 to 3 (see Figure 37). Similar to the trend observed among the income levels, smokers and quitters with low levels of education tended to notice tobacco advertising and promotion more often than those with high education levels, with this difference being significant only at Wave 3.

Figure 37. Percentage of smokers and quitters who “often” or “very often” noticed things that encourage tobacco use in the last 6 months, by education level, by wave*†



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

† At Wave 1, the question asked about “things that promote smoking,” whereas at Waves 2 and 3, the question was reworded to “things that encourage tobacco use.”

Similarly, among all age groups (18-24, 25-39, 40-54, and 55 years or older) of smokers and quitters, there was relatively no change in noticing things that encourage tobacco use between Wave 1 and Wave 3, with the exception of a significant decrease between Waves 1 and 2 among smokers aged 55 years and older. Of concern is that smokers and quitters aged 18 to 24 years at all three waves tended to notice things that encourage tobacco use more often than smokers and quitters in the older age groups, with this difference being significant only at Wave 2. Younger smokers may be exposed to tobacco promotions through the Internet, movies, or attractive packaging designed to target youth and young adults. However, further surveillance data is needed to better identify the strategies used by the tobacco industry.

Sporting events

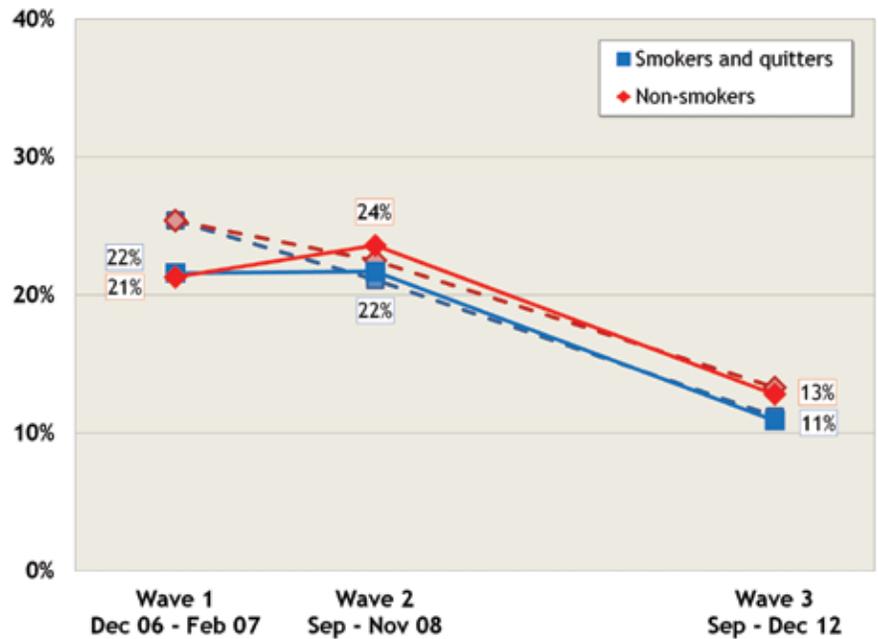
The percentage of smokers and quitters who had seen or heard about any sporting event that was sponsored by or connected with either cigarette brands or tobacco companies in the last 6 months decreased between Waves 2 and 3. At Waves 1 and 2, 22% of smokers and quitters had seen or heard about a sporting event connected to cigarette brands or tobacco companies. This percentage decreased to 11% at Wave 3. A similar trend was observed among non-smokers (21% at Wave 1; 24% at Wave 2; 13% at Wave 3) (see Figure 38). This observed decrease may be due to the decline in tobacco advertising and sponsorship at Formula One races. In 2010, Ferrari removed its white, red, and black “barcode” design from their cars following accusations of “subliminal” tobacco advertising as the design was thought to reference Ferrari’s title sponsor, Marlboro. In 2011, Ferrari also dropped Marlboro from their team’s official name.

Arts events

Respondents were also asked whether they 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 6 months. The percentage of smokers and quitters who noticed arts events connected to cigarette brands or tobacco companies remained relatively the same between Waves 1 (6%) and 2 (5%); however, there was an overall significant decrease between Wave 1 (6%) and Wave 3 (3%). Among non-smokers, noticing arts events connected to tobacco companies has remained unchanged across all three waves (6% at Wave 1; 7% at Wave 2; 6% at Wave 3) (see Figure 39).

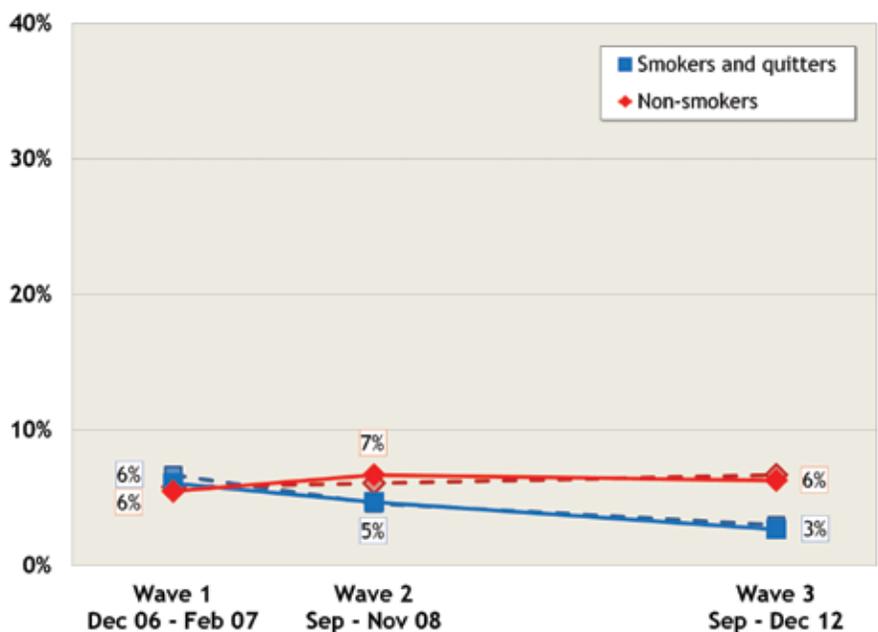
France's Cancer Plan 2009-2013 called for a ban on advertising during television broadcasts. However, there are currently no legislative measures that have been implemented to ban advertising in this area.

Figure 38. Percentage of smokers, quitters, and non-smokers who had seen or heard about any sporting event that was sponsored by or connected with a cigarette brand or tobacco company in the last 6 months, by wave*



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

Figure 39. Percentage of smokers, quitters, and non-smokers who had seen or heard about any arts event that was sponsored by or connected with a cigarette brand or tobacco company in the last 6 months, by wave*



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

TOBACCO PRICE AND TAXATION

Increasing tobacco prices is widely recognized as the most effective tobacco control measure, and Article 6 of the FCTC obligates Parties to adopt pricing and taxation measures in order to reduce tobacco consumption.

France has had several price increases during the time period covered by the ITC France Surveys. Price increases in 2003-2004 mainly affected manufactured cigarettes, while those that occurred later were primarily directed at roll-your-own (RYO) packs rather than at manufactured cigarettes (see Table 1 in the Pricing and Taxation section of the Tobacco Landscape). Despite the recent focus on raising RYO tobacco prices, RYO tobacco continues to be more affordable than manufactured cigarettes. The Wave 1 to 3 Surveys assessed smokers' perceptions of the cost of smoking, including the influence of price on tobacco purchasing decisions and on thoughts about quitting.

Source of cigarette or tobacco purchases

At all three survey waves, the vast majority of smokers reported that they had last purchased cigarettes or tobacco from a tobacconist or bar-tabac in France. At Wave 1, 81% of smokers last purchased cigarettes or tobacco from a tobacconist or bar-tabac. This percentage decreased to 76% at Wave 2, then remained relatively unchanged at Wave 3 (78%). The next most common source of purchase of cigarettes or tobacco was outside of France, but in the EU. At Wave 1, 13% of smokers reported that their last purchase of tobacco products was outside of France, but in the EU. This percentage increased to 17% at Waves 2 and 3^{xv}. The percentage of smokers who reported that they last purchased tobacco products outside of their country, but in the EU, was highest in France (18%) compared to Germany (10%), the Netherlands (9%), and the United Kingdom (4%)^{xvi}. Previous evidence has also shown that among six EU countries, France smokers living in provinces bordering countries with lower tobacco prices had the highest reported rates of frequently purchasing cigarettes or tobacco from another EU country (24%)⁷.

About 5% of smokers purchased cigarettes from outside the EU or from other sources such as a grocery store, a bar or restaurant, or a newsstand (see Figure 40)^{xvii}. Results from the ITC Wave 1 to 3 Surveys indicate that very few smokers within the last 6 months have purchased cigarettes or RYO tobacco from people selling them independently (e.g., in the street) (2% at Wave 1; 1% at Waves 2 and 3). In comparison, the percentage of smokers who reported purchasing cigarettes or tobacco from people selling them independently was also very low in Germany and the Netherlands (0.2%); however, a higher percentage was found in the United Kingdom (9%)^{xviii}.

The vast majority of smokers reported that they had last purchased cigarettes or tobacco from a tobacconist or bar-tabac in France. The next most common source of purchase of cigarettes or tobacco was outside of France, but in the EU.

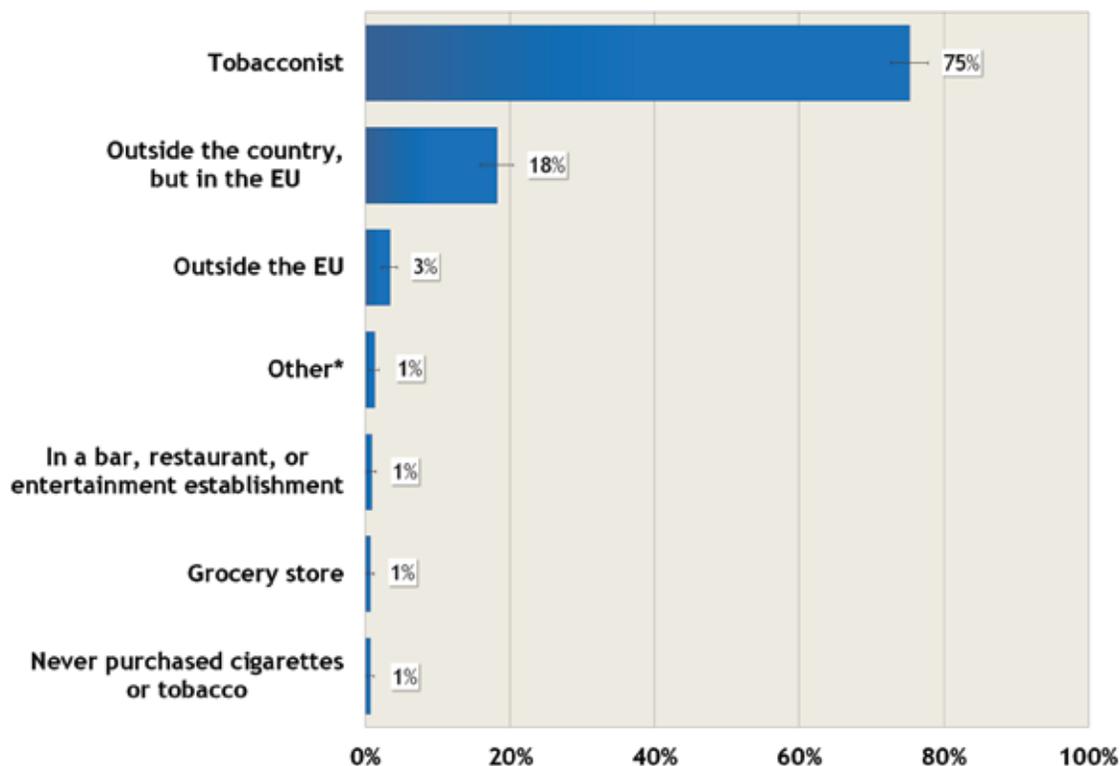
xv. This difference may be explained in part by the different fieldwork periods (December-February for Wave 1, September-December for Waves 2 and 3) and to the fact that cross-border purchases could be more frequent during summer holidays.

xvi. Netherlands data are from 2013, France data are from 2012, United Kingdom data are from 2010-2011, and Germany data are from 2007. In France, Germany, and the Netherlands, the response option specifically indicated that the last purchase was made outside of the country, but in the EU. In the United Kingdom, it was not specified whether the last purchase from outside the country was still from within the EU.

xvii. Note that there are slight differences between the Wave 2 percentages listed above and the Wave 3 percentages given in Figure 40. Unadjusted estimates better represent what is happening at a given wave; thus, the percentages provided in Figure 40 for source of last purchase of cigarettes at Wave 3 are the unadjusted estimates. Conversely, percentages adjusted for time-in-sample are presented in the text as these adjusted percentages are best for understanding the change in a given variable's outcome over the three waves. See the Analytic Approach section of this report for more detail.

xviii. Netherlands data are from 2013, France data are from 2012, United Kingdom data are from 2010-2011, and Germany data are from 2011.

Figure 40. Percentage of smokers reporting purchasing cigarettes or tobacco from specific sources at last purchase, Wave 3 (Sep – Dec 2012)



* Other sources include those sources where less than 1% of respondents reported last purchasing cigarettes, such as news shops, from someone else, from the Internet, from duty-free shops, and elsewhere.

Price and roll-your-owns

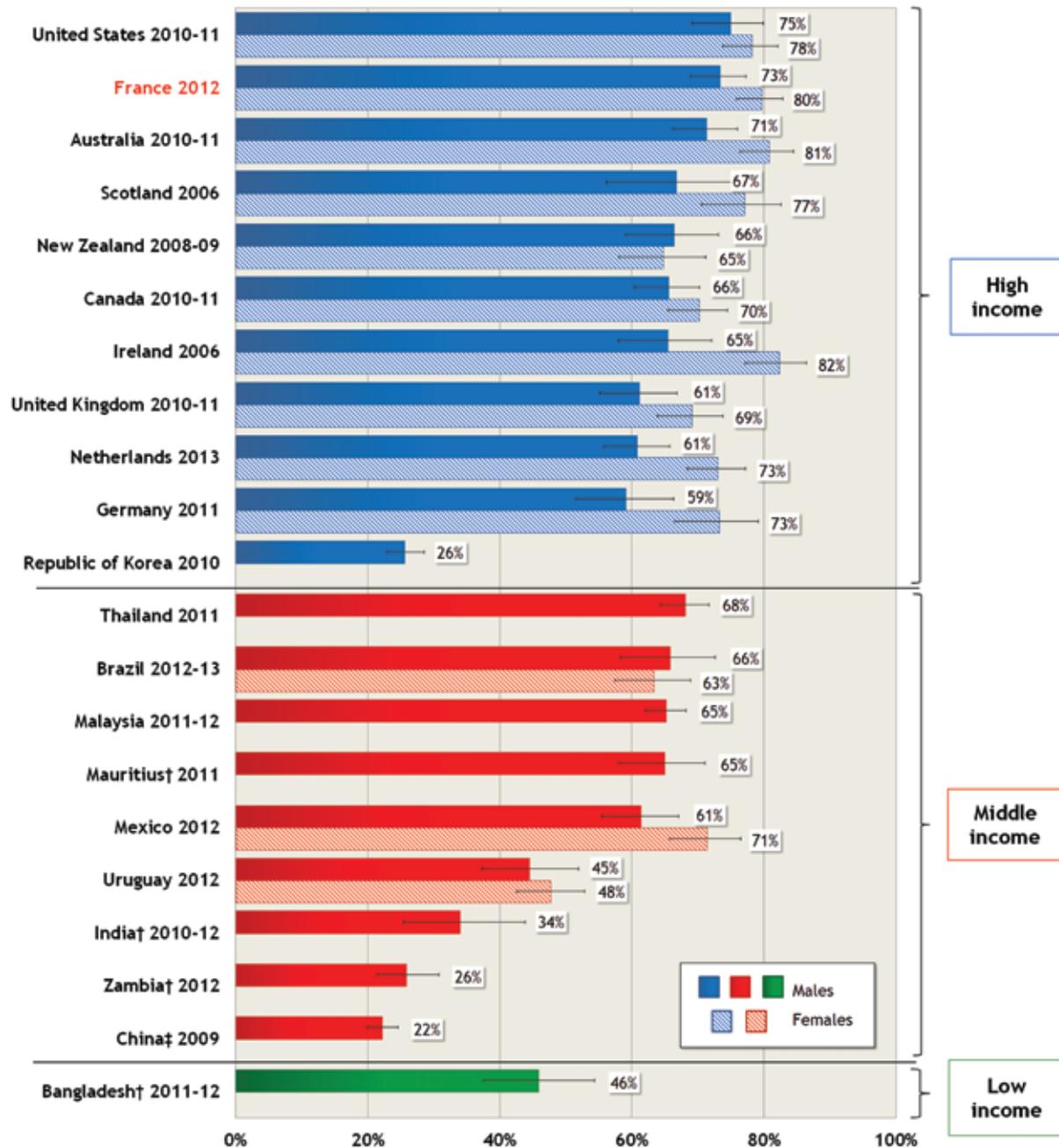
At Wave 1, the majority of smokers who smoked equal or greater amounts of RYO cigarettes compared to factory-made cigarettes indicated that one of the main reasons for smoking RYO cigarettes is that they are less expensive (94%). This percentage has remained relatively unchanged between all three waves (95% at Wave 2; 96% at Wave 3) despite several tax increases primarily directed towards RYO packs.

The percentage of smokers who smoke only RYO cigarettes or both factory-made and RYO cigarettes has increased from Wave 1 to Wave 3 (see the Tobacco Use Behaviour section of this report). Among smokers who completed at least two survey waves, there was a significant increase between Waves 2 and 3 in switching from smoking factory-made cigarettes only to smoking both factory-made and RYO cigarettes or RYO only. Between Waves 1 and 2, 6% of smokers who completed both survey waves switched to using RYO or using both RYO and factory-made cigarettes. This percentage increased to 10% between Waves 2 and 3. These findings combined with evidence that the majority of RYO smokers report that price is one of the main reasons they smoke RYO cigarettes suggest that the price difference between RYO and factory-made cigarettes may still be a factor in promoting continued tobacco use through product switching, rather than quitting.

Price as a reason to quit

At Wave 1, 66% of smokers reported that the price of cigarettes led them to think about quitting “somewhat” or “very much” in the last 6 months. This percentage remained relatively the same at Wave 2 (64%) and then increased to 73% following the price increases that occurred in each year between Waves 2 and 3. Price as a reason to quit has remained the second most frequently mentioned reason to think about quitting among the suggested list of reasons (setting an example for children was the most frequent – see the Smoking Cessation section of this report). The percentage of smokers in France who think about price as a reason to quit is also high compared to other ITC countries (see Figure 41).

Figure 41. Percentage of smokers who reported that the price of cigarettes led them to think about quitting “somewhat” or “very much” in the last 6 months, by country



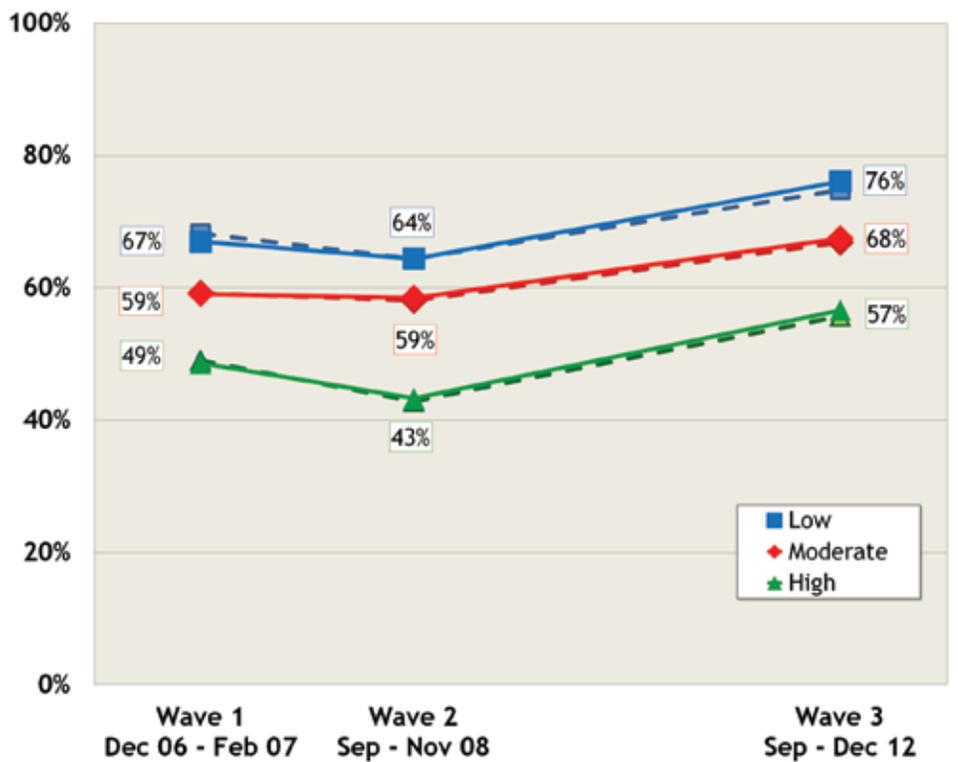
† The response options for Bangladesh, India, Mauritius, and Zambia were “yes”/“no” versus “very much”/“somewhat”/“not at all.” The percentage of respondents who answered “yes” is shown.

‡ In China, instead of “somewhat” the response option was “a little.”

Thinking about money spent on smoking

Between Waves 1 and 2, the percentage of smokers who had “often” or “very often” thought about the money they spent on smoking in the last month remained relatively unchanged (59% at Wave 1; 56% at Wave 2). However, at Wave 3, this percentage rose to 66% following several price increases that occurred between Waves 2 and 3. At all three waves, high-income smokers reported thinking about the money they spent on smoking less frequently than moderate- and low-income smokers (see Figure 42).

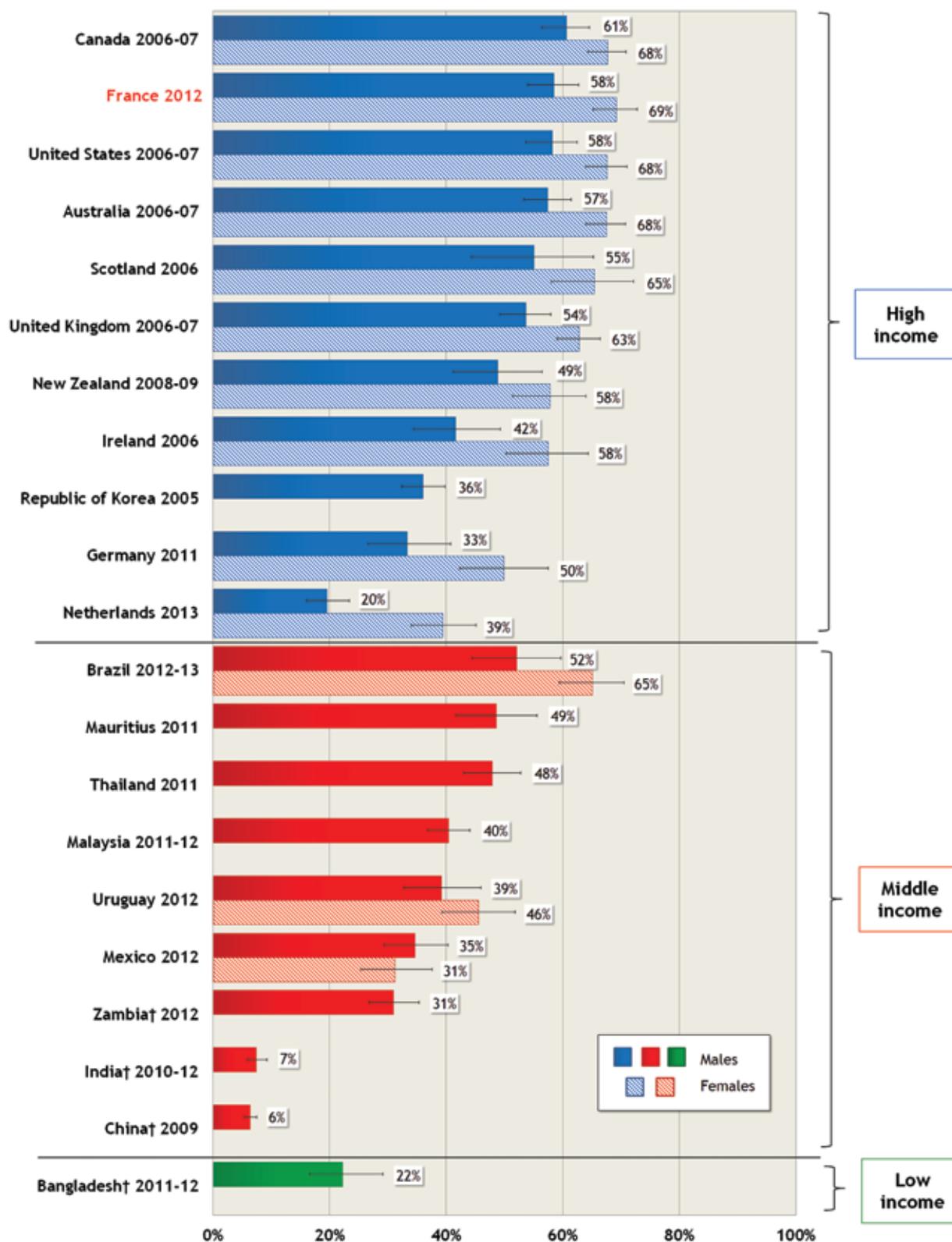
Figure 42. Percentage of smokers who “often” or “very often” thought about the money they spent on smoking in the last month, by income level, by wave*



* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

Similar to the cross-country comparison of price of cigarettes as a reason to think about quitting, the percentage of smokers in France who “often” or “very often” thought about the money they spent on smoking in the last month was also high compared to other ITC countries, and highest among the European countries (62% vs. 56% in the United Kingdom, 39% in Germany, and 27% in the Netherlands) (see Figure 43).

Figure 43. Percentage of smokers who thought “often” or “very often” about the money they spent on smoking in the last month, by country



† The response options for Bangladesh, China, India, and Zambia did not include “very often.”

Figure 44. Affordability of manufactured cigarettes and change in affordability per year in 17 ITC countries

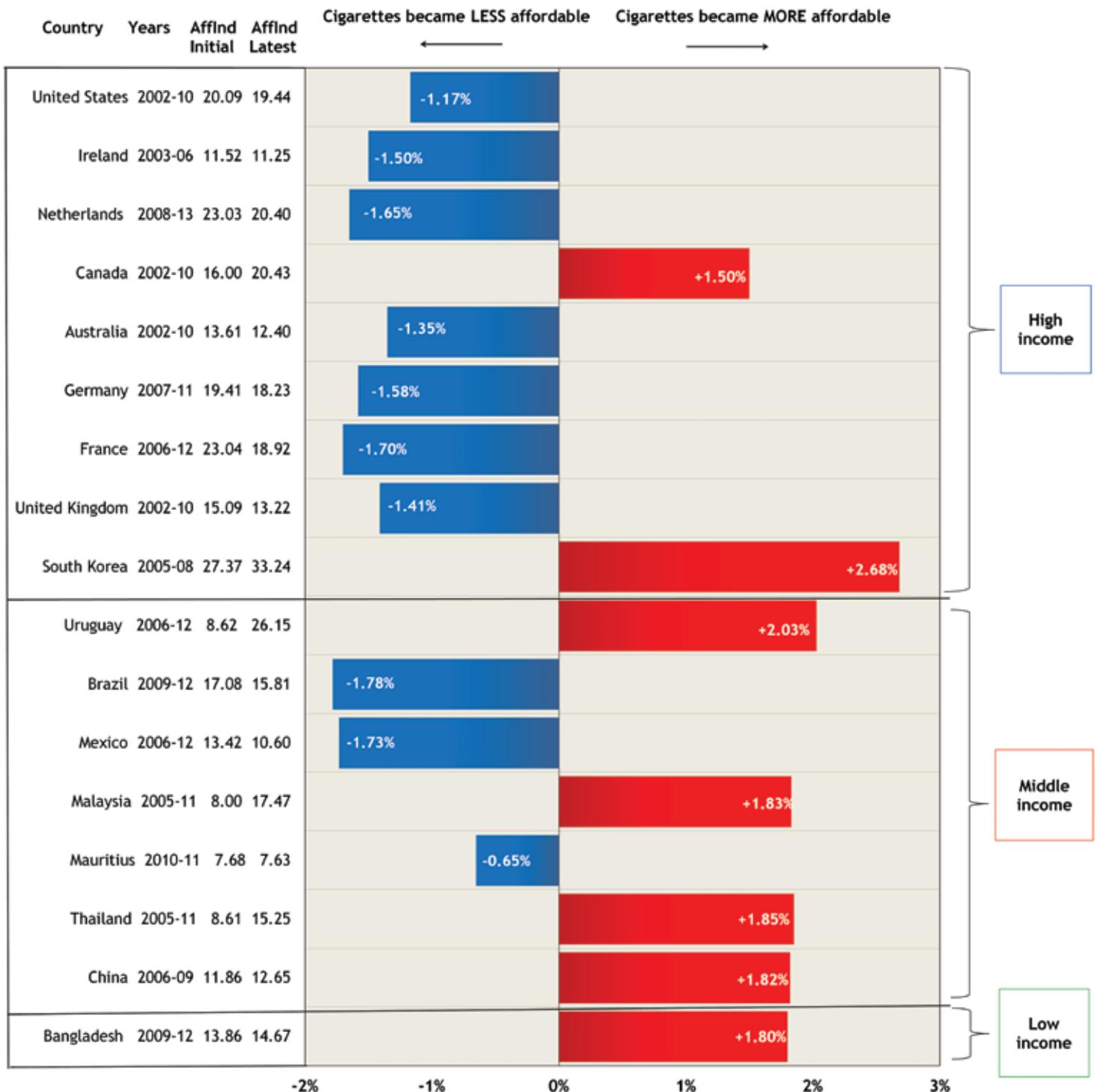


Figure 44 presents data for 17 ITC countries (males only): (a) Data presented for Mauritius is for Wave 2 (2010) and Wave 3 (2011). Data for the South Korea is presented for Wave 1 (2005) and Wave 2 (2008). Data for all other countries is for the year of the first survey wave and of the most recent wave. Note that CPDIR is the cigarette price per day to daily income ratio, (b) AffInd Initial: the Affordability Index (the reciprocal of CPDIR) for the initial wave, (c) AffInd Latest: the Affordability Index (the reciprocal of CPDIR) for the most recent wave.*

* Change in Affordability Index per year = (% change in AffInd between the first survey wave and the most recent survey wave) * [1 / (Difference between the date at the 1/3 timepoint of the first survey wave interviewing period and the date at the 1/3 timepoint of the most recent survey wave interviewing period, in years)]. The date corresponding to 1/3 of the survey wave interviewing period was chosen because it was the approximate point at which 50% of the respondents had been interviewed for that survey wave in each country.

Cigarette affordability

The ITC France Survey asked smokers if in the last 6 months they had spent money on cigarettes that they knew would be better spent on household essentials like food. Approximately one-third of smokers at all three waves (31% at Wave 1; 35% at Wave 2; 32% at Wave 3) indicated that they had spent money on cigarettes that they knew would be better spent on household essentials.

Data from the ITC surveys also allows for an analysis of the affordability of manufactured cigarettes, which refers to the quantity of resources (or income) that is required to purchase a daily dose of cigarettes. Higher affordability, for example, means that the price of a daily dose of cigarettes would require a lower percentage of one's daily income.

An Affordability Index was constructed using ITC France data to determine the change in cigarette affordability between Wave 1 (2006-07) and Wave 3 (2012). This analysis took into account ITC data on price paid for the most recent factory-made cigarette purchase, number of cigarettes smoked per day, and household income. The results show that cigarettes became less affordable from Wave 1 to Wave 3, with an average annual decrease in the affordability index of 1.70% (see Figure 44).



Cigarettes became less affordable from Wave 1 to Wave 3, with an average annual decrease in the affordability index of 1.70%.

EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

France has annually carried out national anti-smoking campaigns in conjunction with World No Tobacco Day (see page 22 of the Tobacco Landscape in France section of this report). Efforts to educate the public on the harms of tobacco are the focus of Article 12 of the FCTC, which requires Parties to promote and strengthen public awareness of tobacco control issues by providing broad access to public awareness programs on the health risks of tobacco consumption and exposure to tobacco smoke and the benefits of cessation.

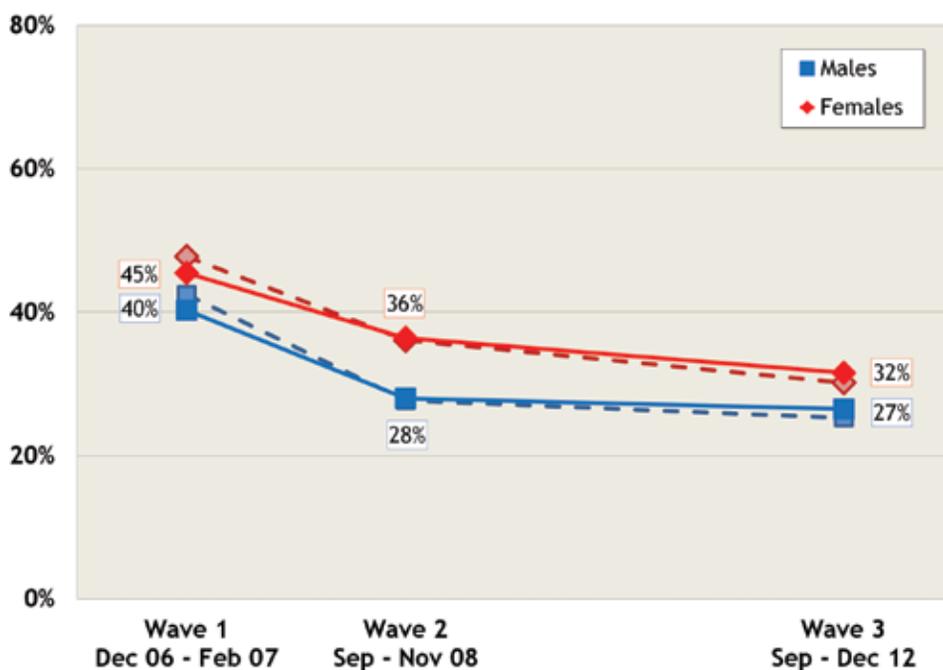
The ITC France Wave 1 to 3 Surveys measured changes in smokers' knowledge of specific health risks of smoking and the dangers associated with exposure to secondhand smoke, as well as identified sources of this information.

Information on the harms of cigarette smoke

Noticing anti-smoking information

The ITC France Survey asked respondents whether they had noticed any information or messages in the last 6 months that talked about the dangers of smoking, or encouraged quitting. Among smokers, the percentage who "often" or "very often" noticed anti-smoking information decreased overall between Waves 1 to 3. At Wave 1, 43% of smokers noticed information about the dangers of smoking, followed by 32% at Wave 2, and 29% at Wave 3^{xix}. There were no significant differences in noticing anti-smoking information between smokers of different age groups, income levels, or education levels. However, females tended to report noticing anti-smoking information more often than men, with this difference only being significant at Wave 2 (see Figure 45).

Figure 45. Percentage of smokers who "often" or "very often" noticed any information or messages that talked about the dangers of smoking, or encouraged quitting in the last 6 months, by gender, by wave*†



* At Wave 1, the question asked how often the individual had noticed "advertising or information that talks about the dangers of smoking, or encourages quitting." At Waves 2 and 3, the wording was revised to replace "advertising" with "messages" such that the question asked how often the individual had noticed "information or messages that talk about the dangers of smoking, or encourage quitting."

† The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

xix. At Wave 1, the question asked how often the individual had noticed "advertising or information that talks about the dangers of smoking, or encourages quitting." At Waves 2 and 3, the wording was revised to replace "advertising" with "messages" such that the question asked how often the individual had noticed "information or messages that talk about the dangers of smoking, or encourage quitting."

Types of media where smokers noticed anti-smoking information

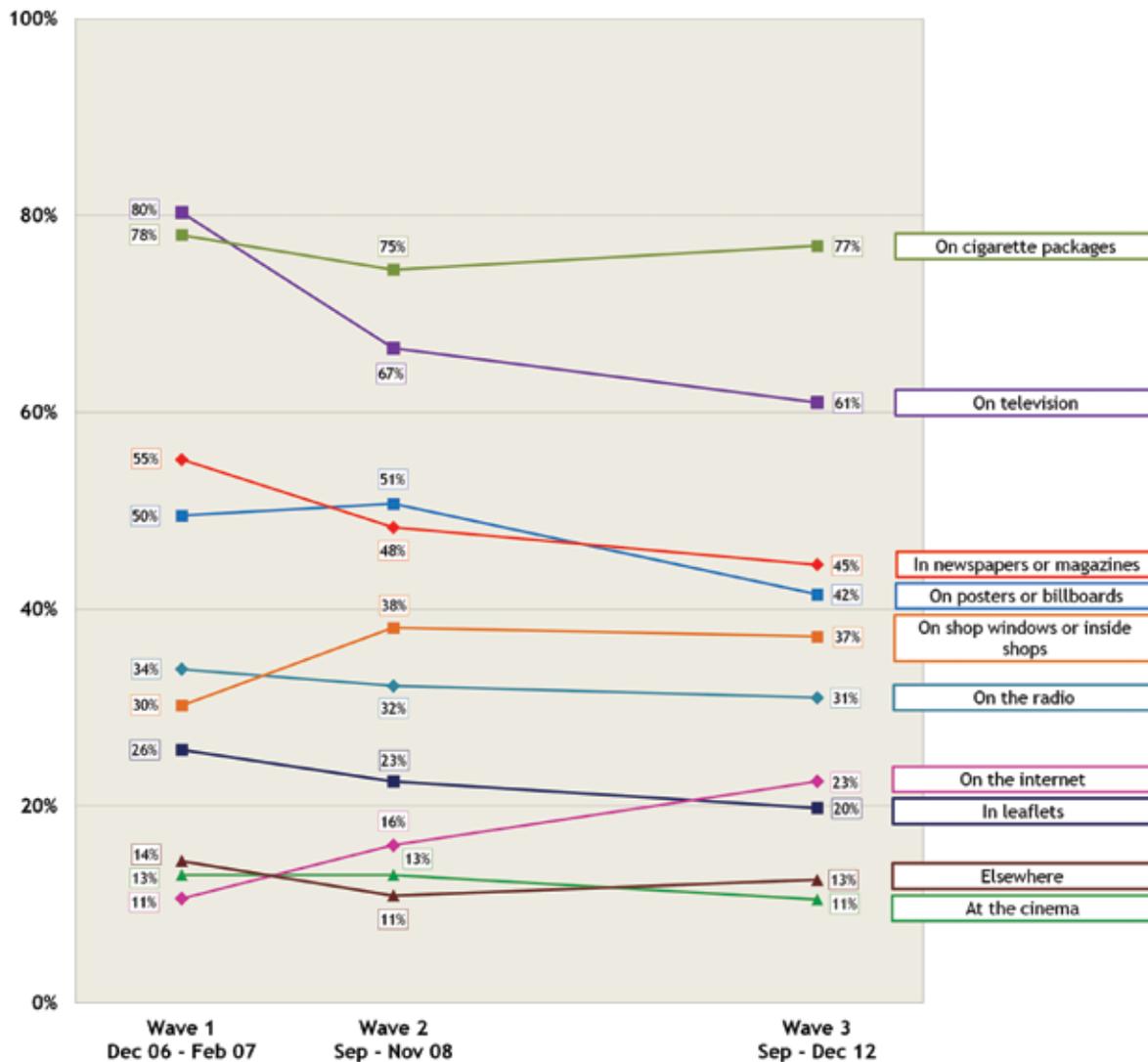
Respondents were also asked about specific media or venues where they noticed information or messages that talked about the dangers of smoking, or encouraged quitting.

At Wave 3, the most commonly cited sources where smokers noticed anti-smoking information were:

1. On cigarette packages (77%);
2. On television (61%);
3. In newspapers or magazines (45%);
4. On posters or billboards (43%);
5. On tobacco shop windows or inside shops (38%)^{xx}.

The change in trends between Waves 1 to 3 is shown in Figure 46 .

Figure 46. Types of media where smokers noticed information or messages about the dangers of smoking or encouraging quitting in the last 6 months, by wave*



* At Wave 1, the question asked how often the individual had noticed "advertising or information that talks about the dangers of smoking, or encourages quitting." At Waves 2 and 3, the wording was revised to replace "advertising" with "messages" such that the question asked how often the individual had noticed "information or messages that talk about the dangers of smoking, or encourage quitting."

xx. Note that there are slight differences between the Wave 3 percentages listed above and the percentages given in Figure 46. Unadjusted estimates better represent what is happening at a given wave; thus, the percentages provided above for the most commonly cited sources of anti-smoking information at Wave 3 are the unadjusted estimates. Conversely, percentages adjusted for time-in-sample are presented in Figure 46 as these adjusted percentages are best for understanding the change in a given variable's outcome over the three waves. See the Analytic Approach section of this report for more detail.

The percentage of smokers who noticed anti-smoking campaigns has decreased between Wave 1 and Wave 3.

The majority of smokers noticed anti-smoking information on cigarette packages in the last 6 months; however, this percentage has remained relatively unchanged between waves (78% at Wave 1; 75% at Wave 2; 77% at Wave 3) despite the introduction of pictorial health warnings between Waves 2 and 3 (see the Health Warning Labels section of this report).

The Internet has become an increasingly common source of information about the harms of smoking. At Wave 1, 11% of smokers noticed anti-smoking information on the Internet. This percentage increased to 16% at Wave 2 and 23% at Wave 3. The percentage of smokers who noticed anti-smoking messages on shop windows or inside shops increased between Wave 1 (30%) and Wave 2 (38%), and has remained relatively the same at Wave 3 (37%).

In contrast, the percentage of smokers who noticed anti-smoking messages on television in the last 6 months decreased between Wave 1 (80%) and Wave 3 (61%). The higher percentage at Wave 1 may be explained by the presence of a television campaign that ran from November to December 2006 (just prior to Wave 1) that focused on the harms of secondhand smoke. Similarly, there has been a decrease in the percentage of smokers who reported that they noticed anti-smoking information in newspapers or magazines (55% at Wave 1 to 45% at Wave 3), on posters or billboards (50% at Wave 1 to 42% at Wave 3), and in leaflets (26% at Wave 1 to 20% at Wave 3).

Perceptions of anti-smoking information and messages

Among smokers who reported that they noticed, at least “rarely” in the last 6 months, information or messages that talked about the dangers of smoking or encouraged quitting, there are fewer who “agree” or “strongly agree” that these anti-smoking messages are relevant at Wave 2 (74%) and Wave 3 (73%) compared to Wave 1 (79%).

Similarly, the percentage of smokers who “agree” or “strongly agree” that the anti-smoking messages are convincing has also decreased. At Wave 1, 66% of smokers “agreed” or “strongly agreed” that these messages were convincing, however this percentage decreased to 55% at Wave 2, and further decreased to 47% at Wave 3.

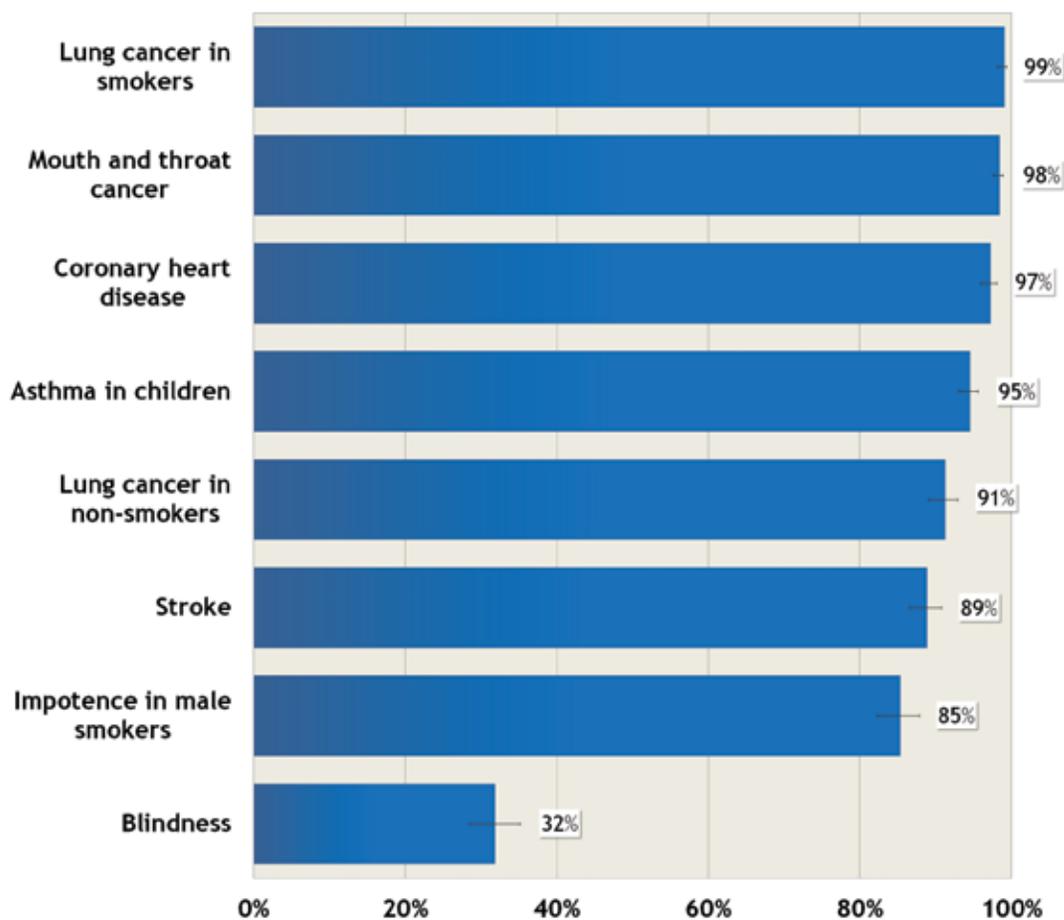
Perceived source credibility remained high between Waves 2 and 3. The percentage of smokers who “agreed” or “strongly agreed” that the anti-smoking messages are produced by “people who know what they are talking about” was 79% at Wave 2, and remained relatively unchanged at Wave 3 (76%).

Knowledge of the harms of smoking

Respondents at all three survey waves were given a list of health effects and diseases that may be caused by smoking and were asked if they believe smoking may cause each one. Knowledge of smoking-related health effects remained unchanged across all three waves and with the exception of believing that smoking may cause blindness, the majority of smokers and quitters were aware of the various health effects and diseases caused by smoking.

At Wave 3, almost all smokers and quitters believed that smoking may cause lung cancer in smokers (99%), mouth and throat cancer (98%), and coronary heart disease (97%). However, only about one-third (32%) of smokers and quitters believed that smoking may cause blindness. The majority of smokers and quitters were also aware of the harms of secondhand smoke — 95% of smokers and quitters believed that secondhand smoke may cause asthma in children, and 91% believed that secondhand smoke may cause lung cancer in non-smokers (see Figure 47).

Figure 47. Percentage of smokers and quitters who believe that smoking may cause the following health effects, Wave 3 (Sep – Dec 2012)



Perceptions of health risks

Damage to smokers and non-smokers' health

The ITC France Survey asked smokers and quitters “To what extent has smoking damaged [their] health?” At all three waves, just over one-third of smokers and quitters reported that smoking has “not at all” damaged their health (36% at Wave 1; 32% at Wave 2; 37% at Wave 3) (see Figure 48). However, about half (58% at Wave 1; 53% at Wave 2; 52% at Wave 3) of smokers were “moderately worried” that smoking will damage their health in the future, and about one-fifth (19% at Wave 1; 18% at Wave 2; 19% at Wave 3) were “very worried” (see Figure 49).

Figure 48. Smokers and quitters' perceptions of the extent to which smoking has damaged their health, by wave

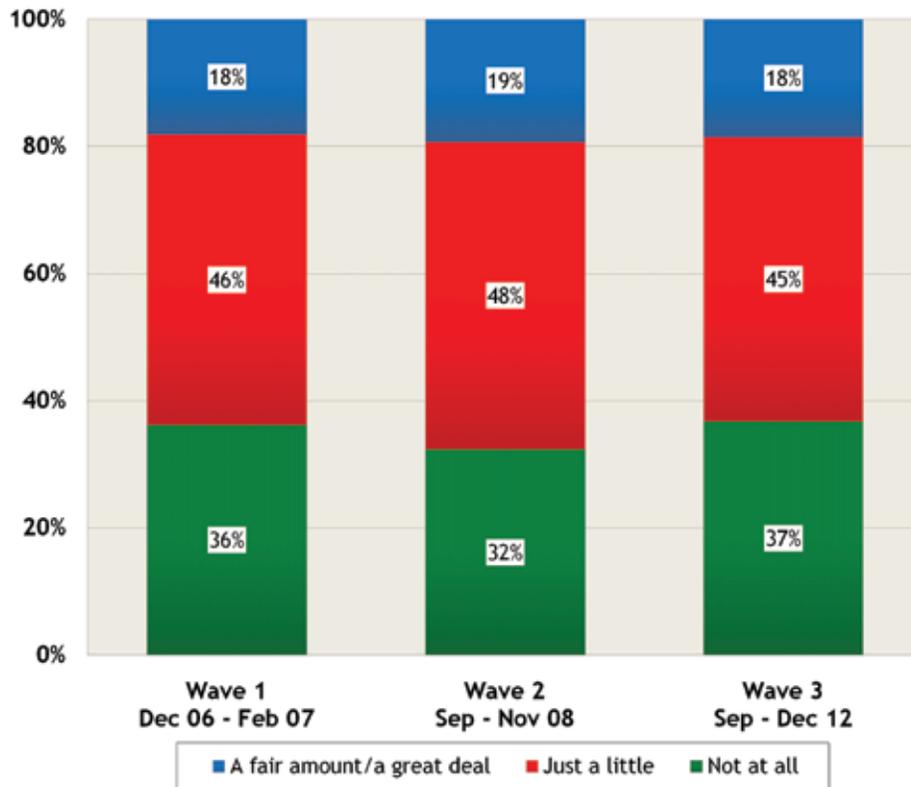
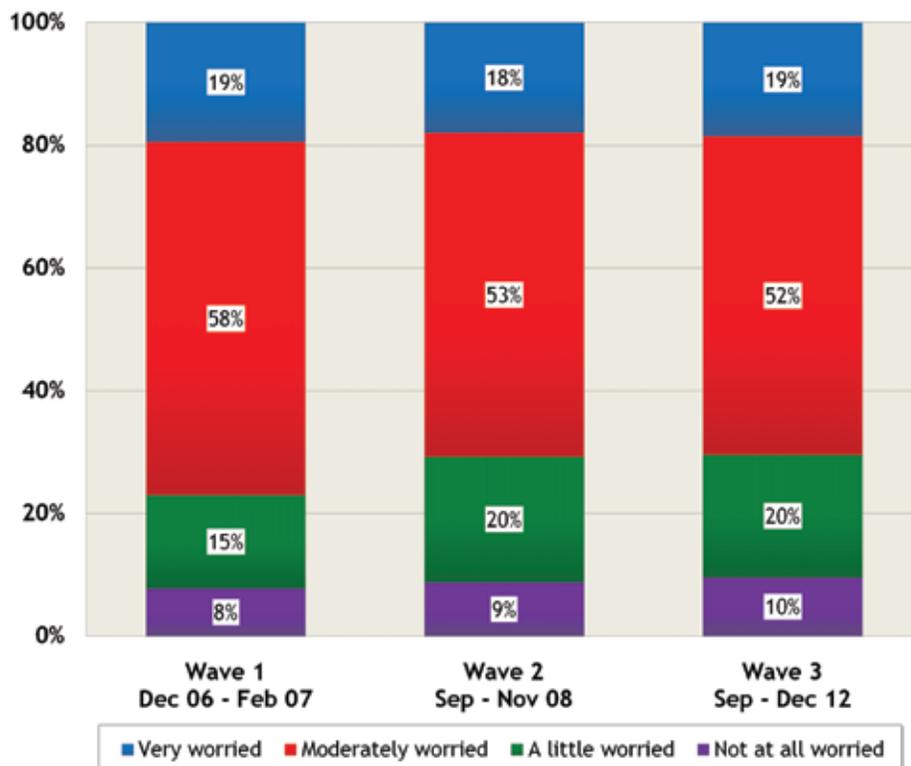
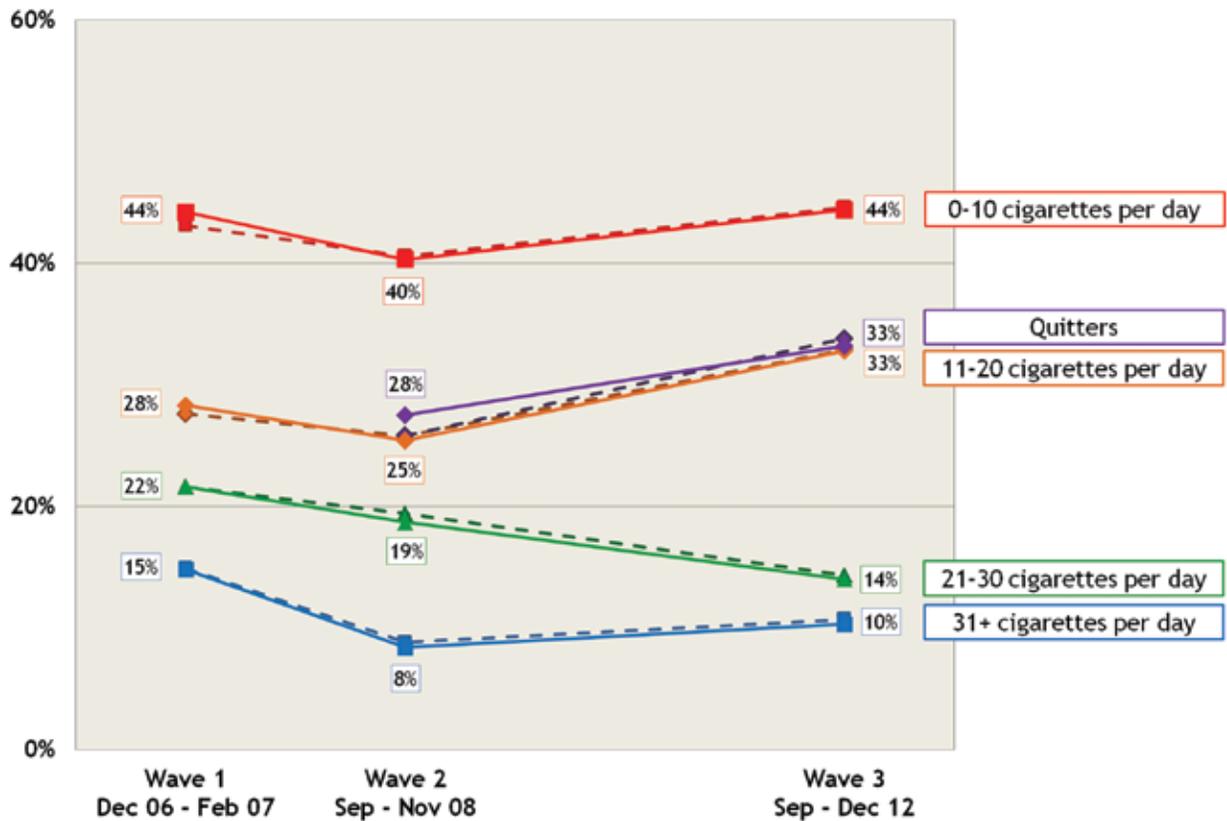


Figure 49. Percentage of smokers who are worried that smoking will damage their health in the future, by wave



Not surprisingly, the percentage of smokers who reported that smoking has “not at all” damaged their health is markedly higher among those who smoke up to ten cigarettes per day compared to quitters and those who smoke a greater number of cigarettes per day (see Figure 50). This result is consistent with previous studies showing that risk denial is more frequent in smokers who smoke fewer cigarettes^{70, 71}, although it is known that smoking duration has a stronger effect on disease onset than the quantity of cigarettes smoked per day⁷².

Figure 50. Percentage of smokers and quitters who think that smoking has “not at all” damaged their health, by number of cigarettes smoked per day, by wave*

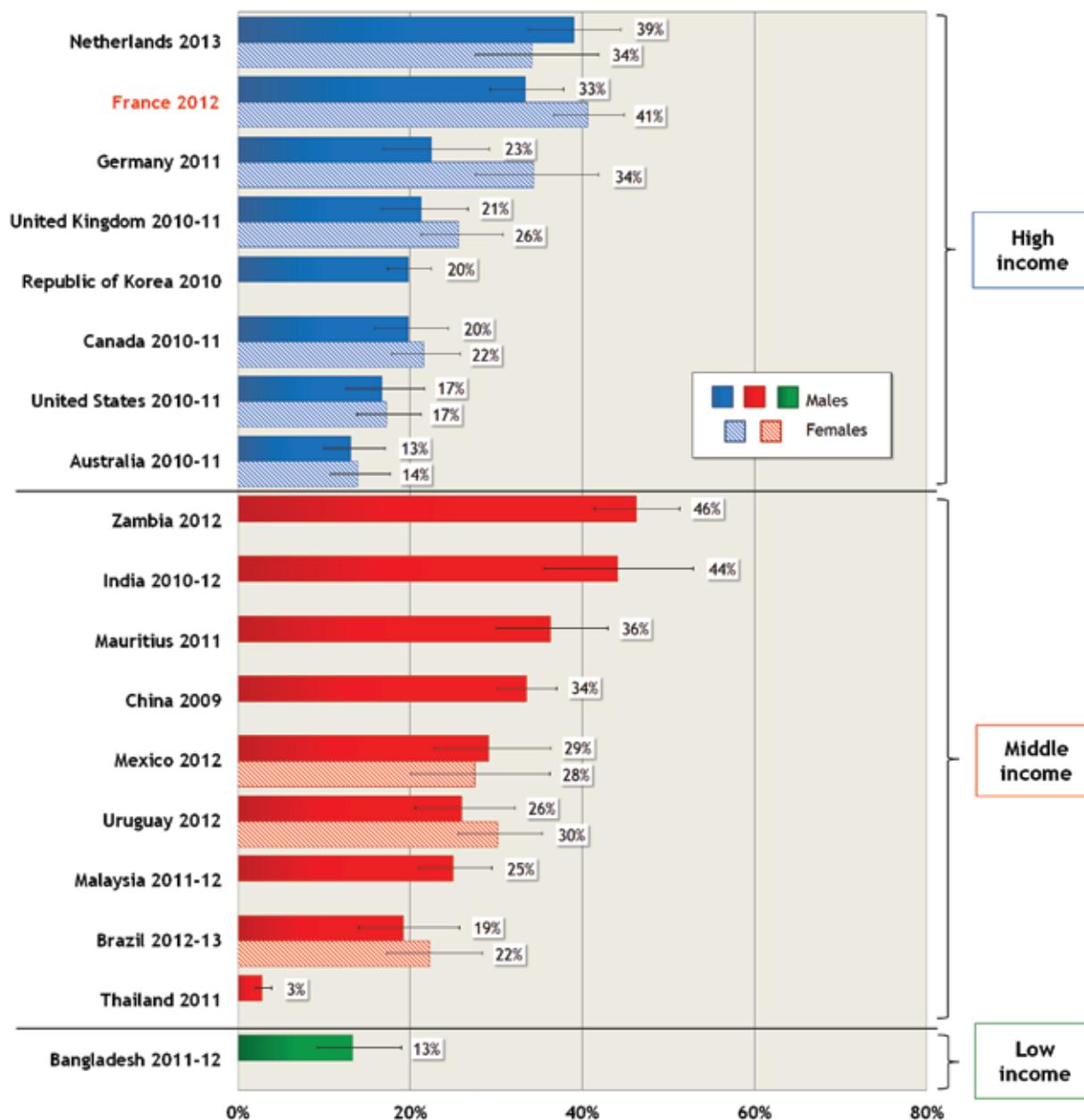


* The solid lines represent percentages adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted percentages.

ITC cross-country comparisons show that the percentage of smokers in France who believe that smoking has “not at all” damaged their health is similar to that in the Netherlands (but with reversed gender effect), but is relatively high in comparison to other ITC high-income countries (see Figure 51). This difference may be partly due to the fact that the average daily consumption of cigarettes is lower in France compared to other European countries (see the Tobacco Use Behaviour section of this report) and is supported by findings suggesting that perceived risk is lower among those who smoke a lower quantity of cigarettes per day. Conversely, the percentage of smokers in France (18%) who are “very worried” that smoking will damage their health in the future is similar to that in the United Kingdom (19%) and Germany (22%), but much greater than in the Netherlands (4%)^{xxi}.

xxi. Netherlands data are from 2013, France data are from 2012, United Kingdom data are from 2010-2011, and Germany data are from 2011.

Figure 51. Percentage of smokers who think smoking has “not at all” damaged their health, by country



The ITC France Waves 1 to 3 Surveys also asked smokers how often they had thought about the harm their smoking might be doing to them. At Wave 1, 54% of smokers reported that they had “often” or “very often” thought about the harm that smoking might be doing to them in the last month. This percentage remained relatively the same at Wave 2 (48%) and at Wave 3 (50%). When asked how often they think about the harm that their smoking does to others in the last month, almost half (46%) of smokers at Wave 1 reported “often” or “very often” thinking about the harm to others. This percentage decreased to 34% at Waves 2 and 3. This decrease may be explained by the fact that the Wave 1 Survey was conducted right before the smoking ban (see the Smoke-free Public Places section of this report). The smoking ban was heavily covered by the media prior to and during its implementation, whereas at Wave 2 and Wave 3, the smoking ban, which had already been in effect for approximately 18 months and 5 years, respectively, had dramatically reduced exposure to secondhand smoke in public places among non-smokers, and had comparatively little attention.

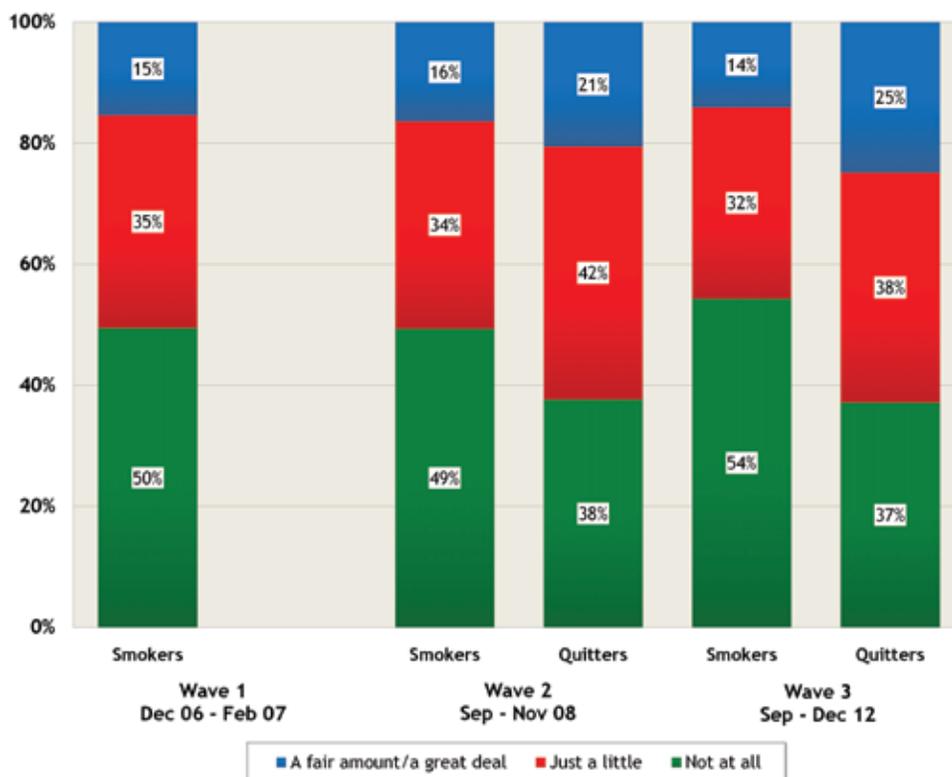
Probability of lung cancer

When asked how likely it is that a smoker will develop lung cancer, the majority of smokers thought that smokers have a “somewhat high” or “very high” likelihood of developing lung cancer. This percentage has decreased slightly between Waves 1 to 3, with 84% of smokers reporting that smokers have a “somewhat high” or “very high” likelihood of developing lung cancer at Wave 1, followed by 82% at Wave 2, and 78% at Wave 3. Interestingly, fewer smokers (58% at Wave 1; 57% at Wave 2; 56% at Wave 3) thought they have a “somewhat high” or “very high” likelihood of developing lung cancer if they continue to smoke the amount they do now. These findings are consistent with research showing that smokers exhibit ‘optimism bias,’ that is they are prone to believe that they have a lower risk for developing a smoking-related disease than the average smoker^{73, 74}. The percentage of quitters who thought that smokers have a “somewhat high” or “very high” risk of developing lung cancer was slightly higher compared to smokers at Wave 2 (89%), but has become similar to that of smokers at Wave 3 (81%). However, the percentage of non-smokers who responded that smokers have a “somewhat high” or “very high” likelihood of developing lung cancer has remained higher than the one for smokers (91% at Wave 1; 92% at Wave 2; 90% at Wave 3).

Quality of life

The ITC France Survey also asked smokers and quitters “To what extent has smoking lowered [their] quality of life?” About half of smokers at Waves 1 to 3 (50% at Wave 1; 49% at Wave 2; 54% at Wave 3) reported that smoking has “not at all” lowered their quality of life, and about one-third (35% at Wave 1; 34% at Wave 2; 32% at Wave 3) thought that their quality of life has been lowered “just a little.” Fewer quitters (38% at Wave 2; 37% at Wave 3) thought that smoking has “not at all” lowered their quality of life, while about the same percentage of quitters (42% at Wave 2; 38% at Wave 3) thought that smoking has lowered their quality of life “just a little.” At all three waves, approximately 15% of smokers (15% at Wave 1; 16% at Wave 2; 14% at Wave 3) thought that smoking has lowered their quality of life “a fair amount” or “a great deal.” A higher percentage of quitters also thought that their quality of life has been lowered “a fair amount” or “a great deal” due to smoking (21% at Wave 2; 25% at Wave 3); however this difference is only significant at Wave 3 (see Figure 52). These percentages are similar to those observed in the United Kingdom (2010-11) and Germany (2007), with the exception that slightly fewer smokers in Germany reported that smoking has lowered their quality of life “a fair amount” or “a great deal” (10%).

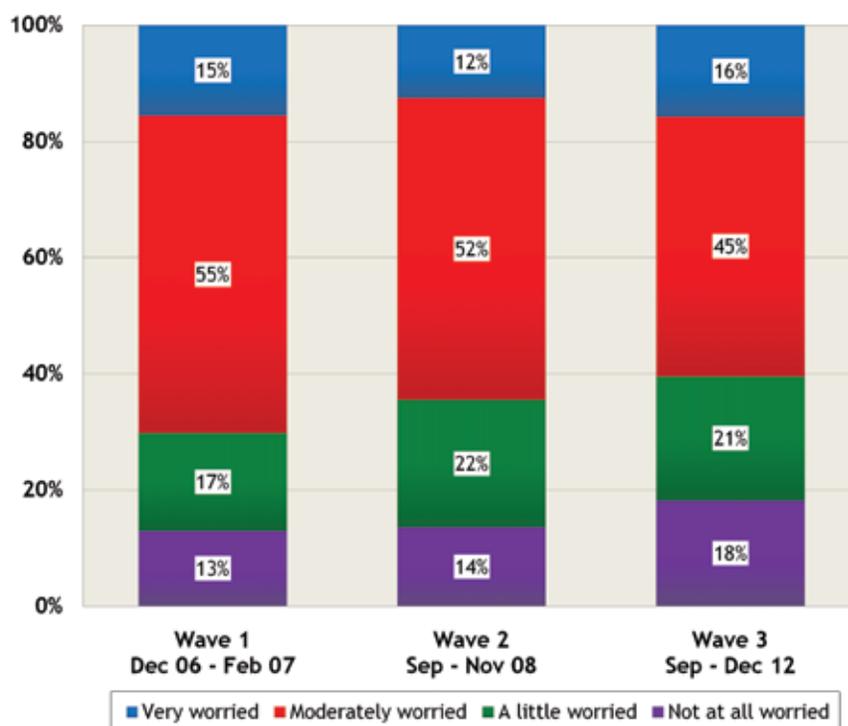
Figure 52. Smokers and quitters’ perceptions of the extent to which smoking has lowered their quality of life, by wave



The percentage of smokers in France who were “very worried” that smoking will lower their quality of life in the future was the lowest (shared with New Zealand) among seven high-income ITC countries.

Smokers were asked how worried they are that smoking will lower their quality of life in the future. The majority of respondents were “moderately” worried that smoking will lower their quality of life (55% at Wave 1; 52% at Wave 2; 45% at Wave 3 (see Figure 53). Approximately 15% of smokers at each wave (15% at Wave 1; 12% at Wave 2; 16% at Wave 3) were “very” worried that smoking will lower their quality of life in the future. In addition to New Zealand, the percentage of smokers in France who were “very worried” that smoking will lower their quality of life in the future was the lowest among seven high-income ITC countries^{xxii}, however, the percentage who were “moderately worried” that smoking will lower their quality of life in the future (45%) was the highest – almost double the percentage in the other six countries which ranged from 21% in New Zealand (2007-08) to 28% in Canada (2010-11).

Figure 53. Percentage of smokers who are worried that smoking will lower their quality of life in the future, by wave



xxii. France data is from 2012; Canada, United States, United Kingdom, and Australia data are from 2010-2011; New Zealand data are from 2007-2008; and Germany data are from 2007.

CONCLUSIONS AND IMPLICATIONS

The ITC France Wave 1 to 3 (2006-2012) Surveys were conducted during a period when France made a number of important tobacco control advancements, including the implementation of strong smoke-free policies, several price and tax increases on manufactured and roll-your-own tobacco, and pictorial health warnings. The ITC Survey findings provide evidence indicating that strong implementation of tobacco control policies has resulted in dramatic positive impacts. For example, the ban on smoking in restaurants in January 2008 has resulted in near elimination of smoking in these venues and almost unanimous support for the ban among both smokers and non-smokers. The findings also point to areas where France has an opportunity to strengthen existing policies and implement new policies to achieve comprehensive implementation of the FCTC and the treaty Guidelines.

Overall, the findings indicate that smokers in France support stronger policy measures. Negative attitudes towards smoking are favourable for further interventions to reduce the prevalence of smoking. For example, about half of smokers have negative views of smoking and over 85% regret having started smoking. Over three-quarters of smokers and quitters believe that society disapproves of smoking or that people who are important to them believe they should not smoke.

ITC cross-country comparison data show that smokers in France are similar to smokers in the United Kingdom regarding measures of regret, opinion of smoking, warning labels, and support for smoke-free public places compared to smokers in the Netherlands and Germany. These findings are not surprising, given the similarities in the implementation of tobacco control policies in France and the United Kingdom (i.e., strong smoking bans in workplaces, restaurants, and bars, and pictorial health warnings on 40% of the back of cigarette packages). The main survey findings and implications for future policy measures are provided below.

Tobacco Use Behaviour

The majority of smokers in France smoke factory-made cigarettes; however, the percentage of smokers who smoke roll-your own (RYO) or both RYO and factory-made cigarettes has increased between Waves 1 to 3. Although there were several increases in the prices of both manufactured and RYO tobacco during the survey period, smokers reported that the low cost of RYO is one of the main reasons that they use this form of tobacco. This is not surprising considering that RYO tobacco is still more affordable than manufactured cigarettes, despite more recent price increases targeted towards RYO tobacco. The number of cigarettes smoked per day (13) among daily smokers interviewed in the ITC France Survey has essentially remained unchanged between Waves 1 to 3 and is lower than in other ITC European countries.

Smoking Cessation

The findings suggest that smokers in France recognize that quitting smoking is difficult. At Wave 3, more than half (58%) of smokers indicated that they were “very addicted” to cigarettes. One-third (33%) of smokers were planning to quit in the next 6 months, but only a quarter (24%) of smokers were “very” or “extremely” sure that they would be successful at quitting if they decided to give up smoking completely in the next 6 months. Brief advice from health professionals about the risks of tobacco use and the importance of quitting increases quit rates. However, the findings show low rates of physician involvement in assisting smokers to quit during a routine visit. While Inpes Health Barometer 2010 data indicate that 37% of smokers who wanted to quit would like to be assisted by a doctor¹, ITC data show that less than one-third (27% at Wave 3) were offered advice to quit in the last 6 months.

Although prescriptions and referrals to other health professionals during a routine visit have increased, a trend that is also evident in a French survey among general practitioners^{4,5}, less than 10% were offered these forms of support

at Wave 3. However, there is evidence that cessation support is available for those smokers who visit a doctor or health professional around the time of a quit attempt. At Wave 3, the majority of cohort smokers (73%) and quitters (82%) who visited a doctor or health professional around the time of their last or current quit attempt received advice to quit, a prescription for stop-smoking medications (59% of smokers; 57% of quitters), or instructions or suggestions on how to quit or how stay quit (59% of smokers; 66% of quitters). Thus, it is important that health professionals are educated and trained to incorporate methods such as minimal intervention into their regular routine in order to increase the proportion of successful quit attempts, as recommended by the Consensus Conference on Smoking Cessation jury in 1998³⁵. The topic of cessation could also be included in the remuneration of public health goals (ROSP) to strengthen the role of health professionals in educating their patients about the benefits of smoking cessation.

Smokers and quitters were motivated by the same reasons for thinking about quitting/for quitting: wanting to set an example for children, the price of cigarettes, and concern for personal health; however, a higher percentage of quitters compared to smokers reported that concern for personal health “somewhat” or “very much” led to their quit attempt, or helped them to stay quit. Concern for personal health was also the most common trigger for the last or current quit attempt among smokers and quitters.

Health Warning Labels

While France has taken an important step in implementing pictorial warnings on the back of both cigarette and roll-your-own tobacco packages, the survey findings show that the new warnings have had a negligible impact on smokers. Warning label salience (noticing, reading/looking closely at the labels), thinking about warnings, thinking about quitting, and forgoing cigarettes decreased after the introduction of pictorial warnings. Health warnings continued to rank low among the given reasons for thinking about quitting.

The pictorial warnings fall short of the size and position recommendations of the FTC Article 11 Guidelines which call for pictorial warnings on at least 50% of both the front and back of the package. ITC studies have shown that increasing the size of health warning labels and implementing pictorial warnings on the front of the pack increases the perceived effectiveness of the warnings^{6, 9, 75, 76}. The new European Tobacco Products Directive, effective as of May 2014, requires even larger pictorial warnings (65% of the top of the front and the back of cigarette and RYO packages) and Member States have 2 years to align their legislation with the revised Directive. Forthcoming plain packaging legislation, announced in the recent National Tobacco Reduction Plan, is expected to enhance the effectiveness of pictorial warnings even further. As such, future waves of the ITC France Survey will be able to effectively evaluate the impact of these larger, more prominent warning labels on plain packages after they are introduced in France. Warning labels aimed at non-smokers, especially younger people, are also important to help prevent smoking initiation.

Smoke-free Public Places

Findings from the ITC France Wave 1 to 3 Surveys show that the success of the smoke-free laws in dramatically reducing smoking in workplaces and restaurants in 2008 has been sustained in 2012. The findings point to the importance of sustained enforcement to maintain the dramatic reduction in smoking in bars, as there is currently minimal monitoring of compliance with smoke-free laws⁴⁸, and results show an increase in observed smoking in these venues between 2008 and 2012. In addition, evidence from other studies indicates a lack of compliance with the existing law banning smoking in covered and enclosed terraces⁷⁷. Support for smoking bans in workplaces, restaurants, and bars has continued to increase after the implementation of the smoke-free laws, even among smokers. Of all high-income ITC countries, France, Australia, and Ireland have the highest percentage of smokers who think that smoking should “not be allowed at all” indoors in bars. Indeed, the majority of smokers are aware of the harms of secondhand smoke. However, the ITC France Survey results showed that levels of public support for new smoke-free laws in outdoor places have not increased — about a third of survey respondents indicated that smoking should “never be allowed” in outdoor areas of restaurants at Waves 2 and 3.

There was also an increase in smoke-free homes among smokers, quitters, and non-smokers after the implementation of the smoke-free laws, confirming the social diffusion hypothesis revealed in a previous European ITC cross-country analysis⁷⁸.

Tobacco Advertising, Promotion, and Sponsorship

Although France has taken strong steps to ban direct and indirect tobacco advertising, promotion, and sponsorship (TAPS), it has not yet achieved a comprehensive ban on all forms of TAPS as required by Article 13 of the FCTC. A ban on advertising at point of sale, as proposed in France's Cancer Plan 2009-2013, was announced as part of the National Smoking Reduction Plan and will be forthcoming. About 20% of respondents across all three waves noticed advertising and promotion of tobacco products in France. The ITC France Survey findings show that exposure to tobacco promotion is more widespread among young people, and among low-income and less educated smokers.

The survey findings provide evidence of further progress in restricting the promotion of tobacco products. Noticing the use of sporting events to promote either cigarette brands or tobacco companies decreased from 22% to 11% of smokers and quitters between Waves 2 and 3. This may be due to the decline in tobacco advertising and sponsorship at Formula One races. The use of arts events to promote cigarette brands or tobacco companies remained low (less than 7%) across all three survey waves.

The depiction of smoking in movies, while not measured in the ITC France Survey, is another form of tobacco promotion used by the tobacco industry and has been shown to lead to smoking initiation among youth in the US^{38, 39} and EU⁴⁰. As of September 2014, this form of promotion has not been regulated in France. Tobacco companies may also be using other indirect forms of promotion, such as the Internet and attractive packaging, to promote their products. Forthcoming plain packaging legislation will standardize the shape, size, colour, and fonts on cigarette packages.

Tobacco Price and Taxation

Increasing tobacco taxes and prices is the single most cost-effective way to reduce tobacco use, especially among young people. France has implemented several price increases during the time period covered by the ITC France Surveys. Between Wave 1 (2006-2007) and Wave 2 (2008) there was one increase in the price of RYO tobacco (9%) and manufactured cigarettes (6%). Then, there were four price increases in both products between Wave 2 and the end of Wave 3 (December 2012), resulting in France having the most expensive tobacco products among countries in continental Europe.

The majority of smokers surveyed bought their cigarettes from a tobacconist or bar-tabac in France at last purchase while approximately one smoker out of six last purchased cigarettes from outside of France, but in the EU. Previous ITC evidence has shown that among six EU countries, France smokers living in provinces bordering countries with lower cigarette prices had the highest reported rates of frequently purchasing cigarettes from another EU country⁷. Other tax avoidance behaviour, such as purchasing cigarettes from the Internet or from duty-free shops, was virtually non-existent at Wave 3.

The findings suggest that the multiple price increases that occurred between Wave 2 and Wave 3 had a greater impact on smokers' attitudes, motivation to quit, and perceptions concerning the cost of smoking compared to the single 6% price increase that occurred between Waves 1 and 2. The percentage of smokers who reported that they "often" or "very often" thought about the money they spent on smoking increased between Waves 2 (56%) and 3 (66%) and was the highest among other ITC countries. This same trend was observed among smokers who reported that the price of cigarettes led them to think about quitting. There was relatively no difference between Waves 1 and 2 for these variables.

In fact, although smoking prevalence increased between 2005 and 2010, tobacco sales sharply decreased between 2011 and 2013 in the official distribution network in France (-3.4% between 2011 and 2012 and -6.2% between 2012 and 2013). This decrease may be due to: 1) a decrease in smoking prevalence; 2) a decrease in the quantity of cigarettes smoked by smokers; and/or 3) more cross-border purchasing (even though recent survey data did not show a significant increase in this behaviour). These trends could be caused by price increases and the emergence of e-cigarettes.

Although the affordability of cigarettes has decreased between Waves 1 and 3, increased use of RYO suggests that the price differential between cigarettes and RYO tobacco may be compromising the effectiveness of France's annual price increases on cigarette products in encouraging quitting, even though price increases were stronger for RYO tobacco than for manufactured cigarettes in recent years.

Over 90% of smokers who smoke RYO cigarettes reported price as one of their main reasons to smoke RYO at all three waves. Continued price increases designed with the public health objective of reducing smoking prevalence, and reducing price differentials between manufactured and RYO tobacco are recommended.

Education, Communication, and Public Awareness

Overall, the percentage of smokers who noticed information on the dangers of smoking, or encouraging quitting, in the last 6 months, decreased between Waves 1 to 3. Television, newspapers and magazines, posters and billboards, and the radio as sources of anti-smoking information have also declined or remained relatively unchanged in this time period. Such findings take place in a context of a reduction in public expenditures for tobacco prevention⁴⁸. In 2006, the French Institute for Health Promotion and Health Education (Inpes) conducted two TV campaigns and three radio campaigns for promotion of the Tabac Info service (TIS) quitline. In 2008, there was just one TV campaign (combined with an Internet campaign) directed towards young people aged 15 to 25 years and two radio campaigns for adult smokers. In 2012, there was one TV campaign accompanied by radio and Internet communication, and another separate radio campaign. Involving the Ministry of Education in developing and implementing anti-smoking campaigns may also be beneficial to prevent young people from initiating to smoking.

Cigarette packages were the second most common source of information for smokers on the dangers of smoking and encouraging quitting at Wave 1, and the most common source of information at Waves 2 and 3. The findings provide evidence of the importance of warning labels as a risk communication tool, increasing in relevance at Waves 2 and 3 as public education campaign expenditures decreased. However, the percentage of smokers who noticed anti-smoking information on cigarette packs did not increase after the introduction of pictorial health warnings on 40% of the back of cigarette packs. Finally, there was an increase in smokers' noticing anti-tobacco information on the Internet from 11% at Wave 1 to 23% at Wave 3.

The majority of smokers and quitters are aware of the variety of health risks associated with smoking, with the exception of smoking-related blindness. ITC surveys conducted in Canada, the United States, and the United Kingdom, also found low levels of awareness (fewer than 20% of smokers) that smoking can cause blindness. In contrast, 47% of smokers in Australia, the only one of the four countries to have a national awareness campaign about smoking and effects on eye health at the time of the survey, were aware of these effects⁷⁹.

Implications of the Findings

The ITC France Wave 1 to 3 Survey findings point to the following opportunities for action to reduce the prevalence of tobacco use and to strengthen France's commitment to strong implementation of the FCTC.

1. Even though only half of smokers have a negative opinion of smoking, strong feelings of regret among smokers for initiating smoking and strong perceived societal disapproval of smoking constitute an ideal ground for stronger interventions to assist with smoking cessation, with sustained funding for anti-smoking campaigns to motivate quitting and promotion of cessation services to support smokers who want to quit. Full coverage of smoking cessation treatment has been proposed as a cost-effective policy option to reduce the prevalence of smoking in France⁸. The National Smoking Reduction Plan will introduce legislation to increase the coverage of cessation treatment from 50 to 150 Euros per year for those aged 20 to 30 years, beneficiaries of the supplementary universal health plan, and cancer patients. Strong feelings of regret also show the importance of health promotion interventions aimed at children and teenagers to prevent them from taking up smoking. The National Smoking Reduction Plan will introduce strategies aimed at creating, among children born today, the first generation of adult non-smokers.
2. There is a continued need to strengthen family physicians' roles in promoting smoking cessation as recommended in the Guidelines for Article 14 of the FCTC. Continued training and the inclusion of cessation in the French remuneration of public health goals (ROSP), measures that are identified in the National Smoking Prevention Plan, could strengthen the motivation of health professionals to educate their patients about the importance of tobacco in the occurrence of diseases and the benefits of smoking cessation.

3. The increase in noticing anti-tobacco information on the Internet suggests that the development of “Apps” and other online tools would be beneficial to promote cessation and help quitters to stay quit, expanding on the personalized cessation coaching program on the TIS website (<http://www.tabac-info-service.fr/>) created by Inpes in 2005.
4. While the introduction of pictorial health warnings has brought France closer to meeting the FCTC Article 11 Guidelines adopted in November 2008, the new warnings do not meet the recommendation that warnings cover at least 50% of the top of the front and the back of the pack. The implementation of pictorial warnings on at least 65% of both the front and the back of cigarette and RYO packs, that will be mandatory in 2016 according to the revised EU Directive, and forthcoming legislation to introduce plain packaging under the National Smoking Reduction Plan, are likely to strengthen the impact of health warnings.
5. The current pictorial health warnings in France consist of abstract or symbolic warnings that convey the health effects of smoking, as well as a few more “hard-hitting” and graphic images that have been selected from the European Commission library among 42 images. ITC studies have shown that images that are most graphic or emotional are more effective than abstract or symbolic images with respect to cognitive and behavioural impact^{9, 10}. Experimental studies also support these findings^{11, 12, 13, 14}. These findings, as well as those of Moodie *et al.* (2013)¹⁵, suggest that larger, more “hard-hitting” pictorial health warning labels on both sides of the pack could improve the effectiveness of warning labels in France. Providing quit tips on inserted leaflets, as done in Canada, could also be effective.
6. Given the importance of the cigarette pack as a medium of information for smokers on smoking-related health risks, the implementation of a pictorial health warning on the risk of blindness, as well as the renewal of current warning labels in order to emphasize less well-known health risks, should be considered. Australia, New Zealand, and Canada currently have pictorial health warnings on smoking-related risks to eye health^{xxiii}.
7. The increase in observed smoking in bars between 2008 and 2012 suggests the need to strengthen efforts to monitor the enforcement of the smoking ban in these venues.
8. Mass media campaigns to further educate the public on the harms of secondhand smoke may be helpful to further increase the adoption of smoke-free homes.
9. In the face of mass media tobacco advertising bans, the retail environment is a key promotion venue for the tobacco industry. Although the sale of tobacco is regulated with the existence of dedicated tobacconists, banning advertising at point of sale, as intended in France’s Cancer Plan 2009-2013, and recently announced as part of the National Smoking Reduction Plan, is likely to decrease exposure to tobacco advertising, particularly among youth. A number of countries have implemented point of sale display bans, including Australia, Canada, Finland, Iceland, Ireland, New Zealand, Norway, and Thailand, and a ban is being phased in through the United Kingdom. Research has demonstrated that point of sale displays influence spontaneous purchases and tobacco display bans are associated with reducing such purchases¹⁶.
10. Strategies to curb the use of journalistic or artistic expression for the promotion of tobacco use or products are outlined in the Guidelines for Article 13 of the FCTC. Further surveillance data, for example focusing on the Internet, is needed to better identify the sources and strategies used by the tobacco industry to market its products in France and to evaluate forthcoming restrictions on advertising and promotion as new policies are implemented.
11. Increases in price of tobacco have been demonstrated to be an effective tool for reducing tobacco consumption. While the price of RYO tobacco has increased in recent years, increases in the prices of other tobacco products (such as cigars and pipes) should also be considered to minimize shifts to cheaper products. The WHO also recommends increasing the excise tax to at least 70% of the final retail price, which would increase prices, promote cessation, and deter smoking initiation among youth¹⁷.
12. Previous ITC studies call for the EU to reduce price differences between countries and the number of cigarettes and amount of RYO tobacco that can be legally imported for personal consumption⁷. However, the new EU Tobacco Directive does not address this issue.

xxiii. See Tobacco Labelling Resource Website for images: www.tobaccolabels.ca

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The International Tobacco Control Policy Evaluation Project

The ITC Project Evaluating the Impact of FCTC Policies in...

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

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