

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

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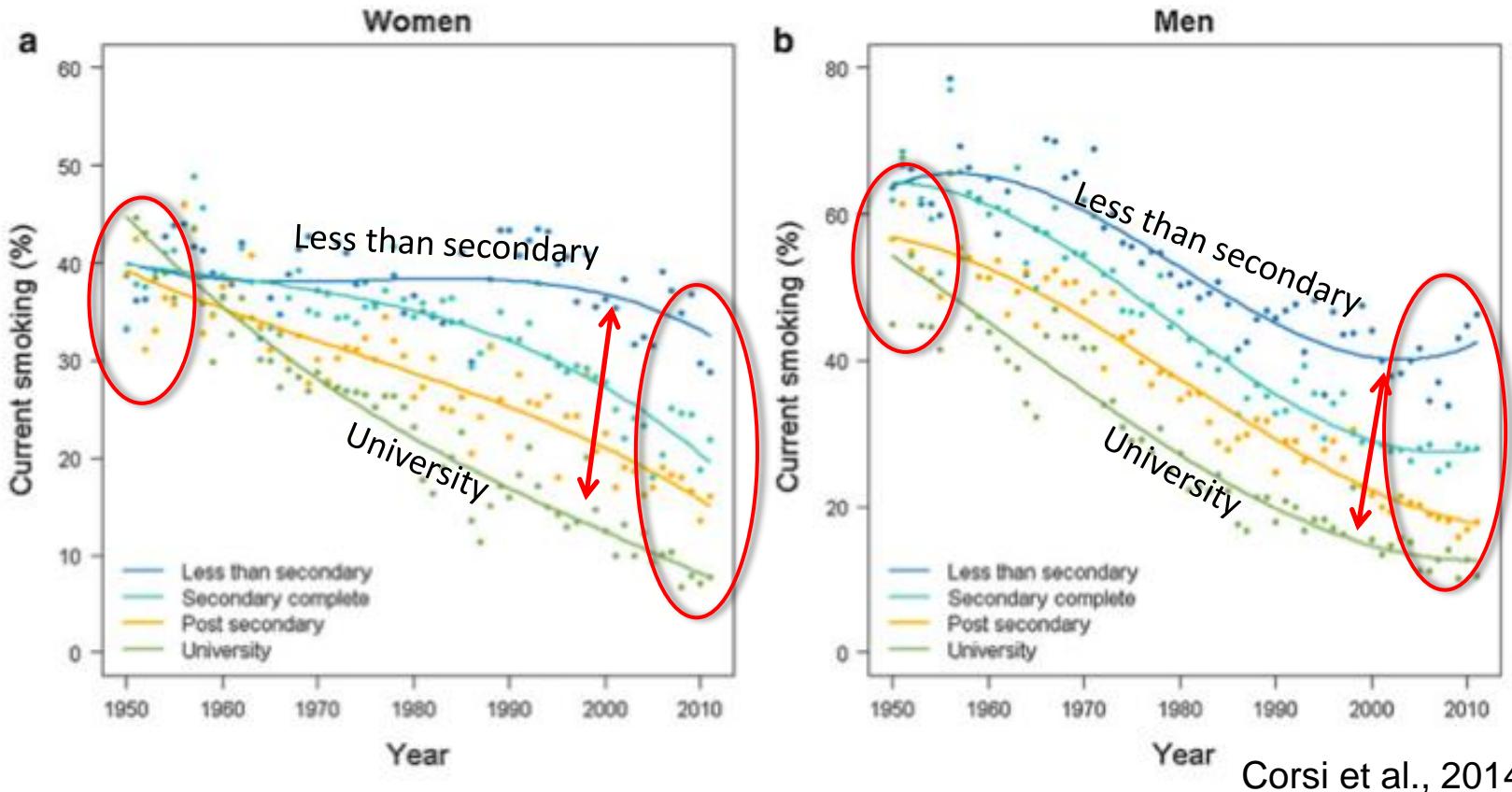
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Disclosure Statement

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

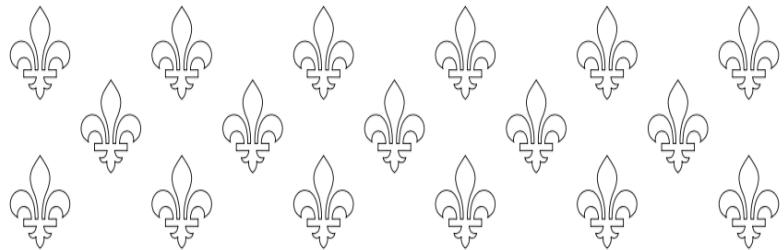
Smoking Inequities in Canada



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.

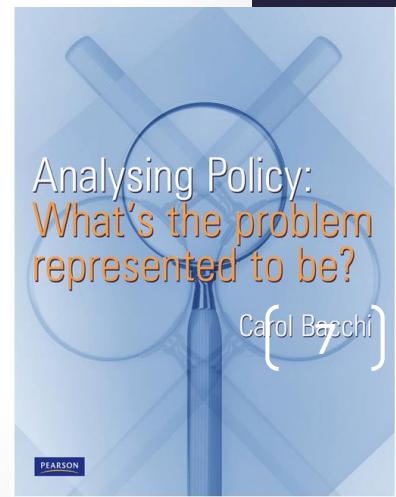
Specific objective

- 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; Guillaumier 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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