

Tobacco in France: overview of 2004-2014

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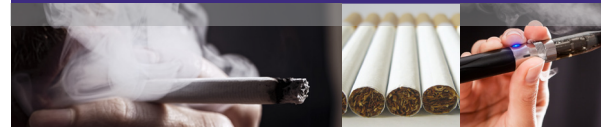
Launched in March 2003 by then President Jacques Chirac, the first French Cancer Plan (2003–2007) embodied the government's renewed dedication to addressing this topic. This reaffirmed interest came into being over ten years after the promulgation of the “loi Evin” law (1991), which was a major breakthrough in French anti-smoking efforts. In addition to screening and treatment measures, this plan focused on prevention and aimed to “declare war against tobacco” to reduce smoking, which plays a causal role in certain cancers. Given this background and an increased demand for information, in April 2004 the French monitoring centre for drugs and drug addiction (OFDT) in cooperation with the French Interministerial mission for the fight against drugs and drug addiction (the MILDT, which in 2014 became the French Interministerial Mission for Combating Drugs and Addictive Behaviours, or MILDECA) established a monthly review¹ of French tobacco indicators. The purpose of this review is to present and update different sales and activity data.

Ten years after the implementation of this tool, the OFDT reviewed the main indicators being followed for a decade and supplemented the data with information from other sources (such as surveys and epidemiological studies). This issue of *Tendances* starts by reviewing the main legislative changes and finishes with the potential effects of electronic cigarettes on smoking in France.

■ An increasingly restrictive legislative framework

Since 1976, the French government has been instituting anti-smoking measures: the 9 July 1976 law regulated tobacco product advertising and required the display of a health message on packaging. This act also introduced restrictions on tobacco use in certain public places. These provisions were supplemented and reinforced by the 10 January 1991 “loi Evin” anti-tobacco and anti-alcoholism law. In addition to providing better information on the ingredients in tobacco products and restrictions on advertising and use in public places, the “loi Evin” excluded tobacco from the list of pro-

The OFDT analyses trends in key tobacco and smoking indicators in the last decade.



ducts used to calculate the consumer price index and authorised a steady increase in prices in the 1990s. Until 2003, the legal framework regulating tobacco underwent little change. However, since then, there has been a crackdown on tobacco, as evidenced by the establishment of measures to protect non-smokers and young people (see Key dates on page 2).

Since 1 February 2007, the ban on smoking has expanded to include smoking in closed and covered public places, such as health care and school establishments, as well as those frequented by young minors (entire buildings, including open areas inside such buildings), the workplace and all public transport. “Social” establishments (such as bars, discotheques, restaurants, hotels, and casinos etc.) were given until 1 January 2008 to comply with this legislation. However, separate, ventilated areas reserved for smokers can be set up in these “social” establishments, with the exception of health establishments and establishments frequented by minors. Since its establishment, this ban has been widely and warmly received by the French population, and more than four years later, it is being further reinforced. In 2012, 94% of non-smokers and 88% of smokers stated that they were favourable to a ban on smoking in restaurants. These figures were 88% and 77% respectively for a ban on smoking in bars. These proportions increased since 2008 (90% and 77% for restaurants, 82% and 61% for bars), and the level of support from smokers is increasingly approaching that of non-smokers. It would seem that the application of the ban was a success [4].

¹ <http://www.ofdt.fr/statistiques-et-infographie/tableau-de-bord-tabac/>

Suggested, but in the end, not incorporated into the scope of the “loi Evin”, the ban on the sale of tobacco products to minors was only established in 2003, and only applied to minors under the age of 16. It is also at that time that it became mandatory to endeavour to raise tobacco risk awareness among adolescents in school setting and prohibited to commercialise packs of fewer than 19 cigarettes. In July 2009, the ban on sale applied to all minors and to “flavoured” cigarettes². Once again, a large part of the population supported these sales restriction measures (see box on page 6), but it seemed that the restrictions were not universally applied by tobacconists: according to a survey conducted by the National Tobacco Control Committee (CNCT) in 2011, 62% of tobacconists were illegally selling tobacco to people under the age of 18.

Moreover, the regulations pertaining to tobacco product labelling were reinforced. Hence, the wording “Smoking kills” or “Smoking seriously harms you and others around you” must be displayed on a surface area covering at least 30% of the front surface of tobacco product packaging. There must also be a colour photograph with a message on 40% of the back surface³. The telephone number and website address of the Tobacco Information Service telephone helpline, as well as tar, nicotine and carbon monoxide content, must also be indicated.

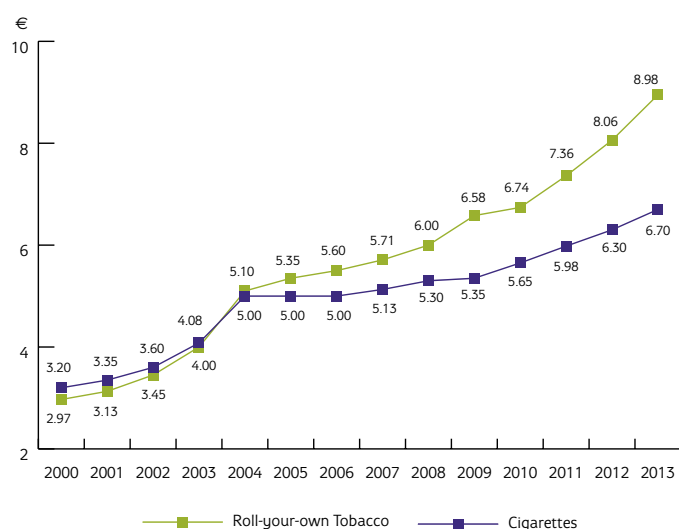
■ Price hikes ended up changing the market

After dropping in the 1970s, then remaining stable in the 1980s, the

relative price (i.e., taking inflation into consideration) of tobacco steadily increased in the 1990s. However, tobacco sales, which was down from 1991 to 1997, stabilised thereafter while the frequency of price hikes

slowed down after 1997. In 2003–2004, as part of the first Cancer Plan, the French government decided to increase tobacco product taxation, which had the result of suddenly driving prices up: the price of the most popular cigarette brand increased from 3.60 Euros in December 2002 to 5 Euros in January 2004, representing an unusual 39% increase over a 14-month period (see graph 1). This huge increase led to a decrease in sales at tobacco retail outlets and a partial cross-border shift of tobacco purchases. Approximately 90,000 tonnes were sold in 2002. Sales dropped by 12% in 2003, and then by 17% in 2004, falling to 65,000 tonnes (see graph 2). At the same time, purchases in countries bordering France, practically non-existent before this date or offset by purchases of foreigners in France, expanded.

Graph 1 - Mean annual selling price of the most popular cigarette brand (pack of 20 cigarettes) and roll-your-own tobacco (40 grams), in Euros, from 2000 to 2013



Source: French Customs Authority

French anti-tobacco measures: key dates from 2003 to 2014	
24 March 2003	Launch of the first Cancer Plan 2003-2007
2003-2004	Three sharp tobacco price hikes (+39%), including two tax hikes (August 2003 and January 2004)
Decree of 5 March 2003	Health warnings on 30% of the front and 40% of the back of tobacco product packaging
Law of 31 July 2003	Ban on sales and free distribution of tobacco product (and its ingredients) to minors under the age of 16
Decree of 15 November 2006	Application of the ban on smoking in public as of 1 February 2007
Circular of 29 November 2006	Implementation of up to a 50 Euro reimbursement per person and per year of nicotine substitute products prescribed by a physician or midwife
1 February 2007	Ban on smoking at the workplace, in schools, in health establishments and in public transport
1 January 2008	Extension of the ban on smoking in public places to so-called “social” places: cafés, hotels, restaurants, discotheques and casinos
Law of 21 July 2009	Extension of the ban on sales and free distribution of tobacco product (and its ingredients) to all minors
2 November 2009	Launch of the second Cancer Plan (2009-2013)
Legislative order of 15 April 2010	Rules for shifting from text-only health messages to visual messages (photographs + text) with the display of the Tobacco Information Service telephone helpline on all packages
April 2011	Application of visual health messages on cigarette packs
April 2012	Application of visual health messages on other tobacco product packaging (roll-your-own tobacco, pipe tobacco, cigars and cigarillos, etc.)
December 2012	2013 Social Security Budget act: more harmonised taxation on tobacco products (particularly roll-your-own tobacco versus cigarettes)
2010-2014	Regular price increases (November 2009 and 2010, October 2011 and 2012, July 2013 and January 2014): the price per 20-cigarette pack of the most popular brand increased from 5.30 Euros in October 2009 to 7 Euros in January 2014, representing a total increase of +32%
4 February 2014	Launch of the third Cancer Plan 2014-2019, which includes a National tobacco smoking reduction programme (PNRT)

2. That is, containing sweet or tart ingredients beyond decreed thresholds. This does not apply to menthol.

3. The new Directive on tobacco products adopted in March 2014 by the European Commission stipulates that these health warnings must cover at least 65% of the front and back of cigarette and roll-your-own tobacco packs. These measures do not apply to other tobacco products. This directive must be transposed into French law by the summer of 2016.

They reached 12,000 tonnes in 2005 for cigarettes only [1]. However, overall tobacco consumption by French smokers declined between 2002 and 2005, since cross-border purchases do not fully offset the decrease in official sales. Since then, purchases outside of the French tobacconist network have been estimated at approximately 20% of French consumption. Of this, 15% were cross-border purchases and 5% were illegal purchases (contraband, Internet, duty-free⁴, etc.) [8].

To try to control these purchases outside the tobacconist network, customs services were mobilised to increase tobacco seizures at borders and via postal freight. Hence, the volumes seized have reached record levels since 2010: 462 tonnes in 2011, 371 tonnes in 2012 and 430 tonnes in 2013, versus approximately 200 tonnes in 2004-2005.

After the sharp price increases of 2003-2004, the government put a freeze on tobacco product taxes. This freeze did not end until 2011, although price hikes did occur in the interim. Cigarette prices increased in August 2007, and then again in November 2009 and 2010, each time by around 6% (20 to 30 Euro cents). However, these hikes had almost no impact on sales, which remained relatively stable between 2005 and 2011. Since then, the increases have been regular (October 2011 and 2012, July 2013 and January 2014), and often related to a change in taxation⁵. The accumulation of these albeit moderate increases may have led to a turnaround in the trend in sales, which experienced their most drastic drop since 2005: in 2013, they fell to below 60 million tonnes, representing a 6.2% decline compared with the previous year [9]. This downward trend continued in 2014: in the first quarter, cigarette sales dropped by 9% and roll-your-own tobacco sales fell by 7.5% compared with the first quarter of 2013.

These increases, which pushed the price of a 20-cigarette pack of the most popular brand to 7 Euros in 2014, also shifted a portion of cigarette smokers to roll-your-own tobacco, which is much less expensive. In January 2014, a gram of tobacco sold as manufactured cigarettes was at least 33 Euro cents versus 25 Euro cents for the most popular roll-your-own tobacco brand. This type of tobacco therefore had a 15% market share in 2013 versus 12% five years earlier.

■ The prevalence of smoking is still high

Despite anti-smoking measures, the prevalence of smoking in France not only did not decline (as it had

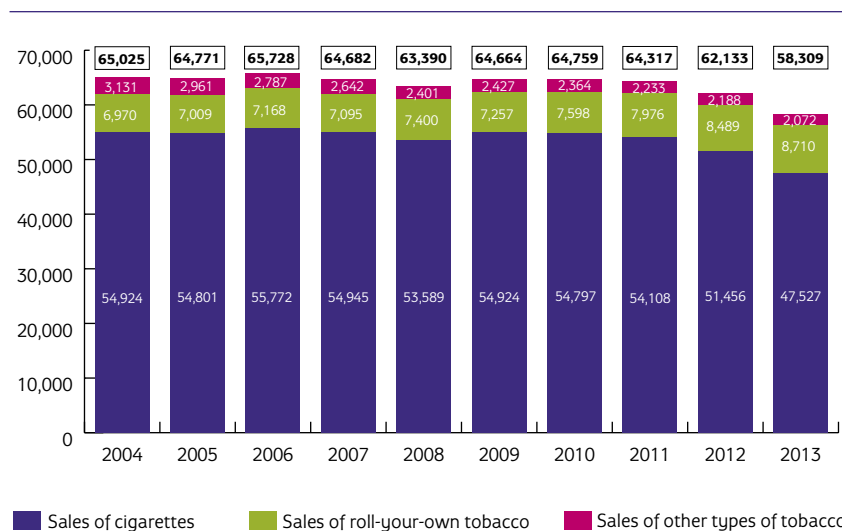
Tobacco, the number 1 avoidable cause of death

In France, as in the world over, tobacco is the number one avoidable cause of death, far ahead of alcohol and illegal drugs. It is directly responsible for a number of respiratory diseases (lung, bronchial and tracheal cancers, chronic obstructive pulmonary disease, etc.) and upper respiratory and digestive tract cancers, and contributes to cardiovascular disease and pregnancy complications.

Thus, for 2004 (the last estimate available), the annual number of tobacco-related deaths in France was 73,000, or one in seven deaths (22% in men and 5% in women). One third of these deaths was the result of lung cancer, one quarter other cancers, and one quarter cardiovascular diseases. The remainder were caused by non-cancer related respiratory and infectious diseases [7].

Tobacco-related morbidity and mortality are higher in men (81% of deaths), but the difference between men and women has been narrowing in the last ten years. This is the result of the huge upsurge in smoking in women from 1960 to 1970. A reflection of the health impact of tobacco use, the trend in lung cancer incidence and mortality sheds light on the different trends seen in men and women. In men, although the incidence only diminished slightly (-2.3%) from 2000 to 2012, mortality dropped sharply (-20.1%); in contrast, these two indicators rose precipitously in women: the incidence nearly doubled (+91.8%) and mortality rose by 69.8% over 12 years [2].

Graph 2 - Total tobacco sales (in tonnes) and breakdown between cigarettes, roll-your-own tobacco and other types of tobacco, from 2004 to 2013



Source: Logista France

NB: Other tobacco types include cigars and cigarillos, pipe tobacco, chewing tobacco and snuff.

been doing for at least 15 years), but actually increased from 2005 to 2010. The number of adult daily smokers increased from 28% to 30% (see graph 3). In 2010-2011, there was an estimated 13.4 million smokers aged 11-75 years. However, the mean quantity of cigarettes smoked on a daily basis declined from 2005 to 2010.

Men smoked more and more frequently than women [5]. However, tobacco prevalence dramatically increased among women, and particularly among 45 to 64-year-olds (+ 6 points in five years).

According to the 2012 Eurobarometer special survey on tobacco⁶ conducted of 1,000 individuals in each country, France is considered average EU-wide

(28% active smokers⁷), but one of the highest tobacco-consuming countries in Western Europe. In 2014, England

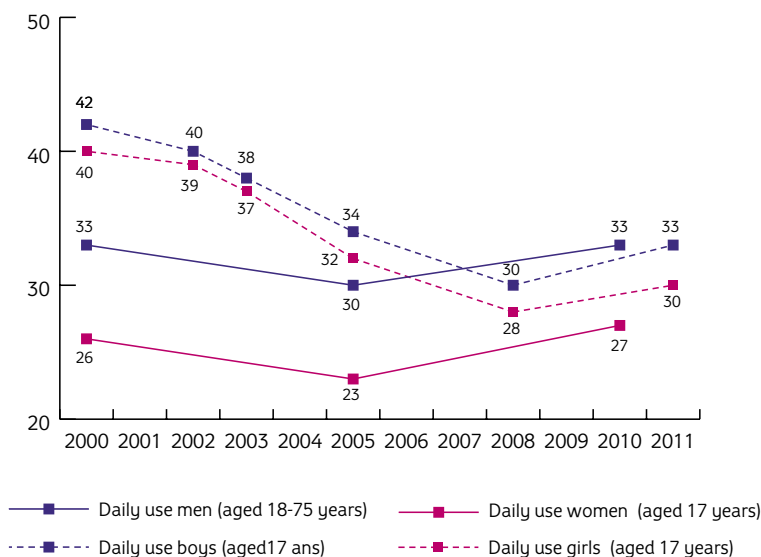
4. Duty-free does not apply for travel within the European Union (EU). For travel between an EU country and a non-EU country, duty-free is considered legal as long as the maximum authorised tobacco volume (200 cigarettes or 250 grammes of tobacco) is not exceeded.

5. Cigarette duties (consumption tax + VAT) increased from 80.6% in January 2011 to 81.1% in July 2013, then 81.4% in January 2014. Roll-your-own tobacco duties were 75% in January 2011, then 76.4% in January 2013; in January 2014, they reached 78.7%. The difference in taxation for the two types of tobacco dropped by 2.7 points, which is half of what was seen in 2004, in order to discourage the shifting of smokers from cigarettes to roll-your-own tobacco.

6. http://ec.europa.eu/health/tobacco/docs/eurobaro_attitudes_towards_tobacco_2012_en.pdf [Last accessed 07/11/2014]

7. This figure is lower than that reported by the INPES Baromètre santé 2010 health survey, which is considered a reference for France because the survey population is 27,000 individuals.

Graph 3 - Trends in daily tobacco use among 17-year-olds and adults (18-75 years), by gender, from 2000 to 2011 (in %)



Source: Baromètres santé 2000, 2005 and 2010 (INPES) for adults; ESCAPAD 2000 to 2011 (OFDT) for 17-year-olds

saw its proportion of smokers drop under 20%. Canada (17% active smokers), Australia and New Zealand (18% each) dropped under that level years ago⁸.

Lifetime use among 15 to 17-year-olds remained overall stable from 2006 to 2011: by the time they reach the age of 18, two-thirds of French adolescents have already tried smoking at least once. In contrast, daily use increased: in 2011, 23% of 16-year-olds and 32% of 17-year-olds used daily (versus respectively 17% in 2007 and 29% in 2008) (see graph 3). This change represents a trend reversal compared with the decrease observed since 2000. However, prevalence remained much lower (-9 points) than what had been observed ten years earlier. Moreover, the age of first use rose, especially from 2008 to 2011. On average, it occurs at 14.1 years versus 13.6 years three years earlier, even though the shift to daily smoking tends to happen at 15 years of age, give or take.

In 2011, French 16-year-olds were among those people with the highest last-month use. With a smoker prevalence of 38% (34% boys and 43% girls), France is far above the European average of 28%. Between the last two “European School Survey Project on Alcohol and other Drugs” (ESPAD) surveys, smoking among 16-year-olds stabilised Europe-wide, but increased sharply in France.

Some elements may indicate a decrease in tobacco use in the last few

years. In addition to the drop in sales seen in 2012, which was even sharper in 2013⁹, the results of several surveys (Eurobarometer tobacco 2012, EROPP 2013 and ETINCEL 2013) seem to indicate a downward trend in smoking prevalence. However, these surveys were conducted on much smaller samples and/or according to a methodology other than what was used in the INPES *Baromètre santé* 2010 health survey, considered to be the reference. This downward trend, which is still hypothetical, should be confirmed by the 2013-2014 *Baromètre santé* figures (whose results should be available in the second half of 2014). The decrease in the proportion of smokers, if confirmed, could be mainly attributed to price increases, whereas the impact of electronic cigarettes is still the subject of debate.

■ Electronic cigarettes: major (r)evolution?

Developed by a pharmacist in China in the 2000s, electronic cigarettes (or “e-cigarettes”) appeared in France as a result of the 2007-2008 ban on smoking in public places because it enabled users to circumvent the law. However, it would be several years before e-cigarette use would become commonplace, and its purpose has transformed and could have an effect on the tobacco market and on smoking cessation treatments.

According to the ETINCEL-OFDT

survey (telephone survey for information about electronic cigarette) conducted in November 2013, 18% of French people stated having tried e-cigarette at least once [10]. In March 2012, the lifetime e-cigarette use rate in France was 7%. These eight to nine million lifetime users tend to be men (22% versus 15% women) and young (31% of the 15-24-year-olds versus 6% of the 65-75-year-olds). One third, or 6% of the French population, state having vaped in the month prior to the survey. Three percent (3%) of the population, or 1.1 to 1.9 million people, vape daily.

Although 9% of lifetime users state never or almost never having smoked tobacco, this is not the case for regular users: one third of daily vapers are former smokers and two thirds are current smokers. This is probably what explains the differences in use according to age: only 10% of young people become daily users, even if many of them tried vaping, while lifetime use is less frequent among older people but one quarter of those who try vaping end up using e-cigarettes daily.

For the majority of vapers, the primary objective of vaping is to quit smoking and vaping all together (51%) or cut down on smoking (30%), while financial reasons (“to save money”) and being able to vape anywhere were objectives that were mentioned much less frequently (6% and 5% of those surveyed respectively).

E-cigarettes affect the tobacco market by limiting the average quantity of tobacco smoked and the quantity of smoking cessation treatments consumed and by attracting people who see it as a smoking cessation tool, even though its impact on the number of smokers seems limited. Indeed, in November 2013, 1% of the population, believed that they had totally quit smoking thanks to the e-cigarette (there was 34% of smokers in 2010 [5]). Vaping is therefore likely partially responsible for the marked decrease in 2013 tobacco sales. E-cigarettes offer an alternative to traditional nicotine substitute products, although they do not have a marketing authorisation for this indication. Moreover, e-cigarettes can encourage some smokers to take

8. Data from the Smoking Toolkit Study for England and from the 2013 Global Tobacco Epidemic of the World Health Organisation for the other countries.

9. Buying tobacco outside of the tobaccoist network does not seem to have risen between 2010 and 2013 [9]. In late 2013, 77% of smokers stated that their latest tobacco purchase was made at a French tobaccoist and 17% claimed that they had made their latest tobacco purchase at a tobaccoist across the border. In June-July 2010, the same question had been asked in an INPES-OFDT survey, where the levels were 77% and 15% respectively.

quitting into their own hands without resorting to a specialised physician, as indicated by the decrease in the number of consultations with tobacco treatment specialists in 2013. However, the commercial success of e-cigarettes raises some public health questions [6] because the benefit/risk ratio of their use over the short and long-term remains unknown. In terms of potential advantages, they do not seem to be more effective than nicotine substitutes at achieving complete cessation [3] and may have a limited impact on tobacco-related morbidity if vapers continue to smoke at the same time (this seems to be the case for the majority of vapers for the time being [10]), even if they tend to smoke less. Moreover, since they mimic regular cigarettes (“smoke”, hand-mouth movements, possible presence of nicotine, etc.) and given that their use in public is currently not regulated, e-cigarettes may contribute to “renormalising” the act of smoking [6]. It is also possible that vaping may serve as a gateway to tobacco smoking and nicotine addiction, especially for young people, even though this still needs to be confirmed.

These issues are evidenced by the difficulties involved in establishing a regulatory framework for e-cigarettes, with respect to advertising, sales restrictions (to minors, already part of the consumer law; the monopoly of certain professionals), use (public places) and taxation, even though the European directive on tobacco products already issued certain principles. In particular, it defines the status of e-cigarettes: if they contain less than 20 mg/ml of nicotine, they are neither considered tobacco products nor medicinal products; beyond this nicotine content, they become a medicinal product and therefore can only be sold in France in a pharmacy. This directive also establishes the obligation to report products prior to commercialising them and to have a certain amount of information on their composition and precautions for use (health warnings).

■ Conclusion

Launched in 2003, the first Cancer Plan was the impetus for strong anti-tobacco measures in France. The decade from 2004 to 2014 was characterised by price increases, bans on sales to minors and a reinforcement of the bans on smoking in public places. Tobacco use in France was also recently affected by the advent of electronic cigarettes.

The sharp price increases seen in 2003 and 2004 were accompanied by a decrease in tobacco use from 2000

More active tobacco treatment

There are different tobacco cessation approaches: over-the-counter treatments sold in pharmacies (nicotine substitutes are sold freely since 1999) as well as counselling and support from general practitioners or specialised treatment structures.

In addition to nicotine substitution therapies, two prescription medicinal products are sold in pharmacies: Zyban® (bupropion), commercialised in France since 2001, and Champix® (varenicline), launched in 2007. Each year, approximately two million people attempt to quit smoking using over-the-counter medicinal products [9]. The large majority of them (85% to 95%) use nicotine substitution products, but since 2008, the oral dosage forms (lozenges, chewing gum, etc.) have surpassed patches in terms of market share. Patches now represent 44% of substitution treatments sold in 2013, versus 72% in 2004.

In 2007, the French National Health insurance Fund (*Assurance maladie*) implemented a fixed reimbursement measure for nicotine substitutes prescribed by a physician or midwife. The health insurance fund reimburses 50 Euros per year and per person; starting in 2011, this level increased to 150 Euros for pregnant women. Although 500,000 took advantage of this reimbursement in 2008, only 250,000 did in 2012 and 2013.

In addition to medical support, smokers wishing to cut down or quit can find support with the Tobacco Information Service telephone helpline. This scheme has a website (www.tabac-info-service.fr) and a hotline (3989 in France¹⁰) organised into two tiers: the first responds to questions, sends documentation and puts callers in contact with tobacco treatment specialists. These specialists represent the second tier. They follow-up on callers for the duration of their smoking cessation efforts. After receiving 40,000 to 45,000 calls in 2003-2004, this helpline received fewer calls until 2008.

In June 2009, the hotline began using the abbreviated number, labelled on all tobacco product packages after 2011. This measure resulted in a new increase in calls (46,000 to 50,000 calls between 2010 and 2012). This figure dropped to below 37,000 calls in 2013 [9]. However, the number of people receiving support from a tobacco treatment specialist via the helpline remained stable (approximately 10,000) and each caller received approximately 3.5 return calls in compliance with good practice (based on the Anglo-Saxon “quit lines” model). The website received nearly two million visitors in 2013 and 13,000 smokers signed up for smoking cessation coaching that same year.

Approximately 90,000 people trying to quit received support in person by a general practitioner every week according to the latest INPES survey of such practitioners in 2009.

Tobacco treatment and addiction specialists see patients whose addiction is often more severe and who concomitantly suffer from other addictions, such as alcohol and cannabis, as well as tobacco-related illnesses. From 2006 to 2013, each tobacco-specialised centre received an average of 14 new patients each month and followed approximately 25 people for a period of a few months. Since 2007, National Treatment and Prevention Centres for Addiction (CSAPAs) also treat people with tobacco addiction. In 2010, the 13,700 smokers (or 5% of all people seen in CSAPAs [11]) mentioned tobacco as the most troublesome substance and as the substance inducing them to consult (primary drug).

to 2005 and a decrease in sales in the tobacconist retailer network. However, this sales decrease was partially offset by an increase in purchases outside the network, and mainly in France’s border countries.

Bans on smoking in public, which have been well-accepted by the population since they were enforced in 2007-2008, helped “denormalise” tobacco use in France, but did not decrease the prevalence of tobacco use, which, on the contrary, increased from 2005 to 2010. Among young people, the trend is the same despite the ban on sales to minors as of 2009. This may be because there is little compliance with the ban. At this time, prices remained stable or barely

rose, as did tobacconist network sales. Prices began to increase once again in 2010 and ended up leading to a marked decrease in tobacconist sales, which further dropped with the appearance of vaping in 2012 and 2013. Smoking prevalence may also have dropped compared with 2010, but the real trend will not be known for a few more months. In any event, the prevalence will probably be much higher than what is seen in other countries, such as the United Kingdom and

¹⁰ 3989 is the abbreviated telephone number for the French helpline

Less conciliatory opinions on tobacco

The perception of tobacco and of smokers has changed a lot in the last ten years, as evidenced by the results of several opinion surveys on the issue, such as the OFDT Survey on representations, and perceptions regarding psychoactive drugs (EROPP 2002, 2008 and 2013), the INPES Baromètre santé health survey (2005 and 2010) and the International Tobacco Control survey (ITC 2007, 2008 and 2012).

Even more than for illegal drugs and alcohol, the perception of tobacco-related danger has risen among the French population. Hence, in the latest EROPP survey, half of the respondents (52%) deemed tobacco use as causing more problems in society than illegal drug use. A minority of French people (41%) consider tobacco to be dangerous as soon as experimentation takes place. This population remained stable compared with 2008 (43%), but has markedly increased since 2002 (25%). More people (47%) consider that it is only once people start smoking every day that risk appears, they were 44% to believe this in 2008, and 74% in 2002 [11]. Moreover, there is a general disapproval of tobacco use during pregnancy (90% of people surveyed).

An overwhelming majority of the population (90%) is favourable towards a ban on tobacco sales to minors, and this consensus existed prior to the implementation of the ban (72% were favourable in late 2008). When surveyed on the principle of a full ban on tobacco use (for adults as well as minors), 41% of French supported this: even though this figure represents a minority, it has increased since 2008 (32%) [11].

There is massive support also for the ban on smoking in public (see "An increasingly restrictive legislative framework"). In 2012, 38% of smokers and 36% of non-smokers stated that they would support an extension of this measure if applied to outdoor areas at restaurants. This did not show a significant evolution versus 2008. A majority of French people would even be ready to see these restrictions transposed to the private sphere: a ban on smoking inside cars in the presence of children (supported by 89% of smokers and 93% of non-smokers) and 61% of non-smokers and 40% of smokers state that they prohibit smoking in their homes [4].

In 2010, one in five French people aged 15 to 75 were of the opinion that "smoking puts you at ease in a group". This proportion has sharply declined since 2005 in smokers (27% versus 37% in 2005) and especially in non-smokers (17% versus 36% in 2005). This opinion is expressed more frequently among 45 to 64 year-olds, likely indicating a generational trend towards less acceptance of the substance as a result of measures to protect people from second-hand smoke. At the same time, as in 2005, half of the smokers surveyed considered that "you are not as well accepted when you are a smoker" (48%) and that "there is a sort of war between smokers and non-smokers" (52%). These opinions are also widespread among non-smokers. Moreover, many non-smokers have a negative image of smokers: 27% consider "smoking to be a personal failure" and 77% consider that "smokers don't care enough about the health of the people breathing in their smoke" [5].

All of these figures indicate a "denormalisation" of tobacco (i.e., a change in tobacco-related social norms through a change in the social representations of tobacco and tobacco users). This "denormalisation" began a decade ago through a comprehensive strategy including bans on smoking in public and on the sale of tobacco to minors, price hikes, information and prevention campaigns, and so on.

Canada, where it is below 20%. France-wide, 2004 to 2014 seems to have been a decisive decade: when it closes, the consensus on the danger related to tobacco use and the need to cut down on smoking and its harmful health effects seems to be ingrained.

Internationally, the tobacco endgame concept is developing, like in Finland, which wishes to eradicate tobacco use by 2040.

In the wake of the third Cancer Plan, launched in early 2014, a new global anti-tobacco collective effort was decreed, ten years following the last mobilisation. However, the question of "denormalisation" of tobacco is

raised, most probably with regard to the future of e-cigarettes and the development by tobacco companies of products presented as being "less harmful". ■

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