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Tobacco control policy in France: from war to compromise and collaboration

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BACKGROUND: Absence of an effective tobacco control policy costs lives and tobacco prevention is policy-sensitive. We describe the historical record of tobacco control in France.

METHODS: Public policies and main decisions (laws, regulations, health plans) for tobacco control were considered from 1950 to 2010. Data for cigarette sales and relative price of cigarettes were obtained from official databases. Sales are expressed in number of cigarettes. The relative price of cigarettes is the nominal price divided by the Consumer Price Index.

RESULTS: The first step Veil Law (1976) blunted the steady increase in cigarette sales observed since World War II.

The second period began with the Evin Law (1991). This law banned tobacco advertising and withdrew tobacco from the Consumer Price Index allowing for marked and repeated increases in taxes. Sales decreased over the next 6 years, from 97.1 billion to 83.0 billion in 1997 but then remained steady for 5 years (83.5 billion in 2001).

The first Cancer Plan (2003) imposed three tax in-

creases in a year (39% increase in price). Cigarette sales decreased to 54.9 billion in 2004.

This period ended in 2004 when a moratorium on tobacco taxes was announced. The policies which have been implemented since President Sarkozy was elected in 2007 were flawed and protected the interests of the tobacco industry: prevalence of smoking is now increasing, mainly among the younger generation.

Since 1991, the cigarette market has nearly halved but the decline has been a stop-and-go erratic process. The two 5-year periods (1997-2002 and 2005-2010) during which consumption levelled off seem to demonstrate that government-driven health policies could have been influenced by commercial interests.

CONCLUSION: Tobacco control efforts, especially tobacco tax increases, need to be sustained and shielded from the influence of the tobacco industry.

KEYWORDS: tobacco, public policy, Framework Convention on Tobacco Control, France

Политика контроля над табаком во Франции: от войны к компромиссу и коллаборационизму

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АКТУАЛЬНОСТЬ: Отсутствие эффективной политики контроля над табаком выражается в потере человеческих жизнях, а профилактика потребления табака зависит от принимаемых политических решений. Мы описываем историю контроля над табаком во Франции.

МЕТОДЫ: Рассмотрена социальная политика и важнейшие решения (включая законы, нормативно-правовые акты, планы), касающиеся контроля над табаком, с 1950 по 2010 годы. Данные о продажах сигарет и их ценах получены из официальных баз данных. Данные по продажам представлены в количестве сигарет. Относительная цена вычислялась как номинальная цена, деленная на индекс потребительских цен.

РЕЗУЛЬТАТЫ: Первым шагом стал закон 1976 года, который приостановил быстрый рост продаж сигарет, наблюдавшийся после второй мировой войны. Второй период начался с

принятием закона 1991 года. Этот закон запретил рекламу табака и вывел табачные изделия из индекса потребительских цен, что позволило проводить заметные и повторяющиеся повышения налогов. За последующие шесть лет продажи снизились в 97,1 млрд. до 83,0 млрд. в 1997 году, но затем в течение пяти лет не менялись (83,5 млрд. в 2001 году).

Первый план борьбы с раком, принятый в 2003 году, повлек за собой три повышения налогов в течение года и повышение цен на 39%. Продажи сигарет снизились до 54,9 млрд. в 2004 году.

Этот период закончился в 2004 году, когда был объявлен мораторий на табачные налоги. Политика, осуществляемая после избрания Саркози президентом в 2007 году, имеет изъяны и защищает интересы табачной индустрии: распространенность курения растет, главным образом среди молодежи.

После 1991 года рынок сигарет уменьшился

почти вдвое, но снижение было непостоянным и сопровождалось остановками. Два пятилетних периода (1997-2002 и 2005-2010), в течение которых потребление стабилизировалось, заставляют думать, что политика правительства в области здравоохранения определялась влиянием коммерческих интересов.

ЗАКЛЮЧЕНИЕ: Усилия по контролю над табаком, особенно повышение табачных налогов, должны быть последовательными и осуществляться вне зависимости от влияния табачной индустрии.

КЛЮЧЕВЫЕ СЛОВА: табак, социальная политика, Рамочная конвенция по борьбе против табака, Франция.

INTRODUCTION

Among public health policies, tobacco control must constitute a top priority as tobacco is the first avoidable preventable cause of death. Tobacco is the agent of the world's worst pandemic in human history. Worldwide, there are about 6 million annual tobacco-related deaths. If the current trends continue, by 2030 this figure will increase to 8 million deaths per year, 80% of these occurring in developing countries (World Health Organization, 2008). The epidemic is only partially controlled in developed countries. In the US, the prevalence of smoking among adults only declined from 20.9% in 2005 to 19.3% in 2010, far from meeting the Healthy People 2010 objective of $\leq 12\%$. Therefore, tobacco control policies in developed countries need critical evaluation. No literature describes the French tobacco control policy. This deserves even more scrutiny because since 2004 cigarette sales have shown a plateau after a sharp decrease during the first Cancer Plan and now the prevalence of smoking even increases, especially among youngsters and women, showing evidence that public policies are flawed.

This paper aims to describe tobacco control in France from 1950 to 2010 and scrutinize periods with poor results.

METHODS

Data for cigarette sales were obtained from the Société d'Exploitation Industrielle des Tabacs et des Allumettes (SEITA), Altadis, and

the Observatoire Français des Drogues et des Toxicomanies (OFDT, the French Monitoring Centre for Drugs and Drug Addictions) (Observatoire Français des Drogues et des Toxicomanies; Hill and Laplanche, 2004). Sales are expressed in number of cigarettes.

The relative price of cigarettes, which corresponds to the nominal price divided by the Consumer Price Index, was obtained from the National Institute of Statistics and Economic Studies Ministry of Economy, Finance and Industry (INSEE, 2011). Year 1970 is 100 for reference.

Public policies and main decisions (laws, regulations, health plans) were considered from 1950 to 2010.

The Bellagio statement was used to provide a real-life picture of public policies on the tobacco burden by translating the changes in cigarette sales in variation in deaths (Bellagio statement, 1995). It claims that one metric ton of tobacco production results in one death (1 death per million cigarettes), specific estimations ranging from 0.65 to 1.3 deaths per million cigarettes (Bellagio statement, 1995; Barnum, 1994; Peto R, personal communication, October 2011). The effects of changes in cigarettes sales were calculated by comparing the changes in the slope of the regression lines for sales between two consecutive periods.

RESULTS

The 60-year period, from 1950 to 2010, was divided into four sub-periods, each marked by key policy changes. These periods were deter-

mined by: a) the first French anti-tobacco law in 1976 (Loi relative à la lutte contre le tabagisme, 1976); b) a comprehensive tobacco/alcohol control law in 1991 (Loi relative à la lutte contre le tabagisme et l'alcoolisme, 1991); c) President Chirac's election in 2002, who stated in 2003: "I declare war against tobacco" at the opening of the first Cancer Plan (Chirac, 2003); d) the signature of the Framework Convention on Tobacco Control (FCTC) in October 2004. The results are presented graphically. (Fig. 1)

The first period: 1976-1991

After World War II, cigarette sales steadily increased by 2.1 billion per year up until 1976, with an annual average of 6% representing 1,980 more deaths per year attributable to tobacco use. (Fig. 1) In 1976, Simone Veil, then Health Minister of President Valéry Giscard d'Estaing, issued the first French anti-tobacco law (Loi relative à la lutte contre le tabagisme, 1976). It enacted mandatory health warnings on tobacco packs, limited tobacco advertising and sponsorship during sporting events, and prohibited smoking in hospitals and elevators. The implementation of the law and continuous efforts of Veil's successors markedly blunted the previous increase in sales. During this period, cigarette sales increased by 14% from 84.8 billion to 97.1 billion between 1975 and 1991 vs. 93% in a similar time period before the law. This saved 17,000 lives, preventing more than 1,100 deaths per year over 16 years, compared to the rise expected from the results of the previous period.

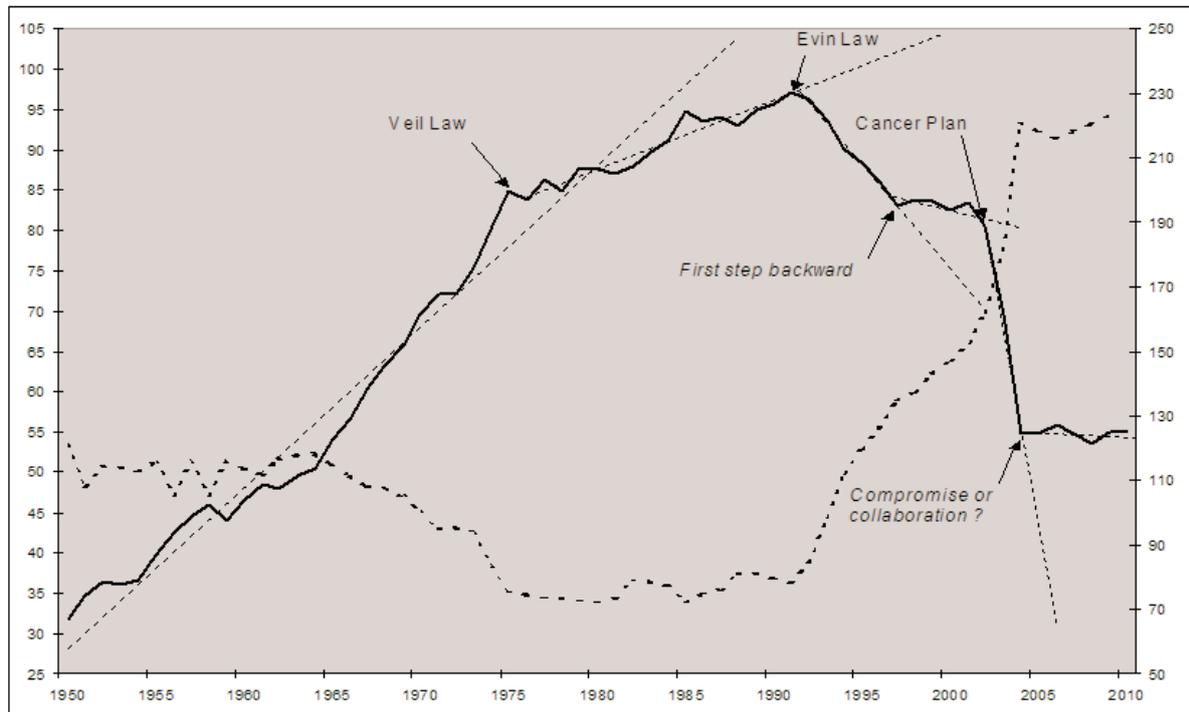


Figure 1. Evolution of cigarette sales (billion) plain line (left ordinate axis) and relative price of cigarettes (year 1970 being 100 for reference) dotted line (right left ordinate axis) from 1950 to 2010

Regression lines for sales during the different periods appear in dotted line form. They were extended from one period to the next.

period	regression line	r ²	p
1950-1976	$y=1,98x+26,85$	0,96	<0,001
1976-1991	$y=0,85x+83,41$	0,92	<0,001
1991-1997	$y=-2,43x+100,36$	0,99	<0,001
1997-2002	$y=-0,42x+84,29$	0,40	0,20
2002-2004	$y=-12,80x+93,97$	0,99	<0,001
2004-2010	$y=-0,06x+55,01$	0,04	0,66

The second period: 1991-2002

In 1991, Claude Evin, then Health Minister of President François Mitterand, issued a comprehensive law including tobacco and alcohol controls (Loi relative à la lutte contre le tabagisme et l'alcoolisme, 1991). This law totally banned direct and indirect tobacco advertising, partially segregated smokers from non-smokers (e.g. smoking and non-smoking sections in restaurants could be in the same room) and withdrew tobacco from the calculation of the Consumer Price Index. This allowed for marked and

repeated increases in excise taxes for the first time in France. This saved 19,600 lives over the first 6 years, preventing 3,300 deaths per year, compared to the trend expected from the results of the 1976-1991 period. Obviously, two patterns emerge from this period. Cigarette sales steadily declined for six years from 97.1 billion in 1991 to 83.0 billion in 1997 and, afterwards, sales remained steady for 5 years leveling at 83.5 billion until 2001. If the trend observed from 1991 to 1997 had continued, 10,000 deaths could have been prevented from 1997 to 2002.

The third period: 2002-2004

In May 2002, Jacques Chirac was elected president. In the autumn of 2002, a 12.5% increase in excise tax, announced the change in policy. Indeed, this resulted in an immediate decrease in cigarette sales down to 80.5 billion for the first time since 1997. On 24 March 2003, President Chirac confirmed this new policy when launching the first "Cancer Plan". He stated "I would like to insist on one priority: war against tobacco" (Chirac, 2003). Indeed: a) the sale of cigarettes to minors under 16 years of

age was banned; b) cigarette packs of less than 19, then 20 cigarettes, were banned; c) three tax increases over one year (January 2003, October 2003 and January 2004) added up to a 39% increase in price.

Cigarette sales decreased by 34% from 83.5 to 55.0 billion between 2001 and 2004. This saved almost 24,800 lives compared with the trend observed during the 1991-2002 period.

The fourth period: after 2004

France was the first of the old Members of the European Union to ratify the FCTC treaty in October 2004. On the one hand, several measures were implemented: a) a ban on smoking in public places voted in 2006; b) the age limit for the ban to sell tobacco, which previously applied to the under 16, was shifted to the under 18 in 2009; c) visible pictorial images appeared on packages in 2011. On the other hand, there were several increases in price never exceeding 6% but no increase in excise taxes.

Cigarette sales immediately stopped to decrease and remained steady from 2005 to 2010. (Fig. 1) No lives were saved. If the trend observed from 1991 to 1997 had been maintained, as the one during 2002-2004 appears too exceptional to be a reference, nearly 10,000 deaths could have been prevented from 2005 to 2010.

DISCUSSION

We considered trends in cigarette sales in France which resulted from the regulatory acts adopted in particular years. Indeed, prevalence of smoking cannot apply because definitions of smoking status and sampling techniques and frames vary across surveys, which are not conducted on an annual basis. We only study cigarette sales and not all to-

bacco products as cigarettes are the main target of tobacco control policies (e.g. health warnings and taxes) and represent the majority of sales (e.g. 83% of sales in 2000). Moreover, the evolution of prices is only available for cigarettes sold since 1950. Absolute changes in sales as a result of changes in policies were translated into lives saved when using the Bellagio statement. More sophisticated methods used elsewhere require data not currently available for France (Fichtenberg & Glantz, 2000).

Explaining the trends

Overall, the pattern of cigarette sales in France is in line with the evolution of the tobacco epidemic in western countries (Lopez, Collishaw & Piha, 1994). However, France is characterized by a period showing a dramatic and sharp decrease provoked by the first Cancer Plan from 2003 to 2005, which is inserted between two periods where consumption remained at the same level. In France, tobacco control policy appears far from being a continuous process, but takes place in a stop-and-go erratic manner and depends largely on the will of key politicians.

The first anti-tobacco law in 1976 could be considered nowadays as a lax law. However, it was first seen as a genuine step forward. It only blunted the increase in cigarette sales as the tobacco industry circumvented most of the measures and cigarettes prices did not increase but only stopped to decrease. In 1991, the Evin Law was a beacon as it produced a decline in cigarette sales for the first time for 6 years. This most comprehensive plan was followed by a first step backward.

The first step backward

After a 6 year - decrease following the Evin Law and before a sharp decrease due to the first Cancer Plan, cigarette sales remained steady for 5 years. This plateau coincided with Bernard Kouchner's mandate as Health Minister from 5 June 1997 to 7 May 2002 (except for a 19 month-period) when the government changed. Kouchner's role was by no means insignificant (Dubois, 2003; Caballero, 2002).

Already in 1992, he challenged the implementation of the Evin Law, pledging in the Senate that the Evin Law "has to be applied with great wisdom, with tolerance. It is an act of politeness, not repression". At this time, he also tried to deny the Comité National Contre le Tabagisme (CNCT, the French National Committee Against Smoking, the main NGO for tobacco control) the right to be a plaintiff in lawsuits. Yet, this possibility of filing lawsuits against tobacco companies or tobacconists for breaches of the Evin Law is crucial because the administration is barely concerned with such breaches. In 2001, he halved the public funding of the CNCT. Coincidentally, one close member of his family was chairing the Club for cigar-smoking journalists and was a member of the Philip Morris Institute Europe Prize, and another one was in charge of the communication for SEITA (the main French tobacco company which merged in 1999 with the Spanish Tabacalera as Altadis, which was then bought by Imperial Tobacco) and a member of the board (Dubois, 2003; Caballero, 2002).

The war against tobacco

There is strong evidence of the effectiveness of increased tobacco excise taxes and prices for: a) reducing tobacco consumption by

preventing initiation and dependence among young people; b) promoting smoking cessation among current users; c) lowering consumption among those who continue to smoke (Chaloupka, Cummings, Morley & Horan, 2002; Chaloupka, Straif & Leon, 2011). A 10% increase in prices is estimated to produce a 4% decrease in tobacco consumption in developed countries (World Bank, 1999). Accordingly, the rapid succession of dissuasive tax increases, three in one year, induced a sharp decrease. A shift to other tobacco products was observed, but it was slight. During this period, cigar sales remained unchanged. Rolling tobacco sales, which represented in 2000 an amount equivalent to 8.7% of the cigarettes sold, increased by 8.3% from 2000 to 2005. Cross-border purchases nearly doubled from 2002 (4.8 billion, 6% of domestic purchases) to 2005 (9.3 billion) (Ben Lakhdar, Lermenier & Vaillant, 2011). This important number (4.5 billion) is insufficient to compensate for the decrease in domestic sales (27.5 billion). Fiscal harmonization for the price of cigarettes is necessary to avoid cross-border purchases in the EU.

During Chirac's first Cancer Plan, cigarette sales decreased by 31% (25.6 billion) from 2002 to 2004. This means that more than 25,000 lives were saved. In contrast, in the periods just before and after Chirac's Cancer Plan when a plateau of cigarette sales was observed, no deaths were prevented although the governments had all the means to implement appropriate health policies.

From war to compromise, the second step backward

The long lasting plateau of cigarette sales after the sharp decrease due to the first Cancer Plan and after the ratification of the FCTC is

a striking finding which deserves scrutiny. In fact, Jean Pierre Raffarin, President Chirac's Prime minister, announced a moratorium on tobacco taxes for four years in October 2003 (Levy, 2003). This decision, which occurred after the second tax increase and while the third increase was already planned for January 2004, was "a good compromise" according to the president of the Tobacconists Union who organized street demonstrations against tax increases (Accord signé entre la confédération, 2003). Moreover, the tobacconists also obtained an annual €150 million from the government to "compensate" for the decrease in their turnover (Un parachute de 150 millions, 2003). This was far from a compromise as all NGOs opposed such a decision. This was an armistice which protected the tobacco industry's interests. Chirac's war was short-lived.

From compromise to collaboration

Ratification of the FCTC in 2004 had no effect as the measures implemented were flawed.

The ban on smoking in public places had been planned for a long time but was hardly visible in 2006 and its implementation was postponed to 2007 for workplaces and to 2008 for public places. Despite a high level Court decision to protect workers from passive smoking and the fact that 72% of the French population were in favor of the ban in 2004, the Prime Minister Dominique de Villepin even tried to oppose the decree. Still today, this ban is poorly enforced, e.g. cafés and restaurants developed almost closed and heated terraces which are smoking zones that everybody has to walk through in order to get inside, resulting in the smoke being drawn into the interior. Laxity and impunity prevail on enforcement

and slowly one can observe a gradual return to the 2006 habits (Crumley, 2009).

Pictorial warnings on packages were only enforced in 2011, after an unbelievable two-year discussion and a one-year period to allow for the sale of existing stocks. France is only the 39th country in the world to enforce this recommendation. Moreover, the required size of the picture is limited to 40% on the backside, far from the 80% in Uruguay or 75% in Canada. The size of pictorial warnings may be inversely correlated to the influence of the tobacco industry on politicians (Braillon & Dubois, 2011).

The ban to sell tobacco to the under 16 was shifted to the under 18, but enforcement by the tobacconists remained low. In France, administrations do not use sting operations even if serious breaches are obvious. In May 2011, a sting operation conducted by the CNCT showed that 38 % out of 430 tobacconists sold cigarettes to 12-year-old children. Only 49% of the retailers enforced the mandatory display of the poster banning sales to the under 18. The CNCT also conducted a poll on the Internet during September 2011 which showed that six out of ten adolescents (n=600, representative of the French population aged from 12 to 17 years), never experienced difficulties in obtaining tobacco from tobacconists, their primary source of supply (Martinet & Beguinot, 2011).

Support for smoking cessation is poor. In the 2005-2010 period, the number of patients treated yearly with nicotine replacement therapy or other pharmacological treatment was less than in 2003 or 2004 (Observatoire Français des Drogues et des Toxicomanies, 2011). Specific smoking cessation health programs are also lacking. For instance, for smoking during pregnancy, a con-

dition where France ranks the worst in Europe, there is no comprehensive plan to help for cessation (Braillon, Lansac, Delcroix, Gomez & Dubois, 2010). In 2009, the Health Minister totally cut the funding of the only NGO (Association Périnatalité Prévention Recherche Information) which fights this very first avoidable cause of preterm birth and failed to provide adequate access to cessation treatment (Braillon, Lansac, Delcroix, Gomez & Dubois, 2010). This may explain in part why infant mortality has been worsening in France. This negative trend is an exception among all other high income countries and France went down from the 5th rank in Europe in 1999 to the 14th position in 2010 ranking behind Greece (Niel & Beaumel, 2010).

After the election of the president Nicolas Sarkozy in 2007, the government accepted four claims of the tobacco industry for increases in cigarette prices (2007, 2009, 2010 and 2011). They concerned the manufacturer's price (not the excise taxes) and were limited to 6%, a level insufficient to decrease sales (Chaloupka, Cummings, Morley & Horan, 2002). Moreover, the relative price of cigarettes did not increase in comparison to 2004. Calls from public health experts for 10% increases in tax remained unanswered. Accordingly, the turnover of the tobacco industry (Philip Morris, British American Tobacco, and Imperial Tobacco) showed a 3% rise from 2008 to 2009, despite the world crisis. Roselyne Bachelot, the Health Minister, announced on 18 October 2010, a 2% increase in the daily smoking prevalence during the past 5 years (from 26.9% to 28.7%, 15-75 year olds) due to "the effects of the economic crisis" (La consommation de tabac a augmenté, 2010), but this contradicts research data on health effects of economic re-

cession (Parry and Humphreys, 2009). Yet, no action was taken. Meanwhile, the Budget Minister, François Baroin, stated that he was favorably considering the request of the tobacco industry for a "moderate and reasonable" price increase, that would not jeopardize the level of activity of the tobaccoists – i.e. that would have no public health impact (Le prix du tabac augmente, 2010).

The present: no future for tobacco control?

A recent national survey conducted in March 2011 showed an increase in prevalence of daily smoking among 17 year olds from 28,9% in 2008 to 31,5% in 2011, confirming a previous study limited to Paris (Spilka, Le Nézer & Tovar, 2011; Dautzenberg, 2010). Surveys conducted by the National Institute for Prevention and Health Education (Health Barometer) in 2000, 2005 and 2010 confirmed that tobacco control policy was effective in early 2000s and not effective in late 2000s.

The tobacco lobby put pressure on the Parliament to weaken the ban on tobacco advertising by creating an "artistic and cultural" exception. An attempt to weaken the ability of NGOs to sue the tobacco and alcohol industries was turned down in July 2011. Both attempts were halted by an immediate and strong reaction from the NGO and the French national Academy of Medicine (Alliance contre le tabac, 2011).

On May 31, 2011, the World No-Tobacco Day, Xavier Bertrand, the Health Minister, announced that he would a) maintain the moratorium on taxes; b) ban varenicline (a prescription medication which is a partial agonist of nicotine receptors and is used to treat smoking addiction) from the very limited €50

coverage for smoking cessation from the mandatory French Health Insurance scheme.

In August 2011, the Prime minister announced an increase in tobacco taxes to compensate for the budget deficit (Taxes sur le tabac, 2011). Firstly, the increase is again only 6% and nobody can expect a decrease in cigarette sales since the three previous increases at a similar level did not affect sales. Higher increases are necessary for changes (Chaloupka, Straif & Leon, 2011). Secondly, this increase is not an increase in taxes as the government's communication plan suggested (Sénat, 2011) Indeed, among the €0.30 increase in retail price per pack (average; Marlboro, the most popular brand reaching €6.20), 8% is devoted to the tobaccoists and 12% to the manufacturers (AFP, 2011). For the fourth time since 2007, the increase in cigarette prices is not intended to improve public health but only to increase profits of the tobacco industry.

The French government has increased VAT by 1.6 % to reduce the debt. This would have increased cigarette retail price by 10% as excise taxes, which are 64.25%, must be added at the end. However, the ministry of budget has reduced excise taxes to 63.28% in October 2012. Then the VAT increase will only affect cigarette prices by 1.5 to 2 % (Lefebvre, 2012).

Experts and professional bodies should promote adequate public policies and issue warnings when public policy is flying in the face of real evidence. However, too many remain silent as lack of servility may be dangerous: Jean-Michel Costes was not renewed as the Chairman of the OFDT which he founded 15 years ago. He stated that he experienced undue pressures to interpret data in compliance with the government's ideology (Poblete, 2011).

The tobacco industry launched successful counter-attacks after President Chirac's Cancer Plan. It has been using very effectively its privileged contacts at the highest levels in the present government and has taken best advantage of its close control over the network of French tobaccoists. Today, the French government seems more interested in the profit of the tobacco industry than in the health of the people. There is evidence that France is not far from being regarded as breaching Article 5.3 of the FCTC, which requires protecting public health policies from the influence of the tobacco industry (World Health Organization, 2003). This experience demonstrates the importance of vigorous implementation of FCTC Article 5.3 and WHO should report national FCTC implementation with more scrutiny.

CONCLUSION

The French history of tobacco control confirms that durable and comprehensive efforts are mandatory to fight the deadliest epidemic. France shows an exceptionally sharp decrease after the first Cancer Plan, confirming that marked increases in tobacco excise taxes and prices are at the core of any comprehensive policy. Since the Evin Law in 1991, the cigarette market has nearly halved but the decline has been a stop-and-go erratic process. The two periods during which consumption leveled off show that government policy could have been influenced by commercial interests. There is a constant need to put pressure on governments to adopt and scale up appropriate health policies. Durable and comprehensive efforts are mandatory.

The lack of effective tobacco control policy costs tens of thousands of lives but is highly profitable to the tobacco industry. Tobacco prevention is policy-sensitive. Advocating for public health to help people live longer and healthier must be a priority for the next presidential election in France. Candidates must put on their agenda concrete steps to decrease tobacco sales.

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In November 2009 Gérard Dubois was sued for libel by the French tobaccoists' union because he stated on television that cigarettes kill two smokers each year for every tobaccoist in the country. In December 2009, Alain Braillon, a tenured senior consultant in Professor Dubois' unit, was removed from his post, the Ministry of Health enforcing the sacking against the advice of the National Statutory Committee. The tobaccoists' claim was rejected in 2011 by the Appeal Court and the sacking was cancelled in 2012 by the Administrative Court of Paris on the grounds that it was illegal. (Witton, J., and O'Reilly, J. (2012) Tobacco scientist win against illegal sacking. *Addiction*, 107(8),1714-5).

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