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| **A critical examination of how Quebec’s tobacco control legislation may impact smoking inequities** |
| **Background/Objectives**  In many high-income countries such as Canada, smoking prevalence has significantly declined, but remains high among low socio-economic status (SES) individuals. To understand why these inequities persist, researchers have begun to investigate tobacco control policies’ effects by SES. Findings remain inconsistent; some suggest that tobacco control measures increase, decrease, or have no impact on smoking inequities. However, *how* such policies impact populations by SES remains unknown. We aimed to understand how Quebec’s recent tobacco control legislation, *An Act to Bolster Tobacco Control* (L44), might impact smoking inequities. We did so by critically examining the discourse underpinning L44 and the role it attributed to smoking inequities.  **Methods**  We conducted a document analysis of 11 transcripts of L44-related parliamentary proceedings and 12 interviews with tobacco control practitioners. The analysis was guided by Bacchi's ‘What’s the Problem Represented to be’ critical policy analysis approach. This approach entails answering six analytical questions that underscore a policy discourse’s underlying assumptions, privileged knowledges, excluded issues and perspectives, and the implications of this discourse.  **Results**  We found that L44’s discourse was only rooted in a biomedical paradigm, which aims to protect the health of the population from tobacco. There was limited discussion of social determinants of smoking and smoking inequities. Low SES smokers’ experiences with tobacco control were excluded from this discourse. Tobacco control practitioners believed that L44 measures would reduce smoking inequities, with little attention given to potential unintended consequences of L44 on smoking inequities.  **Discussion**  Although tobacco control policies intend to protect the population, a biomedical perspective seems to limit our understanding of how tobacco control policies can impact the population differentially. The exclusion of low SES smokers’ experiences with tobacco control and the lack of awareness of the potential unintended consequences of tobacco control policies may increase smoking inequities. Using a social determinants of health or health equity approach could privilege addressing the social conditions that perpetuate smoking inequities and elicit marginalized populations’ voices in order to design more equitable future policies.  **Keywords**  Health equity; Smoking inequities; Tobacco control; Policy analysis |