

A critical examination of how Quebec's tobacco control legislation may impact smoking inequities

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Tobacco Control Forum

May 31, 2018

Montréal, Québec



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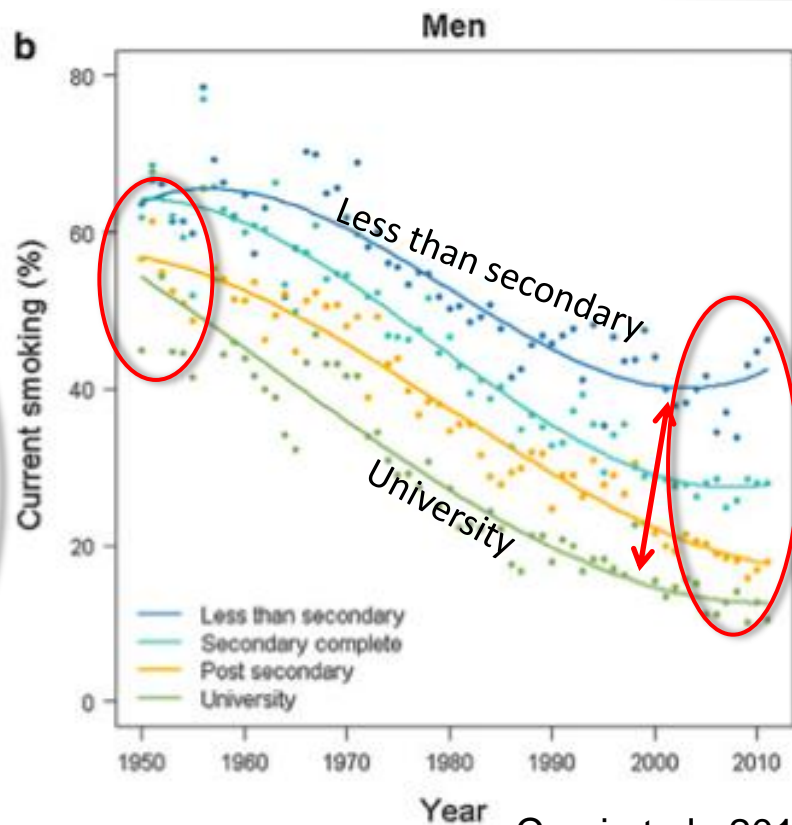
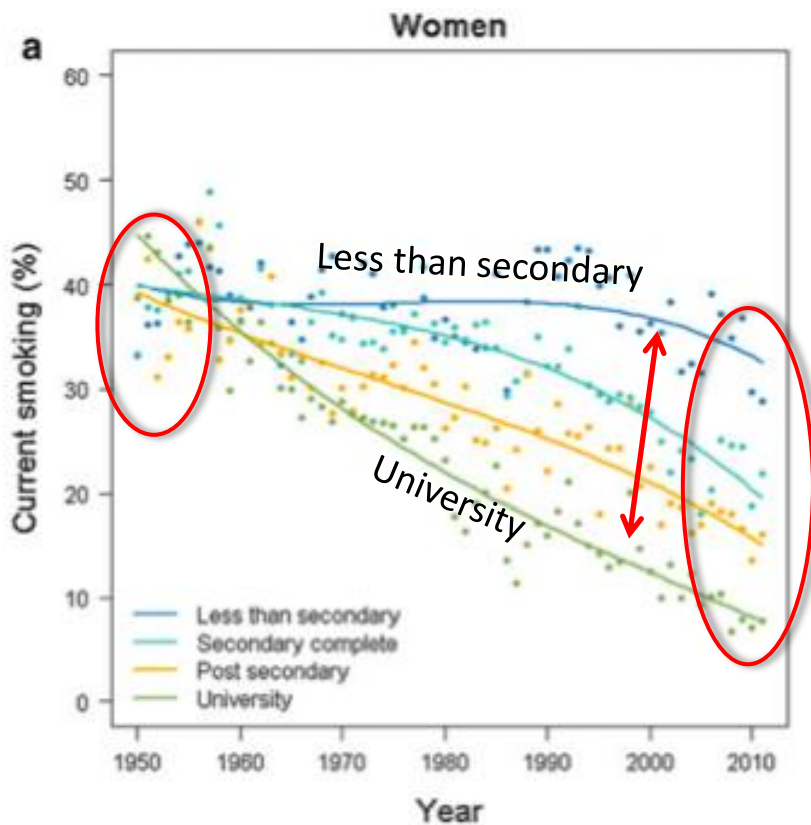
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Disclosure Statement

I have no affiliation (financial or otherwise) with a pharmaceutical, tobacco, medical device or communications organization.

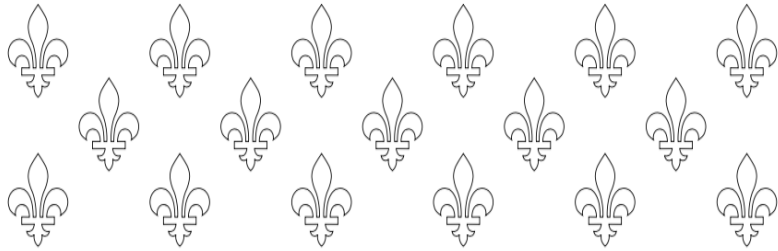
Smoking Inequities in Canada



Why Do Smoking Inequities Exist?

- Unintended consequences of tobacco control policies
 - Population-level may exclude vulnerable populations (Frohlich & Potvin, 2008)
- Inconclusive findings on tobacco control policies' effects on smoking inequities (Amos et al., 2011; Brown et al., 2014; Hill et al., 2014; Thomas et al., 2008)
- *How* tobacco control policies impact smoking inequities is also not well understood
 - Tobacco control discourse

An Act to Bolster Tobacco Control (L44)



NATIONAL ASSEMBLY

FIRST SESSION

FORTY-FIRST LEGISLATURE

Bill 44

An Act to bolster tobacco control



Research Objectives

Overall research objective

- To better understand *in what ways* tobacco control policies affect smoking inequities.

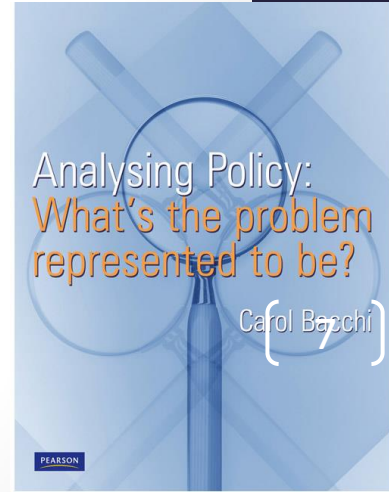
Specific objective

- To critically examining the discourse underpinning L44 and the role it attributed to smoking inequities.
 - Assumptions
 - Implications of these assumptions

Methods

Qualitative Document Analysis

- 11 parliamentary documents of L44
 - Consultations with experts and stakeholders
 - Legislator debates for article adoption
- Bacchi's What is the Problem Represented to Be? analysis approach (Bacchi 2009)
 - What are the assumptions that underlie the problem?
 - What are the implications of these assumptions? What is left out?



Preliminary Findings

What are the assumptions that underlie the problem?

Smoking is a biomedical problem

- Not healthy (smoking) vs healthy (smoking)
- Smokers are victims of addiction and illness
- Medical knowledge and expertise valued



Smoking is a moral problem

- Smoking de-normalised (bothersome and unacceptable)
- Smokers are responsible for their behaviour
- Moral obligation to intervene

Preliminary Findings

Examples of smoking perceptions in L44 discourse

“It’s a hard drug that affects the same neurotransmitters as heroin. So we have to stop thinking ... that people, if they smoke, it’s because they feel like it. They are sick ... it’s not just a bad habit, it’s an illness.”

“We have to legislate to ensure that there are fewer and fewer people who smoke and who intoxicate others with second-hand smoke.”

“... we have to act, as good citizens, as good fathers, as good mothers, we have to act on terraces ...”

Preliminary Findings

***What are the implications of these assumptions of the problem?
What is left out?***

- Limited discussion of social determinants of smoking and smoking inequities
- Potential unintended consequences
 - Stigmatisation
 - Smoking inequities

(Frohlich et al., 2010; Frohlich et al., 2012; Guillaummier et al., 2015; Mead et al., 2015; Ritchie et al., 2010; Thompson et al., 2009).
- Voices of smokers are excluded

Discussion

- L44 aims to protect non-smokers and reduce smoking prevalence to improve population health.
- Who will benefit from L44?
- Will it improve health for *everyone*?

Discussion

How could we think about the problem differently?

- Canada's Federal Tobacco Control Strategy
- Health equity-based approach to tobacco control policy
 - Inclusion of smokers
 - Inclusion of critical social science literature
 - Focus on reducing inequities rather than individual behaviours

Take Home Message

- Policy evaluation is not just about outcomes but also *the ways in which* they generate these outcomes
 - Examine assumptions and their implications
 - Consider who is left out of the discussion
 - Consider the potential and actual unintended effects of the policy
- Consider shifting our thinking to prioritize smoking inequity as the policy problem

THANK YOU! MERCI!

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