

Article details: 2018-0025	
Title	Support for tobacco endgame measures among adult smokers: Findings from the 2016 International Tobacco Control Canada Survey
Authors	Janet Chung-Hall PhD, Geoffrey T. Fong PhD, Pete Driezen PhD, Lorraine Craig MHSc
Reviewer 1	Sharon Burey
Institution	Windsor Program Schulich School of Medicine and Dentistry, Western University; Faculty of Nursing, University of Windsor, Windsor, Ont.
General comments (author response in bold)	Thanks for this important information about Canadians, notwithstanding the caveats regarding applicability to First Nations People, Metis and Inuit. NA
Reviewer 2	Dick Bijl
Institution	Domus Medica, Utrecht, The Netherlands
General comments (author response in bold)	<p>Page 2. In the interpretation the authors are far more pertinent than in the actual article ‘...that go beyond current approaches...’. I would be good if they stated that also in the actual text. We thank the Reviewer for noting this discrepancy. We have made revisions to main text of the manuscript (under “Interpretation”, Sentence 1, Page 7; and under “Conclusion”, Sentence 2, Page 8) to ensure consistency as suggested.</p> <p>Page 3. Line 49. The authors state that little is known about public opinions toward endgame ideas. I do not really understand why then they strict their study to smokers only. We have noted that with the exception of a few studies conducted in Ontario (References 28-29), there have been virtually no studies on public opinions towards endgame ideas in Canada. Given that public support may help to drive government actions to implement endgame policies, our study provides baseline data on smokers’ support for such measures that will be important for evaluation of future trends. The ITC Canada Survey is a longitudinal survey designed to measure the impact of tobacco control measures on the behaviour of smokers, as well as their knowledge, beliefs, attitudes, intentions, and other psychosocial measures that have been shown to: (1) be affected by tobacco control policies (e.g., graphic warnings affect beliefs about the harmfulness of cigarettes, tax increases increase intentions to quit); and (2) predict future behaviours (e.g., beliefs about the harmfulness of cigarettes and intentions to quit). ITC surveys in all 28 countries sample smokers and users of other tobacco products, because tobacco users would be most directly impacted by new policies and their behaviour (continuing use vs. quitting) would have far more important implications for population health relative to non-smokers. This applies as well to beliefs and level of support for endgame strategies: smokers’ beliefs and support are most important to assess because they would be most directly impacted by new policies. Also, it is important to note that the level of support for smokers would very likely represent a floor for the general public’s level of support. From more than a decade of ITC survey data across 20+ countries, we have found that support for tobacco control measures among smokers is lower than support among non-smokers (in about 20 countries, the ITC countries include samples of non-smokers as well as smokers). We have noted the importance of assessing support among smokers in the Abstract (under “Background”, Sentence 2), Introduction (Paragraph 2, Sentence 9, Page 3), and Interpretation (Paragraph 1, Sentence 1, Page 7).</p> <p>Page 4. Line 17. For readers not familiar with the study in the first paragraph, the authors should explain here why it is a representative sample and place a reference in line 20. Please see our detailed response to the Editor’s comments on the representativeness of our sample above.</p> <p>Page 4. Line 26. The authors should explain how they checked whether the sample was really representative. A reference is also needed here. We have added a brief description on the representativeness of the Leger web panel. Further details on the web panel are also provided in our response to a comment from the Editor above: How was the sample conducted and is it nationally representative? We have also provided a brief explanation on our use of sampling weights (calibrated to 2015 CTADS) to ensure sample representativeness to the Methods section of the revised manuscript (under “Study design and participants”, Sentences 3-4, Paragraph 3, Pages 4-5). Further details on the computation of sampling weights are provided in the ITC Four Country Tobacco and E-Cigarette Project, Wave 1 (4CE1) Technical Report (Reference 32).</p> <p>Page 4. It is representative sample but on page 8 the authors state that it is not representative of the Aboriginal population of Canada. Why is that? This altogether makes it very desirable that the authors give more details on the representativeness of their study. We thank the Reviewer for noting this. The ITC 4CE Wave 1 Canada sample is representative of adult smokers across ten Canadian provinces. This sampling strategy is actually consistent with national surveys conducted by Health Canada and Statistics Canada. The Canadian Tobacco, Alcohol and Drugs Survey; and the Youth Smoking Survey also do not cover populations from the Yukon, Northwest Territories, and Nunavut, unfortunately. We would like to clarify that although the ITC 4CE1 Survey did not exclude Aboriginal Canadians as respondents, this group represented <5% of our total sample size. We have noted this in the discussion of the limitations of our study (under “Interpretation”, Paragraph 4, Sentence 2, Page 7). Given the diversity of First Nations, Métis, and Inuit groups, dedicated surveys (e.g., national Aboriginal Peoples Survey (APS) of First Nations people living off reserve, Métis, and Inuit (aged 15+ years) conducted by Statistics Canada every 5 years since 1991) are needed in order to ensure appropriate representation. However, this is beyond the scope of the ITC Project surveys.</p> <p>Page 4. Line 35. The authors should give a summary of the major methodological issues and not refer to an appendix. Please see our response a similar comment from the Editor on above: Please provide more details about the survey</p>

design in this section of the paper, as referring to the reader to other papers is not enough information.

Page 4.

Line 45. The authors should explain why they choose 100 cigarettes as a cut-off and give a reference that explains their choice.

The 100 cigarette criterion is a well-established and commonly used definition of current smoking status in tobacco use surveillance in epidemiology, public health, and tobacco control research. We have added a brief explanation in the Methods section of the revised manuscript (under "Study design and participants" Paragraph 2, Sentence 3, Page 4), and provided a reference (Reference 40).

Second, it's also important to note that the 100 cigarette criterion is the standard definition of current smoking status used in national surveys conducted by Health Canada (<https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/research/tobacco-use-statistics/terminology.html>) and the United States CDC (https://www.cdc.gov/nchs/nhis/tobacco/tobacco_glossary.htm)

Third, the 100 cigarette definition is commonly used in published peer-reviewed articles in academic journals, including the following examples from CMAJ and CMAJ Open:

- 1 Hammond D, Reid JL, Cole AG, et al. Electronic cigarette use and smoking initiation among youth: a longitudinal cohort study. *CMAJ* 2017;189:E1328–36. doi:10.1503/cmaj.161002
- 2 Callaghan RC, Veldhuizen S, Leatherdale S, et al. Use of contraband cigarettes among adolescent daily smokers in Canada. *CMAJ* 2009;181:384–6. doi:10.1503/cmaj.090665
- 3 Poirier AE, Grundy A, Khandwala F, et al. Cancer incidence attributable to tobacco in Alberta, Canada, in 2012. *CMAJ* 2016;4:E578–87. doi:10.9778/cmajo.20150069

Page 5.

Line 23. The authors should mention the numbers of quitters and e-cigarette users in the text.

We have added the number of quitters (n=562) and exclusive e-cigarette users (n=51) in the text as suggested.

Page 6.

Line 9-23. For a non-Canadian this is not much of interest.

Line 29-53. Most of this information belongs to the results and should be summarized there.

Although the information about differences across provinces may not be important for non-Canadians, it is very important for Canadians, analogous to U.S. studies in which tobacco use or attitudes, opinions, and support for tobacco control policies would be important for U.S. public health officials. This holds equally true for ITC analyses of our data in the EU. For example, the strength of smoke-free laws in Germany varies by state. Thus, it was important for us to conduct analyses that test for state-level differences in support for smoke-free policies. This is a Canadian scientific journal, so we think that it is reasonable—indeed essential—to discuss provincial differences in support for endgame policies in the same way as we have discussed provincial differences in other outcome measures in the ITC Canada Survey (e.g., levels of illicit trade across provinces, impact of point-of-sale display bans across provinces).

Page 6.

Line 29-53. Most of this information belongs to the results and should be summarized there.

We have elected to keep this section as we feel that this is useful to provide readers with a clear summary of our findings in the context of highest to lowest support for each of the 14 endgame measures, and how our findings compare to those of other studies.

Page 7.

Line 35-51. This is not really helpful information and is a far too short review of the literature and should be complete or left out.

We have deleted this section.

Page 8.

The authors discuss the limitations of their study. The second limitation is quite a problem. Why didn't they include smokers as well? It would make their recommendations far more reliable and important.

We are not sure what the Reviewer means here, as the study did indeed focus on support for endgame policies among smokers. Please see our detailed response to an earlier comment on why we did not include non-smokers: Page 3. Line 49. The authors state that little is known about public opinions toward endgame ideas. I do not really understand why then they restrict their study to smokers only.

Page 9-13.

There are quite a few references that are published in supplements of journals. Supplements are not peer-reviewed and should therefore not be used. Nrs. 27, 28, 29, 39, 44 and 46 should be replaced by better references.

All of the references listed by the Reviewer are published articles in special supplements in *Tobacco Control* or *Nicotine & Tobacco Research*, which are two leading international academic journals in the field of tobacco control. We would like to clarify that all manuscripts submitted for a supplement in both of these journals are subject to normal peer review processes, as specified in each journal's instructions to authors:

***Tobacco Control* supplement guidelines: http://tobaccocontrol.bmj.com/pages/wp-content/uploads/sites/49/2018/01/Supplement_Guidelines.pdf**

***Nicotine & Tobacco Research* author guidelines:**

https://academic.oup.com/ntr/pages/Instructions_To_Authors