



Citation for published version:

Gallus, S, Lugo, A, Fernandez, E, Gilmore, AB, Leon, ME, Clancy, L & La Vecchia, C 2014, 'Support for a tobacco endgame strategy in 18 European countries', *Preventive Medicine*, vol. 67, pp. 255-258.
<https://doi.org/10.1016/j.ypmed.2014.08.001>

DOI:

[10.1016/j.ypmed.2014.08.001](https://doi.org/10.1016/j.ypmed.2014.08.001)

Publication date:

2014

Document Version

Peer reviewed version

[Link to publication](#)

Publisher Rights

CC BY-NC-ND

Published version available via: <http://dx.doi.org/10.1016/j.ypmed.2014.08.001>

University of Bath

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

SUPPORT FOR A TOBACCO ENDGAME STRATEGY IN 18 EUROPEAN COUNTRIES

Silvano GALLUS¹, Alessandra LUGO^{1,2}, Esteve FERNANDEZ^{3,4,5},
Anna B. GILMORE⁶, Maria E. LEON⁷, Luke CLANCY⁸, Carlo LA VECCHIA²

- (1) Department of Epidemiology, IRCCS - Istituto di Ricerche Farmacologiche “Mario Negri”, Milan, Italy
- (2) Department of Clinical Sciences and Community Health, Università degli Studi di Milano, Milan, Italy
- (3) Tobacco Control Unit, Cancer Prevention and Control Program, Institut Català d’Oncologia, L’Hospitalet de Llobregat (Barcelona) Spain
- (4) Cancer Control and Prevention Group, Institut d’Investigació Biomèdica de Bellvitge, L’Hospitalet de Llobregat (Barcelona) Spain
- (5) Department of Clinical Sciences, Universitat de Barcelona, Barcelona, Spain
- (6) Department for Health & UK Centre for Tobacco Control Studies, University of Bath, Bath, UK
- (7) International Agency for Research on Cancer, Lyon, France
- (8) TobaccoFree Research Institute Ireland, Dublin, Ireland

Word count: Abstract 200; main text 1615

Correspondence to:

Silvano Gallus, ScD
Department of Epidemiology
IRCCS - Istituto di Ricerche Farmacologiche “Mario Negri”
Via Giuseppe La Masa 19, 20156 Milano
tel: +390239014657 – fax: +390233200231
e-mail: silvano.gallus@marionegri.it

ABSTRACT

Objective. The feasibility of a tobacco endgame strategy, aiming to bring smoking prevalence to near-zero levels, is currently under debate. We provide information on public support to such a strategy in Europe.

Methods. In 2010 we conducted a face-to-face representative survey in 18 European countries (Albania, Austria, Bulgaria, Czech Republic, Croatia, England, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Poland, Portugal, Romania, Spain and Sweden). The present analysis is based on 16,947 individuals aged ≥ 15 years with available information on the attitudes towards a complete ban of the use or sales of smoking.

Results. Overall, 34.9% of adults (32.8% in men and 37.0% in women; $p < 0.001$) support a tobacco endgame strategy, 41.2% of never, 29.4% of ex- and 25.6% of current smokers. The highest support was observed in southern Europe (42.5%), followed by eastern (39.1%), northern (27.5%) and western European countries (23.0%; $p < 0.001$). No trend with age was observed ($p = 0.117$), whereas an inverse relation was observed with education ($p = 0.001$).

Conclusion. Approximately one in three adults (and one of four smokers) supports a tobacco endgame intervention. This first study in Europe provides a baseline reference to evaluate future trends on public acceptance of extreme propositions to end or drastically cut smoking.

Keywords: tobacco smoking; endgame strategy; public support; Europe.

INTRODUCTION

A new, emerging and radical strategy to control tobacco has recently been introduced: the tobacco endgame strategy, aiming to bring smoking prevalence to near-zero levels (Malone, 2010). What seemed unrealistic only a few years ago appears to be feasible in the near future (Jenks, 2013; Smith, 2013). New Zealand and Finland, for example, are developing plans to completely ban the sale and use of cigarettes, thus creating a smoke-free society, by 2025 and 2040, respectively (Levy et al., 2012a; Maubach et al., 2012). The WHO is also considering the feasibility of proposing this strategy (Chan, 2013).

The advantages and gain from a public health perspective of such a radical resolution are evident (Jenks, 2013; Proctor, 2013; Warner, 2013; Wilson et al., 2013). However, the route to reach a successful tobacco endgame is complex and its feasibility is still unclear (Arnott, 2013; Malone, 2013). One of the main requirements to implement endgame approaches is the need for strong political will, which is driven by public support (Thomson et al., 2010; Wilson et al., 2013). Only a few studies from New Zealand, one from Australia and one from Hong Kong have been conducted to quantify the support towards such a strategy, which appeared to be relatively strong also among current smokers, i.e., backed by around 50% (Edwards et al., 2013; Hayes et al., 2014; Maubach et al., 2012; Wang et al., 2013). Here, we provide information on public attitudes towards prohibition of cigarette sales or smoking across Europe.

METHODS

Within the project ‘Pricing Policies and Control of Tobacco in Europe (PPACTE)’, in 2010 we conducted a face-to-face survey on smoking in 18 European countries (Albania, Austria, Bulgaria, Czech Republic, Croatia, England, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Poland, Portugal, Romania, Spain and Sweden) (Gallus and La Vecchia, 2012; Gallus et al., 2014; Gallus et al., 2012; Joossens et al., 2012). In each country, we enrolled a sample of around 1000 participants representative of the

general population aged 15 years or over (311 million Europeans) in terms of age, sex, geographic area and socio-economic characteristics.

In several countries (Albania, Croatia, Hungary, Italy, Poland and Romania) a multi-stage methodology was used. In the first stage, the primary unit of selection was a geographic area or voting centre. In the second stage, households or municipalities were selected. In the last stage, respondents were chosen randomly, in order to be representative of the population in terms of sex, age, geographic area and socio-economic characteristics. In those countries where adult respondents had been selected from electoral rolls, the quota method was used to select respondents aged 15 to 17. For other countries (Austria, England, Finland, France and Ireland) we used a quota method for the selection of the entire sample, stratifying the population according to selected variables including age, sex, and alternatively geographic area and/or occupation, in order to obtain a representative sample of the country population. For most of other countries, we used a stratified random method or a simple random method. For each country, statistical weights were used to generate estimates representative of various country populations.

Trained interviewers administered a standardized questionnaire on smoking. One question on attitudes towards a radical endgame strategy was included: “The government or the national political decision makers could adopt several strategies to control and limit tobacco use. How useful do you assess making smoking or cigarette sales illegal?” The present analysis is based on a total of 16,947 individuals with available information on that question (93.9% of survey respondents).

RESULTS

Overall, 40.8% of adults found making smoking illegal useless, 24.3% rather useless, 18.5% quite useful and 16.4% very useful. Thus, 34.9% of adults (32.8% in men and 37.0% in women; $p < 0.001$) considered a tobacco endgame strategy useful, 41.2% among never smokers, 29.4% among ex- and 25.6% among current smokers (Table 1). No trend with age was observed ($p = 0.117$), whereas an inverse relation was observed

with education – those with higher education being less likely to support an endgame strategy ($p=0.001$). Supporters of this strategy were more frequent in Albania (60.6%), Croatia (60.3%), Italy (57.8%) and Poland (49.7%) and less frequent in Hungary (11.3%), Portugal (18.3%), France (20.6%) and Sweden (20.8%). In Finland, support was 23.3% (14.4% among smokers). Support for most other countries, including Romania (28.6%), England (29.1%), Spain (30.9%) and Greece (31.4%) was around 30%. The highest support was observed in southern Europe (42.5%), followed by eastern (39.1%), northern (27.5%) and western European countries (23.0%; $p<0.001$). Subjects living in countries with a relatively low smoking prevalence had a higher support (46.7%) than those living in countries with intermediate (37.5%) or high smoking prevalence (34.6%; p for trend <0.001). A higher support was also observed in countries with limited implementation of tobacco control policies (36.6%) than in those with a better implementation (33.6%; $p=0.001$).

DISCUSSION

In our large survey, approximately one in three European adults (and one of four smokers) support a tobacco endgame strategy. The observation that one quarter of smokers are in favour confirms that smokers themselves dislike their habit (Proctor, 2013). Attitudes towards a smoke-free society were even higher in a few studies conducted among smokers in New Zealand (Edwards et al., 2013; Maubach et al., 2012) and in the general population in Australia (Hayes et al., 2014) and Hong Kong (Wang et al., 2013). In Finland, where a 2040 endpoint has been envisioned (Levy et al., 2012a), we found a relatively low support. However, in three European countries (Albania, Croatia and Italy), the majority of the overall adult population agrees with a total ban of cigarette sales. As expected, support was highest in countries with a relatively low smoking prevalence and lowest in those with a high smoking prevalence (Gallus et al., 2014). This pattern was consistent overall, and both in never and current smokers. More educated subjects less frequently supported a total ban of cigarettes in their countries, possibly due to their greater awareness of the difficulties implicit in implementing such a drastic approach.

Our data on public support for the tobacco endgame are based on beliefs and perceptions, and their reliability is therefore unclear. The main value of the present investigation is that it reports preliminary estimates on a topic largely debated on the basis of emotional stances (Scarpino et al., 1990). This first study in Europe provides therefore a baseline reference to evaluate future trends on the public's acceptance of radical propositions to end or drastically cut smoking within a growing tendency, globally, to de-normalize cigarette smoking. Strengths of our survey include the representativeness of the adult population of 18 European countries, the standardized use of a single definition of current smokers and the use of face-to-face interview (Gallus et al., 2014; Gallus et al., 2012). Moreover, this is by far the largest study providing data on the issue (Edwards et al., 2013; Maubach et al., 2012; Wang et al., 2013).

The public health community is aware of the favourable effects on the society of a smoke-free world (Malone, 2010; Proctor, 2013; Smith, 2013; Warner, 2013). It is however still not clear which is the best process towards a successful tobacco endgame strategy, whether or not to provide smokers access to safe, alternative nicotine products (Arnott, 2013; Malone, 2013) and if the electronic cigarette represents one of such alternatives (Arnott, 2013; Chapman, 2013; Etter, 2013; Fairchild et al., 2014; Flouris and Oikonomou, 2010; Malone, 2013). It is also not clear which solution is more practical and effective to reach the endpoint, when to envision the endpoint, whether transitions should be gradual or an abrupt change is needed, whether to totally ban tobacco use or to ban sales to those born after a particular year only (Berrick, 2013; Malone, 2013), and whether to ban all types or only certain types of (smoked) tobacco products (Malone, 2013; Smith, 2013). Finally, it is not clear which is the role of the tobacco industry (Malone, 2013; Warner, 2013).

Conversely, what it is clear is that to reach the goal, the public opinion, besides policy makers, should be convinced that aspiring to a complete smoke-free society is feasible and right. It is possible to take advantage from the smoking ban in public places. It was not obvious, before 2000, to imagine that in just a few years smoking would have been banned from European restaurants and pubs (Jenks, 2013; Malone, 2013; Warner, 2013). This, however, happened in a relatively short time period, starting

in Ireland and Scotland in 2004 and Italy in 2005 (Gallus et al., 2007; Gallus et al., 2006; IARC, 2009), and now most European restaurants and bars are smoke-free (Joossens and Raw, 2011). Before 2000 support for smoking bans in public places was appreciably low, but thanks to a growing public awareness of the harmful effects on health of second hand smoking, population support increased and further strengthened after the implementation of the regulation. Further, now the large majority of current smokers would not go back to the past of indiscriminate smoking in public places (Gallus et al., 2007; Gallus et al., 2006; IARC, 2009). Growing public support for a smoking ban in public places gave policy makers the backing to implement such a regulation. Learning from the process that brought smoke-free public places to daily life, it is important to monitor the trend of public support towards tobacco elimination.

The tobacco control community should familiarize with the concept of this novel tobacco control strategy (Warner, 2013). More importantly, in order to reduce the pathway to a smoke-free society, which currently, at least in Europe, appears still distant (Levy et al., 2012a; Levy et al., 2012b), the tobacco control movement should initiate a public conversation in order to let public opinion understand the benefits of a world without tobacco.

Fundings The project ‘Pricing Policies and Control of Tobacco in Europe (PPACTE)’ was funded by the European Commission Seventh Framework Programme Grant Agreement HEALTH-F2-2009-223323. The work of SG, AL and CLV is partially supported by Italian League Against Cancer (LILT), Milan. AG was supported by Grant Number RO1CA160695 from the National Cancer Institute. The content is solely the responsibility of the authors and does not necessarily represent the official views of their institutions, including the National Cancer Institute. Funders had no role in study design and the collection, analysis, and interpretation of data and the writing of the article and the decision to submit it for publication

Conflict of interest statement: The authors declare that there are no conflicts of interest.

References

- Arnott, D., 2013. There's no single endgame. *Tob Control* 22 Suppl 1:i38-9.
- Berrick, A.J., 2013. The tobacco-free generation proposal. *Tob Control* 22 Suppl 1:i22-6.
- Chan, M., 2013. WHO Director-General considers the tobacco endgame (Sept 11, 2013).
http://www.who.int/dg/speeches/2013/tobacco_endgame_20130911/en/index.html (accessed Feb 11, 2014).
- Chapman, S., 2013. Should electronic cigarettes be as freely available as tobacco cigarettes? No. *BMJ* 346:f3840.
- Edwards, R., Wilson, N., Peace, J., Weerasekera, D., Thomson, G.W., Gifford, H., 2013. Support for a tobacco endgame and increased regulation of the tobacco industry among New Zealand smokers: results from a National Survey. *Tob Control* 22:e86-93.
- Etter, J.F., 2013. Should electronic cigarettes be as freely available as tobacco? Yes. *BMJ* 346:f3845.
- Fairchild, A.L., Bayer, R., Colgrove, J., 2014. The renormalization of smoking? E-cigarettes and the tobacco "endgame". *N Engl J Med* 370:293-5.
- Flouris, A.D., Oikonomou, D.N., 2010. Electronic cigarettes: miracle or menace? *BMJ* 340:c311.
- Gallus, S., La Vecchia, C., 2012. Tobacco control: economic aspects of smoking. *Prev Med* 55:546-7.
- Gallus, S., Lugo, A., La Vecchia, C., Boffetta, P., Chaloupka, F.J., Colombo, P., Currie, L., Fernandez, E., Fischbacher, C., et al., 2014. Pricing Policies And Control of Tobacco in Europe (PPACTE) project: cross-national comparison of smoking prevalence in 18 European countries. *Eur J Cancer Prev*:Jan 15. [Epub ahead of print].
- Gallus, S., Lugo, A., La Vecchia, C., Boffetta, P., Chaloupka, F.J., Colombo, P., Currie, L., Fernandez, E., Fischbacher, C., et al., 2012. PPACTE, WP2: European survey on smoking (Jan 31, 2012).
http://www.ppacte.eu/index.php?option=com_docman&task=doc_download&gi

- [d=185&Itemid=29](#) (accessed Feb 11, 2014). PPACTE consortium, Dublin, Ireland.
- Gallus, S., Zuccaro, P., Colombo, P., Apolone, G., Pacifici, R., Garattini, S., Bosetti, C., La Vecchia, C., 2007. Smoking in Italy 2005-2006: effects of a comprehensive National Tobacco Regulation. *Prev Med* 45:198-201.
- Gallus, S., Zuccaro, P., Colombo, P., Apolone, G., Pacifici, R., Garattini, S., La Vecchia, C., 2006. Effects of new smoking regulations in Italy. *Ann Oncol* 17:346-7.
- Hayes, L., Wakefield, M.A., Scollo, M.M., 2014. Public opinion about ending the sale of tobacco in Australia. *Tob Control* 23:183-4.
- IARC, 2009. IARC Handbooks of Cancer Prevention: Evaluating the Effectiveness of Smoke-free Policies. IARC press, Lyon, France.
- Jenks, S., 2013. Shaking Tobacco's Residual Grip: Endgame Strategies Emerge. *J Natl Cancer Inst* 105:1336-8.
- Joossens, L., Lugo, A., La Vecchia, C., Gilmore, A.B., Clancy, L., Gallus, S., 2012. Illicit cigarettes and hand-rolled tobacco in 18 European countries: a cross-sectional survey. *Tob Control*:Dec 10. [Epub ahead of print].
- Joossens, L., Raw, M., 2011. The Tobacco control scale 2010 in Europe. Association of European Cancer leagues. Brussels, Belgium.
- Levy, D., Blackman, K., Currie, L.M., Levy, J., Clancy, L., 2012a. SimSmokeFinn: how far can tobacco control policies move Finland toward tobacco-free 2040 goals? *Scand J Public Health* 40:544-52.
- Levy, D., Gallus, S., Blackman, K., Carreras, G., La Vecchia, C., Gorini, G., 2012b. Italy SimSmoke: the effect of tobacco control policies on smoking prevalence and smoking attributable deaths in Italy. *BMC Public Health* 12:709.
- Malone, R.E., 2010. Imagining things otherwise: new endgame ideas for tobacco control. *Tob Control* 19:349-50.
- Malone, R.E., 2013. Tobacco endgames: what they are and are not, issues for tobacco control strategic planning and a possible US scenario. *Tob Control* 22 Suppl 1:i42-4.

- Maubach, N., Hoek, J.A., Edwards, R., Gifford, H., Erick, S., Newcombe, R., 2012. 'The times are changing': New Zealand smokers' perceptions of the tobacco endgame. *Tob Control* 22:395-400.
- Proctor, R.N., 2013. Why ban the sale of cigarettes? The case for abolition. *Tob Control* 22 Suppl 1:i27-30.
- Scarpino, V., Arrigo, A., Benzi, G., Garattini, S., La Vecchia, C., Bernardi, L.R., Silvestrini, G., Tuccimei, G., 1990. Evaluation of prevalence of "doping" among Italian athletes. *Lancet* 336:1048-50.
- Smith, E.A., 2013. Questions for a tobacco-free future. *Tob Control* 22 Suppl 1:i1-2.
- Thomson, G., Wilson, N., Blakely, T., Edwards, R., 2010. Ending appreciable tobacco use in a nation: using a sinking lid on supply. *Tob Control* 19:431-5.
- Wang, M.P., Wang, X., Lam, T.H., Viswanath, K., Chan, S.S., 2013. The tobacco endgame in Hong Kong: public support for a total ban on tobacco sales. *Tob Control*:Sep 17. doi: 10.1136/tobaccocontrol-2013-051092. [Epub ahead of print].
- Warner, K.E., 2013. An endgame for tobacco? *Tob Control* 22 Suppl 1:i3-5.
- Wilson, N., Thomson, G.W., Edwards, R., Blakely, T., 2013. Potential advantages and disadvantages of an endgame strategy: a 'sinking lid' on tobacco supply. *Tob Control* 22 Suppl 1:i18-21.

Table 1: Percent distribution (%) of 16,947 European adults according to their perception of utility (quite to very useful) of making smoking or cigarette sales illegal as a tobacco control strategy, overall, and according to selected characteristics. PPACTE, 2010.

	Proportion (%)* supporting a tobacco endgame intervention			
	Total	Smoking status		
		Never smokers	Ex-smokers	Current smokers
Total	34.9	41.2	29.4	25.6
Sex				
Men	32.8	39.2	28.6	25.3
Women	37.0	42.6	30.5	25.9
Age group (years)				
<25	37.8	43.4	34.1	24.7
25-44	35.1	41.2	33.6	26.9
45-64	32.2	38.9	26.3	24.8
≥65	36.9	42.4	29.3	22.8
Level of education ^o				
Low	36.5	43.3	27.4	27.5
Medium	34.1	39.2	32.3	25.7
High	33.6	40.7	27.2	21.2
Geographic area [#]				
Northern Europe	27.5	29.8	27.8	22.6
Western Europe	23.0	26.5	17.7	20.5
Southern Europe	42.5	49.7	36.0	30.4
Eastern and central Europe	39.1	46.4	37.1	25.2
Country-specific smoking prevalence [†]				
Low (<26.5%)	46.7	33.4	30.3	40.5
Intermediate (26.5%-29.9%)	37.5	25.4	25.6	32.1
High (≥30.0%)	34.6	30.1	16.6	27.5
Tobacco Control Scale (TCS) [^]				
<45 (median value)	36.6	46.5	32.8	20.7
≥45 (median value)	33.6	38.8	28.0	26.6

* Prevalence estimates for the overall population were computed weighting each country in proportion to the country specific population aged 15 years or over.

^o The sum does not add up to the total because of some missing values.

[#] Northern Europe: FI, IE, SE, UK; western Europe: AT, FR; southern Europe: ES, GR, IT, PT; eastern and central Europe: AL, BG, CZ, HR, HU, LV, PL, RO.

[†] Low: SE, IT, UK, AL, FI, RO; intermediate: HR, FR, PL, CZ, LV, SP; high: AT, PT, HU, IE, GR, BG.

[^] TCS<45: AT, BG, CZ, HU, LV, PL, PT; TCS ≥45: ES, FI, FR, IE, IT, RO, SE, UK. Albania and Croatia excluded.