Eur Respir J
1988, 1, 399–402

EDITORIAL

The fight against smoking in France

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If we compare the positions of public authorities concerning the regulation of the use of tobacco worldwide, we find three situations. Some countries, usually those in which tobacco is not cultivated or processed, have adopted and enforced strict legislation in order to safeguard the health of their citizens, for example, Finland and Norway. Elsewhere, there are powerful commercial interests in the tobacco trade, and regulations are weak or non-existent. In France, this sector of the economy is subject to contradictory influences, and an intermediate situation exists. It is therefore urgent that France should have a genuine public health policy in this field.

Factors specific to France in the tobacco sector

The link between the tobacco industry and the Treasury in France goes back to Napoleonic times, and not has been broken since. The National Tobacco and Match Company (Société Nationale d'Exploitation Industrielle des Tabacs et des Allumettes, SEITA), founded in 1926, was initially intended to finance the public debt sinking fund. The corporation's monopoly position has been progressively eroded since the opening up of the French market to foreign competition, in 1970. SEITA is still the only authorized producer of tobacco-based products and matches in French territory. There are forty thousand distributors and retailers approved by the tax authorities.

The July 1976 Act, passed when Mme. Simone Veil was Minister for Health, imposes very precise limitations on tobacco promotion and advertising, except on the premises of licensed tobacconists, on the press, and on the sponsorship of certain sporting events. Its final version, which became law in September 1977, regulates the use of tobacco in certain public places. These regulations were framed with public health in mind. They are constantly infringed both by advertising - SEITA's advertising budget more than doubled from 1980 to 1984 - and by smoking in public places, for example schools or hospitals where prohibitions are ignored.

There is a clash of interests, since, with, on the one hand laws which are precise, strict, and ignored, and on the other a nationalized company and protected State employment for the distributors. Thus, in France tobacco remains a major risk to public health, and estimates of its cost to the Health Service - which call for careful interpretation - range, (taking no account of reduction of life expectancy) from about 45 billion francs for 54,000 deaths at a conservative estimate, to about 60 billion francs for 60,000 death which is a more realistic figure.

Methods of appraisal of the situation in France

Economic indicators

According to SEITA and to the National Institute for Statistics and Economic Studies (INSEE), sales have been increasing since the end of the second world war especially since 1960. A peak figure was attained in 1975, after which sales declined slightly, reaching another peak in 1985. Manufactured cigarettes, which made up 58% of sales in 1950, represented 92% of sales in 1985. In that year a sales figure of six cigarettes per adult (age 15 yrs and over) per day was reached, compared to only three per day in 1950. According to a survey using representative samples, 50% of the population were smokers in 1965 as against 38% in 1986. In order to explain the contradiction with the 40% increase in sales figures during the same period, it is suggested that smokers smoke more heavily today than in 1965, and that surveys underestimate the proportion of smokers.

Moreover, consumer taste appears to be changing. Over the last fifteen years it has been observed that SEITA's market share has been eroded by products made with Virginia-type or mixed leaf, produced by those of our EEC partners where tobacco multinationals are based. Thus over the period 1971 to 1986 cigarettes made by SEITA fell from 97 to 58% of the market share, imported cigarettes taking in 1986 51% of the market, whilst the share of cigarettes made with Virginia-type leaf rose from 5 to 53% over the same period. France is currently the member of the EEC where the tobacco industry creates the fewest jobs. Full-time jobs in France in this sector are estimated at about 50,000, a third of those than in West Germany or Great Britain. The retail sales price of the most popular cigarettes in France is particularly low, putting France in the penultimate position, above Greece. This is due to the desire to reduce inflation, since the retail price of tobacco is included in the INSEE's calculations of the

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general price index.

The retail price of tobacco in May 1965 includes a tax component of 74.2% (while that of all European countries is between 70 and 75%), 17.8% for the manufacturer, and an 8% margin for the retailer. Tax on tobacco in 1985 stood at 23.4 billion francs, which was 2.3% of the National budget. This very stable proportion puts France among the least dependent, of the principal European countries, upon tax revenues derived from tobacco-related sources.

Statistics relating to death and disease

In 1982, according to statistics of causes of death provided by the National Institute of Health and Medical Research (INSERM), it was estimated that tobacco was responsible for 10% of the total deaths, *i.e.* 54, 000 deaths including 32, 000 cancers (lung, upper airways, and digestive tract, bladder, and pancreas), 11, 000 cases of cardiovascular disease (ischaemic heart disease, aneurysm of the aorta, arteritis) 6, 000 cases of chronic respiratory disease (chronic bronchitis, emphysema), and 5,000 deaths from non-specific causes. The proportion of cancer deaths attributable to tobacco, which was 25% in 1982, may be more than 30% by the end of the century. Moreover, deaths from cancer may affect younger men; thus in 1978 those cancers causing more than 35% of male mortality were the most frequent cause of death in men from 45–60 yrs of age. The wave of lung cancers is bound to grow, given the lag between the beginning of exposure to tobacco and the clinical appearance of disease (several decades), and the rising proportion of women and especially of young people among smokers.

Tobacco-related disease is far more difficult to define, especially given our ignorance of tobacco's responsibility in the development of conditions due to multiple factors. The consequences of passive smoking also remain to be evaluated. Tobacco other than smoked, *i.e.* taken as snuff or chewed, is at the present time very little used in France (400 tonnes in 1983).

The development of tobacco consumption in France

The following data are taken from a survey carried out in 1980 by the INSEE, on 16, 000 people, from regular surveys, done mostly by the French Committee for Health (CFES) or by the producers, but using smaller samples, usually about 2, 000 people. Interpretation of these surveys, the methodologies of which often differ, needs to be cautious, especially with respects to longitudinal analysis. Their results, compared to the sales figures, show that smokers minimize their habit.

We can conclude that tobacco consumption in France is increasing; that young people start smoking increasingly early (in 1984 12% from 12–13 yrs, more than half from ages 16–17, and a third at 18 yrs); that the proportion of regular smokers (at least one cigarette per 24 hours) and the number of cigarettes smoked increases with age, (less than half of smokers from ages 12 to 13 are regular smokers, compared with 80 to 90% of them at age 18), that girls smoke more frequently than boys but smoke quantitatively less (7% of boys who smoke consume more than one packet a day, 2–3% of girls); that adult males smoke more often and consume more cigarettes than adult females (44% of men smoke more than twenty cigarettes per day compared with 28% of women); and lastly that with age there is a rapid decrease in the frequency of tobacco use, the proportion of male smokers dropping from 55% from ages 25–35 yrs to 30% at age 65 and over; more than half of smokers break the habit during their lifetime. Another characteristic of tobacco use in France is the persistent predilection for dark leaf, which has heavy concentrations of tar and of nicotine (the tar concentration of cigarettes produced by SEITA remains high, 16.5 mg on average).

Prospects

Objectives

A comparison of this situation with that of our European partners shows France to be intolerably backward. International and more importantly European environmental considerations, recommendations from the World Health Organisation (WHO) as well as from the European Economic Communities (EEC) and the International Centre for Cancer Research (ICCR), all urge us to drastically reduce our tobacco consumption.

To this end, we sent an official report on the fight against smoking in France to the Minister of Health in September 1987. This document was the result of more than a year's work under the aegis of the General Health Council, which brought together more than a hundred experts in the fields concerned. The objectives were fixed in accordance with international directives. We suggested to the Public Authorities a series of measures with a view to attaining in future years the following three objectives:

1) encouraging non-tobacco-users to continue refraining from tobacco use in any form whatsoever;
2) helping tobacco-users to break their habit by methods which must be tested ones;
3) prohibiting the sale of those tobacco products with the highest concentrations of tar, nicotine, and carbon monoxide.

Proposal

Our plan of action makes suggestions for regulatory, economic, educational, and therapeutic measures. The regulatory measures include the immediate application of the 1976 Act. Moreover, extensions

of the Act's powers are necessary in the matters of advertising and of tobacco consumption in public buildings. We strongly recommend prohibition of all forms of advertising without exception and the immediate cessation of sponsorship by the tobacco industry of all sporting events. We also recommend prohibition of tobacco use in all public and private primary and secondary schools, in all health establishments, and in all public areas of public buildings as well as in television studios. On public transport, space reserved for non-smokers should be proportional to their number in the population, with a minimum of two thirds of space reserved for non-smokers. In communal places of work, the rights of non-smokers not to inhale smoke unwillingly must take precedence over smokers' pleasure. Tobacco use must be regulated by French law drawn up by the Committee for Health, Safety and Working Conditions. Simultaneously, doctors at the workplace should undertake to inform and educate the workforce. In restaurants and canteens, places reserved for smokers should be proportional to their number in the population with a minimum of two thirds of places reserved for non-smokers.

Regulations concerning health information to figure on packaging should be issued by the Ministry of Health. Information should be given concerning the nature and probability of health risks, and be precise, immediately visible, and periodically changed so as to retain attention. These measures are aimed at informing the public clearly. Regulations concerning limits on tar and nicotine content in cigarettes should be promulgated by the Ministry of Health, and the values of such limits should be regularly modified. When applying these measures the Ministry of Health should ensure than information on limits is not used by tobacco companies as a sales pitch, since there is no such thing as a harmless cigarette. Moreover, the precise indication on packaging of tar, nicotine, and carbon monoxide content will allow Third-World countries to avoid importing highly toxic products unsuitable for national use.

With a view to limiting sales outlets, the monopoly of retail sales by authorized tobacconists should be maintained, and the sale of tobacco by vending machines prohibited. Due to its high concentration of nitrosaminous carcinogens, the sale of chewing tobacco should be prohibited.

Our economic proposals include large and repeated increases in the retail prices of tobacco, to which we are moreover committed by EEC regulations. This price increase will have a strongly dissuasive effect, especially where young people are concerned. So long as tobacco remains a popular consumer product, it will remain a component of the INSEE general price index. At the same time taxes levied on tobacco should not be increased, so as to allow the State as much freedom as possible from dependence on the tobacco trade. Profit margins deriving from higher prices and from any profits made by SEITA should be made over entirely to Health Service funds, to compensate for expenses due to tobacco-related disease.

Contractual agreements should be made with SEITA to ensure production of items with low tar, nicotine, and carbon monoxide content. A plan for the reconversion of SEITA, especially towards the agricultural/food processing sector, should be put into practice.

Educational campaign

Tobacco consumption will be significantly reduced and regulations obeyed only if action is taken to educate and inform. Priority targets must be the section of the population most at risk, especially young people entering secondary education. All personnel should take part in these campaigns, especially teachers, medical and health workers, and organizers of group activities. In the case of medical and health workers, action should be based on the British example, where surveys were carried out in collaboration with general practitioners. These surveys led doctors to reduce their tobacco consumption substantially. In Britain the percentage smokers among GPs has fallen to 10% in the last few years, and the GPs have carried the message to the population as a whole. In France, surveys among small samples of doctors show that the percentage of smokers among GPs is substantially the same as among the population in general. By the end of 1987 we shall have available a survey made on a sample of a thou-sand French GPs, which should yield precise data. This sort of study should be repeated, so that we can measure the impact of the different measures taken to limit tobacco use on the GPs and their patients. We must insist upon the importance to the fight against smoking of the example set by doctors. The result of this health training and education must be periodically evaluated. The setting up of such a network, using modern means of communication, should progressively alter the present general social acceptance of smoking and be an essential element of success in the fight against it.

Anti-smoking counselling should also be available for smokers, and an evaluation made of suggested methods. Staff should receive training for this, and the results be measured comparatively. Information on this matter is presently insufficient.

Finally we suggest the setting-up of an official body to co-ordinate the fight against smoking in France, so as to decide upon a plan of action, to programme it correctly, to evaluate the results, and to monitor the situation. This organization should moreover put forward and co-ordinate research programmes in liaison with the statutory national research institutions (INSERM and the Universities), learned societies and international organizations (WHO, EEC, ICCR, ILO). Special emphasis should be placed on research into the development and evaluation of "weaning-off" procedures and studies of the mechanism of tobacco addiction.

At the moment of writing (October 1987), the Minister of Health has just affirmed his intention of prohibiting tobacco throughout the educational system, and of starting negotiations with the unions on the rights on non-smokers in the workplace. This announcement has aroused no significant protest, notably from either the teachers or the biggest unions. We interpret this as a most encouraging sign, and think that public opinion in France is ready to accept the significant and durable reduction of tobacco consumption.

A comprehensive bibliography appears in the official report on the fight against smoking and its ancillary material, which is published by *la Documentation Française*, 29–31 quai Voltaire - 75340 Paris Cédex 04.

Acknowledgements: This manuscript is published with the authorization of the European Regional Bureau of WHO.