

T & L

Tabac & Liberté

Network of GP's

HEALTH PROFESSIONAL AND SMOKING CESSATION IN A LARGER EUROPE RÉF N 200 3307

FRENCH CONTRIBUTION

1- INTRODUCTION

France covers an area of 550,000 km², has 62 million inhabitants, and is located at the far west of Europe. To the west, France is bordered by the English Channel and the Atlantic Ocean, to the east, by Belgium, Luxembourg, Germany, Switzerland and Italy, and to the south, Spain, whose Pyrénées represent a natural frontier. One has observed a powerful historical tropism of centralism with most communication routes going through Paris. Cross-country links, having been neglected for too long in favour of the capital, are now unsuitable and costly

For the last thirty years, the State has tempted to apply regionalization, in other words, division of France into 22 regions, which would benefit from more political and financial autonomy against central government. Today 21 regions out of 22 have fallen into the hands of the opposition, which makes relations with central government even more difficult; regions exercising their prerogative to develop a policy that is strictly regional. This autonomy comes with a transfer of responsibilities, notably regarding transportation, education and health. This will have significant consequences on the way public subsidies are shared out especially in the area of public health and prevention. This is why T& L has for many years now encouraged regional grouping of key players in the field of smoking cessation in order to carry simultaneous actions at regional level and thus promote and coordinate public health. The regional scale conveys a somewhat different viewpoint from that of national councillors, who have by definition grown more distant from the practical contingencies of the field. This also gives an explanation for the subtler points included in the HP questionnaire (Assessment Tool).

According to the Ministry of Health, there are 204,000 practitioners in France of which 120,000 work either in the public or private sector. Moreover, 400 hospitals offer smoking cessation consultations, with a 4 to 6-month waiting list. Finally, a little more than 3,000 doctors member of Tabac & Liberté do their very best to help their patients quit after having been given the adequate training for this, without forgetting the various private initiatives in this area. The objective being to help 13 million smokers quit. We are thus faced with major problem of political choice.

One has to make sure that each health professional represents a vector for smoking cessation. To achieve this, we need to multiply and increase the total number of participants by

simplifying the problem instead of making it even more complicated. Tobacco addiction centres should become referent centres that manage difficult cases whilst supporting their field players instead of doing the work for them.

How is France positioned in the ensp study (Luk Joossens) performed on 28 european countries

Tobacco control policies from 28 countries have been evaluated by a panel of European experts. For France, the appointed expert was Albert Hirsch. Experts started by defining items and grading scales which would give rise to scores. All these scores therefore enable to grasp the political picture of each country and put them into categories.

Consensus has been obtained according to the following items:

Prices and taxes	(30 points)
Ban to smoke in public areas and offices	(22 points)
All of the state's budget to control tobacco	(15 points)
Ban on advertising	(13 points)
Warning on hazardous effect on health	(10 points)
Treating dependency and managing smoking cessation	(10 points)

In this study, France is given as an example notably for the effective results obtained following the significant price increase of tobacco products. Indeed, the number of smokers has gone from 15,300,000 in 1999 to 13,500,000 in 2003 owing to the mere price increase of tobacco product, i.e. there has been a rise of up to 28% on the pack of Marlboro in 2003. Prevalence of nicotine addiction has in parallel decreased by 12 % whilst the number of smokers wishing to quit became more important (58% in 1999 against 66% in 2003). In 2003, official sales shrunk by 13.5%. Price being the main reason for people wishing to quit. This figure naturally does not take into account smuggled tobacco sold on the black market.

In practice, a 25% price increase results in a drop in consumption of 7 to 13%.

Quality of surrounding air has to be respected. The fact that people can no longer smoke at the workplace had reduced consumption by 5 to 10 %. This is the second major point in reduction of nicotine addiction. In New York alone, prevalence of nicotine addiction has dropped by 11% between 2002 and 2003. In France, it is (according to the Veil and Evin law) forbidden to smoke in public places (this ban is applied in airports, practically in all train stations, and almost never in bars or restaurants. However, we are currently observing the progressive application of the smoking ban in companies.

Today, it is formally forbidden to smoke at the workstation in the following countries

Ireland	March 2004
(leading to a 7.5 % decrease in consumption in the first 6 months of 2004)	
Norway	June 2004
Sweden	June 2005
France	2005 in labour regulations and in 2006 more generally (?).

Regarding the interdiction to smoke at the workstation, France is in the last 28 countries with Portugal, just in front of the United Kingdom, Switzerland and Lithuania.

Nevertheless, more smokers wish to quit and/or want to be helped. To answer to this demand, which is almost impossible with only 400 hospital consultations that also lack sufficient means

or staff and have a too rigid way of functioning, we have to join forces with health professionals and give them the chance to become key players in this fight.

This is the exact direction that Tabac & Liberté has decided to take, one which unfortunately remains too scarce and against what is considered to be « politically correct »

As for the price increase applied to tobacco products and despite its efforts, France remains with Ireland behind Island, the U.K., Norway, Switzerland, Malta or Cyprus.

According to the INPES and in France alone, adult male smokers represented a total of 50% in 1984-1986, 42% in 1995 and a mere 36% in 2002/2003, which implied a 28 % reduction. Considering female smokers, this reduction is unfortunately less significant: female smokers were respectively 32% in 1984-1986, 31% in 1995 and 25% in 2002/2003. This only represents a 22% drop. With a forecasted 28% reduction, France, together with Poland, is listed among the 10 first countries out of the 28, behind Denmark, Island, Norway, Portugal, Slovak republic, Spain and Switzerland.

The financial support to develop a policy controlling tobacco addiction is quite insufficient in Europe, notably in Belgium, Denmark, Germany, Ireland, Luxembourg, the Netherlands, Austria, Finland, Sweden, U.K., Island, Norway or Switzerland. Regarding investments made in its smoking cessation policy, France is ranked 9th out of the 28 countries. In France, the global budget amounts to 30 million Euros and the price for one pack of cigarettes is the highest in Europe right after the U.K.

Following this study, the experts have put forward the following recommendations:

- The states have to accept to spend more money on smoking cessation policies. The United Kingdom is the only country in Europe, which spends more than one Euro per inhabitant to fight against nicotine addiction. Furthermore, experience from Australia and the United States have demonstrated that increasing budgets to finance smoking cessation programs does reduce tobacco consumption. According to the *Centre of Diseases Control and Prevention (CDC)* in the United States, investment should be of at least 1 to 3 US\$ per inhabitant per year over a sufficient period of time (3 years minimum)

- We should standardize our data on tobacco addiction prevalence in Europe,
- A control policy should be visible and aim at:
 - Increasing prices through increased taxes
 - Strictly forbid any kind of advertising for tobacco-related products and have laws respected i.e. at the work place
 - Provide better information to consumers, public information campaign ...etc.
 - Talk about the dangers of nicotine especially to adolescents
 - Treat addicted smokers and help them quit
- Urgently invest in specific smoking cessation programs

2- THE USE OF TOBACCO PRODUCTS

A recent study has revealed the percentages of smokers in France (men and women) between 1974 and 2004:

	1974	1999	2004
Men	60%	36.6%	33.4%
Women	27%	29.9%	26.6%

If these figures clearly show a significant reduction (26.4%) of smokers between 1974 and 2004, we note that the number of female smokers is practically constant, which is a major concern for public health.

Generally speaking, since 2003 we have observed - compared with 1999 - a 12 % reduction in the number of smokers between 12 and 75 years old, as well as a more marked decrease in the 15-19 age group. Furthermore, the age of the first cigarette in France would be of around 15 years old instead of 14 according to the OFDT – Escapad 2003, and of 12 years old according to the Cardiology Federation. Hence the slogan– *Never smoke that first one.*

According to other sources, prevalence of nicotine addiction is on the whole of 27% (Men 33% and Women 21%) [Constant studied on life conditions, 2000 – social indicators INSEE 2000 and for the adolescent population in 2001-2002 according to a non-published report by the WHO in 2002 (*Health Behaviour in School-aged children, a WHO cross-national study (HSBC)*) global prevalence for thirteen-year-olds is of 6.9% (6.6% for boys and 6.4% for girls) and for fifteen-year-olds of 26.3% (26% for boys and 26.7% for girls)

In a study performed by Tabac & Liberté (in the process of being published) carried out for the National health insurance (CPAM) of the Haute-Garonne department and the Regional Direction of Sanitary and Social Affairs (DRASS) of Midi-Pyrénées on the basis of questionnaires filled in by the students after a visit to their school (study which has to this day included over 2,500 questionnaires) the overall percentage of nicotine addiction in schools is globally of 35% (32.5% for boys and 37.5% for girls).

3- THE HARM DONE BY TOBACCO

France has on the whole to deal with 28% of smokers. France is given as an example in Luk Joossens’s report for the effective results obtained following the significant price increase of tobacco products. Indeed, the number of smokers has gone from 15,300,000 in 1999 to 13,500,000 in 2003 owing to the mere price increase of tobacco product, i.e. there has been a rise of up to 28% on the pack of Marlboro in 2003. Prevalence of nicotine addiction has in parallel decreased by 12 % whilst the number of smokers wishing to quit became more important (58% in 1999 against 66% in 2003). In 2003, official sales shrunk by 13.5%. Price being the main reason for people wishing to quit.

According to practitioners and health professionals, prevalence of nicotine addiction is even greater:

General practitioners	27.9%	1998	health barometer
Midwives	45 %	2003	Michel Delcroix
Pneumologists	9.8%	2004	Bertrand Dautzenberg
Gynecologists	29%	99/00	

If we consider the young people who have smoked at least once in the week prior to the study

	94-95	97-98	2001-02
Boys	23	28	26

Results show that a lot still needs to be done, notably in schools.

3- MEASURES TO REDUCE THE HARM DONE BY TOBACCO

The Veil law

The first step against tobacco addiction dating of July the 9th 1976: wording « hazardous to health» and levels of nicotine and tar written on all packs of cigarette, ban on smoking in public areas and forbidden direct advertisement on tobacco products.

The Evin law

Since the 1991 EVIN law, France is officially a non-smoking country. But the law is only progressively applied and its flaws are numerous notably –something that is incredible- in schools and health care centres.

The Evin law gave rise to the increase in cigarette prices, the ban on direct or indirect advertising of tobacco products, the interdiction of smoking in public areas such as schools. The law also requires new warning messages printed on cigarette packs, gives the possibility to associations to go to court and organises with the WHO the world smoke-free day.

5- COMMUNITY ACTION AND MEDIA EDUCATION

The 2003-715 law

The law dating of July 31st 2003 (law 2003-715) takes into account article 11 of the European directive 2001/3-7/CE voted on June the 5th 2001 (« The Directive ») relative to the grouping of legislative, regulatory and administrative provisions of the member states as regards manufacturing, presentation and sales of tobacco products. (« The Directive ») mentions:

- The addition of 16 new health-related messages on cigarette packs; messages which should hold 30 to 40 % of the total pack surface,
- Interdiction to sell to minors under the age of 16,
- Interdiction to sell packs containing less than 19 cigarettes,
- The additional indication on packs regarding carbon monoxide (CO) levels with those of nicotine and tar.
- The need to educate students from primary and secondary schools on the damaging risks related to nicotine use.

The European Directive 2001/3-7/CE dating of June 5th 2001 (« The Directive ») mentions that the commission's role is to prepare frequent reports for the European parliament, the council and European social and economic committee on the actual application of this Directive. The first report based on the answers obtained from a questionnaire sent to the member states on June 2004 reveals the following facts:

- On October 31st 2004, the Directive was transposed to all member states except for Estonia (this country applied the Directive on May 4th 2005).

- Levels of tar, nicotine and CO have been put on cigarette packs sold in the fifteen countries of the European Union since June 1st 2004, and this will be true for the other countries of the European Union as from January 1st 2005 (except for Greece: January 1st 2007).

- Countries of the European Union have acknowledged 14 Laboratories, and even if the measures are open to criticism, the European Union has decided to maintain ISO norms since no better set of norms has yet been designed
- Labelling of cigarette packs has been satisfactorily standardized throughout the Union notably as regards the special warnings on the hazardous effects of nicotine use. The impact of these warnings proved to be useful in Holland, Poland and Malta since they have clearly reduced nicotine prevalence among 18-year-olds. Use of colour pictures, which would have produced a greater impact, is being recommended and studied.
- The problem related to cigarette composition has not been solved by consensus, for lack of presenting a unique background in each of the Union's countries, failing to decide on a common list of ingredients or because cigarette manufacturers keep us in a state of confusion by giving a different list of ingredients to each country. Article 9 of the CCLAT by the WHO (Framework law adopted by UN countries) could be useful to establish the complete list of ingredients to analyse in order to assess toxicity and noxiousness of tobacco products. The file is still on hold and we are waiting for new technical solutions.

The French Presidential Anti-Cancer Plan

Ever since the French Presidential Anti-Cancer Plan, efforts have been made towards a better application of the legislation with, as part of the Plan, total interdiction of tobacco in schools and health care centres.

Total smoking ban

Deputy Y. Bur, vice-president of the National Assembly in France, is about to submit a bill, which bans public use of tobacco. The latter has been much debated notably among tobacco manufacturers and shopkeepers selling tobacco who claim that this ban is against individual freedom.

France, following its law voted in 2003 and its Anti-Cancer Plan, has given itself sufficient means to apply « The Directive ». On the whole, France is already applying it today.

6- THE EFFECTIVENESS AND COST EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS

Tobacco addiction costs more than it brings in. Costs in France (borne by the community in terms of health expenditures, prevention campaigns, loss in production and disposable income) are estimated at 10 to 15 billion Euros.

The net average cost related to tobacco per inhabitant and per year adds up to 208 € (source Costs and economic benefits of drugs – Kopp P, Fenoglio Ph – OFDT06/2004)

Taxes would have brought in 11.62 billion Euros to the State in 2004 (80% of the price of one pack of cigarettes). Smokers are more subjected to diseases than non-smokers, which has a cost for society, although non-smokers – and because they live longer- require more care as they get older. If we consider Anderson and Jané-Llopis's meta-analysis performed from 19 studies and using a randomized model of the effects obtained with 24 identified programs, the actions are

as effective to change the attitude of practitioners, the amount of advice given and the success rate of their patients. For established practitioners, the programs are indeed effective to modify the way they tackle tobacco addiction and the amount of advice given but not on the success rate of their patients. This is because the latter depends more on clinical practice among patients rather than on an educational approach. We are now certain that we do not have enough information in France on the actual costs related to tobacco addiction and that we have no comparison basis. Likewise, Barendregt et al. studied the respective health-related costs for smokers and non-smokers and those of the general population (smokers and non-smokers) in order to assess the actual benefits of smoking cessation. They have tried to estimate the effects of smoking cessation on health-related costs. Their results reveal that at a given age, health-related costs are 40% times higher in smokers compared to non-smokers. But in a population of non-smokers, costs are 7% (Men) and 4% (Women) higher than in a mixed population. If all smokers quit, health-related costs would diminish in the short term but would augment 15 years later. These authors thus conclude by saying that the benefits obtained are only short-term benefits but in the longer term this would be expressed by an increase in health-related costs.

Cohen and Barton have put forward a more specific analysis of the economic implications that would result from changes in tobacco consumption. They have done this by extending investigations beyond health issues and looking at a broader economic dimension. These are their initial results concerning the United Kingdom:

- Tobacco-related diseases cost every year between 1.4 and 1.7 billion £ to the British National Health Service (NHS). The principal reduction factor of this cost is the major expected benefit obtained by smoking cessation.

- In the United States, 78% of non-smoking men are still alive at the age of 70 against 57% in smokers. At the age of 80, proportions are of 50% in non-smokers against a mere 21% in smokers. But non-smokers who live longer require more medical care than smokers. Moreover, and as raised by the authors, is it important to determine what is more costly for society: smokers or non-smokers? By taking into account:

- Costs induced by tobacco-related diseases,
- Shorter recovery time for non-smokers after undergoing surgery,
- Costs related to pathological consequences due to passive smoking,
- Cost of neonatal incidents due to nicotine consumption during pregnancy,
- Health-related costs for smokers,
- The costs for companies regarding absenteeism of employees who smoke,
- Fires caused by smokers (20 million £ per year in the U.K., the USA talks about 2,300 deaths and 5,000 burn victims per year representing an annual cost of 552 million \$US).

These facts have to be balanced out with the benefits of nicotine consumption:

- Revenues for the State from tobacco taxes. Thus in 1994, the consumption of cigarettes in the United Kingdom was 460 million units, which represents an expenditure of 10.017 million £ from which the state kept 80% of taxes, that is to say 8463 million £ (3% of revenue taxes in the U.K.).

- Employment in the tobacco industry as well as other related industries,
- Savings made on the pensions of citizens who have died at an early stage.

In conclusion we can say:

- Smokers cost more because of tobacco-related diseases
- Non-smokers also impose a cost on society since they live longer
- Smoking cessation induces short-term savings yet increases expenses in the long term
- The cost of nicotine addiction for society exceeds health-related, industrial or social costs, which should also be assessed.

- The main benefit of smoking cessation for society is enhanced health and longer life expectancy of its population attributable to enhanced health.

Now all that needs to be done is to evaluate the cost of actions carried directly on tobacco products in comparison with other preventive or curative actions.

In France, we still lack elements that would help us have a better approach of nicotine consumption costs, but we believe that thanks to our European work project entitled « *General Practitioners and Economics of Smoking Cessation in Europe* » under reference N°790722, we will be able to analyse these costs more in depth and therefore give a precise response in two years.

7- HEALTH INFRASTRUCTURES

7-1 Integrates Health care system

In France, the structures integrated to the health system -that plays a role in smoking cessation- are more than insufficient. Firstly because the government has chosen to create tobacco addiction consultations within hospitals (around 400 consultations today, not equally distributed on the territory), which leads to considerable expenses due to structure and staff fees.

In fact, it is the most expensive solution. This should be done by health professionals, hospitals would then become « consultants » here to manage difficult cases.

We need to mobilize general practitioners and health professionals if we wish to have an effective action in terms of smoking cessation. Several private initiatives try to offer a solution and they do not always have the appropriate training to do so. Powerful national associations organize one-off actions according to subsidies received. In this case, one part of the money is used for their operating fees. Since 1994, Tabac & Liberté has been the only national association permanently working with the help of volunteers to provide training to GPs or health professionals and thus promote smoking cessation. Our action, recognized by sanitary authorities, is nevertheless little supported.

7-2 Structure for quality of care

Structures to control, under the *Haute Autorité de Santé*, the quality of health care are:

- The AFSSAPS (French Agency for Sanitary Security of Health Products) gives recommendations on smoking cessation methods and use of drugs.

- The ANAES (National Agency for Health Accreditation and Evaluation) is responsible for preparing the therapeutic referential for general practitioners. Tabac & Liberté has collaborated with Capitole/Stop tabac, which has prepared the referential “aid to smoking cessation” on line since May 2005. Tabac & Liberté has validated a *guideline* for the members of the association and health professionals.

<http://www.anaes.fr/ANAES/anaesparametrage.nsf/Page?ReadForm&Section=/anaes/SiteWeb.nsf/wRubriquesID/APEH-3YTFUH?OpenDocument&Default=y&>

- The key players whose role in to inform the population on the dangers of smoking and thus promote smoking cessation are:

INPES National Institute for the Prevention and Education of Health,

CIRC International Centre on Cancer Research,

OFDT French Observatory of Drug abuse and Addictions,

MILDT Interdepartmental Mission in the Fight against Dependencies and Drug addictions,

Measure of the quality of smoking cessation management: In France, there is no organism which monitors the latter on a permanent basis. One-off actions have been reported. The OFDT is looking into the waiting period before getting an appointment for a smoking cessation consultation.

Calculation of the global cost for smoking cessation interventions is not done today in France. Tabac & Liberté is working in this area (see above). Cases of negligence or errors regarding smoking cessation are not known thus not registered if they exist.

Control on tolerability of pharmacological treatments prescribed in smoking cessation is under the responsibility of the AFSSAPS (French Agency for Sanitary Security of Health Products).

Information on cessation methods is given by several organisms:

OFT French Office for the Prevention of Nicotine addiction

INPES National Institute for the Prevention and Education on Health,

LNCC National League against Cancer

RHST Réseau Hôpital Sans Tabac,

Tabac & Liberté for general practitioners of the private sector, and specialists

Quit line « tabac info service »

Distribution of documents,

Websites.

7-3 – Research and knowledge for health

There is a research program in the area of smoking cessation financed by the government (General Direction of Health). This program concerns organizations; is always for an indeterminate duration (generally for one year) and not systematically renewed.

Education on tobacco addiction should have been part of the degree course for doctors, nurses, pharmacists and dentists since 2000. In fact, this is set up only progressively and « smoking cessation » classes are not always dedicated to tobacco.

Little by little, tobacco has become the subject of numerous post-university courses or workshops in the framework of continuing medical education. For example, Tabac & Liberté has, since 1994, trained over 10,000 general practitioners and health professionals.

In France, the strong governmental and presidential policy aims at reducing nicotine consumption within a global policy for the development of public health development.

- Public health law:

<http://www.legifrance.gouv.fr/Waspad/UnTexteDeJorf?nuùjo=SANXO300055L>

- Governmental Plan to fight against illicit drugs, tobacco and alcohol.

http://drogues.gouv.fr/fr/savoir_plus/plan_quinquennal/Drogues%20plan%20gouvernemental_27_07_2004.pdf

- Cancer Plan (INCA)

These texts are among the principal ones: several of which specify the objectives and means.

7-4 Health care policies and strategies for smoking cessation

The governmental policy to reduce nicotine consumption includes in theory:

- A training strategy for health professionals
- A research fund dedicated to smoking cessation strategies,
- An aid for professionals of primary health care,
- An important aid given to specialized smoking cessation centres
- Promotion of pharmaceutical smoking cessation products.

But in practice these actions are limited, individual, irregular and non-coordinated.

7-5 Structures to manage the implementation of treatment within health services

One person at the Ministry of Health is responsible for the management of the « tobacco » policy for hospital.

Mme Paule KASSIS
Ministère de l'Emploi et de la Solidarité
Direction de l'hospitalisation et de l'Organisation des soins (DHOS)
8 avenue de Ségur
78350 Paris 01 SP
Tel 33 1 40 56 60 00 / 33 1 40 56 56 23
Email : paule.kassis@sante.gouv.fr
Website : www.sante.gouv.fr

This person is in charge of the « tobacco » policy directly financed by the State in hospital health care centres.

7-6 Funding health services and allocating resources

Financing of smoking cessation actions by the government:

The government will only support actions carried in a hospital environment (creation of 400 consultations, including structure and personnel fees, which explains why it is so difficult to meet the demand and reduce waiting lists. The budget would be of about de 3 million Euros to create means, but this policy does not help the numerous players out there, that is to say general practitioners and health professionals who manage most smoking cessation cases.

Despite repeated requests by all professionals involved in smoking cessation as part of an Alliance against Tobacco, taxes have not yet been allocated to training nor information.

8 SUPPORT FOR TREATMENT PROVISION

8-1 Screening, quality assessment, referral aand follow-up systems

In daily practice, general practitioners are increasingly trained to detect the « profile » of their patients. The referential « aid to smoking cessation » put on line by the ANAES is here to promote their participation and assess their actions.

The problem, which remains to be definitely solved (the autonomy of National State Health Insurances makes it possible to adopt different management strategies for smoking cessation depending on the place, as well as for all types of preventive medicine actions) is paying the doctor. In certain areas, the insurance reimburses a fixed negotiated price, and in others, only standard consultation fees or nothing at all.

In the private sector, smoking cessation grids are now available and can be downloaded from the various sites of the association. On the other hand, governmental documents [by the INPES distributed by the CRES (Regional committee for health education) and the CODES (Departmental committee for health education) or private associations], give GPs and health professionals all the needed means to manage smoking cessation

To promote involvement of GPs, the problem is not technical but political: taking into consideration a preventive medicine consultation, pay, better organization with hospitals not in terms of competition but rather in that of partnership i.e. difficult or repeatedly failed cases could be referred to hospitals.

A better collaboration between both sectors would be beneficial although this is not always possible for corporative reasons which in our case slow down the setting up of useful measures for the entire population.

8-2 Protocols and guidelines

Elaboration of protocols and *guidelines* was done in France by work groups without really consulting the numerous players on the field or the associations set up outside the Capital. The documents that were made available, not designed by general consensus, have not been adopted by all. Moreover, because these documents were confidential and took quite some time to be finished, several national, regional or departmental associations created their own protocols and guidelines. This explains why we now have different modes of functioning, all identical in their content yet different in their form.

This was also the case when designing training programs for which stakeholders had not been asked their opinion. As a result, the training program for general practitioners was designed by a small committee from the Ministry without even the help of one GP representative. Naturally, the associations in charge of training for GPs had to elaborate the protocol, likewise for the different specialities. The lack of consultation and financed management of all these protocols and guidelines by a small group of national experts does not favour acceptance by key players on the field.

Under these conditions, there is no evaluation of these means today in France be it sectional.

In the public sector, management of smoking cessation of medical staff is considered to be part of the service or income. In the private sector, no contribution is possible except in specific cases by insurance companies or pension funds.

9- INTERVENTION AND TREATMENT

9-1 availability and accessibility

National documents set out the rules of Good Medical Practice for smoking cessation and prevention. These are :

- ANAES consensus conference on smoking cessation 1998,
- AFFSSAPS Recommendations to health professionals 2003
- ANAES consensus conference on pregnancy and tobacco cons 2004

- ANAES referential « aid to smoking cessation » 2005

9-2 Affordability

Moreover, there are protocols and guidelines intended for general practitioners and health professionals (those by Tabac & Liberté among others) as well as specific training courses.

10- HEALTH CARE PROVIDERS

10-1 Clinical accountability

Throughout France, key players involved in smoking cessation are, as previously explained, motivated individuals who, regardless of their professional activity, have acquired useful knowledge and are applying it in practice. Different information tools and *websites* talk about them without necessarily guaranteeing their competence. Associations give a certificate to the people they have trained. Faced with this lack of standardization and evaluation, we believe that it would be useful to have a NEUTRAL organism or institute look at the situation to then try to gather or standardize the actions.

The main actors are:

General practitioners (6/10)

Among health professionals who became involved in smoking cessation. GPs are generally the ones more aware of the problem. In their daily practice, they are also the ones who at least apply the « minimum advice»: Do you smoke? If the answer is yes, are you thinking of quitting? then giving out a small brochure, this only takes about 20 seconds. Feminization of the profession appears to increase awareness of the importance of public health in young doctors.

Pharmacists (2/10)

Pharmacists have an important role to play when informing on the dangers of smoking, how to quit and how to use nicotine replacement therapies. If an important effort has been made to get them involved, the result is today very disappointing.

Midwives (7/10)

In the past years, midwives have also become increasingly aware (Michel Delcroix) that tobacco harms the foetus and newborns. This means that they have now launched themselves in the big fight: « smoke-free maternity hospitals». However, very few of them who smoke have made the effort to quit. This is another problem.

Dentists (2/10)

They are the ones to notice the first damages caused by tobacco on the teeth, although very few dentists decide to get training or advise their patients. One must admit that up until only a couple of years ago, university degree courses did not include classes on tobacco. .

Oncologists (3/10)

Directly faced with tobacco-related diseases, their concern is more retrospective than prospective. They observe and treat. Their preventive role is insignificant except when it is done through strong personal motivation.

Cardiologists (6/10)

Completely disinterested ten years ago, cardiologists have enormously progressed since it has been clearly shown that the best (50%) and the cheapest prevention measure to prevent recurrence after a heart attack or coronary or carotid angiography is smoking cessation.

Pneumologists (8/10)

Are professionally at the heart of diagnosis of tobacco-related diseases. They also smoke much less than the rest of the medical population (# 10 % against # 25%). They are the driving force behind smoking cessation and should thus convince general practitioners to do the same.

ENT specialists (4/10)

Considering the importance of the pathologies related to tobacco, ENT specialists are on the whole not very active in the fight against tobacco addiction.

Pediatricians (2/10)

These specialist do not feel concerned by adult pathologies simply because they do not have to deal with them. Their lack of interest in the dangers of tobacco addiction is generally quite obvious. Nevertheless, prevention among their patients would definitely be effective, especially if this prevention is continued in the context of school.

10-2 treatment provision

In France, Nicotine Replacement Therapies are OTC drugs. The fact that they are no longer reimbursed (from prescription drug to OTC status) has resulted in a threefold increase of their sales. But this has not really improved the way smoking cessation is managed since it is not done by a health professional. Current decrease in sales expresses the lack of confidence for these products by consumers. Therefore, all health professionals together with key players in smoking cessation have to aim towards an effective management of smokers who wish to quit.

Certain products are advertised on TV or radio, although this does not appear to have much effect. Others, such as bupropion, still have to be prescribed by a doctor.

Some data on two therapeutic products used in smoking cessation:

	Price per unit	nbr units sold 2003	Total sales 03
NS gum at 4 mg	0.24 €	13,418,676	3,220,482 €
bupropion	0.91 €	17.,987,460	16,487,071 €

Bupropion was reimbursed by the French Health System but not NRTs.

In France, some hospitals or private clinics manage smoking cessation. But this really depends on the person or the case, which can also be managed together with another pathology. Entries can either be for medical reasons (compulsory) or personal reasons (patient’s own will). Reimbursement by the National Health System is possible depending on the context, but not systematic.

Work documents exist but have not yet been published. A major step would be to have these results published, even if the protocols are not all similar and the methodology debatable.

What is certain is that in France we can very easily multiply our smoking cessation or aid actions granting that all health professionals, notably doctors, work hand in hand. This would be possible if governmental efforts in smoking cessation had not been largely dedicated to hospitals, which now makes it impossible for all the others to fight

11- HEALTH CARE USERS

11-1 Knowledge

We do not have any published studies on the attitude of patients in France faced with the problem of tobacco. But Tabac & Liberté performed, during the GP1 survey, a parallel study

(not published) among smokers to ask them what they thought of the dangers of tobacco, if they envisaged to quit, and if yes which health professional they would turn to (practitioner, pharmacist, specialized centre, other). Surprisingly, while our survey was statistically reliable, only 7% of the persons interviewed said they would seek help from their GP's. Moreover, they all said that it was important to quit but only very few said they thought of doing it.

11-2 Treatment seeking behaviour

At the same time, another study (not published) among GPs indicated that almost half practiced « the minimum advice » and very few had been trained to manage smoking cessation although they said they were in the need of training.

We repeated in 2005 the GP1 study of 2000 in the same conditions (results will be published on the CIFCOT II in September 2005). In the last five years, the medical population has increased the number of women in the profession and tobacco is a greater concern for today's general practitioner. Only 9% of doctors interviewed had been trained on smoking cessation techniques even if almost 35 % of them are asking for this type of training. On the whole, general practitioners feel more concerned by smoking cessation than they were in 2002. They are ready to play a more important role in the fight against tobacco addiction and its damaging effects.

12- REFERENCES

- Anderson P, Jané-Llopis E – How can we increase the involvement of primary health care in the treatment of tobacco dependence ? A meta-analysis –Addiction 2004; 98;199-312
- ANAES : référentiel “aide au sevrage tabagique”
<http://www.anaes.fr/ANAES/anaesparametrage.nsf/Page?ReadForm&Section=/anaes/SiteWeb.nsf/wRubriquesID/APEH-3YTFUH?OpenDocument&Default=y&>
- Atlas Encyclopédique Mondial – France Loisirs ed Paris 1996
- Barendregt JJ, Bonneux L, van der Maas PJ – The health care cost of smoking – N Engl J Med 1997; 337: 1052-1057
- Cohen D, Barton G – The cost to society of smoking cessation – Thorax 1998;53 (suppl2) :538-542
- Frémy Dominique et Michèle - QUID 2004 Robert Laffont ed Paris 2003
- Joossens Luk – Effective Tobacco Control Policies in 28 European Countries – ENSP avec le support du programme de santé Publique 2003-2008 de l'UE.
- Kopp P, Fenoglio Ph - Coûts et bénéfices économiques des drogues – OFDT- 06/2004

Association TABAC & LIBERTE –
Immeuble SUD RADIO 4 rue Alfonse Jourdain – 31071 TOULOUSE cedex 7
Tél : 05 61 44 90 46 et port 06 14 08 56 28 / Fax : 05 61 23 29 10
e-mail : daver.jean@wanadoo.fr
et/ou tabac-et-liberte@wanadoo.fr
site internet: www.tabac-liberte.com

THE ASSESSMENT TOOL

A tool to assess the available services for smoking cessation at the country or regional level

Please cross the box, place a cross in the table or type your answer where indicated.

PART I

Personal details of contact person for completion of tool

Name: Pr Gérard Dubois

Organization and position: Alliance contre le tabac (Alliance against tobacco)

Address (name and number of street, postal code, town): 14, rue Corvisart, 75013 Paris,
France

Telephone: + 33 1 53 55 24 46

Fax: + 33 1 43 36 91 49

Email: pr.g.dubois@wanadoo.fr; dubois.gerard@chu-amiens.fr

Website: N/A

Country: France

If you are answering for a jurisdictional¹ region rather than a country as a whole, which
jurisdictional region is it?

Please note: unless you state otherwise in the tool, it will be assumed, if you are completing
the questionnaire for a jurisdictional region other than a country, that all your answers are for
this jurisdictional region.

Population size of the country/region: 62,000,000

Date of completing the tool (dd-mm-yy): 5 January 2005

¹ Such a jurisdictional region could be a region within a country or a municipality

Is there a country-wide or region-wide formal or informal smoking cessation coalition or partnership?

Yes
 No

If yes:

What is the name of the coalition? Alliance contre le tabac

When was it established? 1991

Please describe the aim of the coalition in one sentence: The French Alliance against Tobacco has for main objective to gather different NGO and personalities involved in the tobacco control and at specific occasions, to form a pressure group strengthening the overall action.

Please provide a separate word document listing the members of the coalition or partnership, including the following information:

Name of member organization or individual:

One sentence description of organization or individual: (e.g. "national scientific body representing general practitioners", or "recognized expert")

PART II

A. LEGISLATIVE MEASURES

This section will provide the completed country specific WHO European profiles of tobacco control, and the completed country specific profiles of the ENSP project on tobacco control policies as attachments. The files will be sent separately and at a later date.

Respondents will be asked to check and update the data, and provide an assessment of implementation and enforcement.

There is no need to do anything at present.

B. COMMUNITY ACTION AND MEDIA EDUCATION

1. What is the percentage of health professionals in your country or region who smoke?

	% who are daily smokers Please write NO, if information not available	Date of survey	Please provide filename for document reference (and complete document reference template)
1.1. Doctors overall			
1.2. Nurses overall			
1.3. General practitioners	27.9%	1998	HealthBarometersinFrance 95_99.pdf
1.4. Nurses in general practice	N/A		
1.5. Nurses in general hospitals			
1.6. Pharmacists	21%	1998	HealthBarometersinFrance 95_99.pdf
1.7. Midwives	43%*	2003	Survey on Midwife Students - Network on Hospital and Maternity without tobacco - Pr Michel Delcroix
1.8. Dentists	N/A		
1.9. Oncologists	N/A		
1.10. Cardiologists	N/A		
1.11. Lung physicians	9.8%	January 2004	8 th Lung Physicians Congres (reference given by Pr Dautzenberg)
1.12. Surgeons	N/A		
1.13. Gynaecologists	29.0%	1999/2000	

Please add any extra comments here

*The percentage of smokers among midwives is not available as such. Therefore, a study was carried out among midwife students during their last year of study. The figure obtained for smokers is 43% in the 4th year of study. Please note that this percentage concerne smokers and the daily smokers were not specified when implementing the survey. For information, the number of smokers among the future students when beginning the studies is 22%.

2. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about why smokers should quit smoking, or provide information on how to quit? If so, were they publicly funded?

	Provide information about why smokers should quit smoking	Provide information on how to quit	Were the campaigns publicly funded		
			Fully	Partial	No
Television	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers and magazines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here CNCT (Comité National Contre le Tabac - National Committee Against Tobacco) has been doing several campaigns on TF1 (private broadcast channel) in compensation to breach of Evin's Law by TF1 (e.g. advertisement in F1 motor racing advertising ban on French TV).

C. HEALTH CARE INFRASTRUCTURE

Integrated health care system

3. Would you say that smoking cessation is integrated in the health care system, including co-operation or relationships between primary health care and secondary health care, similar to that for other chronic diseases such as asthma?

- Yes, widely
 Yes, partially
 No

Please add any extra comments here Only partially, because it is very much influenced by the willingness of individual health professionals (particularly for GPs), and because smoking cessation clinics (around 400 in France) are not present everywhere (majority in large cities).

Structures for quality of care

4. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
4.1. Licenses drugs for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AFSSAPS (Agence Française de Sécurité Sanitaire des Produits de Santé - French Regulatory Agency for Medicinal Products)
4.2. Has the responsibility of preparing clinical guidelines for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANAES/ Haute Autorité de Santé depuis 2005 (Agence nationale d'accréditation et d'évaluation en santé - National Agency of Health Accreditation and Assessment)
4.3. Monitors health outcomes at the population level from smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INPES (Institut national de prévention et d'éducation pour la santé - National Institute for Prevention and Health Education) OFDT (Observatoire Français des Drogues et des Toxicomanies - French Observatory for Addictions) MILDT (Mission Interministérielle de Lute contre les dépendances et la toxicomanie - Interministerial Mission against Drug Addictions)
4.4. Monitors the quality of care provided for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OFDT - partial, measuring the delay to first appointment + number of appointments
4.5. Reviews the cost effectiveness of smoking cessation interventions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.6. Can deal with cases of clinical negligence in smoking cessation (like clinical negligence in other areas of medicine, such as failing to diagnose and treat tuberculosis)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.7. Reviews the safety of pharmacological treatments for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AFSSAPS (Agence Française de Sécurité Sanitaire des Produits de Santé)

4.8. Provides information on smoking cessation to health care providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>OFT (Office Français de Prévention du Tabagisme - French Office for Tobacco Prevention)</p> <p>INPES (Institut national de prévention et d'éducation pour la santé)</p> <p>LNCC (Ligue nationale contre le cancer - French Cancer League)</p> <p>RHST (Réseau Hôpital sans tabac - Tobacco Free Hospitals)</p> <p>quit line "Tabac info service" brochures,</p> <p>websites (www.tabac-info.net, www.inpes.sante.fr)</p>
--	-------------------------------------	--------------------------	---

Please add any extra comments here (comment governmental institution, NGO)

AFSSAPS (Agence Française de Sécurité Sanitaire des Produits de Santé) and ANAES/ La Haute Autorité de Santé (Agence Nationale d'Accréditation et d'Evaluation en Santé/ High Authority for Health) are governmental institutions.

INPES (Institut national de prévention et d'éducation pour la santé), OFDT (Observatoire Français des Drogues et des Toxicomanies) are public agencies.

OFT (Office Français de Prévention du Tabagisme), LNCC (Ligue nationale contre le cancer) and RHST (Réseau Hôpital sans tabac) are NGOs intervening in the tobacco control field.

Research and knowledge for health

5. Is there a formal research programme for smoking cessation with specifically allocated funding from governmental, government appointed or non-governmental organizations (excluding the pharmaceutical companies and the tobacco industry)?

- Yes, from governmental organizations
 Yes, from government appointed organizations
 Yes, from non-governmental organizations
 No

Please add any extra comments here

MILDT (interministerial mission against drug use) and INSERM (Medical Research Institute) provide grants for research on nicotine and tobacco. Funds are limited (not sufficient) and not always sustained over time.

6. Is education on smoking cessation formally part of the curriculum of undergraduate/basic professional training of the following health care providers?

	Undergraduate/ basic professional training		Postgraduate professional training		Continuing medical education	
	Yes	No	Yes	No	Yes	No
Medical students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nursing students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacy students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentistry students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here **The study was carried out in 450 health schools, will be updated in 2005. The results used for the above table are five year old.**

Health care policies and strategies for smoking cessation

7. Are there official written policies on smoking cessation from the Government or Ministry of Health? Please mark all that apply:

- Yes, a governmental written stand alone policy on smoking cessation
- Yes, a governmental written policy on smoking cessation which is part of an overall tobacco control policy
- No, but there is a governmental policy on smoking cessation in preparation
- No, there are no governmental policies on smoking cessation

If yes,

Please give filename for document reference:

La loi de Santé Publique

(<http://www.legifrance.gouv.fr/WAspad/UnTexteDeJorf?numjo=SANX0300055L>)

Plan Gouvernemental de lutte contre les drogues illicites, le tabac et l'alcool

(http://www.drogues.gouv.fr/fr/savoir_plus/plan_quinquennal/Drogues%20plan%20gouvernemental_27_07_2004.pdf)

(and complete document reference template)

Please add any extra comments here Those documents are not specific to smoking cessation services but also to other addictions.

8. If available, the governmental policy on smoking cessation includes:

	Yes	No
A strategy on training for health professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A national funded research strategy for smoking cessation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A strategy to support interventions by primary care professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive support for smoking cessation in specialised treatment facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A position on promoting the use of pharmaceutical products	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

Structures to manage the implementation of treatment within health services

9. Is there an identified person within the Department of Health or Government, or who is contracted by the Department of Health or Government, who oversees or manages smoking cessation services?

Yes

No

Please provide his/her contact details:

Name: Paule Kassis

Organization and position: Direction de l'Hospitalisation et de l'Organisation des Soins (DHOS) - Bureau 02

Address: Ministère de l'Emploi et de la Solidarité - Direction de l'Hospitalisation et de l'Organisation des Soins (DHOS)

8, avenue de Ségur

75350 Paris 07 SP

Telephone: + 33 1 40 56 60 00; direct line: + 33 1 40 56 56 23

Email: paule.kassis@sante.gouv.fr

Website: www.sante.gouv.fr

Please add any extra comments here The Ministry of Health manages the funding of the smoking cessation services located in the hospitals.

Funding health services and allocating resources

10. Is there government funding for services for smoking cessation?

Yes

No

If no,

Funding is being prepared

11. Is the amount of funding reviewed from time to time?

Yes

No

Do not know

If yes,

Annually reviewed

Reviewed every 2 to 5 years

Reviewed every 5 years or longer

Other (please specify):

Please add any extra comments here

In France exists two types of cessation services: those that are provided in hospitals and those that are provided in private cabinets or clinics. As far as the hospital services are concerned, the government funding is allocated according to the needs of the smoking cessation services. Each hospital department requests a funding which is transmitted through the hospital direction to the Ministry of Health. The Ministry allocates funds to the Regional Hospital Agency which dispatches to the hospital and to the hospital departments according to the evaluated needs. In France, the budget for smoking cessation services was increased from 1 million euros in 2003/2004 to 4 million euros in 2004/2005.

12. Is a proportion of tobacco taxes specifically earmarked or allocated (this means hypothecated) to fund the costs of smoking cessation services?

Yes

No

13. If yes, please state the proportion:

14. Is yes, is the money raised from the tax actually spent on the costs of smoking cessation services?

Yes

No

15. Is the proportion of tax allocated for smoking cessation services reviewed from time to time?

Yes

No

If yes,

Annually reviewed

Reviewed every 2 to 5 years

Reviewed every 5 years or longer

Other (please specify):

Please add any extra comments here

D. SUPPORT FOR TREATMENT PROVISION

Screening, quality assessment, referral and follow-up systems

16. In your opinion, are the following screening and support systems available for health care providers in smoking cessation?

	Available in general practice			Available in hospitals		
	Yes, widely	Yes, partially	No	Yes, widely	Yes, partially	No
Screening instruments to identify smoking status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case notes or computer records to record smoking status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Protocol charts or diagrams as an aid for smoking cessation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support by facilitators or advisors for smoking cessation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Systems to follow-up patients for monitoring and treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

For GP, the availability is very much depending on the willingness of individuals, or their degree of networking with a smoking cessation center.

"Tabac et Liberté", NGO gathering 3200 GPs acts from more than 10 years in the field of GP training and smoking cessation.

Protocols and guidelines

17. Are there multidisciplinary clinical guidelines for smoking cessation in your country/region that have been approved or endorsed by at least one health care professional body?

Yes
 No

If yes:

Stand alone guidelines for smoking cessation
 Part of other clinical care guidelines (e.g. asthma guidelines)

If yes, please provide filename for document reference(s): recommendations from the French Consensus Conference on Smoking Cessation, 1998. "Consensus ANAES Eng.doc" (and complete document reference template(s))

If no:

Guidelines are being prepared

Please add any extra comments here

18. If there are endorsed clinical guidelines for smoking cessation, have there been any studies in your country on their implementation or adherence?

Yes
 No

If yes, please provide filename for document reference(s): (and complete document reference template(s))

If no:

Studies are being prepared

Please add any extra comments here

Cardio + Pneumo (guidelines spécifiques?)

19. Are the following health care providers reimbursed for smoking cessation, or is smoking cessation within their terms of service (contract) and part of their normal salary?

	Reimbursed for providing smoking cessation		Smoking cessation within terms of service and part of normal salary	
	Yes	No	Yes	No
General practitioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses working in general practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doctors in hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses in hospitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Addiction specialists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

20. For the following professional groups, are there specialized guidelines or protocols, a written policy on smoking cessation by the professional association, smoking cessation training within professional vocational education and smoking cessation training within accredited continuing medical education?

For the following professional groups, are there the following for smoking cessation:								
	Specialized guidelines or protocols		Written policy on smoking cessation by professional association		Smoking cessation training within professional vocational training		Smoking cessation training within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses in general practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses in general hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellors in specialist services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone quit line counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellors in community clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General/national that cover all disciplines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here ANAES French Consensus Conference on Smoking Cessation 1998; AFFSSAPS Recommendations for Health Professionals 2003; ANAES French Consensus Conference on Pregnancy and Tobacco 2004.

E. INTERVENTION AND TREATMENT

Availability and accessibility

21. In your opinion, is patient help for smoking cessation available and obtainable (obtainable means that patients can get the help) in the following settings?

Smoking cessation is available and obtainable:	Available in:			Obtainable from:		
	Yes, widely	Yes, partially	No	Yes, easily	Yes, with some difficulty	No
General/family practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work places	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community based clinics	<input type="checkbox"/>					
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telephone quit-lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country or regional internet sites	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here Community based clinics are not relevant for France

22. Are the following products licensed for use? In what way are they available and, can they be advertised on the television?

Are these products licensed and available from:	Licensed for use?			General sale (e.g. in supermarkets)			From pharmacies (over the counter)			Doctors' prescription			Can be advertised on television		
	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so
NRT 2 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT 4 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Patch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Sub-lingual tablet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Lozenge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Inhaler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Nasal spray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

Affordability

23. Are the costs of smoking cessation or the following pharmacological products available free of charge or fully reimbursed to users by the health care system or other third party payers (insurance companies)?

Smoking cessation advice and treatment is free of charge or fully reimbursed	Yes, totally	Yes, partially (indicate the proportion covered)	Only by paying the full cost	Plan to do so
NRT 2 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT 4 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT patch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT sub-lingual tablet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT lozenge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT inhaler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT nasal spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief counselling interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive counselling interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here NRT (2 and 4 mg gum; patch; sublingual tablet; inhaler) are free of charge for hospitalized patients when available . A few private insurances covers partially the cost of treatment (usually once a year if multiple attempts).

24. What is the unit cost in local currency (please state currency) for one 4mg piece of gum and one tablet of bupropion, and, if the information is available, what are the quantities sold (either in volume or in the costs of total sales) in your country/region

	Unit cost	Number of units sold (please state year)	Cost of total sales (please state year)
NRT 4 mg gum	0.24 €	13,418,676 gums 2003	3,220,482.20 € 2003
Bupropion	0.91 €	17,987,460 tablets 2003	16,437,071 € 2003

Please add any extra comments here Data for bupropion obtained from OFDT (<http://www.ofdt.fr/ofdt/fr/tt050103.pdf>). Data for 4 mg gums obtained from GERS (private institute following medicinal sales).

25. Are there specialist services (i.e., specialist or specialist clinic) for smoking cessation available in the country/region?

Yes

No

If yes,

Only by referral

Only by self-referral

By both referral and self-referral

If yes, is it reimbursed for the patient?

Yes

No

Please add any extra comments here

The specialist service is reimbursed if the patient is consulting a specialised public smoking cessation clinic.

F. HEALTH CARE PROVIDERS

Clinical accountability

26. To what extent do you estimate on a ten-point scale that treatment providers consider smoking cessation advice as a part of their routine clinical practice?

Advice is routine in clinical practice:	Not at all	Fully
General practitioners/ Family doctors	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nurses working in general practice	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Pharmacists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Midwives	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Dentists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Oncologists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Cardiologists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lung physicians	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ENT (ear, nose and throat) specialists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Paediatricians	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

If there are any publications on this topic, please provide the filenames for the document reference(s) and complete the document reference template(s):

Please add any extra comments here

Treatment provision

27. Have there been any studies, surveys or publications on the following or similar outcomes in primary health care (general practice/family practice), and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their smoking status	NO		
Smoking patients are given advice to quit	NO		
Smoking patients are assessed their willingness to quit	NO		
Smoking patients are assisted with quitting	NO		
Treatment meets quality criteria	NO		
Practice protocols are followed	NO		
Pharmacological products are recommended	NO		
Pharmacological products are prescribed	NO		
Abstinence is assessed at the end of treatment	NO		
Patients making a quit attempt are followed- up	NO		
Smoking patients stopped in the last year	NO		

Please add any extra comments here Some data are collected, but no publication yet (Dossier tabacologie - Internet collection of data from Smoking Cessation Centers).

G. HEALTH CARE USERS**Knowledge**

28. Have there been any studies, surveys or publications that provide answers for the following or similar information concerning smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that smoking is dangerous to their health	NO		
People know that living with someone who smokes increases their own risk for health problems	NO		
People think that cigarette dependence is a behaviour that you can simply choose to stop (a habit)	NO		
People think that cigarette dependence is a behaviour that is difficult to stop even when you want to (an addiction)	NO		
People know about effective treatment methods	NO		

Please add any extra comments here

Treatment seeking behaviour

29. Have there been any surveys, studies, or publications which provide information on the proportion of smokers who have ever used one of the following methods to stop smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	NO		
Help from a nurse	NO		
Help from a pharmacist	NO		
Help from a dentist	NO		
Help from friends or family	NO		
NRT products overall	NO		
Nicotine gum	NO		
Nicotine patches	NO		
Other nicotine products, such as lozenges, tablets, Inhaler or nasal spray	NO		
Bupropion tablets	NO		
Herbal remedies	NO		
Hypnotherapy or acupuncture	NO		
Leaflets, books, articles or videos on how to stop smoking	NO		
Advice from the Internet	NO		
Stop smoking competitions	NO		
Stop smoking clinic or group	NO		
Smoking help line telephone service	NO		
Willpower alone	NO		

Please add any extra comments here

Smoking behaviour and intentions to quit

30. Have there been any surveys, studies, or publications which provide information on smoking status or intentions to quit, and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Definition of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
Current smokers:				
Males	1999	12-75	36.6	Baromètre Santé 2000, INPES (Health Barometer) "chapitre tabac.pdf"
Females	1999	12-75	29.9	idem
Total	1999	12-75	33.1	idem
Tobacco dependent smokers according to e.g. Fagerström score:				
Males	1999	26-75	54.0	idem
Females	1999	26-75	46.4	idem
Total	1999	26-75	49.8	idem
Ex-smokers:				
Males				
Females				
Total				
Attempted to quit over a 1 year period				
Males				
Females				
Total	1999	15-75	9.2	idem
Considering to quit in next 6 months				
Males				
Females				
Total	1999	15-75	43.0	idem
Successfully quit for at least 1 year during last 2 years				
Males				
Females				
Total				

If there is data breaking down the above information in more detail by age or socio-economic group, please provide the data.

Data of the Barometer 2000 are based on a sample of 13,685 individuals. Data are broken down by age and socio-economic groups in the file "chapitre tabac.pdf". We can provide further inquiries if translation is needed (text in French).

A more recent study was realized in 2003, but on a smaller sample (N= 3085). Results are encouraging, but need to be replicated because of a specific context (large tax increase and important campaigning activities during the period of sampling). A new Barometer, with a larger sample, will soon be available (data from 2004, analysis in progress).

Please add any extra comments here Data concerning attempts to quit are not directly usable in this table, questions were asked differently.