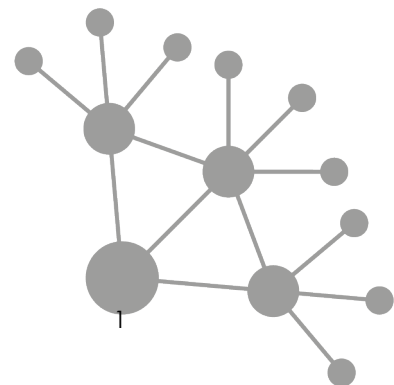


The challenge of an end game scenario in a context of health inequalities in Belgium

Bizel Pierre, Merckling Marie, Vansnick Anne Marie, Massot Christian, Barthe-Batsalle Helen



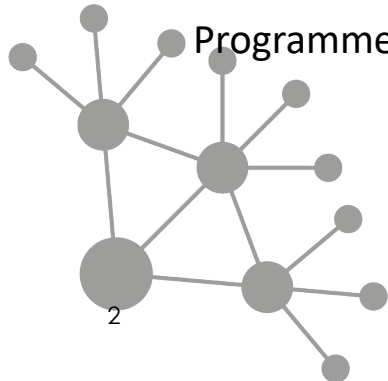
This work is entirely supported by the public official body of the Province of Hainaut.

Subject to democratic debate and under the annual control of the provincial council, all productions benefit from exclusive public funding.

The content represent the official views of the Provincial Institute of Health.

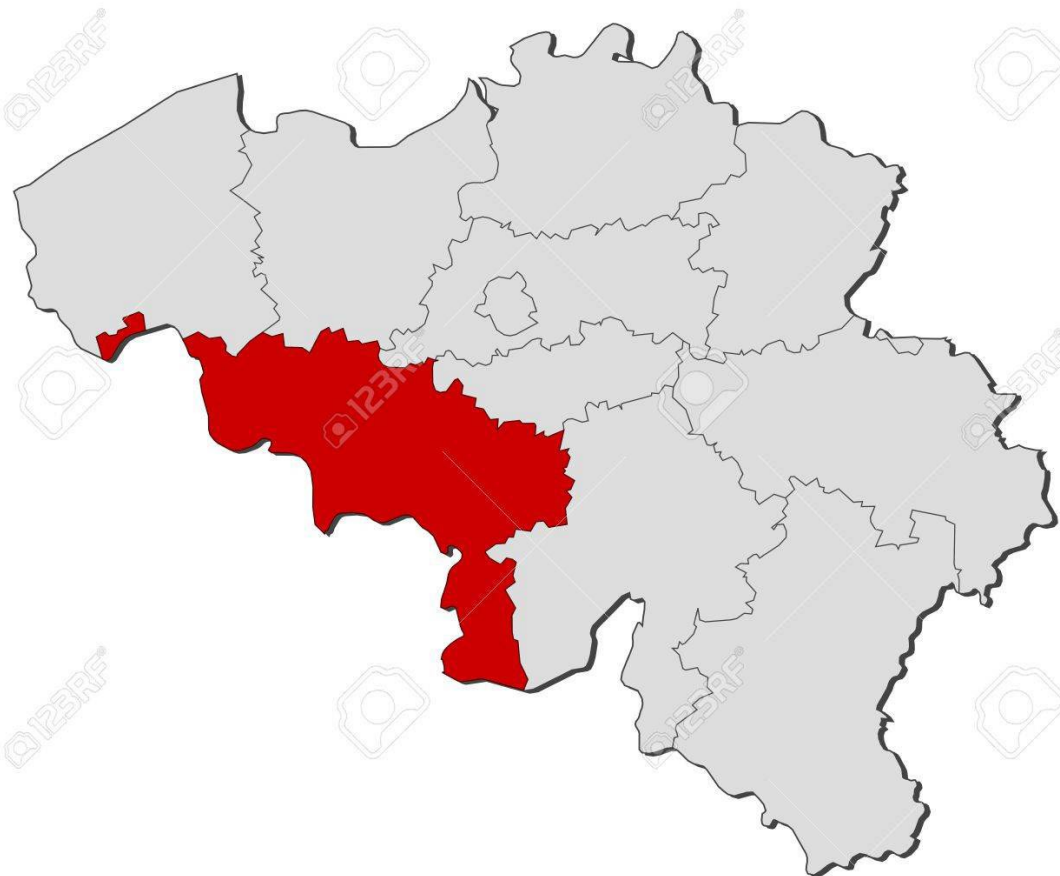
Monitoring (epidemiology)

Programmes implementation

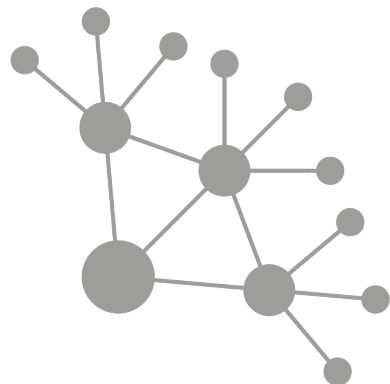




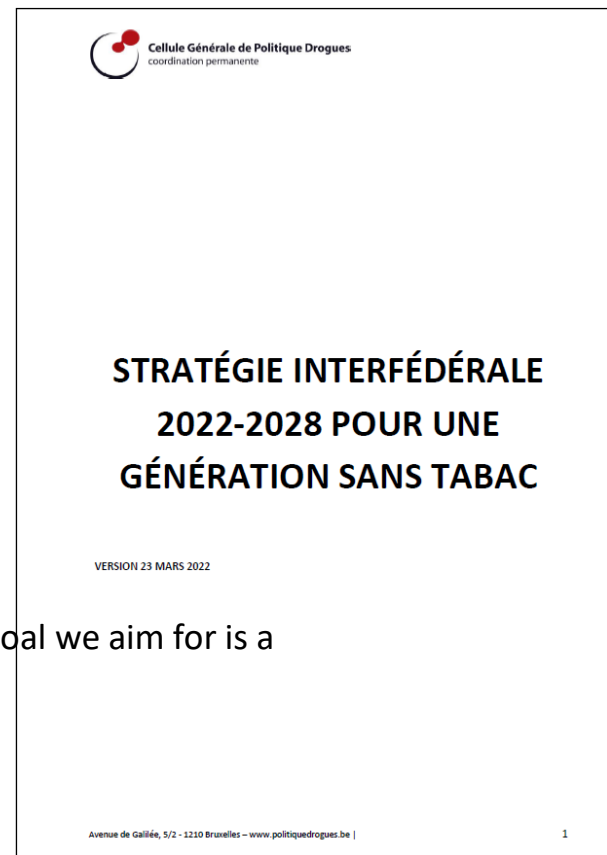
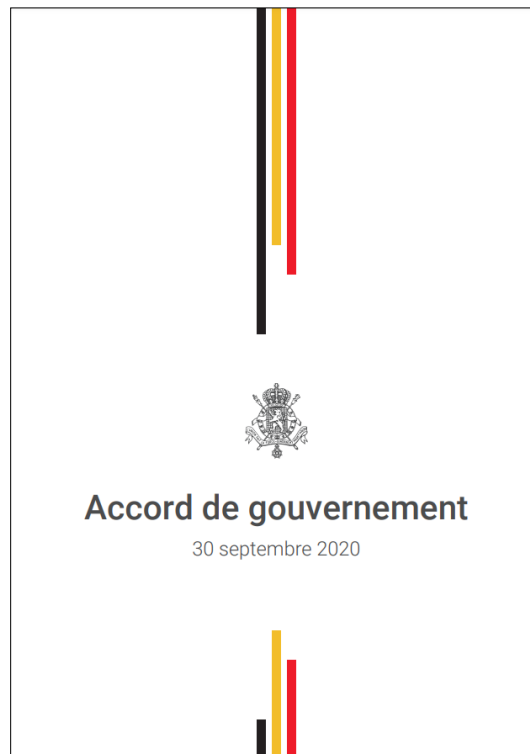
Observatoire
de la
Santé



3,790 Km² - 1,323,196 inhabitants
12.5% of the Belgian population
40% of the Walloon population
21% of unemployed (job seekers)



End game ? An objective as an outcome



"A proactive and comprehensive anti-tobacco policy is essential in this regard. The goal we aim for is a tobacco-free generation by reducing the attractiveness and accessibility of tobacco"



**STRATÉGIE INTERFÉDÉRALE
2022-2028 POUR UNE
GÉNÉRATION SANS TABAC**

VERSION 23 MARS 2022

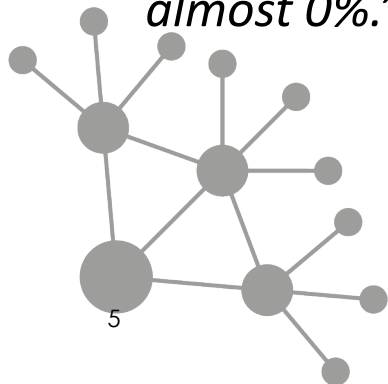
Avenue de Gallée, 5/2 - 1210 Bruxelles - www.politiquedrogues.be

1

“Smoke free generation has the concrete objective of drastically reducing tobacco consumption by 2040.

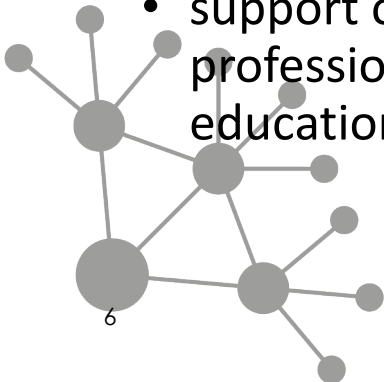
This means:

- reduce the number of daily users of tobacco products to 5% in the population aged 15 and over;*
- reduce the number of people learning about tobacco products to 0% or almost 0%.”*



Much of the reduction in the prevalence of tobacco use can be attributed to long-term policies, most of them adopted during the last thirty years at the federal and regional levels such as:

- legal measures : smoking ban in schools, workplace, indoor public place, car when a minor is present, advertising ban, neutral packaging, gradual increase in taxation;
- support of tobacco-cessation services, systematic health care professional advice, assistance help centres, quit line, media campaign, education programmes, ...

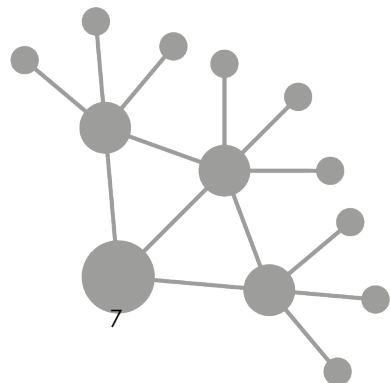


Ranking in Tobacco control scale 2019



Table 4. 36 European countries ranked by total TCS score in 2019

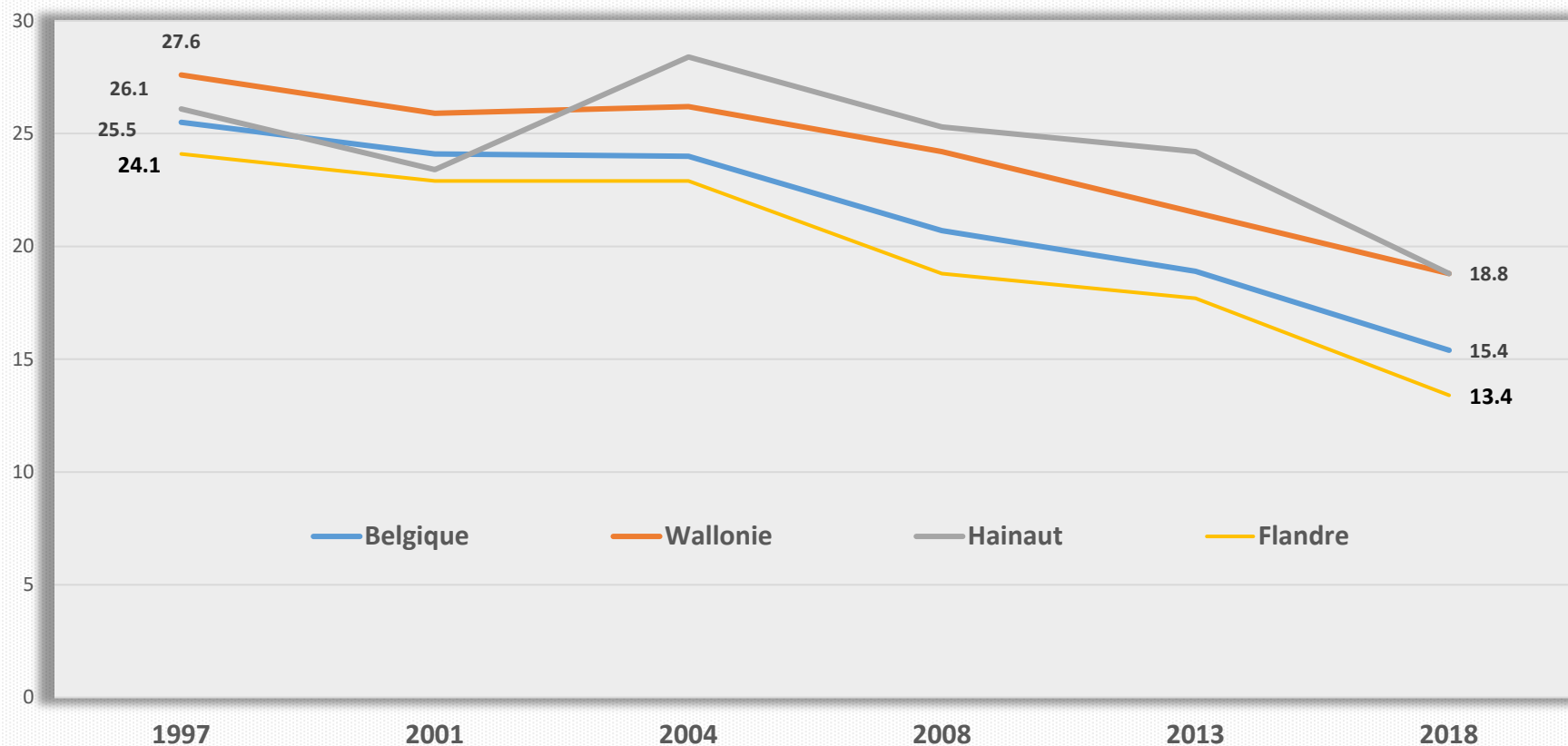
Ranking 2019 (ranking 2016)	Country	Price (30)	Public place bans (22)	Budget (10)	Ad bans (13)	Health warning (10)	Treat- ment (10)	Illicit trade (3)	Art 5.3 (2)	Total (100)
1 (1)	– United Kingdom	25	22	0	12	9	9	2	1	80
2 (4)	▲ France	22	18	4	11	9	7	2	1	74
3 (2)	▼ Ireland	18	22	1	13	9	8	1	1	73
4 (3)	▼ Iceland	23	17	9	13	4	4	0	0	70
5 (5)	- Norway	22	17	1	13	8	4	1	0	66
6 (6)	- Finland	18	18	2	13	5	5	1	0	62
7 (new)	Israel	27	15	1	11	1	6	0	0	61
8 (28)	▲ Slovenia	12	16	2	13	9	6	1	0	59
8 (9)	▲ Hungary	15	21	0	11	5	6	1	-	59
10 (8)	▼ Spain	15	21	1	9	5	5	2	0	58
10 (17)	▲ Belgium	16	16	1	8	9	6	2	0	58
12 (7)	▼ Romania	16	21	0	8	5	6	1	0	57
13 (31)	▲ Greece	18	20	-	7	5	3	1	0	54
14 (9)	▼ Netherlands	14	15	1	9	5	7	1	1	53
15 (9)	▼ Sweden	14	15	0	9	5	7	2	0	52
15 (13)	▼ Italy	15	16	0	9	5	6	1	0	52
17 (9)	▼ Turkey	10	15	0	8	10	6	2	0	51
17 (13)	▼ Malta	16	12	0	11	5	5	2	-	51
17 (23)	▲ Croatia	16	11	0	12	5	5	2	-	51
20 (15)	▼ Portugal	18	11	-	10	5	4	2	0	50
20 (35)	▲ Austria	11	20	0	7	5	5	2	0	50
20 (17)	▼ Ukraine	17	15	-	11	4	3	0	0	50
23 (15)	▼ Poland	14	11	0	11	5	7	1	0	49
23 (26)	▲ Latvia	14	12	2	10	5	4	2	0	49
23 (31)	▲ Czechia	12	15	0	8	5	7	2	0	49
23 (21)	▼ Estonia	13	14	1	11	5	3	2	0	49
27 (19)	▼ Bulgaria	15	11	-	11	5	5	1	0	48
27 (26)	▼ Cyprus	15	10	0	11	5	5	2	-	48
29 (17)	▼ Russian Fed.	8	15	0	13	4	6	1	-	47
29 (28)	▼ Lithuania	12	13	1	10	5	4	2	0	47
29 (23)	▼ Denmark	13	11	2	8	5	7	1	0	47
32 (30)	▼ Slovakia	12	12	-	9	5	6	2	0	46
33 (23)	▼ Serbia	19	11	0	9	1	4	1	0	45
34 (33)	▼ Luxembourg	5	16	0	9	5	7	2	0	44
35 (21)	▼ Switzerland (-1)	13	11	4	2	5	7	0	0	41
36 (33)	▼ Germany	14	11	0	4	5	4	2	0	40

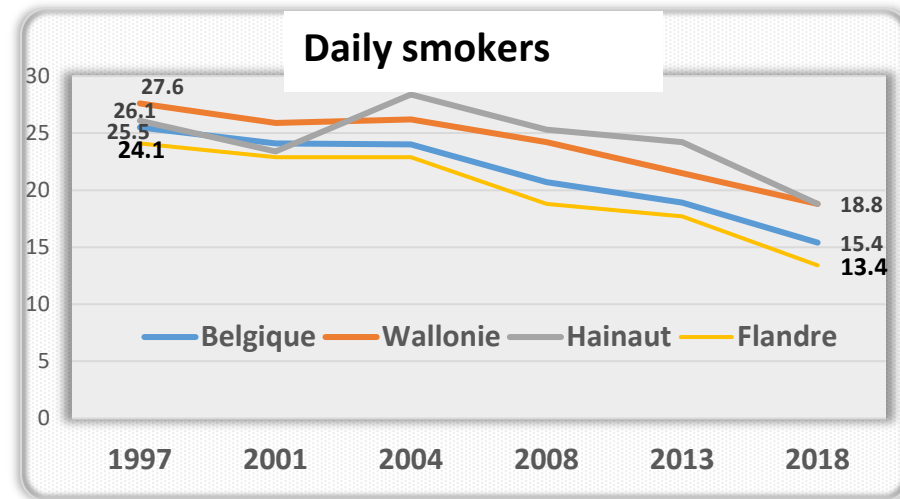




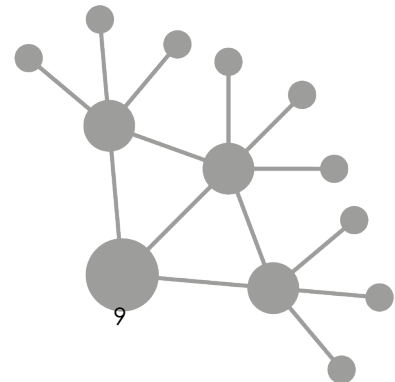
Daily smokers

Sciensano Enquêtes Santé



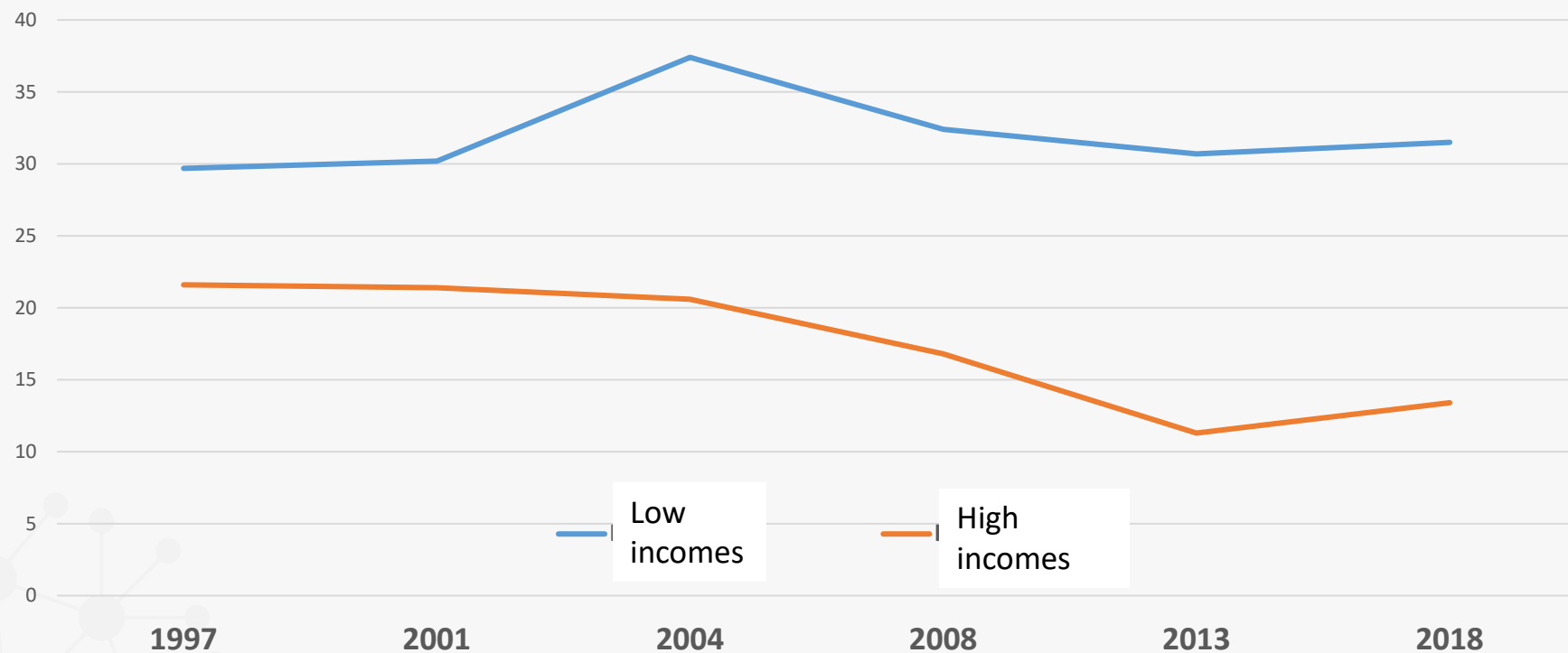


- A social process to denormalize tobacco use has been implemented and produced results.
- For instance, in the region of Wallonia, smoking prevalence is currently at 18.8% (daily smokers) while in the northern part of the country the prevalence is even less, at 13.4%.



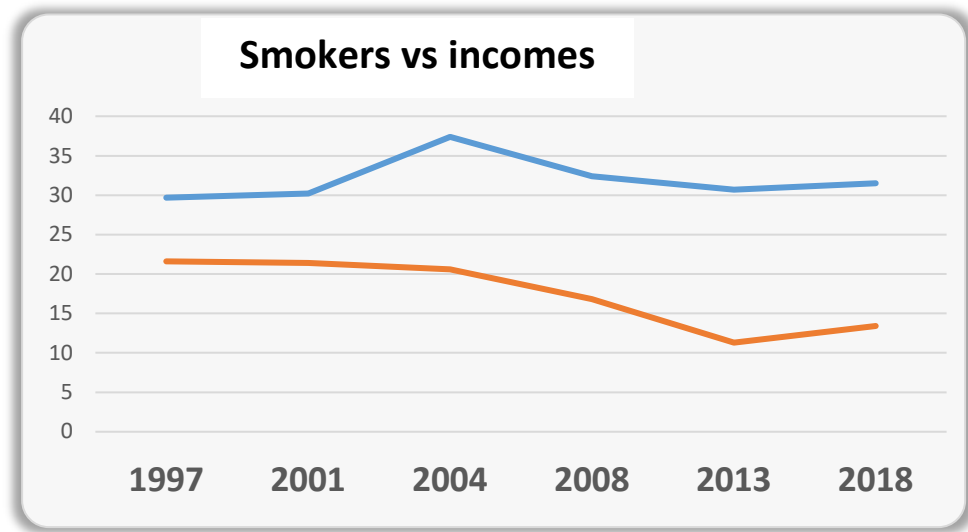
Smokers vs incomes

Wallonie - Sciensano Enquêtes Santé



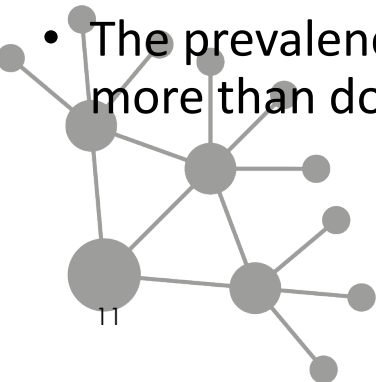
Low
incomes

High
incomes



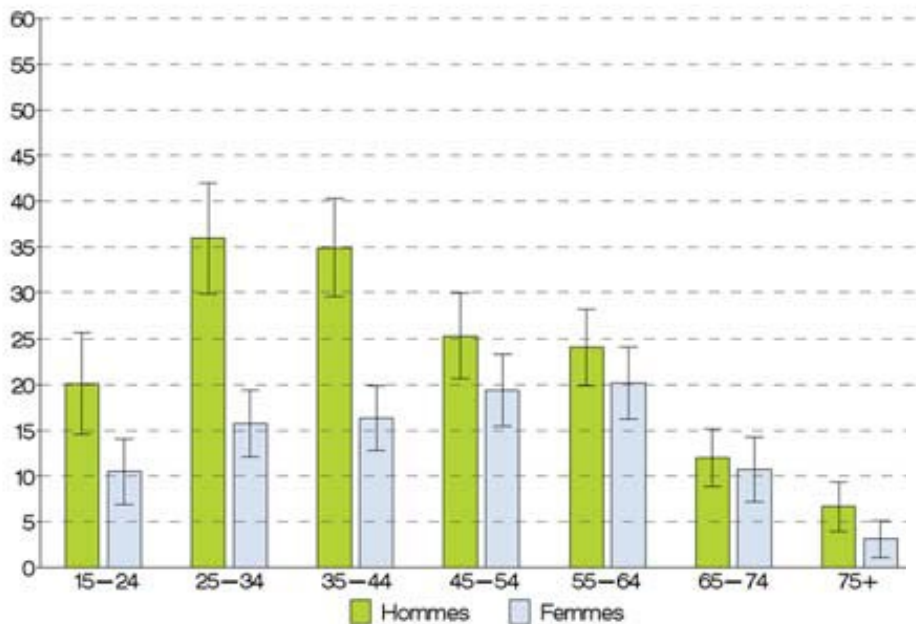
In an apparently favourable context, the prevalence rate between 1997 and 2018 remained steady in the lowest income group (>500€ < 1380€), fluctuating between 29,7% and 31,5%

- It fell substantially from 21,6% to 13,4%, in the highest income group (>3800€).
- The prevalence gap between the lowest and the highest income groups more than doubled in twenty years, from 8.1% to 18.1%.

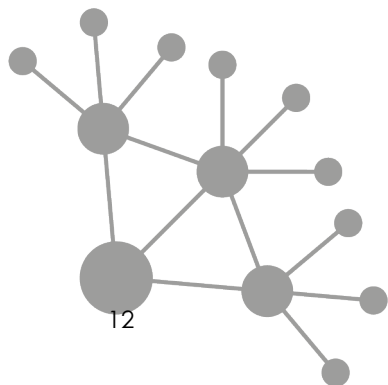
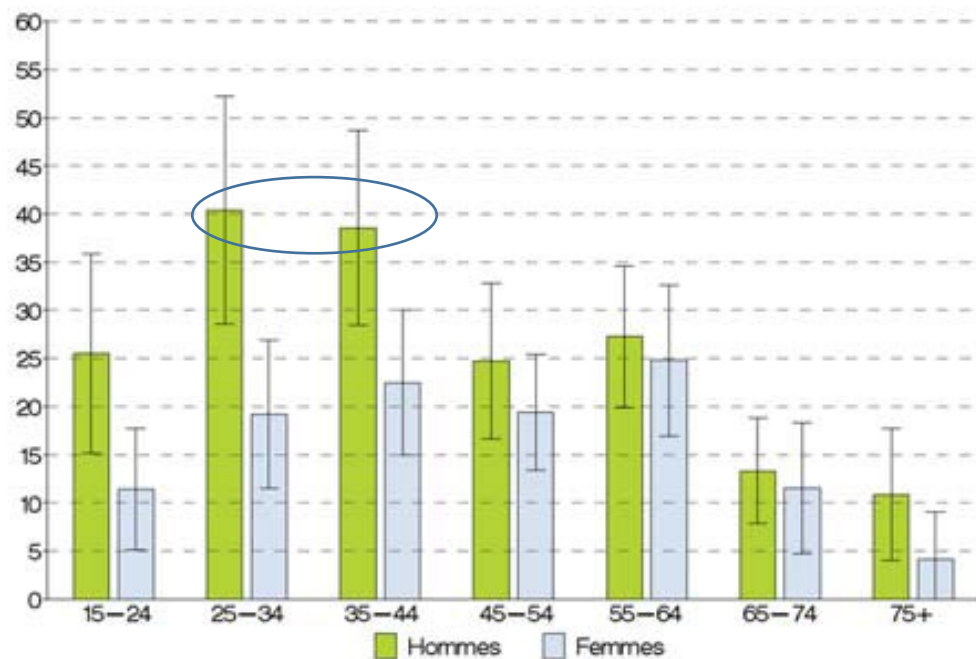




TA01_1 : Belgique (%)

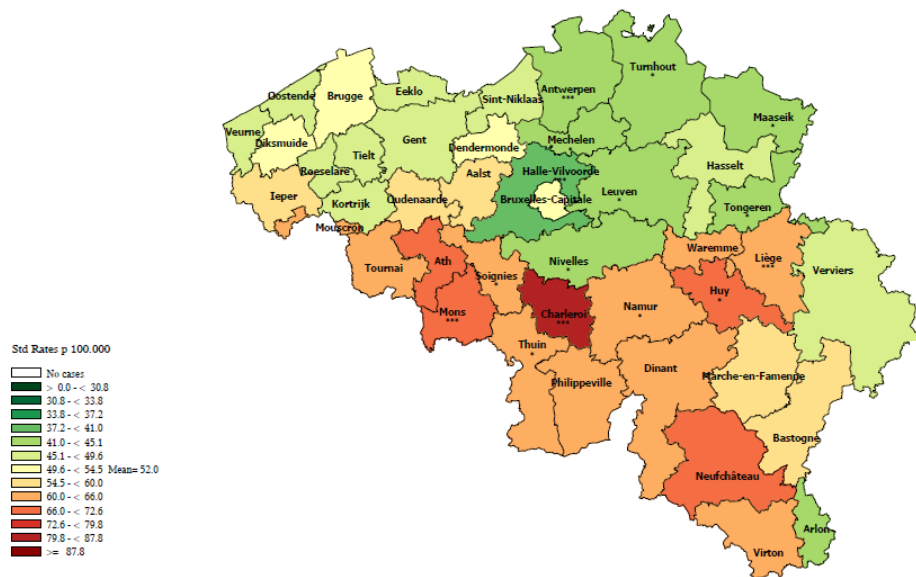


TA01_1 : Région wallonne (%)



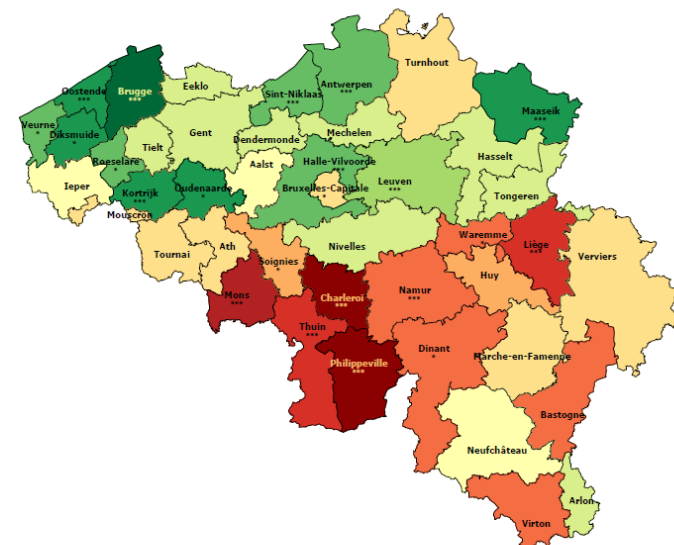


Lung Ca Mortality in Men aged 40-59 yr, Belgium 2003-2009
Age-Adjusted Mortality Rates (Std: Belgian population 2000)

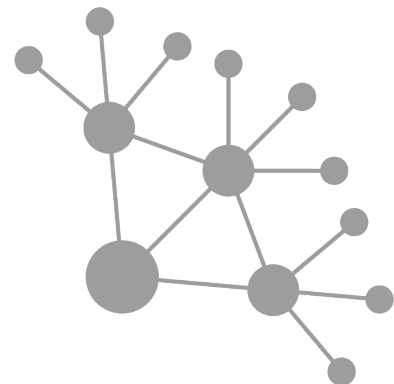


Range: 40 - 83 per 100,000

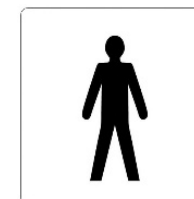
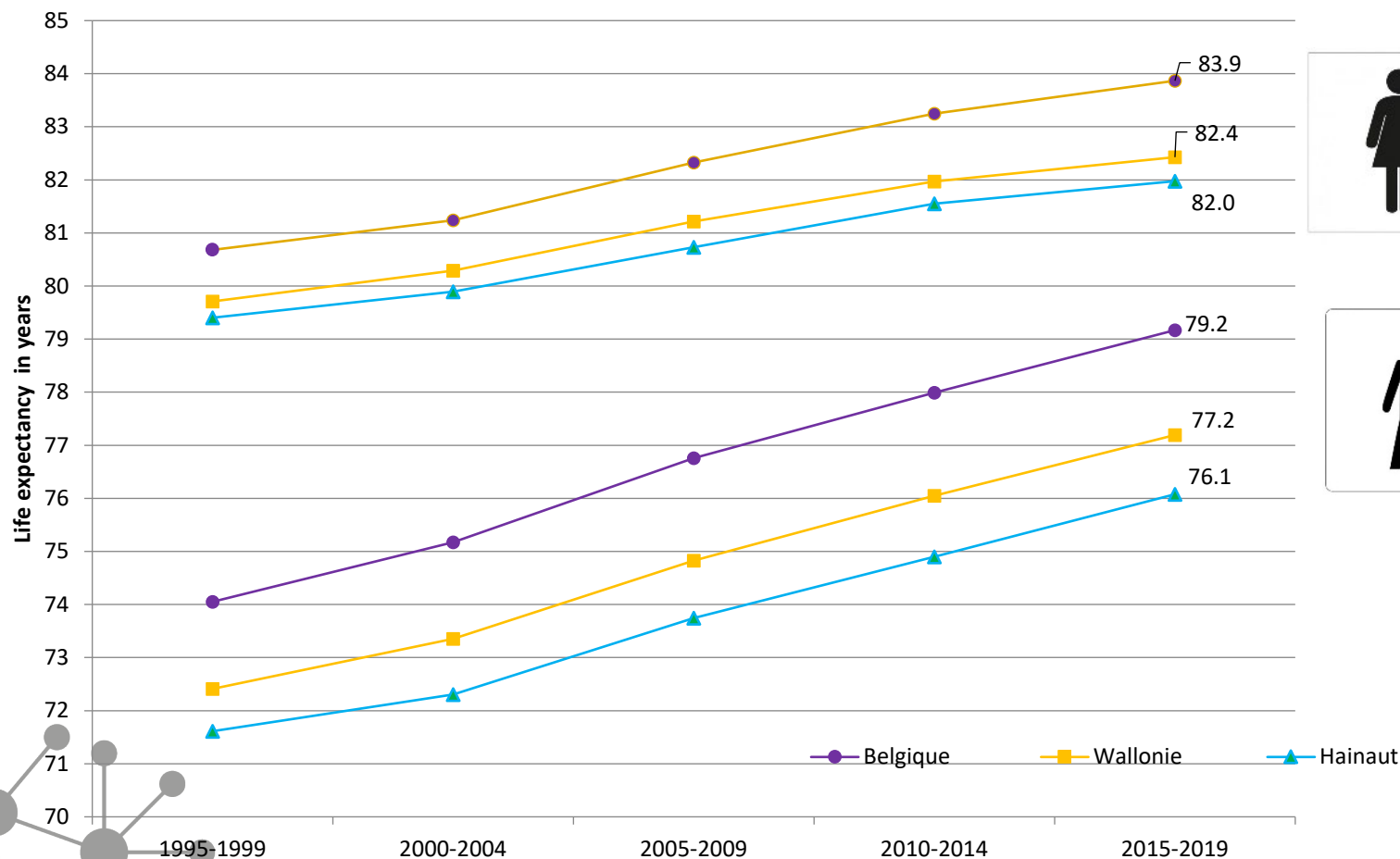
C.O.P.D. Premature Mortality in Men (1-74 yr), Belgium 2003-2009
Age-Adjusted Mortality Rates (Std: Belgian population 2000)



Range: 14 - 39 per 100,000

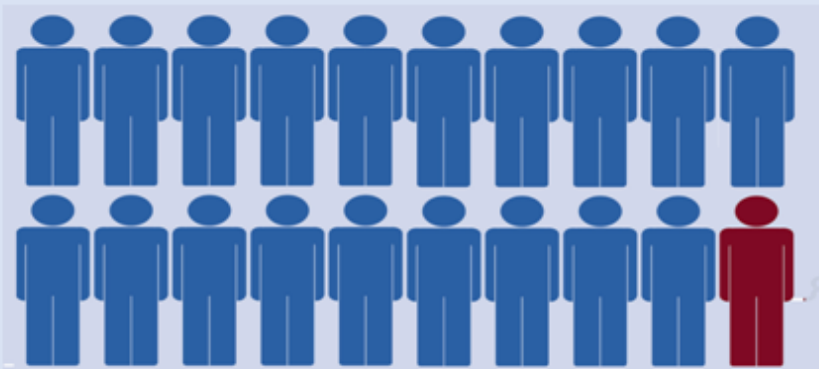


Evolution of life expectancy at birth, by sex, Belgium-Wallonia-Hainaut, 1995-2019



	1995-1999	2000-2004	2005-2009	2010-2014	2015-2019
gap Belgium - Hainaut, Men	2,4	2,9	3,0	3,1	3,1
gap Belgium - Hainaut, women	1,3	1,3	1,6	1,7	1,9

Target 1 of Generation Smoke-Free: adults

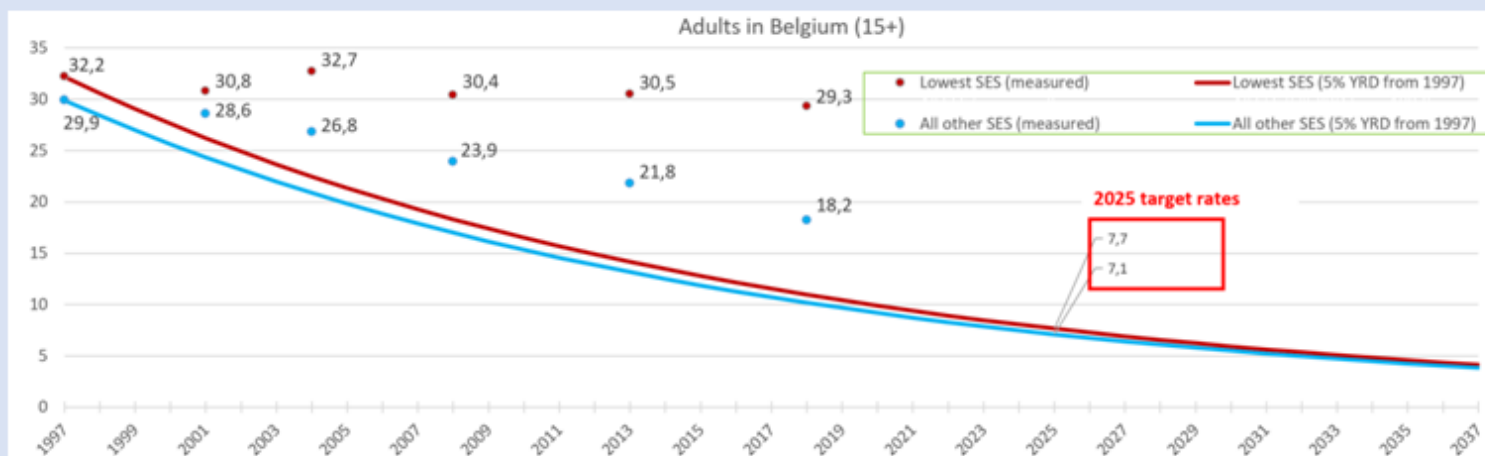


Less than 5%
of adults smoke¹
by 2037

This requires that smoking rates have a
Yearly Relative Decrease of 5% from 1997
(line in graph: 5% YRD from 1997)

Between 1997-2018, adults of:

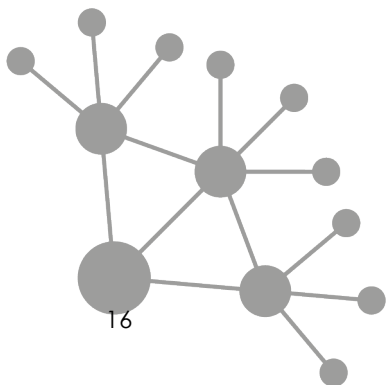
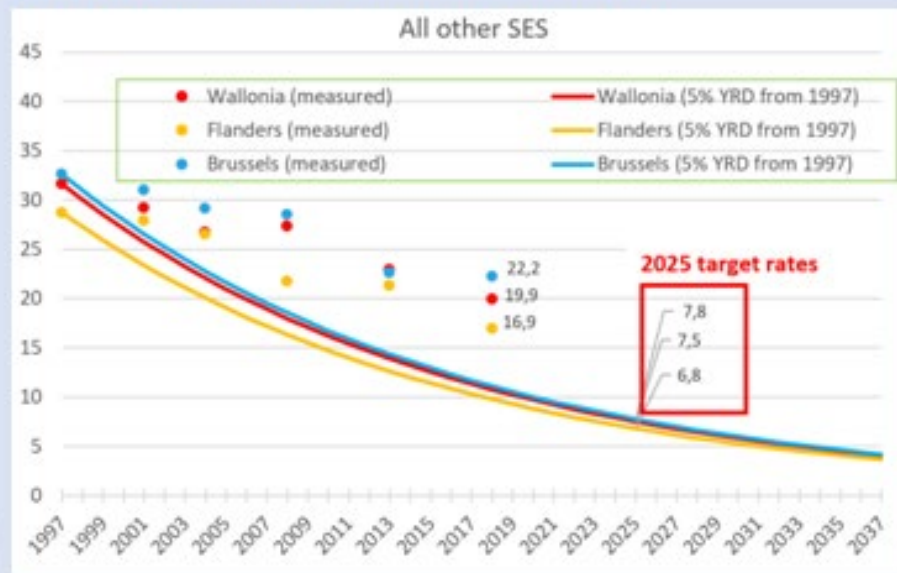
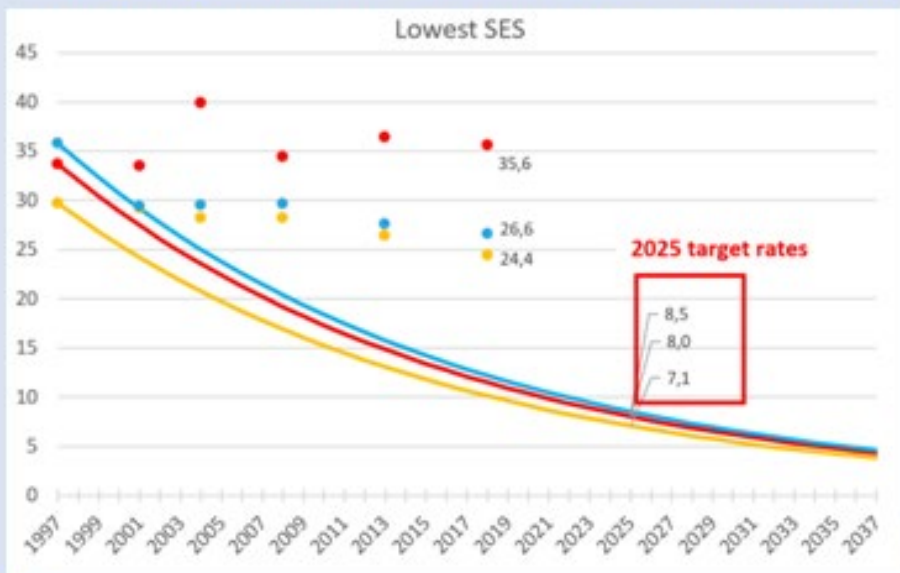
- **lowest SES²** had highest smoking rates & were **not at all on course** (dots are far from the line)
- **all other SES** had lower smoking rates & were **less far off course** (dots are closer to the line)



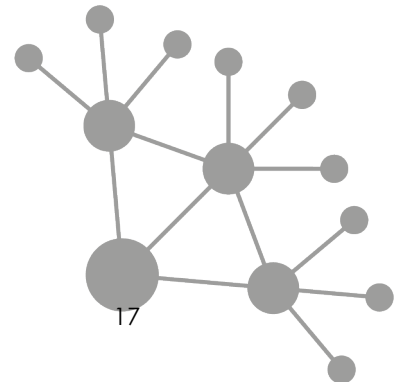


Lowest SES left behind

Differences between regions are most relevant in lowest SES (higher smoking rate in Wallonia)

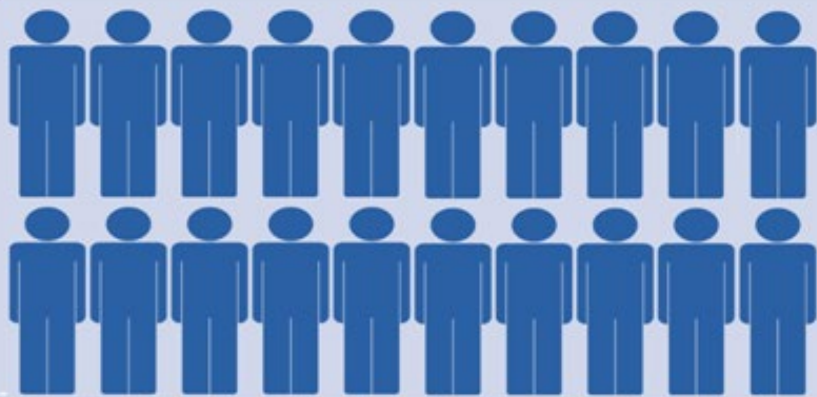


- Conclusions
- We are not on course, especially among lowest SES: they are not benefitting from existing measures
- To have <5% adult smokers by 2040, national target rates for 2025 are:
 - Lowest SES: 7,7% (down from 29,3% in 2018, which requires a 17,5% yearly relative decrease YRD from 2018)
 - All other SES: 7,1% (down from 18,2% in 2018, which requires a 12,5% YRD from 2018)





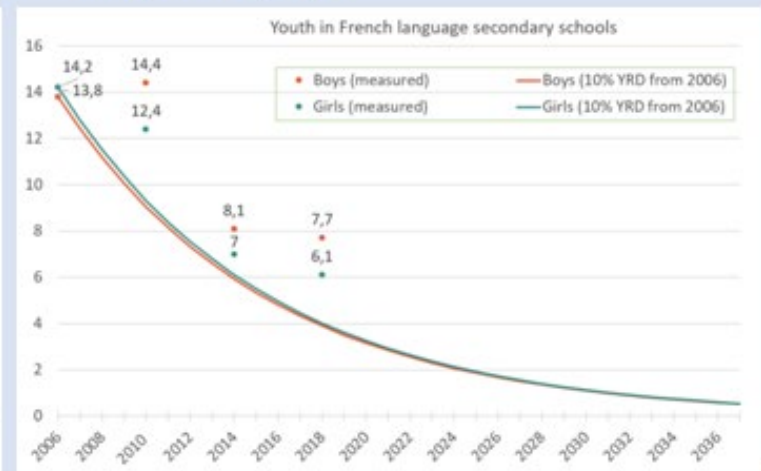
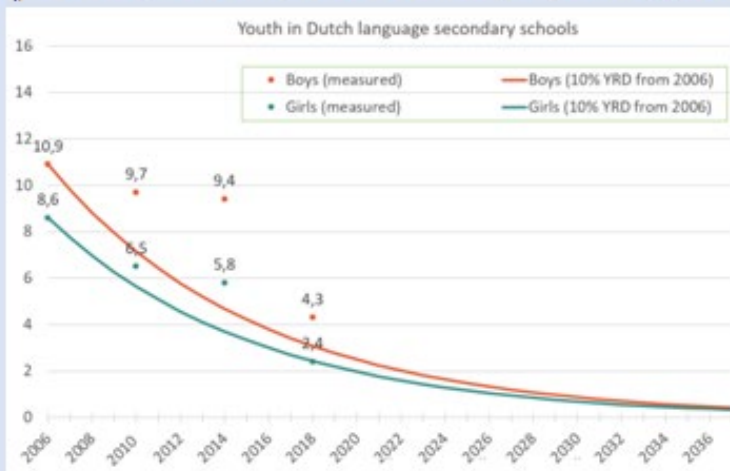
Target 2 of Generation Smoke-Free: youth



Zero percent
of youth smoke¹
by 2037

This requires that smoking rates have a
Yearly Relative Decrease of 10% from 2006
(line in graph: 10% YRD from 2006)

Between 2006 & 2018, only girls in Dutch language secondary schools were on-course (dots are near the line)
Smoking is more prevalent among boys than girls (dots for boys are higher)





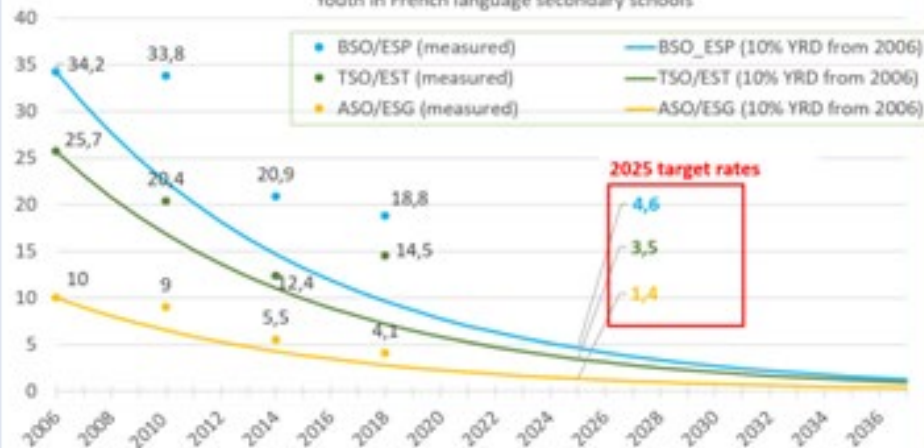
General data are misleading: there are large differences between type of education:¶

- → **BSO/ESP²**: not at all on course (dots are far from the line)¶
- → **TSO/EST³**: not on course (dots are fairly far from the line)¶
- → **ASO/ESG⁴**: on course (dots are almost on the line)¶

Youth in Dutch language secondary schools



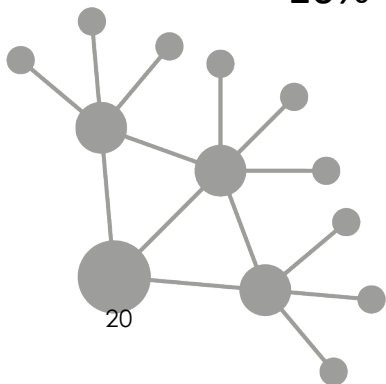
Youth in French language secondary schools



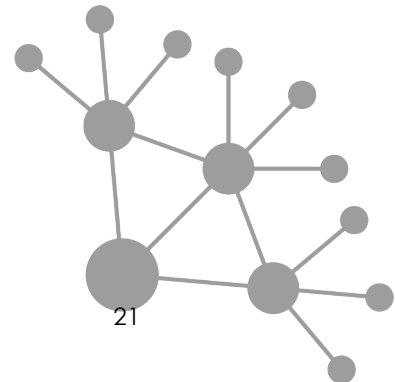


Conclusions

- We are on course in ASO/ESG (general learning type), but more efforts are needed in BSO/ESP & TSO/EST
- To have 0% smokers by 2037, national target rates for 2025 by type of education are:
 - BSO/ESP (professional) : 4,1% (down from 13% & 19% in 2018, which requires a 17% YRD from 2018)
 - TSO/EST (technical) : 2,8% (down from 8% & 14% in 2018, which requires a 15% YRD from 2018)
 - ASO/ESG (general): 1,2% (down from 2% & 4% in 2018, which requires a 10% YRD from 2018)

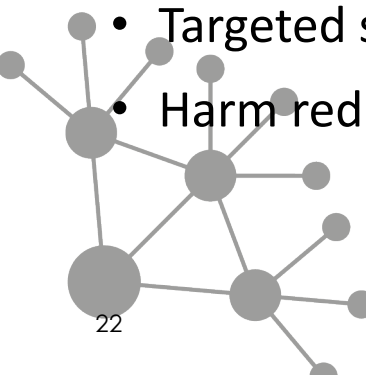


- Denormalization of tobacco use is not a reality for all, as measures taken in the past seem to have been ineffective in reducing a widening gap.
- Despite good results for high/middle SES populations, without new measures, a target of less than 5% in adult smokers for 2037 will not be reached



The following measures are central to a comprehensive package of measures to reduce health inequalities:

- Requiring tobacco manufacturers to pay for the costs of tobacco control
- Raising the age of sale for tobacco to 21.
- Effective taxation to reduce affordability
- Tackling the illicit market
- Mass media campaigns
- Targeted stop smoking support
- Harm reduction



<http://ash.org.uk/category/information-and-resources/briefings/>

Marmot M, Goldblatt P, Allen J, et al. Fair society, healthy lives (The Marmot Review). February 2010.



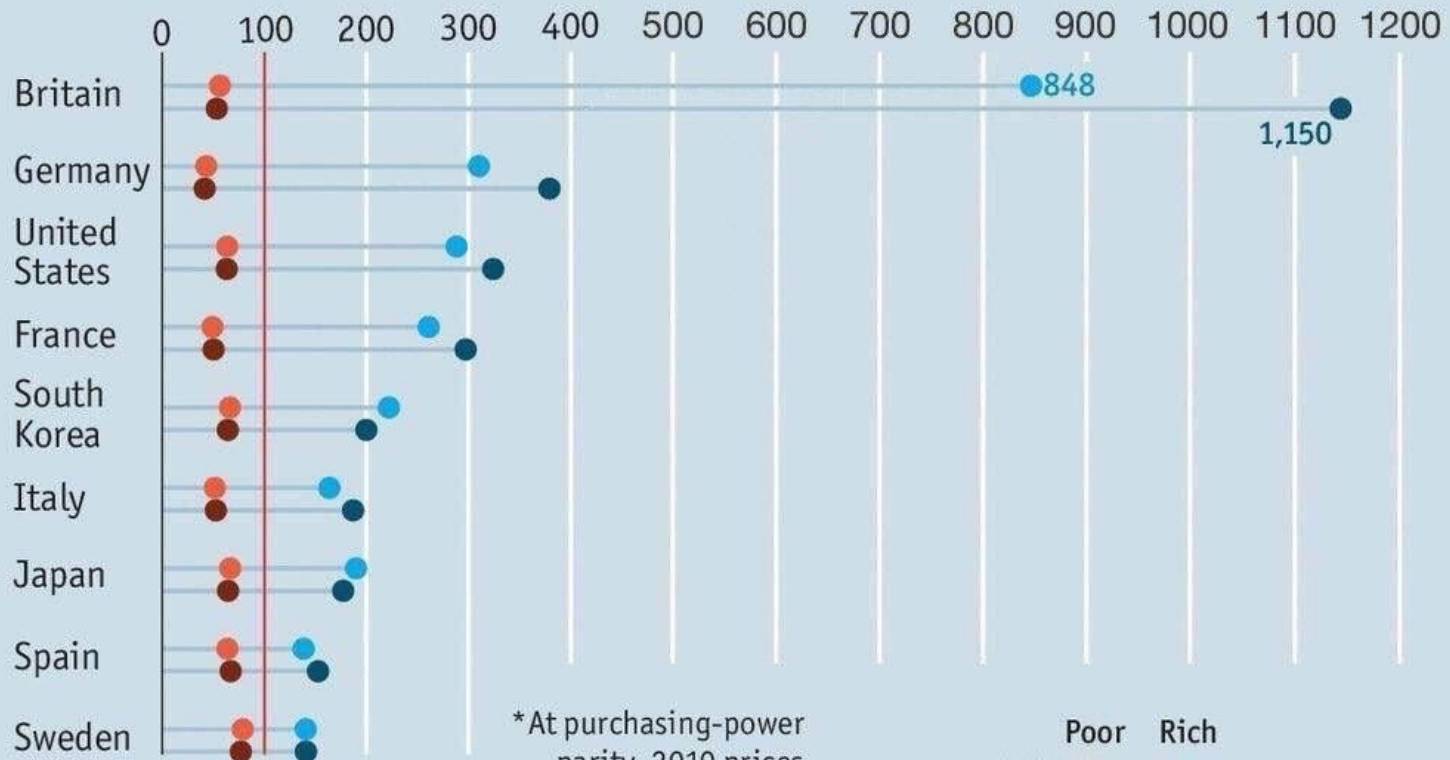
Reducing the gap ...!!

The rich get richer

1

GDP per person* of poorest and richest regions†

National average = 100



* At purchasing-power parity, 2010 prices

† OECD lower-level regions and US states

Sources: OECD;
The Economist

Poor Rich
2000 ● ●
2015 ● ●

Thank you for your attention !

