

# Cancer Plan

2014-2019

**Objective 10**

# NATIONAL SMOKING REDUCTION PROGRAMME

2014 -2019



## Foreword

In France, over 13 million people smoke on a daily basis. We can no longer stand by whilst tobacco kills 73,000 people each year in this country, or the equivalent of a plane crash per day, with 200 passengers on board! As a source of cancer, cardiovascular diseases, respiratory insufficiency, that all kill one in two smokers, tobacco have caused a dramatic epidemic that have been unfolding for nearly a century. We can no longer accept this scourge that kills twenty times more people than die in car accidents, despite being completely avoidable.

The situation has worsened as legislation against tobacco has hardened in recent decades. This alarming observation has driven me to take action, but in a different way. I don't believe in a miracle solution that will by itself reduce smoking. A number of our European neighbors, relying on the World Health Organization's Framework *Convention* on Tobacco Control, that France ratified ten years ago, have managed to reduce the number of smokers by adopting a coordinated strategy. This program was created in the same spirit. It is an ambitious program of coordinated actions, made possible by the President of the Republic's wishes expressed on 4<sup>th</sup> February 2014, during the presentation of the Cancer Plan 2014-2019. This program, measure 10 of the cancer plan 2014-2019, is coherent with some of the government's other strategic projects, in particular, the national strategy for health and the governmental plan to tackle drugs and addictive behavior 2013-2017. It is divided up into three major focus areas:

- I want to protect the children and young people so that they don't take up smoking. This will involve continuing our efforts to de-normalize tobacco and carry out various actions to reduce the promotion of tobacco products and exposure of children to tobacco.
- We must encourage smokers to quit and help them achieve that. Most smokers want to quit. We will support them and facilitate their access to information, care and treatment.
- I wish to take practical action to tackle the tobacco industry's influence to make it more transparent and so that it contributes to the fight against tobacco. We will step up the fight against illicit trade.

By giving ourselves these practical means, we are pursuing an ambitious objective: those in less than 20 years, children born today will be part of the first "generation of tobacco-free adults".

Within five years, the prevalence of tobacco should be reduced by 10% and within ten years, it should have dropped to under 20% of daily smokers.

The fight against tobacco is a daily one. It is up not only to the government and other public actors, but society as a whole to become aware of the damage that this product causes, and take action. We have been able to do that for road safety, with remarkable results, and we will be able to do the same for tobacco.

I have chosen my side, that of public health, and I know that I can count on the support of the French people.

**MARISOL TOURAINE**

Minister for Social Affairs and Health

# Summary

Foreword .....	2
Summary .....	3
Overview.....	4
Helping smokers quit.....	5
Tackling the tobacco industry's influence .....	6
Points of reference: tobacco, a lethal epidemic.....	7
The consequences of tobacco: a health burden, a major social cost .....	8
Sales and the taxation of tobacco .....	9
What can we do?.....	9
The actions of the NSRP .....	12
Focus area 1: Protecting young people and preventing their first foray into smoking .....	12
Focus area 2: Helping smokers quit .....	18
Focus area 3: Tackling the tobacco industry's influence.....	24
Supporting the creation of the program .....	29
Governance of the NSRP .....	29
Observation, applied research and assessment for the NSRP .....	32
Tackling tobacco consumption regionally .....	35
International Scope of the NSRP .....	38
Articulating the NSRP around other governmental actions.....	40
Appendix 1: Glossary .....	45
Appendix 2: Reference documents .....	48
Bibliography.....	48
Sitography.....	50
Appendix 3: Development process of the NSRP .....	51
Appendix 4: Members of the technical and management committees .....	52

## Overview

During the presentation of the cancer plan 2014-2019, the President entrusted the Minister for Social Affairs and Health with the development of a national program to reduce smoking (NSRP), objective 10 of the cancer plan 2014-2019.

Tobacco remains the first preventable cause of death in France. This is a durable and silent epidemic, responsible for over one in every eight deaths in France. 73,000 deaths per year are linked to tobacco (44,000 deaths from cancer, 18,000 from cardiovascular diseases, 8,000 from respiratory insufficiency, 3,000 from infectious diseases). These deaths represent 22% of all male mortality and 5% of female mortality. Tobacco generates nearly twenty times the number deaths on the road. This is the equivalent of the daily crash of a 200-seater plane.

In France, even though it was previously declining, the number of smokers has risen from 2005 to 2010. Thus, amongst people aged 15 to 75, the proportion of daily smokers have risen from 27% to 29.1% between 2005 and 2010. Amongst teenagers aged 17, it rose from 28.9% in 2008 to 31.5% in 2011.

These alarming observations have led us to develop the first national program to reduce smoking setting out to achieve specific objectives and results. The aim is to reduce the number of daily smokers by at least 10% between 2014 and 2019, or go from 29.1% of daily smokers to less than 26.2%. Then, we aim to bring those numbers down to 20% of daily smokers by 2024.

The aim of the NSRP is to be the first step in a sustained effort to make children born in 2014, who will be eighteen in 2032, make up the first “tobacco-free” generation, a generation in which 95% of people do not smoke.

To achieve this objective (10% drop in the number of smokers by 2019), three focus areas were identified:

1. Protecting young people and avoiding their first foray into smoking
2. Helping smokers quit
3. Tackling the tobacco industry's influence

### Protecting young people and avoiding their first foray into smoking

Tobacco is a particularly addictive product. Once a person takes up smoking, it becomes very difficult for them to quit. Yet, around 80% of smokers took up smoking when they were still minors. Reducing the number of children who consume tobacco regularly must therefore be a priority.

In order to do that, we must make tobacco products less appealing, namely by introducing a standardized, neutral packet, increasing the size of health warnings (from 35% to 65%), by prohibiting aromas in tobacco products and advertising in retail spaces.

The 2014/40 directive on tobacco products of 3<sup>rd</sup> April 2014 will be adapted as soon as possible so that its application can be effective from 20<sup>th</sup> May 2016.

It is also necessary to improve retailers' respect for the prohibition of tobacco products to minors. Allowing local police departments to carry out checks and oversee this prohibition can help us achieve this.

Since the strict implementation of the smoking ban in public places, the country has experienced a sharp drop in passive smoking. However, important improvements are still necessary. This means, on the one hand, that we must reinforce people's respect for existing bans by allowing local police departments to carry out checks, and on the other hand, extending the smoking ban to more places, in particular where children are present (public playgrounds, vehicles with a minor who is under 12). Moreover, we plan on making social ministries (health, social affairs, employment, young people and sports) and their departments set the example.

Finally, the use of electronic vaping devices with nicotine for non-smokers can present a risk of inducing addiction to nicotine, in particular amongst young people. Their protection therefore seems necessary by implementing such things as a quota system for advertising and a ban on usage in certain public places.

### Helping smokers quit

Most smokers regret taking up smoking and say they want to quit. Encouraging them to take their first steps towards quitting will require the input of a number of professionals and organizations: health and socio-educational professionals to spot the smokers most likely to quit and offer them guidance, advice and treatment, especially for those suffering from cancer. The CNAMTS (*National Health Insurance Fund for Employees*) will include a "smoking cessation" objective as part of the Payment for Public Health Objectives. The CSAPA<sup>1</sup>, CJC<sup>2</sup> and CES3 "will change in order to offer free local support for people trying to quit".

Communication and remote support strategies will be implemented to encourage smokers to quit. Aside from a major communication campaign aimed at smokers to warn them about the harmful effects of smoking, we will carry out a number of actions to raise awareness about the "Tabac Info Service" set-up (3989 and the [tabac-info-service.fr](http://tabac-info-service.fr) website) and developing e-coaching. A "pregnancy without tobacco" pictogram will also feature on all tobacco containers in order to warn women and their partners about the health consequences of smoking on pregnancy and newborns.

Accessibility to treatment and support for smoking cessation still require improvement. The budget for smoking cessation will be tripled for young people aged 25 to 30, persons suffering from cancer and *Complementary Universal Health Insurance Coverage (CMU-C)* recipients. Initial treatment tools for smoking cessation will be made available for free in establishments that provide services for people in precarious situations and heavy smokers, in order to make these products more accessible.

---

<sup>1</sup> Support and prevention centers

<sup>2</sup> Young consumer consultations

<sup>3</sup> College of Health Economists

## Tackling the tobacco industry's influence

France has a dedicated network for tobacco retailers, *the buralistes* (or tobacconists), and a one price policy on tobacco throughout most of its territory. Price protection as practiced in France requires us to fight illicit trade. An interministerial plan against illicit trade of tobacco products will make a fiscal policy on tobacco to benefit public health much more efficient.

The aim of the NSRP and its various objectives require us to acquire the means to tackle smoking. In order to achieve this, a dedicated fund for actions against smoking will be set up which will allow us to finance new initiatives. This will require us to study in which way the tobacco industry can contribute.

Finally, greater transparency regarding communication campaigns and lobbying on the part of the tobacco industry is necessary in order to end direct (advertising in retail places) and indirect promotion (product placement, funding cultural activities etc.) orchestrated by the industry despite French advertising legislation. Following the example of the pharmaceutical industry, communication campaigns and lobbying on the part of the tobacco industry will need to be made public, which will allow us to tackle the interference of the tobacco industry in public policy and to conform to the WHO's Framework Convention on Tobacco Control, ratified by France.

In order to ensure the efficient management of the NSRP, as well as the coordination and dialogue with all the actors concerned, a national management committee, presided over by the Director General for Health and a national coordination committee, co-presided over by the Director General for Health and the President of the Interministerial Mission against drugs and addictive behavior, will be created, in coordination with the Interministerial Health Committee (CIS). The funding of the NSRP's new initiatives, outside of subsidized care and medicine, will rely on a fund dedicated to the fight against smoking.

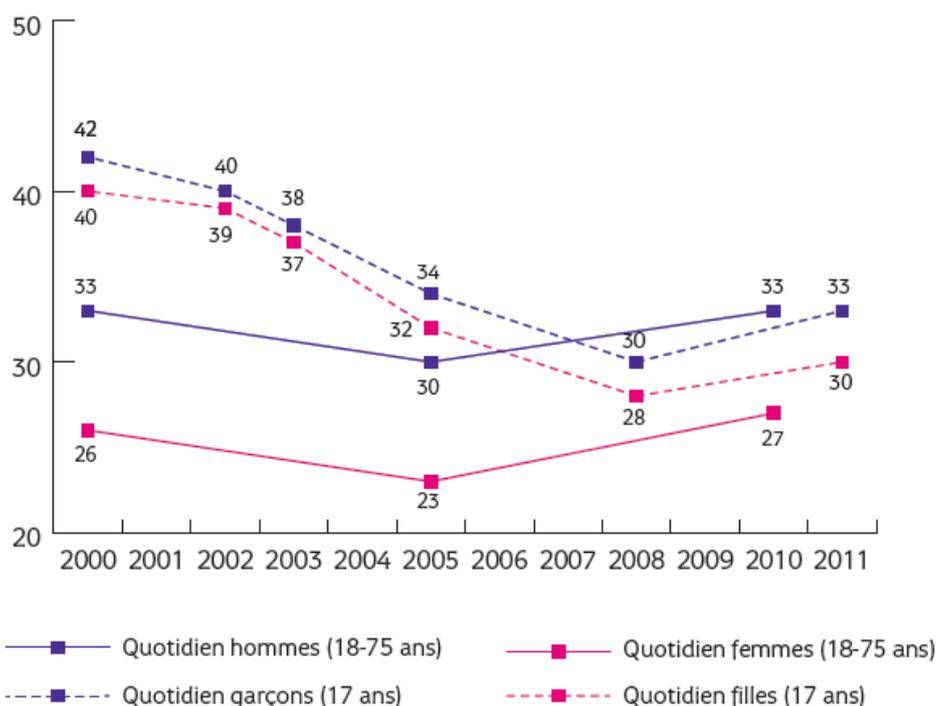
# Points of reference: tobacco, a lethal epidemic

Tobacco remains the first preventable cause of death (linked to a risk factor and occurring in people under 65). It leads to over 70,000 deaths each year, or around twenty times the number of deaths on the road, or the daily crash of a 200-seater plane. It is a silent epidemic, responsible for one in eight deaths in France.

## Tobacco consumption: levels in France are still very high

Although it was previously decreasing, namely thanks to the efforts made as part of the Cancer Plan I (2003-2008), the number of smokers in France rose between 2005 and 2010. Amongst people aged 15 to 75, the proportion of daily smokers grew from 27% to 29.1% between 2005 and 2010. Amongst teenagers aged 17, it rose from 28.9% in 2008 to 31.5% in 2011.

**EVOLUTION OF DAILY SMOKING AT 17 YEARS OF AGE AMONGST ADULTS (18-75), ACCORDING TO SEX, BETWEEN 2000 AND 2011 (IN %)**



**SOURCE: HEALTH BAROMETERS 2000 AND 2010 (INPES) FOR ADULTS, ESCAPAD 2000 TO 2011 (OFDT) FOR YOUNG PEOPLE AGED 17**

Amongst the people aged 11 to 75, the number of daily smokers was estimated at 13.4 million in 2010-2011. In 2014, we notice that men make up the majority of smokers. Worryingly, social inequalities increase numbers significantly. Although smoking is less prevalent amongst the more qualified and wealthier people (22.2%), it remains widespread amongst the unemployed (48.2%) and people on a low income (36%).

In contrast, fewer pregnant women smoked in 2010 than did in 2003. Before pregnancy, 30.5% of women smoked at least one cigarette a day against 35.9% in 2003. During pregnancy, 17.1% of women smoked, down from 21.8% in 2003. However, the prevalence of daily smoking during the third semester of pregnancy remains very high (17.7%).

According to the special tobacco Eurobarometer engaged in 2012 to survey around one thousand people in each country, France is in line with the European average (28% current smokers), but is amongst the countries with the highest levels of consumption in Western Europe. England dropped early 2014 to under 20% of smokers, a level that Canada (17% of current smokers), New Zealand (18%) and Australia (12.8% of daily smokers in 2013) had crossed years ago.

## The consequences of tobacco: a health burden, a major social cost

### The health consequences

The health risks brought about by smoking tobacco are numerous and diverse. They concern both smokers (active smoking) and people exposed to tobacco smoke (passive smoking). In terms of morbidity, tobacco increases the risks of a number of diseases, and cancer in particular. Thus, the risks of the following types of cancer increase with smoking: lungs, oral cavity, pharynx, larynx, oesophagus, pancreas, bladder, kidneys, stomach, liver, cervix and myeloid leukemia.

Lung cancer is particularly emblematic, as 90% of cases in France are linked to smoking.

Smoking increases the risk of cardiovascular diseases (coronary, stroke, arteritis of the lower limbs), multiple sclerosis and amyotrophic lateral sclerosis. It is also the main risk factor of chronic obstructive pulmonary disease.

Smoking can also stunt fetal growth, with newborns having a lower than average weight, lead to premature birth, as well as still-birth and neonatal death. Parents who smoke will increase the risk of infant sudden death syndrome. Smoking also has ulterior consequences on the health of the child and their vulnerability in regards to smoking. Other effects of smoking are less frequent but equally harmful: aggravation of a number of chronic diseases (diabetes, for example), increase of per operative complications, decrease in the efficiency of certain treatments (antihypertensive drugs, chemotherapy, etc.).

It is estimated that 73,000 deaths per year are linked to smoking or 13% of all deaths in France (44,000 deaths from cancer, 18,000 from cardiovascular diseases, 8,000 from respiratory insufficiency, and 3,000 from infectious diseases). These deaths represent 22% of all male mortality and 5% of all female mortality. According to the InVS, instances of lung cancer amongst women have been multiplied by 5.3 between 1980 and 2012 and it is now the 2<sup>nd</sup> cause of death from a form of cancer (8,700 deaths per year). Half of the deaths caused by smoking occur in people aged 30 to 69. Tobacco consumption reduces life expectancy by 20 to 25 years compared to that of a non-smoker.

### The economic consequences

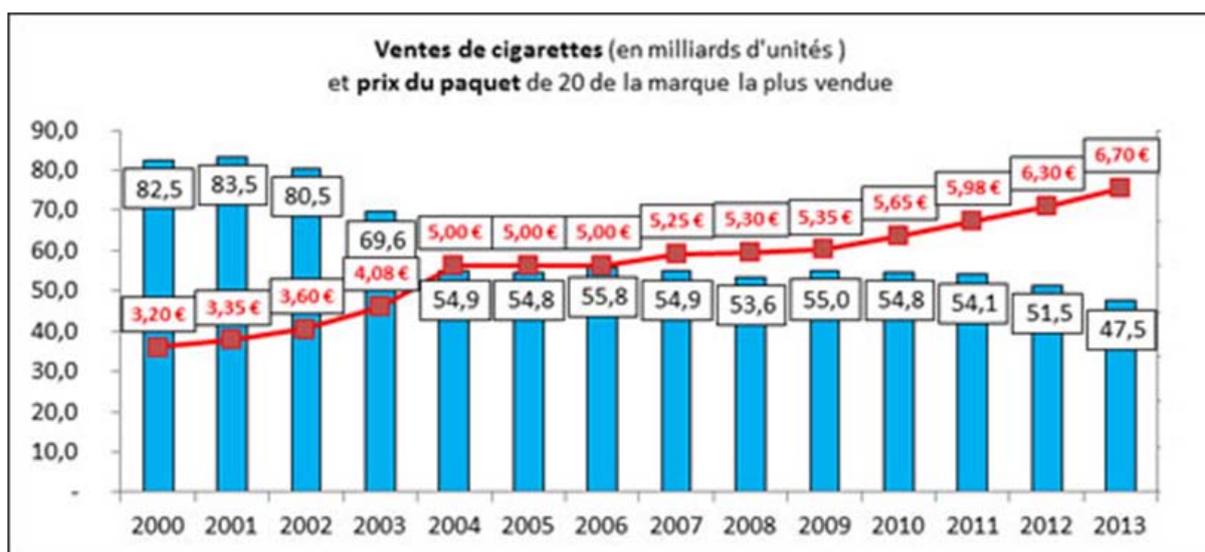
The social cost of smoking has been estimated at 47 billion Euros for 2003, of which 18 billion Euros are health costs. There is very little known about the direct health costs of smoking for health insurance services. A study conducted in 2010 for the *French National Health Insurance Fund for Salaried Employees (CNAMTS)* estimates in an assessment that is still very partial (three groups of diseases studied), that the cost for the diseases branch of the general social security system alone amounts to at least 12 billion Euros per year.

### Sales and the taxation of tobacco

France has a specific network for the sale of tobacco products – the *buralistes* (tobacconists) – and has a one price policy for each tobacco product throughout its territory. 58,309 tons of tobaccos were sold in 2013.

This indicator has decreased since 2012, after years of stability at around 64,500 tons.

#### COMPARATIVE EVOLUTION OF CIGARETTE SALES AND THE AVERAGE ANNUAL COST OF THE PACKET OF CIGARETTES OF THE BESTSELLING BRAND, BETWEEN 2000 AND 2013



SOURCES: TOBACCO SALES (LOGISTA FRANCE/DGDDI)-OFDT/INPES)

### What can we do?

Smoking is a major challenge for public health and society in general. As we can see from these internal archives and the resulting publications, the tobacco industry has developed a long-standing cynical strategy to sell its products. It manages to manipulate minors, whose brains are still developing and that are particularly sensitive to psychoactive substances, to drive them to consume a product with a near unparalleled addictive power. They then become dependent and loyal

consumers for a large part of their lives, which will be shortened due to this consumption. Our society cannot stand by and let this happen.

### **France's long-standing fight against tobacco**

France has been tackling smoking for a long time. As early as 1976, the Veil law, which although wasn't perfect was way ahead of its time, limited advertising, introduced health warnings and smoking and non-smoking areas. In 1991, the Evin law prohibited all advertising, both direct and indirect, of tobacco, removed the latter from the consumer price index and established the principle of protection of non-smokers. In 2003, an increase of 40% of the price of cigarettes was decided by the government, which led to an unprecedented drop in sales of 32% over two years. In 2007 and 2008, following the publication of a decree from 2006, tobacco consumption in public spaces nearly disappeared altogether in France.

By ratifying the CCLAT in 2004, France confirmed its commitment to the fight against smoking. By choosing to use the French policy of increasing tobacco prices as an example during the World No Tobacco Day, the World Health Organization recognized France's anti-smoking initiatives.

However, during the period from 2008 to 2011, the fight against tobacco was no longer a priority and in spite of previous efforts, tobacco consumption in 2014, remains worryingly high.

Tobacco is not just any product. The scope of the damage it causes requires a continuous response. France now has the opportunity to put in place, for the first time, an ambitious pluriannual and structured program to reduce smoking.

## The aims of the NSRP

### Objectives of the NSRP

The objectives of this first national program to reduce smoking are:

- 1) In 5 years (2019): the percentage of daily smokers should have dropped by 10% (from 29.1% to less than 26.2%);
- 2) In 10 years (2024), it should have dropped to under 20%;
- 3) In less than 20 years (2032), children born today should make up the first generation of non-smoking adults (<5% of smokers).

### Focus areas of the NSRP

- 1) Protecting young people and preventing their first foray into smoking.
- 2) Helping smokers quit.
- 3) Tackling the tobacco industry's influence.

# The actions of the NSRP

## Focus area 1: Protecting young people and preventing their first foray into smoking

The beginning of a regular consumption of tobacco is the result of a mix of social (family, peers), environmental (special offers and marketing product), individual (psychological and physiological) factors.

Amongst the majority of smokers, addiction takes hold soon after the start of consumption, the more so when consumption starts at an early age. It leads to the development of profound modifications to the central nervous system and to unpleasant withdrawal symptoms when consumption is stopped or interrupted.

In France, smoking initiation takes place on average at the age of 14. During adolescence, experimenting with smoking rises sharply: over 25% of young people aged 13, 55% of young people aged 15 and 63% of young people aged 16. Tobacco is the most consumed psychoactive product on a daily basis by teenagers. In 2011, 23% of young people aged 16 and 31.5% of young people aged 17 were daily smokers. France is one of the countries that have the highest number of young smokers. The Espad study conducted amongst teenagers in school in 2011 puts France (38%) way above average (28%) when it comes to the frequency of smokers aged 15/16 over the 30 days of the study. The United Kingdom (23%), Ireland (21%), Norway (14%) and the United States (12%) have much lower rates, which highlights how much room for improvement there is for France.

As four out of five smokers take up smoking before the age of 18, reducing the prevalence of smoking in France has to come from the protection of young people, in terms of their exposure to smoking, in order to prevent them from taking up regular smoking. This protection should be carried out on a global level; from de-normalizing tobacco consumption to reducing the availability of tobacco for minors, better health education and a specific communication campaign.

The aim of the NSRP is to have children born in 2014 become the first “tobacco-free generation” as adults in 2032. Its implementation will help significantly reduce the number of smokers amongst the general population.

### **In order to achieve this, we identified 4 initiatives:**

- Making tobacco products less appealing
- Improving respect for the smoking ban in public places and extending it to more spaces
- Controlling the use of vape devices
- Improving respect for the ban on selling tobacco to minors

### Initiative 1: Making tobacco products less appealing

#### 4 actions:

- Introducing the neutral standardized packet for cigarettes and rolling tobacco;
- Renewing, enlarging and repositioning health warnings (65% of the cover, placed at the top, new texts and images) on the packaging of cigarettes and rolling tobacco, in accordance with the directive 2014/40/UE;
- Banning tobacco advertising in retail outlets;
- Banning perceptible aromas in tobacco products, in accordance with the directive 2014/40/UE.

Packets of cigarettes, seen around 7,000 times per year by regular smokers and their peers, have been until now a crucial vehicle for advertising. Internal documents from tobacco manufacturers, uncovered after a series of trials in the United States against the tobacco industry, have revealed that cigarette packets are indeed an essential marketing tool (“given the total ban on advertising, the cigarette packet will be the tool used to ensure visual impact of the product and the brand image” 1986; “A number of women admit to buying Virginia Slims, Benson and Hedges, etc. when they go out in the evening because they want to look more feminine (...) a trendy feminine packaging can increase the relevance of our brands” (1992); “... if you smoke, a packet of cigarettes is one of the few things that you use regularly that constitutes a tool for self-affirmation. A packet of cigarettes is the only thing you take out of your pocket 20 times a day and that you put on display for everyone to see.” (1995);

Through their logos, colors (pink, white, black etc.), visuals (phosphorescent packet, collector items...), shape (lipstick-like or 'slim' cigarettes), the featured quotes, packets are a vehicle for an appealing image of the brand that pushes people to smoke, young people and women are particularly receptive to the design of the products. They mislead consumers regarding the noxiousness of the products, and upkeep the image of the brand. The standardization (shape, size, color, font, logo ban and other distinctive signs) of the packaging enables us to reduce their appeal and supports and highlights the featured health warnings.

Neutral packets combined with large visual warnings, compared with “marketed” packets, have the following effects:

- Young people are less keen to buy them;
- Young people are less keen to start smoking;
- Increasing the desire to quit and reducing consumption amongst smokers;
- Smokers are less keen to smoke in public;
- Reinforcing non-smokers' decision to refuse to take up smoking;
- Encouraging smokers to hide their cigarette packets, which de-normalizes the product and reduces its visibility amongst children;
- Smoking appears less sexy and glamorous, taking the pleasure out of smoking;

- Annihilating the marketing 'role' of the packaging and the appeal of the brand;
- Avoiding the misinformation of consumers when it comes to the dangers of the product;
- Increasing the perception of the product as dangerous;
- Increasing the efficiency of health warnings.

Australia has introduced the neutral standardized packet on 1 December 2012 for all tobacco products (cigarettes, rolling tobacco, cigars...) alongside a large range of measures, as part of their fight against tobacco, ongoing for 40 years. The scientific data collected shows a very positive evolution. Phone calls by smokers seeking support for quitting increased significantly (+78%) in the weeks following the introduction of plain packaging in the Australian market. A before/after observational study shows that following the introduction of neutral packets, smokers in cafés were less likely to smoke outside and leave their packets out for everyone to see. This measure benefits from the support of the Australian population, including smokers, 28% of which approved it before it was introduced and 49% of which approved it following its introduction. Recent data on the levels of consumption suggests that neutral packets help reinforce the impact of the global policy carried out by the Australia, where the prevalence of smoking continues to decrease, going from 15.1% in 2010 to 12.8% in 2013 amongst people aged 14 and over. Other countries have followed suit. In fact, in the European Union, Ireland and England have initiated a legal process that aims to introduce neutral, standardized packets.

The renewal and evolution of the size (from 35% to 65%) of health warnings, as well as their positioning at the top of the packet will help ensure an improved visibility and readability by smokers and non-smokers. This will mean people are generally more informed, especially when it comes to non-smoking young people, regarding the damage caused by tobacco. Tobacco advertising has for a number of decades largely contributed to the spread of a positive image in the popular imagination, by associating smoking with happiness, freedom, success, power and seduction, and by normalizing it. Even though direct advertising (except for retail outlets) and indirect advertising for tobacco products, including via sponsorship, was banned in France following the Evin law in 1991, tobacco continues to be promoted amongst target consumers, in particular young people and women. Thus, manufacturers are out-doing each other to keep-up the appeal of their tobacco products, through marketing for the packaging, the actual products themselves (so-called 'convertible' cigarettes that contain a capsule which releases an aroma...) and advertising in retail outlets. The latter exposes non-smokers, young people in particular, that have come in to buy something else, to advertising pushing them to consume tobacco. It therefore makes sense to ban these in order to protect young people and teenagers and reduce the incitement to take up smoking.

Finally, the study of the industry's internal documents, as well as numerous scientific studies, show that aromatic additives (menthol, cocoa, licorice...) are used in tobacco products to reduce the harshness of tobacco, and mask the unpleasant taste of those first cigarettes to appeal to young people, reduce the irritation caused by the smoke and facilitate inhalation, in order to ease the absorption of nicotine and finally to increase addiction. The transposition of the various measures of the directive 2014/40/UE will allow us to ban the use of perceptible aromas that aim to encourage young people to take up smoking.

## Initiative 2: Improving respect for the smoking ban in public places and extending it to more spaces

### 3 actions:

- Banning smoking in a vehicle in the presence of minors under the age of 12,
- Banning smoking in public playgrounds dedicated to children,
- Enabling the local police departments to control the smoking ban in public places.

The voluntary inhalation of smoke emanating from any number of smokers (passive smoking), constitutes a major health risk, because of the many irritants and toxic and carcinogenic substances that smoke contains. Amongst children, the main effects of passive smoking are an increase in the risk of sudden infant death syndrome (+100% if the mother smokes), respiratory infections (+55%), ear infections (+38%) and asthma (+32%).

Exposing children to smoking in public and private places is also a factor of normalization. Consequently, children exposed to smoking by those around them are more likely to experiment and then take up smoking. The people in the children's lives and society as a whole should set the example for young generations to de-normalize tobacco consumption.

Article 8 of the WHO's Framework Convention on Tobacco Control stipulates that each signatory adopts, applies and actively encourages the implementation of efficient measures offering protection against exposure to tobacco smoke in public places. The smoking ban contributes to the protection of non-smokers, children in particular, and to ensure that tobacco consumption in public places is no longer a part of social habits.

The 1976 Veil law, the 1991 Evin law, then the decree of 15 November 2006 have worked to progressively ban smoking in enclosed public places. This is how France experienced a sharp drop in exposure to second-hand smoking, in particular since 2006 and namely in work places, in public transport and public leisure spaces.

Although the smoking ban in public places is globally respected and is largely accepted by the general public, it is still not fully respected in a number of places (bars, nightclubs, see ITC surveys<sup>4</sup>). This uneven level of respect is partly the result of the lack of checks on smokers and managers of enclosed public spaces. In 2011, there were only 382 convictions for violating the smoking ban, 178 for lack of proper signage for the smoking ban, and 582 for actions actively encouraging the violation of the smoking ban. An increase in the number of checks seems necessary, and allowing local police officers to carry out these checks should help.

In other places, the situation is likely to improve. We should therefore increase and develop the initiatives started eight years ago by extending the ban to other places, in particular those where minors are present (public playgrounds, vehicles). In fact, in vehicles used by smokers, for example, the concentration of fine particles is 10 times higher and exceeds three times the average threshold put forward by the WHO.

---

<sup>4</sup> "International Tobacco Control" (ITC): international cohort study, which France takes part in, which aims to assess the psychological and behavioral impact of the main provisions of the Framework Convention on Tobacco Control.

### Initiative 3: Controlling the use of vape devices

#### 2 actions:

- Banning vaping in certain public places,
- Restricting advertising for electronic cigarettes: sending out a reminder of the terms and conditions for advertising in a memorandum and banning advertising for these products and their associated liquids.

The market for electronic vape devices has experienced exponential growth, especially thanks to a large number of adverts that have contributed to raising public awareness regarding the existence and availability of these products. It is estimated that in 2014, between 1.2 and 1.5 million people, most of them smokers or ex-smokers, vape on a daily basis.

These devices could be a helpful aid to quitting, which we should consider properly; we should increase our understanding of their characteristics, their usefulness in helping users quit and their potentially harmful effects (see focus area 2).

An improved control appears necessary in order to protect young people and non-smokers, given the addictive potential of the devices due to the presence of nicotine in most of the liquids and disposable devices. The ban on selling them to minors from 2014 was a necessary first step that should lead to more actions.

Advertising for these products developed in a substantial yet haphazard manner, without respect for the existing legislation, in particular the limits set by the code of public health (CSP). In fact, advertising for these products is authorized only if it doesn't constitute indirect advertising for tobacco (through a slogan, logo, visual etc.) or advertising for medicine, by presenting these as a quitting aid. The directive 2014/40/UE on tobacco and related products, published in April 2014, will impose from May 2016, a total ban on advertising, except for posters, for e-cigarettes containing nicotine.

We will remind manufacturers of the rule of law and of conditions in which this advertising does not respect the limits set by the code of public health via a memorandum. Then, in accordance with article 20 of the directive 2014/40, a global advertising ban will be included in the law on vape devices and their refills, with or without nicotine. Adequate behavior regarding vaping in public places where smoking is banned has been the subject of numerous debates. Scientific knowledge doesn't allow us currently to make informed decisions on the health effects of a passive exposure to the fumes emanating from e-cigarettes. However, e-cigarettes present similarities with traditional cigarettes, namely the gestures involved and sometimes the visual aspect that bring to mind the act of smoking.

Consequently, these products could potentially contribute to the normalization of smoking in public places, spark the desire to smoke in ex-smokers and encourage non-smoking minors to experiment with these devices or with tobacco products. In any case, they hinder our efforts to check the smoking ban is being correctly implemented in public places. Many transport companies' rules and regulations and municipal by-laws already include a ban on vaping. This regulation is implemented on a case by case basis, which leads to confusion. The rules around vaping in public should therefore be implemented in an identical manner all around the country. Conditions for a ban on vaping in certain public places will then be determined on a national level following the statement put forward by the

Conseil d'Etat (council of state) in October 2013. The aim is to upkeep the social acceptance of the smoking ban in public places, to protect young people (in accordance with the ban on the sale of vape devices to minors) and to ensure public tranquility.

#### **Initiative 4: Improving respect for the ban on selling tobacco to minors**

##### **1 action:**

- Allowing local police departments to control the ban on selling tobacco to minors.

According to the WHO's FCTC and many scientific studies, limiting access to tobacco products helps reduce or delay the first foray into smoking for young people. In France, smoking initiation is a particularly precocious phenomenon. It happens on average at the age of 14. In 2011, 23% of young people aged 16 and 31.5% of young people aged 17 were daily smokers, making France one of the countries with the highest number of young smokers.

Since the “Hospital, patients, health, regions” law of 21<sup>st</sup> July 2009, the ban applies to the sale of products to minors aged 18 and under. The assessment of this measure suggests that it is rarely respected as less than 40% of tobacconists systematically refuse to sell tobacco to a minor and 93% of smokers aged 16 claims to have bought tobacco from a tobacconist at least once over the month preceding the survey. This lack of respect for the ban, sometimes linked to the difficulties experienced by tobacconists in implementing it, seems first and foremost to result from the lack of checks undertaken. Thus in 2011, only 20 convictions were carried out in France for sale or offer of tobacco to a minor. Yet, scientific literature establishes the necessity of checks for this kind of ban to be respected. Moreover, general support for the principal of protection for young people by banning the sale of tobacco to minors is very prominent, amongst the general population, tobacconists and teenagers, whether they smoke or not.

Raising awareness amongst tobacconists and increasing checks will both allow us to substantially increase respect for the law and limit the accessibility of tobacco to minors. These actions will be carried out alongside action 80 of the Government Plan for Combating Drugs and Addictive Behaviors 2013-2017 which aims is to increase control over tobacco and alcohol sale to minors.

## Focus area 2: Helping smokers quit

In France, 13.4 million people smoke on a daily basis. This considerable number is worrying given the well-known harmful effects on our health: increasing risks of cancer, cardiovascular diseases, respiratory diseases, complications during birth and for the fetus, worsening of chronic diseases. Other negative effects that are less known amongst the general public and sometimes even professionals, such as the decrease in efficiency of certain medicines when taken whilst smoking (chemotherapy, anti-psychotic treatments...) or even an increase in side-effects during certain treatments (per operative complications, etc.).

Tobacco consumption is however not inevitable. Around 31% of people aged 15-75 are ex-smokers.

The desire to quit smoking is widespread amongst smokers. 70% of regular smokers have already voluntarily quit smoking for at least a week. Nearly 60% of current smokers say they want to quit. But half of all smokers are also addicted to smoking, which makes it much harder to quit. Hence the low quitting rate in the first 6 to 12 months (around 3 to 5%). Tobacco is a particularly dangerous product due to its addictive properties. Studies show that tobacco has the most addictive psychoactive substance, ahead of heroin, alcohol and cocaine. This is why smokers must have access to support. Support from a trained professional increases their chances of quitting. Data shows that advice from a professional, regardless of their specialty, increases the probability of quitting smoking at 6 months by 50%.

There isn't just one type of smoker. They all differ, by age, gender, education, socio-economic background, lifestyle, their smoking 'history', the level of their addiction, consumption sometimes associated with other psychoactive products (alcohol, cannabis, etc.) and existence of potential associated diseases.

Data suggests an increase in social inequalities in terms of tobacco consumption that should be taken into account and monitored. Smokers from poorer backgrounds wish to quit just as much as everyone else, but they are much less likely to succeed. Thus between 2005 and 2010, 10% of manual workers quit smoking compared with 24% of senior managers. Support available to smokers should be tailored to their needs and should be offered each time they have recourse to the health system (health professionals, hospitals, maternity wards, pharmacies, occupational medicine, schools and universities' medical services, health units dedicated to supporting smokers in custody, etc.).

The current system in place to help people quit, in spite of gradual improvements, including a network of health professionals and tobacco addiction specialists, reimbursement of nicotine substitutes<sup>5</sup>, remote and online support services<sup>6</sup>, and prevention and communication campaigns, is still insufficient and needs additional improvements. The changes in the management of the health system, which the national health strategy (SNS) will bolster, opens up possibilities that we should make the most of to renew support services:

---

<sup>5</sup> On the basis of a prescription from a doctor or midwife, since February 2007, up to 50 Euros per year and per insured person. In 2011, the amount increased to 150 Euros per year for pregnant women.

<sup>6</sup> Namely "Tabac Info Service" (TIS – Tobacco information service), a phone and online support service offering advice on quitting.

New practices, cooperation between professionals, transfer of skills, new jobs, etc. The experience of countries that have been successful in reducing tobacco consumption shows us how important it is to rely on professionals that aren't necessarily working in the health sector but that, if trained, can play a very important role. The inclusion of e-cigarettes in the NSRP is essential. Amongst the 1.2 to 1.5 million people using e-cigarettes on a daily basis in 2014, the majority are smokers and ex-smokers. Their main motivation is reducing the risks to their health and their addiction to nicotine.

E-cigarettes can clearly be a useful tool for smokers as it allows them to consume nicotine, the main substance responsible for their addiction to tobacco, without inhaling the main toxic substances present in the smoke, such as tar, which is carcinogenic, and carbon monoxide, harmful for the cardiovascular system. Studies are still insufficient in order to draw definite conclusions. The fact that many smokers now turn to e-cigarettes suggests there is widespread motivation to quit consuming tobacco and possibly a desire for some to find a solution outside of the care system. In fact, smokers rarely think of themselves as ill or suffering from a disease.

However, it appears that many users alternate between vape devices and tobacco. This double-use reduces the benefits of vaping by keeping them exposed to the harmful effects of smoke. The scale of this phenomenon means we need to carry on monitoring e-cigarette use for years to come, in order to study the levels and modes of consumption of these recent products that raise new questions. Supporting research in that field is therefore essential, in order to be able to better understand what role they play in reducing smoking and the risks linked to tobacco.

The NSRP aims to boost and renew our support system to help smokers quit and to diversify and increase the types of support services that exist for smokers, by updating training and tools for professionals, by making the most of what new technologies have to offer, expanding the types of professionals involved in support schemes, by innovating and experimenting with new quitting methods and by encouraging research on new promising devices, including e-cigarettes.

#### **4 initiatives were identified:**

- Developing better information tools for smokers;
- Increasing the involvement of health professionals and encouraging the involvement of community-based professionals in smoking cessation support;
- Improving access to treatments for smoking cessation;
- Encouraging social ministries, such as the Ministry for Social Affairs, Health and Women's Rights to set the example.

### Initiative 1: Developing better information tools for smokers

#### 4 actions:

- Raising awareness of the harmful effects of tobacco through an improved communication campaign aimed at smokers;
- Producing a “tobacco-free pregnancy” pictogram on the tobacco products;
- Promoting the single telephone number “39 49” and the tabac-info-service website;
- Developing “e-coaching” initiatives (created in collaboration with the French *National Institute of Health Education and Prevention* and the *National Health Insurance Fund for Salaried Employees*).

Information campaigns to support smoking cessation aim to encourage people to take action to improve their health and to change individual and collective representations to de-normalize tobacco consumption. They also enable us to support professionals on the ground and give them the necessary tools. They also connect them to various existing support systems.

The efficiency of these campaigns requires important communication efforts: messages circulated via multimedia platforms, repeated regularly, alongside other preventive actions, and involving other partners and actors. High intensity communication campaigns, spanning several years, have an influence on the level of tobacco consumption. There exists a correlation between the intensity of exposure and the evolution of consumer behavior. The example of the “Stoptober<sup>7</sup>” campaign in the United Kingdom illustrates the advantages of building an events campaign, involving all professionals, in order to motivate and support smokers looking to quit.

Scientific data has highlighted the efficiency of remote support tools, whatever their channel of communication. Remote support (information, advice, guidance or support) was developed at the INPES (*National Institute for Prevention and Health Education*), as part of the Tobacco Information Service, following models that proved successful in their impact on behavior and its causes. A phone (“39 89” line) and internet service help smokers quit and constitute an alternative to form of support. National health insurance funds are also developing support tools via internet aimed at their policyholders.

The NSRP will support the promotion of a single phone number (“39 49”) and the development of complementary and synergetic support services (development of e-coaching) with a strong accent on the modernization of communication tools to better use existing possibilities (social networks, smartphones, etc.). We seek to encourage the development of links between remote support services and professionals on the ground: GPs, hospital professionals involved in specific treatments (obstetricians, midwives, anesthetists, surgeons, oncologists, etc.).

---

<sup>7</sup> Stoptober launched in 2012 in the United Kingdom relies on a communication strategy encouraging smokers to collectively quit for 28 days (studies have shown that a 28-day interruption multiplies by 5 chances of quitting permanently). The message is supported by the involvement of partners from all over the country (local authorities, professionals, pharmacists, etc.) and a multimedia campaign. 247,000 smokers took part in 2013. <http://resources.smokefree.nhs.uk/news/campaigns/stoptober>

**Initiative 2: Increasing the involvement of health professionals and encouraging the involvement of community-based professionals in smoking cessation support;**

**2 actions:**

- increasing the involvement of GPs in the fight against tobacco, by including a specific indicator in the payments based on public health objectives;
- developing a free local support system to help smokers quit by involving 430 care, support and prevention centers (CSAPA), of the 250 young consumer consultations (CJC) and the 112 health insurance health checks centers.

The considerable number of smokers, many of which want to quit smoking, needs a large number of health professionals to get involved in support services and take an active role in helping people quit. The number of French smokers being advised to stop smoking by a health professional is still too low. Only 28% of smokers have received advice to stop smoking during a routine health-check in the last 6 months, according to the ITC (International Tobacco Control Policy Evaluation Project) international survey.

These results put France just before last amongst the 17 participating countries (ITC, 2011). All health, medical and paramedical professionals should get involved in the issue of daily smoking. Each professional has a legitimate role to play (Haute autorité de santé (HAS), 2014). GPs see around 90,000 patients every week as part of a smoking cessation process and are ready to take action, as underlined in the HAS recommendations of 2014. Reducing smoking will be included in the public health objectives defining the fixed contribution of GPs' salaries as part of the medical convention negotiated with the health insurance system. They will be given tools and local support (visits from health insurance delegates, etc.) to improve their efforts.

Local health services have resources that we should use more extensively. This is namely the case of the 450 care, support and prevention centers (CSAPA), local establishments present all over the country. Set up in 2007, following the merger of institutions that provided care for people experiencing problems with alcohol and/or drug consumption, the CSAPA and their medico-psychosocial teams provide care and support for people with addictions, including smoking. The percentage of people using the services of a CSPA is still quite low, being around 5%.

We must increase the part played by these structures in the fight against tobacco and make them resources centers for smokers, including young smokers, by getting the associated young consumer consultations (CJC) involved. The health insurance health-check centers, which mainly cater for people living in precarious conditions, will also be mobilized to offer free support

### Initiative 3: Improving access to treatments for smoking cessation

#### 2 actions:

- improving the reimbursement of costs involved in smoking cessation by tripling the budget for priority services: for people aged 20 to 30, CMU-C recipients and people with cancer;
- extending the range of professionals who can intervene in the support process: prevention services professionals (occupational medicine, etc.) nurses, midwives (authorizing midwives to prescribe nicotine substitutes to relatives of pregnant women).

Subsidizing treatment and consultations for smoking cessation has been proven to be one of the most cost-effective public health strategies. One year of life saved is estimated to cost 1900 Euros. The intervention of medical professional increases smokers' chances of quitting and the combination of a health professional's intervention and an appropriate treatment is the most efficient strategy. Treatments involving nicotine substitutes are more efficient than the absence of treatment or the use of a placebo. They increase abstinence at 6 months from 50% to 70%.

The rate set by Health Insurance in February 2007 which allows it to reimburse treatments involving nicotine substitutes to the amount of 50€ per year and per person, has tripled in September 2011 for pregnant women and in September 2014 for young people aged 20 to 25. This rate is still under-utilized. Since its introduction, the use of this subsidy has dropped (500,000 beneficiaries in 2008, 336,000 in 2010 then 212,491 in 2013). The lack of awareness of this set-up by the general public and even by professionals can explain the above. There are other impediments: the requirement for people to pay for the treatment in advance at the pharmacy and the delivery on prescription by a doctor or midwife can also dissuade smokers living in precarious conditions.

The amount of the subsidy of 50€ per year helps partially cover the cost of treatment, which equates to around 1 month at best, even though the HAS stresses that the NRT (*Nicotine replacement therapy*) requires regular and sufficient doses of the treatment to be used, at least for 3 months. The smokers most dependent on tobacco, many of which live in precarious conditions, generally need a combination of a number of NRT treatments to achieve an efficient substitution. The NSRP aims to improve financial access to these treatments.

The subsidy amount allocated to NRT will be tripled for high-priority groups: it will increase from 50 to 150 Euros for young people aged 25 to 30, for beneficiaries of the *Complementary Universal Health Insurance Coverage (CMU-C)* and for cancer patients. These measures will complement the tripling of the subsidy for young people aged 20 to 25, effective since September 2014 (*Social Security Financing Bill for 2014*).

It is necessary to prepare a strong communication campaign aimed at health professionals and other actors working with the groups concerned, in order to help the largest number of people benefit from this measure.

**Initiative 4: Encouraging social ministries, such as the Ministry for Social Affairs and Health to set the example**

**2 actions:**

- Rearranging the ministry's smoking areas in order to better show off the non-smoking areas;
- Developing support for smoking cessation for ministry personnel.

The aim of the NSRP is an ambitious one: trying to ensure that in ten years, less than 20% of the population are smokers and that in fewer than 20 years, children born today will make up the first “tobacco-free generation of adults”. This constant battle implies that the government and public actors, and society as a whole, should realize the damage it causes and take action.

As a priority for public health, the contribution of social ministries to the fight against tobacco is the introduction of a number of initiatives aimed at raising awareness and a “tailor-made” support service for staff members to help them quit smoking and take up sports. These initiatives, already implemented by central administration, will eventually be developed within regional services.

The French administration must set the example in terms of combating smoking. The Ministry for Social Affairs will implement a number of in-house communication and awareness campaigns, targeting tobacco cessation and promoting exercise. The initiatives offered to Ministry personnel include an information stall on the dangers of smoking, the creation of a new smoking area, an “open day” for the ministerial Sports Association and a number of sports demonstrations.

The health and prevention service offers tailored support. Each medical consultation is the chance for staff members to have medical professionals check for potential addictions, test consumption, offer nicotine patches to initiate cessation. For human resources, this collective action fits into a wider national mobilization. A “tobacco-free administration” charter has already been the subject of much discussion. Following these consultations, the charter will be implemented as part of regional services and encourage local, adapted initiatives.

### Focus area 3: Tackling the tobacco industry's influence

Tobacco costs France much more than it brings in. Its social cost is estimated at 47 billion Euros, including 18 billion just for health costs<sup>8</sup>. Thus, we can estimate that even if we include the tax yield, tobacco still costs our society over 400 Euros per year and per person.

High prices are an efficient measure against tobacco. However, to be truly efficient, this policy must be implemented alongside a fight against illicit trade and a limitation of cross-border sales. We need to ensure that consumers don't then turn to the parallel market, foreign markets or online retailers, thereby neutralizing the high prices policy carried out in France for years to reduce the accessibility of tobacco.

Despite the French legislation regarding advertising, the tobacco industry has continued to promote its products both directly (advertising in retail outlets, product packaging) and indirectly (product placement, sponsorship of cultural activities, etc.). These are actions aimed at giving tobacco consumption an image of "normality", preparing new generations to become consumers. We should therefore tackle these strategies of influence and promotion of tobacco products.

Finally, as was assessed by the controller and auditor general in 2012, we have very insufficient means and resources to fight tobacco consumption (around 8 Euro cents per year per person for prevention campaigns). While its social cost is huge, the tobacco industry remains extremely profitable. Consequently, the government will seek to increase the resources dedicated to the fight against tobacco, namely by making this sector contribute financially.

Thus, 3 initiatives were identified to efficiently tackle the influence of the tobacco industry:

- Fighting against illicit trade to make a fiscal policy on tobacco that benefits public health more efficient,
- Fighting against the interference of the tobacco industry in public policy,
- Increasing the resources dedicated to the fight against tobacco.

---

<sup>8</sup> *Le coût social des drogues en 2003*, Pierre Kopp and Philippe Fenoglio, 2006

## **Initiative 1: Fighting against illicit trade to make a fiscal policy on tobacco that benefits public health more efficient**

### **1 action:**

- Elaborating an interministerial plan to fight the illicit trade of tobacco.

Retail sale of manufactured tobacco (cigarettes, rolling tobacco, hookah tobacco, snuff, etc.) is a monopoly entrusted to the Directorate-General of Customs and Indirect Taxes (DGDDI), through the intermediary of tobacconists (buralistes).

The taxation of tobacco products, a component of price policy, is one of the fundamental tools for our public policy to fight tobacco. High prices for tobacco products are a factor that limits their accessibility, in particular for young people. The protection of the efficiency of these price levels requires us to fight against the illicit trade of tobacco.

The remote commercialization of manufactured tobacco is banned, regardless of where the website is hosted. Yet, numerous internet sites dedicated to the sale of tobacco products do exist abroad and these illegal sales do not for the most part respect any of the technical, sanitary or fiscal obligations imposed in France. It is estimated that the illegal purchase of tobacco (contraband, Internet...) represents around 5% of tobacco consumed in France. A customs memorandum from September 2014 has lowered the threshold above which any person controlled will have to justify that the possession of the products is for personal use to four cartons (200 cigars, 400 cigarillos, 1 kg of tobacco).

An interministerial plan to fight the illicit trade of tobacco will be presented. It will involve customs and fraud control services. It will help us increase sanctions against smugglers and bootleggers and improve the application of the sale - in particular via Internet – of tobacco products. By improving the fight against tobacco, it will support the efficiency of the French fiscal policy of introducing high prices.

## **Initiative 2: Improving the transparency of the tobacco industry**

### **1 action:**

- Studying the implementation of a website dedicated to the transparency of the activities of the tobacco industry, along the same lines as the one that was produced for the pharmaceutical industry.

The study of internal tobacco industry documents shows us that for fifty years, tobacco manufacturers have been implementing interference strategies. The historian Robert N. Proctor explains how, through their infiltration of the communication sector and science, they have sought to impede, delay and block the adoption of efficient policies to control tobacco sales (Golden holocaust, 2012).

The WHO's Framework Convention on Tobacco Control has included the fight against interference from the tobacco industry in the definition and implementation of public policies linked to tobacco

(article 5.3) as well as the global ban on advertising, promotion and sponsorship in favour of tobacco (article 13).

The international code of conduct for civil servants estimates that there is a risk that personal interests influence official responsibility, which underlines the need to tackle conflicts of interest.

In France, the interference of the tobacco industry in the definition and implementation of public policies on tobacco is a reality that has been highlighted a number of times. The parliamentary reports of Yves Bur, “Pour une nouvelle politique de lutte contre le tabac” (For a new policy on tobacco control), February 2012 and the December 2012 one produced by the controller and auditor general on the assessment of public policies on tobacco control also give an account of the above.

A book<sup>9</sup> published by the CNCT (National Committee against Smoking) in September 2014 covers the extent of the diversity of strategies carried out by tobacco manufacturers to misinform and influence opinion leaders.

The most common methods used include:

- The misinformation of elected representatives, journalists and the general public;
- The interference in corporate philanthropic and social responsibility actions (institutional partnerships and sponsorships in the fields of culture, health and the social sector);
- Attempts of corruption of politicians and high-ranking civil servants.

Moreover, although France has banned direct and indirect advertising as well as sponsorship deals, a number of tobacco manufacturers are developing sponsorship strategies to improve their image, advertise their products in a roundabout way and network with high-profile individuals.

In that spirit, the organic law n° 2013-906 of 11<sup>th</sup> October 2013 on transparency in public life, as well as deontology and civil servants' rights bill aim to prevent conflicts of interest.

The creation of a website dedicated to transparency regarding the activities of the tobacco industry, along the lines of the one set up to tackle the pharmaceutical industry, <https://www.transparence.sante.gouv.fr>, will allow us to improve the transparency of the communication and lobbying practices of the tobacco industry.

---

<sup>9</sup> Ingérence de l'industrie du tabac dans les politiques de santé publique – Etat des lieux et recommandations, (interference of the tobacco industry in public policies – assessment and recommandations), éditions Le Publieur.

**Initiative 3: Increasing the resources dedicated to the fight against tobacco**

**2 actions:**

- Creating a fund dedicated to the fight against tobacco and increasing resources;
- Getting the tobacco industry to contribute to the financing of the fund.

The fund will allow the government to improve the way it funds actions to reduce smoking, planned by the NSRP.

These include:

- Information (for ex.: awareness campaigns),
- Prevention (for ex.: health education aimed at young people),
- Subsidized care (for ex.: smoking cessation support).

The tobacco industry has a responsibility when it comes to our health. It would therefore make sense that it contributes to the financing of actions against smoking. The government hopes to get the tobacco industry involved in order to finance a fund dedicated to the actions of the NSRP. Current propositions already exist, that raise technical and legal questions that we need to address to achieve this.

# PART TWO

## Supporting the creation of the program

The creation of three NSRP focus areas requires us to put in place a structured plan, a pool of knowledge and expertise and consider the regional and international reach of the NSRP.

### Governance of the NSRP

For an effective implementation of the NSRP, we need a management structure set in coordinating with our partners, sufficient resources, a follow-up and an assessment of the program. It also implies that we need to keep the public and health service users informed of our developments on a regular basis.

#### **A national and regional management structure uniting all actors**

The management structure of the NSRP aims to oversee the implementation of initiatives to achieve the objectives set and support the measures for improvement of the various actions. The NSRP will be managed on both the national and regional level, by relying on the regular assessment and follow-up of the developments undertaken.

#### **The NSRP national management committee**

The NSRP national management committee meets every three months. The committee oversees both the steering and the implementation of the NSRP by:

- Managing the implementation of the program initiatives: follow-up of the various actions, the financing strategy and consideration of the provisional calendar;
- Improving synergy with other actors, institutions and programs (cancer, drugs and addictive behavior, inmates, etc.). In that respect, the committee collaborates when needed with the interministerial health committee;
- Suggesting annual necessary adjustments, in line with scientific, medical, legal, regulatory or behavioral evolutions.

The NSRP national management committee, presided over by the director general for health, is made of the director for social security, director general for health services, the secretary general of the ministries in charge of social affairs, the president of the Mildeca, the president of the INCa, the director general of the Cnamts, the director general of the INPES, the director of the InVS, the director of human resources for social ministries.

### **The NSRP national coordination committee**

The NSRP national coordination committee meets twice a year. The committee oversees both the consultation process and the implementation of the NSRP by:

- overseeing the implementation of the focus areas: follow-up of the various actions and consideration of the provisional calendar;
- improving synergy between the management committee and other civil society institutional actors;
- discussing possible NSRP adjustments in accordance with scientific, medical, legal, regulatory and behavioral evolutions;
- suggesting relevant adjustments to the management committee.

The national coordination committee, co-presided over by the director general for health and the president of the Interministerial Mission for Combating Drugs and Addictive Behaviors, is made up of:

- Members of the management committee
- Ex officio members: central administration, national agencies, representatives of national health agencies
- Qualified individuals
- Anti-tobacco associations, associations for people affected by various diseases (heart, pulmonary disorders, neurological diseases and cancer...);
- Academic societies;
- Representatives of health professionals.

### **« La mission tabac »**

In order to support and prepare the work of the national management committee and the national coordination committee, a tobacco mission run by the Health Ministry will oversee the administration of the NSRP. This mission will benefit from the efforts of a dedicated team (doctors, legal experts, registrars, health engineers), as well as specific correspondents working within each one of the structures responsible for the implementation of the NSRP, namely INCA (French National Cancer Institute) representatives.

Answerable to the Interministerial Health Committee, the mission's roles are:

- recommending to the national management committee an annual work program in accordance with the objectives of the NSRP and its focus areas,
- overseeing the administration of the national management committee, the national coordination committee and if necessary, the governing board of the dedicated fund,

- ensuring adequate knowledge and understanding of national and international scientific publications' coverage of all matters related to the fight against tobacco, through constant news monitoring, and facilitating their distribution,
- ensuring a continuous follow-up of the various expenditures and actions implemented with specific national and regional partners.

Each year, they will prepare a report assessing the actions carried out. Following its validation by the national management committee, it will be uploaded onto the Health Ministry's website and added as an appendix to the annual assessment of the cancer plan 2014-2019.

### **National and regional organization**

The implementation of the NSRP must be carried out in a complementary manner between the national and regional levels. Regional health agencies are responsible for the implementation of the program in their respective regions. They will manage or act as partners for specific actions, taking into account the specificities of their regions, and pick a unit or service in charge of the follow-up. These units will report on the regional implementation of the program and the follow-up of the results. They will cooperate with the tobacco mission.

### **Perennial and specific financing arrangements to which manufacturers will contribute**

The lack of source of funding for the fight against tobacco in France has hindered any major qualitative and quantitative step forward. The NSRP's aim is to tackle and overcome the lack of attributed funds, as noticed by the controller and auditor general and MEP Yves Bur in his 2012 parliamentary report.

Since 2001, the taxable income (consumer protection and VAT) generated by tobacco has been over 12 billion Euros per year but only very sparsely funds the fight against tobacco. The tobacco industry has a responsibility when it comes to our health. It would therefore make sense that it contributes to the financing of actions against smoking. The government hopes to get the tobacco industry involved in order to finance a fund dedicated to the actions of the NSRP. Current propositions already exist, that raise technical and legal questions that we need to address to achieve this.

### **An assessment to improve management and achieve success for the NSRP**

To implement a successful policy to fight tobacco we need reliable and regular data on the levels of tobacco consumption. We also need to be able to measure the efficiency of the actions implemented as part of the NSRP. This assessment requires us to pool together knowledge and expertise on the subject (observation, applied research, evaluation) which is both perennial and coherent to support and improve, over the long-term, the quality of management of the NSRP.

The tobacco mission oversees the regular follow-up of data, highlighting the results on an annual basis, in partnership with the various agencies in charge of data collection and analysis. An external assessment of the entire program will be carried out with these indicators and issues in mind.

### Information of the public and of the health system's users

In order to inform the general public of the implementation of the NSRP and its results, we will upload all the relevant information about the NSRP, its development and achievements on the Health Ministry's website, [www.social-sante.gouv.fr](http://www.social-sante.gouv.fr).

## Observation, applied research and assessment for the NSRP

Producing data and information on tobacco consumption, its consequences and the responses put forward is a major factor in the efficiency of the NSRP and its follow-up. In fact, creating an adequate system to collect and store all this information should allow the program to adopt a particular "vision", thanks to:

- Knowledge of the epidemiology of tobacco in France and its short-term evolution;
- A dynamic network of applied research;
- An assessment of the impact of existing or future measures to combat tobacco and of the NSRP.

This will contribute to the efficient management of the NSRP, allowing us to measure the efficiency of the actions implemented and to enable public decisions to be based on objective data. The NSRP team favors a pragmatic response: we aim to produce a body of knowledge usable in the short or medium-term to guide public authorities in their initiatives to curb tobacco consumption in France.

### Improving existing monitoring devices and developing additional devices, necessary for the documentation of key indicators

France has a number of observation tools, largely non-specific to tobacco (INPES health barometer; the ESCAPAD and ESPAD studies of the OFDT (French Monitoring Centre for Drugs and Drug Addiction), etc.), that provide useful information but remain insufficient.

A number of fields of study were identified to improve existing devices:

- The market for tobacco products and vape devices, within and outside of the tobacconist network;
- Promotion strategies for tobacco products and vape devices;
- the consumption of tobacco products and vape devices by the French public, with a detailed analysis based on gender, age, socio-professional background, and specific groups, such as pregnant women;
- The consequences of tobacco consumption in terms of health (morbidity and mortality) and for French society (social costs);
- Cessation: the level of intention to quit amongst the population, level of cessation attempts, cessation advice and recommendations by professionals and recourse to existing services.

In light of these requirements, a number of improvements seem necessary in order for us to closely monitor the detailed evolution of the tobacco epidemic in France.

A number of indicators require, say, a more frequent assessment. Consumption is assessed every three years for teenagers, every five years for the general public and assessment is even less frequent for pregnant women. In order to manage the fight against tobacco properly, we need to aim to collect this data on an annual basis.

Moreover, tobacco consumption is very uneven from region to region. Thus in 2010, the daily use of tobacco amongst people aged 15 to 75 varied by 25 to 35% depending on the region. Regional health actors, and in particular, regional health agencies, must be able to access estimations of key indicators at regular intervals and be able to compare these with other regions.

These studies cover samples that are sufficiently important to be able to produce these regional estimates. Certain indicators are only assessed occasionally and the only points of reference available are often obsolete.

It currently seems relevant to develop more regular measures for these key indicators.

### **Directions:**

- Producing a monthly follow-up and an annual summary of key information on tobacco;
- Setting up a qualitative and quantitative monitoring system for the tobacco product and vape devices markets;
- Regularly monitoring key indicators for minors, adults, pregnant women and professionals in regards to:
  - Consumption of tobacco and vape products;
  - Methods of procurement;
  - Cessation wishes and attempts;
  - Support services (GPs, pharmacists, remote support services, etc., including indicators of proactive actions by health professionals in terms of identifying smokers keen to quit, and advice provided);
  - Knowledge and understanding of the NST budget and its tripling.
- Regularly assessing the general population's knowledge and understanding of tobacco, its consequences and the various anti-tobacco measures;
- Regularly assessing, via a reliable and stable methodology, the social cost of tobacco and the morbidity and mortality rates linked to tobacco in France;
- Systematically observing promotional strategies for tobacco and vape products in France.

### Creating and supporting a national assessment and applied research network

There are few French professionals working in the field of applied research on tobacco. This situation is partly the result of erratic funding and the absence of sustainable and well-organized efforts to address the issue of tobacco consumption.

The NSRP aims to create a national network of applied research. This network should allow us to identify high-priority issues and to develop practical projects to support the implementation of the NSRP. This is inspired by the British model, which, in just a few years, produced top scientific research. We expect this network to be developed in collaboration with public authorities.

This will provide health professionals and decision-makers with relevant and objective data. It will improve responsiveness on the issues brought up during the development of the public policy. It will rely namely on the actions undertaken by the National Cancer Institute, as part of its “tobacco” PAIR (National Program of Integrated and Referential Actions) and the French National Alliance for Life and Health Sciences' (AVIESAN) multi-agency thematic institute (ITMO).

The exponential rise in the use of vape devices in the last few years has underlined the need to address the issue of risk reduction when it comes to our response to tobacco addiction.

#### Directions:

- Creating a national assessment and applied research network dedicated to the fight against tobacco
- Identifying the financing schemes that enable us to carry out regular calls for project proposals on various themes of interest for the fight against tobacco
- Developing regular methods of interaction between the research teams and key actors of the fight against tobacco to better utilize the results of the research
- Commissioning expertise on the place of risk reduction in the response to tobacco addiction.

### Periodically assessing the application of tobacco legislation

France implements many legal and regulatory measures, some of which are not always respected (sale to minors, tobacco consumption in certain public places, etc.).

Moreover, how people adhere to these measures tends to fluctuate and evolve over time, due to a number of factors (understanding and acceptance of the measure, frequency of checks, training of professionals, etc.).

It is thus necessary to carry out regular assessments of the public's response to these measures (bi-annual evaluations) to better adapt our strategies.

**Directions:**

- Defining the high-priority measures to be assessed, the corresponding indicators and the frequency for each one;
- Identifying existing surveys that can contribute to the documentation of indicators and remaining requirements to cover, as well as the necessary resources;
- Making sure that the surveys is currently drawn up;
- Regularly circulating the available results.

**Evaluating the NSRP to assess its impact**

We have set an ambitious objective for the NSRP or a 10% drop in the number of daily smokers by 2019. In order to achieve this, we must implement a number of complex measures. Furthermore, aside from the specific evaluation of a certain actions, we must set up a proper assessment system for the effects of the NSRP.

The aim of the assessment of the national program is to be able to carry out the NSRP actions properly and to independently evaluate its impact on consumption. This evaluation should allow us to identify the changes necessary to improve the NSRP results and to enable us to develop the next program. At the end of 2016, we will hand our mid-term assessment report to the management committee. In 2019, a final assessment report will be written up.

The conclusions of this evaluation will be included in the final assessment of the cancer plan 2014-2019 (objective 10).

**Directions:**

- Selecting a team in charge of the assessment of the impact of the NSRP;
- Carrying out a bi-annual assessment for the state of progress of the development of the NSRP;
- Assessing the mid-term state of progress and impact of the NSRP (end of 2016);
- Assessing the state of finalization and impact of the NSRP, as well as new directions to take at the end of the 2019.

## Tackling tobacco consumption regionally

**Implementation of a regional management system and the ARS model**

The ARS play an essential part in the success of the NSRP by overseeing its implementation on a regional level, taking into account the specificities of their respective regions and cooperating with local partners. The ARS can select an internal unit or service in charge of tackling the issue of smoking in the region. This service will ensure that this issue is included in the ARS policies and activities and

as well as the reporting of the program's regional implementation and its results. It will act as a representative body for the DGS's (Department of Health) tobacco mission.

The ARS, in charge of regional health policy, are in charge of ensuring that smoking is a high-priority issue in their collaboration with institutional partners:

- As part of the commission for the coordination of public health policies, in order to harness the professionals and finances needed to develop prevention, communication, information and support for quitting initiatives;
- As part of the partnerships and conventions between the ARS and its partners:
  - Local authorities through local health contracts (CLS);
  - Regional governmental services (health services at school, at university, in places of work, youth and sports, social cohesion, etc.);
  - Health insurance, part of the ARS-AM contract;
  - Prevention and health operators (regional competence centers);
  - Professional training organisations.

### Highlighting smoking-related issues within the priorities of the regional health project

#### Communication and information

The ARS should implement the INPES communication campaigns (transmitting their messages to local media and partners, including the use of new media platforms) on a regional level. This should make the campaigns more efficient.

Moreover, the introduction of a new “quitting month” (based on the British “Stoptober” initiative) would highlight this issue on a regular basis across the regions and encourage local actors to get involved.

The ARS will be able to rely on both the expertise and the support of the INPES and on the experiences of other ARS that have already implemented similar initiatives.

#### Preventive and health promotion actions

We will draft a support document aimed at the ARS to help them develop relevant and tailored actions and services. It will include details about both context and costs.

The ARS will be able to circulate methods and tools approved by local actors, which will encourage adequate training and take part in the selection of local innovative experiments.

A regional implementation of the NSRP should push for the issue of smoking to be included in the preventive and health promotion actions funded by the regional intervention fund (FIR).

### **Involvement of the health system**

The NSRP also aims to boost the current support system in place to help people quit smoking.

It would be preferable for all health professionals to be involved.

Regionally, the ARS will be able to:

- Involve health professionals;
- Implement national recommendations on a regional level, such as the HAS recommendation of 2014 on smoking cessation;
- Implement the tools developed by INPES and Health Insurance;
- Improve knowledge and understanding of existing support services to help people quit. This includes: improving people's knowledge of services provided by medico-social and preventive medicine establishments (specifically those visited by heavy smokers, and those living in precarious conditions); knowledge of existing services and initiatives, like the terms and conditions of the TSN subsidies, the 3949, tabac-info-service, structures like the CJC, CSAPA and the CES;
- Involve medical establishments;
- Rely on structural evolutions, as part of the national health strategy.

### **Involving socio-educational professionals**

Socio-educational professionals can help guide and support specific groups, especially young people and people living in precarious conditions.

Regionally, the ARS can contribute to:

- Involving association representatives;
- Implementing and circulating the practical tools for professionals developed by the INPES;
- Improving the links between socio-educational professionals and appropriate establishments (CJC and schools/universities, CJC and legal protection services for young people, etc.);
- Supporting “tobacco” actions carried out by the partnerships, like the CLS;
- Promoting and supporting the implementation of programs for particularly vulnerable people.

### **Encouraging respect for the regulations**

The NSRP includes a number of national measures to improve the checks carried out in public places where smoking is banned and retailers to ensure tobacco products are not being sold to minors.

The heads of projects for the *Interministerial Mission for Combating Drugs and Addictive Behaviors* (MILDECA) in collaboration with ARS and other relevant services will monitor the results of these checks put in place by prefects. They will also be able to provide their support and advice to better target the places to control.

## International Scope of the NSRP

For over ten years, the fight against tobacco has been considered a major public health issue in European and international discussions on the topic. As the main preventable cause of death, responsible for the deaths of 6 million people per year, including 600,000 victims of passive smoking.

According to the World Health Organization, tobacco could be over the course of the 21<sup>st</sup> century the cause of 1 billion deaths. Half of all smokers die prematurely, losing around 14 years from their life expectancy. In the last few years, we've seen the introduction of a number of international and European norms (FCTC) and objectives (global action plan for the prevention and control of non-communicable diseases) to which France has actively contributed. In order to better cooperate with other countries in the fight against tobacco, France must continue to raise awareness globally about its experiences, and draw from the experiences of other countries, and to promote ambitious strategies implemented at various levels. These efforts but be kept up to better translate those European and international commitments into national ones.

### Translating France's international commitments into national strategies

The directive 2014/40/UE on tobacco products, which overrides the 2001 directive, establishes new regulations concerning the manufacture, presentation and sale of tobacco and related products (vape devices). The measures in development (banning perceptible aromas, renewing and enlarging health warnings, introducing safety and quality regulations for e-cigarettes, etc.) make this directive a new step forward in the fight against tobacco.

As part of the NSRP, France will seek to adapt this directive to a national level as soon as possible and will consider the possibility of more ambitious measures. The neutral, standardized packet, made possible thanks to the directive, will already be introduced.

The accelerated implementation of the FCTC is one of the objectives of the WHO's global action plan for the prevention and control of non-communicable diseases (2013-2020). The NSRP represents France's wish to push these initiatives forward.

In this respect, the Protocol to Eliminate Illicit Trade in Tobacco Products developed at the 5<sup>th</sup> conference of the parties at the WHO's Framework Convention in November 2012 and signed by France on 10<sup>th</sup> January 2013 in Geneva, will shortly be ratified. As an official text committing France to take action on an international level, the Health Ministry will ensure adequate circulation and communication of its measures and principles amongst the relevant institutions and professionals, to improve their general understanding and implementation of said measures.

### Strengthening European cooperation

With over 700,000 deaths per year, tobacco is the first cause of preventable deaths within the European Union (EU). Despite recent progress, the number of smokers is still worryingly high (28% of the total population and 29% of 15-24 year-olds in 2012).

There is still progress to be made. Harmonizing regulations across Europe regarding the taxation of tobacco products and a stricter limit on private imports of tobacco could ensure more efficient public health policies.

French policy is hindered by the fact that prices are very different to those of neighboring countries, which benefits cross-border trade. France is seeking to forge closer relationships with the most proactive EU states in the fight against tobacco.

These partnerships and collaborations will push France to implement the most efficient strategies, anticipate the difficulties encountered by other countries and promote French successes in this field.

### **Strengthening international cooperation**

Conscious of the necessity to protect present and future generations from the harmful effects of tobacco, the World Health Organization unanimously passed in May 2003 the Framework Convention for Tobacco Control, now signed by 178 countries. Produced thanks to factual data, the convention includes a number of varied and complementary measures relying on a double-strategy of controlling the supply of tobacco products and reducing demand.

In 2011, 88% of the world's population was directly affected by the implementation of this international public health treaty, which gives signatory States a legal framework to encourage the implementation of legal and regulatory anti-smoking measures at both regional and national levels. To implement the FCTC, the WHO has produced guidelines that translate the treaty's articles into recommendations to the various Parties.

As one of the stakeholders of the FCTC, France fully supports its implementation. The country takes part in the Conference of Parties and contributes financially to the administration of the FCTC to the amount of around 260,000 Euros per year. In a context of vulnerable emerging markets facing the onslaught of the tobacco industry, France hopes to take part in a transfer of skills and experience between developed and developing countries, mainly by encouraging the implementation of the FCTC in Francophone countries.

Moreover, in order to boost the fight against illicit trade, it will encourage the implementation of international cooperation strategies.

# Articulating the NSRP around other governmental actions

## A coherent action-plan to help us combat smoking

The fight against tobacco is a long-term crisis. As the first preventable cause of death, this product is responsible for 73,000 deaths every year or twenty times the number of deaths on the road. It is also a source of cancer, cardiovascular diseases, respiratory and infectious diseases that kill one in every two consumers, leaving us facing a dramatic epidemic for over a century.

We aim to combat smoking by pursuing two objectives, which sound straightforward enough, but are more difficult to achieve: preventing young people from becoming addicted to tobacco and helping smokers quit. In order to achieve these, we must consider all facets of the issue on a global basis, economic, social, individual and medical.

The government, faced with such a challenge, has taken on a crucial role in steering these policies. The NSRP, measure 10 of the cancer plan 2014-2019, is the first public health program exclusively dedicated to tobacco.

This government action is part of a wider set of anti-tobacco strategies:

- The national health strategy,
- The cancer plan 2014-2019
- The governmental plan to tackle drugs and addictive behavior 2013-2017

It is also part of their initiative to translate the European directive 2014/40/UE on tobacco products and related products into a national strategy and the implementation of the various commitments made by France when it ratified the WHO's FCTC in 2004. The government and other public authorities must raise awareness amongst the general population of the harmful effects of tobacco, so that everyone takes action, in any way they can. The spirit of the NSRP is one of synergy of all the initiatives and coordination of all actions. This chapter aims to present these actions that will work together with those announced on 25 September 2014.

## Focus area 1: Protecting young people and avoiding the first foray into smoking

### Preventive actions

- Increasing the impact of the communication campaigns: we must develop targeted communication strategies to better raise awareness of the dangers of smoking (governmental plan p.28),
- Adapting the various programs validated abroad to the French context, then experimenting with and assessing their regional implementation (actions 7 and 9 of the governmental plan to tackle drugs and addictive behavior 2013-2017 and action 11.14 of the cancer plan 2014-2019),
- Identifying promising preventive actions aimed at children and young people nationally, encouraging their assessment, promoting their circulation and sharing these experiences (online, scientific publications, role of the governmental plan to tackle drugs and addictive behavior-created following the action n° 1 of the plan),
- Including smoking prevention in the educational program from kindergarten all through sixth form (actions 5 and 10 of the governmental plan to tackle drugs and addictive behavior 2013-2017 and action 11.11 of the cancer plan 2014-2019),
- Including awareness of public health issues in the *plan de formation des buralistes* (tobacconist training plan) (action 16 of the governmental plan to tackle drugs and addictive behavior 2013-2017),
- Improving the efficiency of anti-passive smoking measures through, for example, communication campaigns such as the “Ville sans tabac” (tobacco-free city) charter (action 10.3 of the cancer plan 2014-2019).

In France, many smoking prevention strategies are carried out in coordination with a wide range of professionals, frameworks and funding bodies. They would greatly benefit from more focus on groups that are harder to reach (young people not in education or living in precarious conditions) and greater consideration for prevention research data, namely in terms of strategies for behavioral changes that were proven to work. One of these is the development of psychosocial skills for young people, one of the main approved strategies when it comes to the prevention of psychoactive substance abuse.

In 2012, a literature review conducted by the Inpes highlighted over 30 efficient smoking prevention strategies aimed at young people, through local actions and community outreach, legal measures and communication campaigns aimed at children and young people and at vulnerable people. As most of the assessments were carried out abroad, we must adapt them to the specific context of France, by experimenting and evaluating them and sharing expertise.

One of these strategies seems particularly helpful: it's an assessment based on a British experiment consisting of "leader pairs" to help reduce smoking amongst teenagers (ASSIST: A Stop Smoking in Schools Trial). We are considering adapting it in France.

Educating young people in school on the dangers of smoking must be improved. We need to encourage the development of professional skills through training and efficient educational tools and support. The links between education establishments and professionals must be strengthened (for example, the CJC that offer support for young people using psychoactive substances, including tobacco.)

### Legal and regulatory strategies

- Banning the coloring of tobacco smoke, in accordance with the directive 2014/40/UE,
- Making it necessary for manufacturers to notify the government of any new category of tobacco products, in accordance with the directive 2014/40/UE,
- Adapting the regulatory labeling and security framework for vape devices, as defined by the directive 2014/40/UE.

Manufacturers are out-doing each other to preserve the appeal of their tobacco products, to encourage target groups to take up smoking, in particular young people and women. In fact, the latter are particularly receptive to the design of the products. It is thus necessary to protect consumers from industrial innovations aimed at keeping tobacco products attractive, misinforming consumers on the harmful effects of tobacco and preserving the brand image.

We will consequently adapt the regulatory measures aiming to ban the coloring of smoke and to impose notifications for new products. The important growth of vaping and its potential role in encouraging smoking cessation require us to develop adequate scientific expertise to improve our knowledge of its impact on smoking cessation and potential harmful effects. We need to put in place a framework to control the use and sale of these products as soon as possible to protect young people and non-smokers, given the addictive potential of the nicotine present in many of the liquids. Banning the sale of these products to minors was a first necessary step in the right direction but it must be followed by the implementation of a labeling and safety regulatory framework.

This is why we need to adapt as soon as possible the framework defined by the directive 2014/40/UE, which improves the safety measures aimed at protecting children.

### Repressive actions

- Improving checks on the ban on sale to minors (action 80 of the governmental plan to tackle drugs and addictive behavior 2013-2017);
- Improving the implementation of the local control plans planned in the memorandum of 3 August 2011 (action 81 of the governmental plan to tackle drugs and addictive behavior 2013-2017).

Even though the smoking ban in public places is largely respected and benefits from widespread approval, some places haven't yet implemented it properly (bars, nightclubs, see ITC surveys). This uneven application of the law is partly the result of a lack of proper checks of both smokers and managers of enclosed public places. In 2011, only 382 convictions were carried out for violation of the smoking ban, 178 for absence of adequate no-smoking signs and 582 for actively encouraging the violation of the smoking ban. An increase in the number of checks is therefore necessary.

In France, smoking initiation is particularly precocious as it takes place on average at the age of 14. According to the WHO's FCTC and a number of scientific studies, limiting access to tobacco products helps in reducing or at least delaying young people's foray into smoking. Yet, the assessment of the ban on the sale of tobacco products to minors shows us that it is not properly applied, as less than 40% of tobacconists systematically refuse to sell tobacco products to a minor and 93% of smokers aged 16 say they have bought tobacco at least once from a tobacconist during the month preceding the survey.

Although this lack of respect for the ban is sometimes the result of the difficulties experienced by tobacconists to impose the law, it is mainly linked to the lack of checks (20 convictions carried out in France in 2011 for sale or offer of tobacco to a minor).

Even though most people – tobacconists and teenagers, as well as the general public - support the idea of protecting minors through a ban on the sale of tobacco products, scientific literature has underlined the necessity of these checks to ensure the ban is respected.

The increase in the number of checks should allow us to substantially improve respect for the law, by limiting young people's access to tobacco.

## Focus area 2: Helping smokers quit

### Professional training strategies

- Raising awareness amongst support teams of issues around smoking cessation and improve the support provided, in particular for oncology (a priority of the third Cancer Plan), cardiology, pneumology, anesthesia and surgery, psychiatry, pregnancy (action 107 of the governmental plan), infections (national plan to tackle HIV and STDs) and in the health units of penitentiary establishments;
- Encouraging academic societies in the health sector to help highlight the importance of the consideration of smoking-related issues by health professionals working in their respective fields;
- Improving initial and ongoing training for GPs and health professionals dealing with smoking-related issues (actions 104, 106 and 107 of the governmental plan);
- Training socio-educational professionals and providing them with the tools to support and guide smokers towards the appropriate organizations (in accordance with the priorities of the National Health Strategy for young and vulnerable people).

## Research strategies

- Identifying, supporting and assessing research work proposing new ways to help people quit to assess their efficiency and potential extension to a national level (actions 7 and 9 and research section of the governmental plan);
- In regards to tobacco, developing and implementing adapted prevention strategies for people who have little access to the various services (action 7 of the governmental plan).

## Focus area 3: Tackling the influence of the tobacco industry

### Legislative and regulatory strategies

- Improving the system of traceability of tobacco products in accordance with the directive 2014/40/UE;
- Improving knowledge of the FCTC amongst the professionals concerned to help them better understand the measures taken by public authorities and implement them effectively;
- Producing every two years an assessment of the implementation of the FCTC nationally.

After signing it in 2004, France was one of the first countries to ratify the World Health Organization's Framework Convention on Tobacco Control, the only international public health convention to this day. One of its main guidelines is that "civil society participation is essential in order to achieve the aims of the Convention and its protocols". In order to do this, we must make sure the professionals concerned know of this convention. We must, therefore, implement the communication strategies set by the WHO on a national level.

One of the commitments made by France is to hand a report in the form of a questionnaire to the administrative board of the FCTC every two years. Its national publication will present an opportunity to highlight all the developments and improvements in the fight against tobacco around the country.

## Appendix 1: Glossary

### A

**AM:** Assurance maladie / Health Insurance

**ARS:** Agences régionales de santé / Regional Health Agencies

### C

**CLLAT:** Convention cadre de lutte antitabac / Framework Convention on Tobacco Control

**CE:** Conseil d'État / Council of state

**CJC:** Consultations jeune consommateur / Young consumer consultations

**CLS:** Contrats locaux de santé / local Health contracts

**CMUC-C:** Couverture maladie universelle complémentaire / Complementary Universal Health Insurance Coverage

**CNAMTS:** Caisse nationale de l'assurance maladie des travailleurs salariés / National Health Insurance Fund for Employees

**CNCT:** Comité national contre le tabagisme / National Committee Against Smoking

**CNG:** Centre national de gestion / National Management Centre

**COREVIH:** Coordination régionale de lutte contre le VIH / National Coordination Centre for the fight against HIV

**CPOM:** Contrats pluriannuels d'objectifs et de moyens / Multi-annual contracts for objectives and resources

**CSAPA :** Centres de soins d'accompagnement et de prévention en addictologie / care, support and prevention centres

**CSP:** Code de la santé publique / Public health code

**CSP+:** Catégorie socioprofessionnelle supérieure (high socio-economic status)

### D

**DAP:** Direction de l'administration pénitentiaire / Directorate of Penitentiary Administration

**DGCCRF:** Direction générale de la concurrence, de la consommation et de la répression des fraudes / Department for Competition Policy, Consumer Affairs and Fraud Control

**DGCIS:** Direction générale de la compétitivité, de l'industrie et des services / Department for competitiveness, industry and services

**DGCS:** Direction générale de la cohésion sociale / Department for Social Cohesion

**DGDDI:** Direction générale des douanes et droits indirects / Department of Customs and Indirect Taxes

**DGER:** Direction générale de l'enseignement et de la recherche / Department of Studies and Research

**DGESCO:** Direction générale de l'enseignement scolaire / Department for School Education

**DGESIP:** Direction générale de l'enseignement supérieur et de l'insertion professionnelle / Department for Higher Education and Professional Integration

**DGOS:** Direction générale de l'offre de soins / Department of Health Services

**DGS:** Direction générale de la santé / Department for Health

**DG Sanco:** Direction générale de la santé des consommateurs / Department for Health & Consumer Protection

**DGT:** Direction générale du travail / Department for Labour Relations

**DIRECCTE:** Directions régionales des entreprises, de la concurrence, de la consommation, du travail et de l'emploi / Regional Departments for Enterprises, Competition Policy, Consumer Affairs, Labour and Employment

**DJEPVA:** Direction de la jeunesse, de l'éducation populaire et de la vie associative / Department for youth, community education and associations

**DLPAJ:** Direction des libertés publiques et des affaires juridiques / Department of Civil Liberties and Legal Affairs

**DPI:** Déclaration publique d'intérêt / Public interest declaration

**DPJJ:** Direction de la protection judiciaire de la jeunesse / Juvenile Protection Service

**DREES:** Direction de la recherche, des études, de l'évaluation et des statistiques / Department for Research, Studies, Assessment and Statistics

**DSS:** Direction de la sécurité sociale / Department of Social Security

## E

**ELSA:** Équipes de liaison et de soins en addictologie / Addiction treatment teams

**EU:** European Union

## F

**FIR:** Fonds d'intervention régionale / regional intervention fund

## H

**HAS:** Haute autorité de santé / National Authority for Health

## I

**IARC:** International Agency for Research on Cancer

**INCa:** Institut national du cancer / National Cancer Institute

**INPES:** Institut national de prévention et d'éducation pour la santé / National Institute for Prevention and Health Education

**INSERM:** Institut national de la santé et de la recherche médicale / National Institute for Health and Medical Research

**InVS:** Institut de veille sanitaire / Institute for Public Health Surveillance

## M

**MILDECA:** Mission interministérielle de lutte contre la drogue et les conduites addictives / Interministerial Mission for Combating Drugs and Addictive Behaviours

## N

**NRT:** Nicotine replacement therapy

## O

**OECD:** The Organisation for Economic Co-operation and Development

**OFDT:** Observatoire français des drogues et des toxicomanies / French Monitoring Centre for Drugs and Drug Addiction

**OGDPC:** Organisme gestionnaire du développement professionnel continu / Management body for ongoing professional training

## P

**PASS:** Permanence d'accès aux soins de santé / Permanent Healthcare Access Activities

**PJJ:** Protection judiciaire de la jeunesse / Protection of Juvenile Justice

**PMI:** Protection maternelle et infantile /  
Mother and Infant Protection

**PLWH:** People living with HIV

## R

**RBP:** Recommandations de bonne pratique /  
Best practice guidelines

## S

**SG-MS :** Secrétariat général du ministère de la  
santé / Secretary-General for the Health  
Ministry

## T

**TIS:** Tabac Info Service / Tobacco Information  
Service

## U

**UNCAM:** Union nationale des caisses  
d'assurance maladie / National Union for  
Health Insurance Funds

**URPS:** Unions régionales des professionnels de  
santé / Regional Unions for Health  
Professionals

**US:** Unités sanitaires / Health units

## W

**WHO:** World Health Organisation

# Appendix 2: Reference documents

## Bibliography

- ANSM, Cigarette électronique, point d'information. Saint Denis, 2011. <http://ansm.sante.fr/S-informer/Points-d-information-Points-d-information/Cigarette-electronique-Point-d-information>
- Atlas du tabac (website in English, a French version is downloadable): <http://www.tobaccoatlas.org/>
- Australian government department of health. Tobacco key facts and figures. 2014. <http://www.health.gov.au/internet/main/publishing.nsf/Content/tobacco-kff>
- Béguinot, E, Eker, F, Martinet, Y, Ingérence de l'industrie du tabac dans les politiques de santé publique – Etat des lieux et recommandations. 2014. éditions Le Publieur.
- Bur, Yves. Proposition pour une nouvelle politique de lutte contre le tabac : Paris. 2012. <http://www.sante.gouv.fr/rapport-de-yves-bur-proposition-pour-une-nouvelle-politique-de-lutte-contre-le-tabac.html>
- Chantler, Cyril. Plain Packaging Review: Independent Review into Standardised Packaging of Tobacco. King's college London, April 2014. <http://www.kcl.ac.uk/health/10035-TSO-2901853-Chantler-Review-ACCESSIBLE.PDF>
- Chevreul K, Cadier B, Durand-Zaleski I, Chan E, Thomas D. Cost effectiveness of full coverage of the medical management of smoking cessation in France. Tobacco Control. 2012;1-8. <http://tobaccocontrol.bmj.com/content/23/3/223.abstract>
- Cour des comptes. Les politiques de lutte contre le tabagisme: Rapport de la Cour des comptes (Controller and auditor general report on anti-smoking policies) (December 2012), <http://www.ccomptes.fr/Actualites/Archives/Les-politiques-de-lutte-contre-le-tabagisme>
- Daudigny, Yves & Deroche, Catherine. Rapport d'information fait au nom de la mission d'évaluation et de contrôle de la sécurité sociale et de la commission des affaires sociales n° 399 (Information report produced on behalf of the mission for assessment and control of social security and the social affairs commission) (26<sup>th</sup> February 2014), Fiscalité et santé publique: état des lieux des taxes comportementales: <http://www.senat.fr/notice-rapport/2013/r13-399-notice.html>
- Diaz Gomez, Cristina, Aurélie Lermenier and Maïtena Milhet. Évaluation de l'interdiction de vente d'alcool et de tabac aux mineurs. Saint Denis: OFDT, September 2013. <http://www.ofdt.fr/ofdtdev/live/publi/rapports/rap13/epfxcdta.html>
- Directive 2014/40/EU of the European Parliament and of the Council of 3<sup>rd</sup> April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and

repealing Directive 2001/37/C: [http://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=OJ:JOL\\_2014\\_127\\_R\\_0001&rid=5](http://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=OJ:JOL_2014_127_R_0001&rid=5)

- Fong, G; Craig, L; Guignard R et al; Evaluation de l'interdiction de fumer dans les lieux publics en France un an et cinq ans après sa mise en œuvre : résultats de l'enquête ITC France. Bulletin Epidémiologique Hebdomadaire. N°20-21. 28<sup>th</sup> May 2013.
- Gallopel-Morvan, Karine. "Le paquet de cigarettes neutre ou standardisé : quelle efficacité pour lutter contre le tabagisme ?". Bulletin Epidémiologique Hebdomadaire. N°20-21. 28<sup>th</sup> May 2013.
- Gallopel-Morvan, Karine, Crawford Moodie, David Hammond, Figen Eker, Emmanuelle Beguinot, and Yves Martinet. "Consumer Perceptions of Cigarette Pack Design in France: A Comparison of Regular, Limited Edition and Plain Packaging". Tobacco Control 21, no 5 (September 2012): 502-6. doi:10.1136/tobaccocontrol-2011-050079.
- Hammond, David. "Health Warning Messages on Tobacco Products: A Review". Tobacco Control 20, no 5 (9<sup>th</sup> January 2011): 327-37. doi:10.1136/tc.2010.037630.
- Hill, Catherine. « Epidémiologie du tabac ». La Revue du praticien 62, no 3 (March 2012): 325, 327-329.
- INSERM. Expertise collective. Tabac, comprendre la dépendance pour agir. Paris. 2004. <http://www.ipubli.inserm.fr/handle/10608/58>
- INSERM. Expertise collective. Conduites addictives chez les adolescents : Usages, prévention et accompagnement. Paris. 2014. <http://www.ipubli.inserm.fr/handle/10608/5965>
- Jacquat, Denis & Touraine, Jean-Louis. Rapport d'information déposé par le comité d'évaluation et de contrôle des politiques publiques sur l'évaluation des politiques publiques de lutte contre le tabagisme (28<sup>th</sup> February 2013) : <http://www.assemblee-nationale.fr/14/rap-info/i0764.asp>
- Kopp, Pierre, et Philippe Fenoglio. Le coût social des drogues en 2003. Les dépenses publiques dans le cadre de la lutte contre les drogues en France en 2003. Saint Denis: OFDT, April 2006. <http://www.ofdt.fr/ofdtdev/live/publi/rapports/rap06/epfxpkm4.html>
- Lermenier, Aurélie. « Tabac ». In Drogues et addictions, données essentielles, 278-287. Saint Denis: OFDT, 2013. <http://www.ofdt.fr/BDD/publications/docs/da13tab.pdf>
- Lermenier, Aurélie. Le tabac en France : un bilan des années 2004-2014.Tendances. Saint Denis: OFDT, 2013. <http://www.ofdt.fr/BDD/publications/docs/eftxalu5.pdf>
- Milhet, M ; Dias-Gomez, C ; Martinez M. L'interdiction de vente de tabac aux moins de dix-huit ans : une étude qualitative sur le point de vue des mineurs et leurs stratégies de contournement de la loi. Bulletin Epidémiologique Hebdomadaire. N°20-21. 28<sup>th</sup> May 2013.
- Moodie C, Stead M, Bauld L, et al. Plain tobacco packaging: A systematic review. Stirling: Centre for Tobacco Control Research, University of Stirling; 2012.
- Moodie C, Angus K., Stead M., Bauld L. Plain tobacco packaging research: An Update. Stirling: Centre for Tobacco Control Research, University of Stirling; 2013.

- WHO, Framework Convention on Tobacco Control of the World Health Organisation, Geneva, 2003: [http://www.who.int/fctc/text\\_download/fr/](http://www.who.int/fctc/text_download/fr/)
- OFT, Rapport et avis d'experts sur la e-cigarette, Paris, 2013. [http://www.ofta-asso.fr/docatel/Rapport\\_e-cigarette\\_VF\\_1.pdf](http://www.ofta-asso.fr/docatel/Rapport_e-cigarette_VF_1.pdf)
- Swift E. et coll: "Australian smokers' support for plain or standardised packs before and after implementation: findings from the ITC Four Country Survey". Tob Control 2014 Nov 10.
- Wakefield, Melanie A., Linda Hayes, Sarah Durkin and Ron Borland. "Introduction Effects of the Australian Plain Packaging Policy on Adult Smokers: A Cross-Sectional Study". BMJ Open 3, no 7 (7<sup>th</sup> January 2013): e003175. doi: 10.1136/bmjopen-2013-003175.
- Wilquin, Jean-Louis, Juliette Clément and Béatrice Lamboy. "Interventions validées ou prometteuses en prévention du tabagisme chez les jeunes: synthèse de la littérature". Santé Publique S1, no N°1 Suppl. (1<sup>st</sup> February 2013): 65-74.
- Young JM et coll: "Association between tobacco plain packaging and Quitline calls: a population-based, interrupted time-series analysis"; Med J Aust. 2014; 200(1):29-32.
- Zacher M. et coll "Personal tobacco pack display before and after the introduction of plain packaging with larger pictorial health warnings in Australia: an observational study of outdoor café strips". Addiction. 2014 Apr; 109(4):653-62.

## Sitography

- Alliance contre le tabac (Alliance Against Tobacco): <http://www.alliancecontreletabac.org/>
- National Committee Against Smoking: <http://www.cnct.fr/>
- European Commission: Tobacco page [http://ec.europa.eu/health/tobacco/portal/index\\_fr.htm](http://ec.europa.eu/health/tobacco/portal/index_fr.htm)
- The WHO's Framework Convention on Tobacco Control (FCTC): <http://www.who.int/fctc/fr/>
- Rights for non-smokers: <http://dnf.asso.fr/>
- ESPAD: European School Survey on Alcohol and Other Drugs <http://www.espad.org/>
- ITC (international tobacco control): <http://www.itcproject.org/>
- WHO: European Regional Bureau <http://www.euro.who.int/en/health-topics/disease-prevention/tobacco>
- French Society for Tobaccology: <http://www.societe-francaise-de-tabacologie.com/index.html>
- Tabac info service: national tobacco information service <http://www.tabac-info-service.fr/>
- French Monitoring Centre for Drugs and Drug Addiction web page: <http://www.ofdt.fr/ofdtdev/live/donneesnat/tabtabac.html>

## Appendix 3: Development process of the NSRP

Announced by the President of the Republic François Hollande on 4<sup>th</sup> February 2014, the national smoking reduction program, objective 10 of the cancer plan 2014-2019 was developed by the Ministry for Social Affairs, Health and Women's Rights.

A management committee was put together, under the presidency of the Director General for Health, bringing together staff from the National Cancer Institute, the Interministerial Mission against drugs and addictive behavior, the Social Security Department, the Department of Health Services, the National Institute for Prevention and Health Education, the National Health Insurance Fund, the General Secretariat for the Ministry of Social Affairs and the Human Resources Department.

A technical committee bringing together the same team, as well representatives from the Institute for Public Health Surveillance, the Monitoring Centre for Drugs and Drug Addiction, the Department of Research, Studies, Assessment and Statistics, the National Authority for Health was also set up.

From March 2014 to June 2014, the technical committee developed thematic proposals that were examined by the management committee in order to eventually put together a coherent set of proposals. On 25<sup>th</sup> September 2014, the Health Ministry announced the various strategies of the first national smoking reduction program in France.

Finally, on the basis of this announcement, the national program was drawn up to be presented to the President of the Republic on the first anniversary of the cancer plan.

## Appendix 4: Members of the technical and management committees

### **Members of the management committee**

**Presided over by Benoit Vallet, Director General for Health, Ministry of Social Affairs and Health**

#### **Ministry of Social Affairs and Health**

##### **Department of Health**

Bessa Zinna  
Bello Pierre-Yves  
Drouin Caroline  
Dutil Jocelyn  
Joannard Nathalie  
Lavy Laurence  
Melihan-Cheinin Pascal

##### **Department of Social Security**

Fatôme Thomas  
Monasse Hélène  
Renard Bérénice

##### **Department of Social Services**

Debeaupuis Jean  
Anglade Cécile  
Prade Isabelle

##### **Department of Human Resources**

Champion Danièle

##### **General Secretariat for the Ministry of Social Affairs and Health**

Prisse Nicolas

##### **Interministerial Mission against drugs and addictive behaviour**

Jourdain-Menninger Danièle  
Lecoq Gilles

##### **National Institute for Cancer Research**

Buzyn Agnès  
Bessette Dominique  
Deutsch Antoine

**National Institute for Prevention and Health Education**

Le Luong Thanh  
Arwidson Pierre  
Bauchet Emmanuelle  
Lutz Caroline  
Smadja Olivier

**CNAMTS**

Lignot-Leloup Mathilde  
Ronflé Eléonore  
Vincent Isabelle

---

**Members of the technical committee**

The technical committee included members of the management committee, as well as:

**Department of Social Security**

Arvis Mariam  
Billon-Galland Marion  
Cruveillier-Boch Catherine  
Natali JP

**Department of Research, Studies, Assessment and Statistics**

Prost Thierry

**National Authority for Health**

Lavie Estelle  
Pitard Alexandre

**National Institute for Prevention and Health Education**

Guignard Romain

**Institute for Public Health Surveillance**

Grémy Isabelle  
Chatignoux Edouard

**French Monitoring Centre for Drugs and Drug Addiction**

Palle Christophe