

NewStatesman

The next big idea for tobacco control in England



in association with





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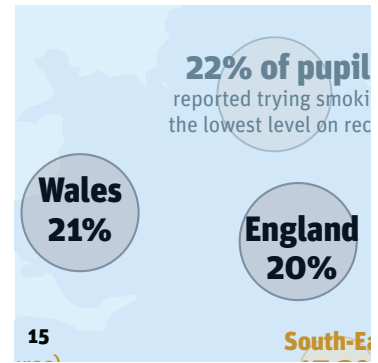
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The history



The debate



The statistics

The freedom equation

One man’s attempt to free future generations from the health risks that come with smoking cigarettes is another man’s attack on freedom of choice. One woman’s progressive tobacco control programme is another woman’s nanny-state illiberalism.

Tobacco control, like much else in public life, is a highly charged subject and, whatever sympathy there is with the view that it cuts at the edges of free will – and even those pushing for greater control do have some sympathy – the statistics strongly suggest that it has worked in reducing cigarette consumption.

Throughout most of the 1980s, a third of the UK’s adult population smoked. Today, roughly one-fifth continue to do so. Campaigners point to comprehensive smoking

bans in the workplace and in public spaces over the past decade and a half as evidence of the efficacy of control: between 2002 and 2012 smoking rates fell by 6 per cent among women and 7 per cent among men. These measures, the argument goes, have helped to “denormalise” the smoking habit. Not all tobacco control measures require legislation; a combination of nudges, support, alternatives and interventions also features prominently.

Yet among all the numbers that suggest a shift in attitudes, other rather inconvenient statistics point to a slowing in the decline of tobacco consumption. So, what to do? Invite the experts to think again about control. That is exactly what the *New Statesman* did earlier this year, hosting a

panel discussion, in association with Pfizer, called “The Next Big Idea for Tobacco Control in England”. Three ideas – a levy, a ban and a promotion of nicotine alternatives – were presented, debated and discussed before being put to a public vote. A detailed report of that begins on page eight of this supplement.

Writing on page 12, Chris Snowdon from the Institute of Economic Affairs describes recent tobacco control as “a bout of legislative diarrhoea beyond the anti-smoking lobby’s wildest dreams”. Yet for Dr Tim Crocker-Buqué the freedom equation is simple: “Smoking is a choice made by teenagers that leads to a non-choice for a large proportion of their lives until their deaths.” ●

This supplement, and other policy reports, can be downloaded from the NS website at newstatesman.com/page/supplements

2 Debate

The panellists

Introducing participants in “The Next Big Idea for Tobacco Control in England”

4 Feature

A brief history of tobacco control

The story of 20th and early 21st-century anti-tobacco campaigning is one of emerging evidence, false hope, voluntary codes and enforcement

7 Infographic

Facts and Figures I

The human and economic costs of smoking

8 Debate

Searching for the next big idea

The *New Statesman* invited three leading voices to propose a new approach to tobacco control. Here is what happened next

12 Another View

This is about people control

Informed adults have a right to smoke, writes Chris Snowdon of the Institute of Economic Affairs

15 Infographic

Facts and Figures II

Smoking across Great Britain by region and gender

A brief history of tobacco control

The story of the campaign against tobacco that began in the mid-20th century is one of emerging evidence, false starts, voluntary codes and mandatory enforcement. It is a story of advertising restrictions and the shrinking of public space where smoking is permitted. This is an abridged telling of that story

One of the first pieces of tobacco control legislation of the 20th century comes in 1908, when the sale of tobacco to under-16s is banned by the Children's Act. This is four years before a study by Dr Isaac Adler identifies a significant link between lung cancer and smoking. A statistical correlation – if not causation – follows in 1930 after work by German researchers in Cologne. In 1939, Franz Hermann Müller of the University of Cologne publishes *Tobacco Misuse and Lung Carcinoma*.

1950s to 1960s

Evidence of the link between smoking and cancer continues to emerge. In 1951, Dr Richard Doll and Professor Austin Bradford Hill conduct a study of more than 5,000 hospital patients. They discover that 99.5 per cent of the men they interviewed who were suffering from lung cancer were also smokers. Two years later, the first biological link between smoking and cancer is made by Dr Ernst Wynder. He paints cigarette tar on mice, which subsequently develop tumours.

Perhaps the most significant tobacco control event of the 1960s comes in 1965 when the government uses the Television Act 1964 to ban cigarette advertising

on TV. And as a prelude to a ban on press and poster advertising that follows much later, the *Radio Times* imposes its own cigarette advertising ban in 1969.

1970s

The decade begins with an important milestone. In April 1971 the tobacco industry reaches a voluntary agreement with the government, after which all packets of cigarettes must carry a health warning. It reads: "Warning by HM Government: Smoking can damage your health." Reference to the health warning must be made in all press and all poster advertisements.

The 1970s are also the decade of non-smoking zones. In October 1971, Rank Leisure becomes the first big cinema chain to provide smoke-free seating, and earlier in the year London Transport increases from 50 per cent to 75 per cent the proportion of Underground carriages reserved for non-smokers – and completely bans smoking on single-decker buses. In July 1979, smoking is banned at all main post offices across the UK.

There are further advertising breakthroughs in the 1970s, notably the 1978 Independent Broadcasting Authority code, which defines cigarettes and ciga-

rette tobacco as "unacceptable products" and therefore not to be advertised on commercial radio.

1980s

As in the 1970s, parliamentary efforts at tobacco control are characterised by voluntary agreements with the industry – nudges rather than mandates – that prove largely unsatisfactory. For example, a December 1980 agreement includes a commitment to cut poster advertising expenditure by 30 per cent and to allocate more space for warnings on those posters. It proves ineffective and short-lived.

In the summer of 1982, the British Medical Association calls for an end to all tobacco advertising, and the TUC endorses an anti-smoking campaign to help members give up. Smoking bans begin to be imposed in public places. In February 1985, following an *Evening Standard*-led campaign to make London's transport smoke-free, London Regional Transport bans smoking in all Tube stations that are wholly or partly underground.

In August 1986, tobacco advertising is banned from the Tyne and Wear Metro, and two years later the US technology group IBM makes all its UK buildings smoke-free. Later in 1988, British Airways



U-turns and chicanery: in 1997, a proposed ban on tobacco sponsorship of Formula 1 motor racing became politically charged

bans smoking on domestic flights and, in a further sign of changing attitudes, the Royal Navy announces plans to end its 200-year-long practice of supplying shore-based staff with cheap cigarettes.

In 1987, research for the Institute of Directors finds that three-quarters of managers would be willing to restrict or ban smoking in their offices. By 1988, less than one-third of the UK adult population is smoking. However, the decline in prevalence is slowing.

1990s

The beginning of the 1990s marks a change in the government's tone. On announcing a 16p increase in cigarette duties in the 1991 Budget, the chancellor, Norman Lamont, tells the Commons: "There are strong health arguments for a big duty increase in tobacco." Two years later, Lamont's successor Kenneth Clarke goes further, promising to raise tobacco duties by at least 3 per cent a year in real terms.

Clarke's intervention is interesting for at least two reasons. First, he becomes the first chancellor to make explicit the link between higher duties and reduced consumption when he tells fellow MPs:

"I believe that the approach we are adopting in Britain is the most effective way to reduce smoking." The second reason – what Hazel Cheeseman of Action on Smoking and Health (Ash) calls "a quirk in history" – is Clarke's position as deputy chairman of British American Tobacco.

The 1990s also marks a continuation of travel and transport companies imposing smoking bans. So, in February 1990, Virgin Atlantic launches the first no-smoking flights to the US; in May, British Rail, citing customer demand, promises to phase out all smoking carriages on London commuter trains; the following February, London Regional Transport bans smoking on buses; in November 1992, National Express makes all its coaches smoke-free; and in June 1993 British Airways begins a trial of non-smoking flights between the UK and North America.

Elsewhere, J D Wetherspoon introduces no-smoking zones in 54 of its pubs in March 1993, and the BBC turns Broadcasting House smoke-free in September. And as a foretaste of a smoke-free future, a 1993 MORI poll finds that a slim majority – 51 per cent – favours a complete ban on smoking in restaurants.

Towards the end of the decade, the incoming Labour government promises action on tobacco control, including a comprehensive ban on advertising and sponsorship. This soon starts to unravel when, in November 1997, Labour calls for Formula 1 motor racing to be made exempt from the proposed EU directive on tobacco advertising and sponsorship, amid talk of party donations.

It prompts the prime minister, Tony Blair, to take to the TV studios and apologise. "I think most people who have dealt with me think I'm a pretty straight sort of guy, and I am," he tells viewers.

2000-2004

Domestically, the early 2000s are dominated by the disappearance – and then reappearance – of the Tobacco Advertising and Promotion Bill. When Labour is returned to power in June 2001, the bill is absent from the subsequent Queen's Speech. A month later, a Liberal Democrat peer, Timothy Clement-Jones, introduces an identical bill in the House of Lords. The following March, the government agrees to back Clement-Jones's private member's bill. While the domestic advertis- ▶

► ing bill moves through parliament, an EU-wide directive covering trans-border tobacco advertising is adopted in December 2002. In January 2003, larger health notices – replete with stark warnings – start to appear on cigarette packs as a result of the EU tobacco products directive. And a month after that, billboard and print media advertising is banned, along with direct mail and internet adverts. In the autumn, the case of Alfred McTear, a 60-a-day smoker who died in 1993, reaches the Edinburgh courts. It is the first case of its kind to get this far.

In March 2004, Ireland becomes the first country to ban smoking in public places and the workplace. Norway and New Zealand follow suit in the same year.

2005-2009

The World Health Organisation's Framework Convention on Tobacco Control – agreed in May 2003 – finally comes into force in February 2005. Agreed to by more than 100 countries, it is the most widely accepted global treaty. Article 5.3 forbids industry involvement in health policy, an acknowledgement that the interests of tobacco companies are at odds with the interests of the public. "It changed the nature of the debate between politicians and the tobacco industry," says Cheeseman, the policy director of Ash.

In July the same year, the final part of the Tobacco Advertising and Promotions Act 2002 comes into force, outlawing tobacco sponsorship of Formula 1, the subject of previous controversy.

In May 2006, Scotland becomes the first UK country to implement smoke-free legislation. Smoking is banned in pubs, clubs, and most workplaces. Wales and Northern Ireland follow suit in April 2007 and England three months later.

In August 2006, a US district judge, Gladys Kessler, gives her final judgment and draws to a close a lawsuit begun by the department of justice seven years earlier. It finds that cigarette manufacturers defrauded the American people and misled them about the health risks of smoking for decades. In one of the most damning verdicts to date made against the tobacco industry, Kessler declares: "Defendants have marketed and sold their lethal products with zeal, with deception, with a single-minded focus on their financial success, and without regard for the human tragedy or social costs that success exacted."

Following the Kessler judgment, cigarette companies are banned from using terms such as "low tar" and "mild" to imply a reduced risk to health.

In 2007, the UK government raises the legal age for the purchase of tobacco from 16 to 18 and sets VAT at 5 per cent for smoking cessation aids.

Across the Atlantic, the Motion Picture Association of America calls for the film industry to "eliminate the depiction of tobacco smoking from films accessible to children".

In January 2008, bans on smoking in public places are applied in France and in 11 of Germany's 16 federal states.

2010-2015

In October 2011, it becomes illegal to sell tobacco from vending machines in England. In a further effort to make tobacco less affordable – and thus drive down consumption – the Chancellor, George Osborne, raises tobacco duty by 5 per cent above inflation in his March 2012 Budget.

"Anything that raises the price of tobacco has an impact on consumption"

Train operators, including First Capital Connect and Greater Anglia, ban the use of electronic cigarettes in their stations, from August 2013. It is a prelude to what will become a muddled approach by policymakers to the use of e-cigarettes.

In 2014, UK smoking rates fall below 20 per cent, the lowest level since the 1930s. In March, the Children and Families Act 2014 bans the proxy purchase of cigarettes for under-18s and sets in motion standardised packaging. The act also outlaws smoking in vehicles when a child is present, a measure that comes into effect in England and Wales on 1 October 2015. British Lung Foundation figures suggest that more than 430,000 children are exposed to second-hand smoke in cars each week.

Coming soon . . .

Next May, plain packaging will be introduced in England. Not everyone is delighted by the news. Following a vote on the legislation this year, Nigel Farage of the UK Independence Party says: "This legislation breaches property rights and

trademark laws, and the government will no doubt have to use taxpayers' money fending off numerous legal challenges from tobacco companies, over this piece of legislation that has had no impact where trialled elsewhere in the world."

But, for Ash's Cheeseman, it is an obvious next step. Cigarette brands remain a "badge product" with which people strongly identify; by removing the branding, the brand association is removed as well. After Australia introduced plain packaging in December 2012, tobacco consumption fell by 12.8 per cent in the first two years, according to the Australian Bureau of Statistics. Proponents of plain packaging see a direct link, though the tobacco industry in Australia prefers to blame the spiralling price of cigarettes.

Plain packaging doesn't demand complete consensus but it has united some in unlikely alliance. When Jeremy Hunt laid out a timetable for standard packaging in January, his Labour opposite number, Andy Burnham, used social media to welcome the Health Secretary's move: "I often take to Twitter to challenge @Jeremy_Hunt. But today I congratulate him for having courage to set clear timetable for standard packs." In response, Hunt tweeted: "Thanks @andyburnhammp. Nice to enjoy a rare moment of consensus! Let's hope both our children can grow up in a smoke-free generation."

Not everyone appreciated this cross-party mutual admiration, however. One tweet in response read: "United by nanny state illiberalism. How sweet."

The EU tobacco products directive, which comes into force next May, will bring larger health warnings on the front and back of packs and more guidance on e-cigarettes. The Royal Society for Public Health welcomes the latter measure, as it believes e-cigarettes should play a part in offering smokers viable nicotine alternatives (*see debate, page eight*). The directive will outlaw all but the 20-cigarette pack, a change already in place in the UK.

Pack size is important, Cheeseman says, because the ten-pack, and the sale of single cigarettes before that, acted as a "gateway" for new smokers. "Anything that raises the price of tobacco has an impact on consumption," she adds. ●

Sources: "Key Dates in the History of Anti-Tobacco Campaigning" – Ash; Hansard; BBC; Telegraph; Guardian; Times; Tobaccofreekids.org



7,000

Chemical compounds –
gases or tiny particles – in
tobacco smoke

Cost of smoking



87%

Increase in the price of
tobacco, 2004-2014

**Smoking rates
and income**



14%

of adults in managerial and
professional occupations
smoked in 2013



29%

of adults in routine and
manual occupations
smoked in 2013

**Treatment, hospital
admissions and deaths**



1.8m

Prescriptions dispensed in
England, 2013-2014, to help
people stop smoking, up
from 1.6m ten years earlier



454,700

Admissions to England's
hospitals in 2013-2014
attributable to smoking



17%

of all 35+-year-old adult deaths
in England were estimated to be
caused by smoking in 2013

Sources: Health and Social Care Information Centre,
2015; Ash, January 2015

Searching for the next big idea

By Jon Bernstein

The *New Statesman* invited three leading voices within the smoking debate to propose a new approach to tobacco control. This is what happened

For those who believe tobacco control has a direct and positive impact on public health, the numbers appear compelling. Following indoor and at-work bans earlier this century, smoking rates fell dramatically – by 7 per cent and 8 per cent for men and women, respectively, between 2000 and 2012. More recently, cross-party efforts have included legislation to ban smoking in cars carrying children, a law that came into effect on 1 October 2015, and mandatory plain packaging for cigarettes, something likely to be implemented in 2016.

Yet despite all these efforts, 21 per cent of men and 17 per cent of women – 18.4 per cent of the UK adult population – still smoke. The decline may continue, but the rate of this has slowed significantly since 2007. All of which raises the question:

how can this final demographic group be encouraged to quit smoking?

To answer this question, which is laden with complexity, a simple formula was conceived: invite three expert voices to pitch their solutions to an informed but non-expert audience, discuss and debate, and then ask members of the audience to vote on which of the ideas they have found most persuasive.

That's what the *New Statesman* did in September at a panel event initiated and funded by Pfizer. The event was titled "The Next Big Idea for Tobacco Control in England". This is how the evening unfolded:

Pitch #1: The levy

Proposer: Hazel Cheeseman, director of policy at Action on Smoking and Health
The big idea: Impose a levy on tobacco

companies to fund control programmes, including advertising campaigns, support programmes and interventions.

"The 1990s marked the first time since records began that teenage smoking rates started going up," Cheeseman explained. "It was the decade in which we realised that we needed to do more to drive down smoking rates. They were not going to fall of their own. From the end of the 1990s we had the first of a series of comprehensive tobacco control strategies, which looked to drive smoking rates down through national policies, interventions and delivering local services.

"We are now world leaders of tobacco control. The rest of the world is looking to us, not only because we have a comprehensive approach to tobacco in a way few other countries do, but because our ►



► performance is translating into world-beating falling rates of tobacco smoking.

“We don’t have to look too far away to see what might have happened if we hadn’t invested in this comprehensive approach. In France and Germany, they haven’t invested in the same way and, while our smoking rates have fallen, their smoking rates have remained stubbornly high.

“But we still have eight million smokers in England, and smoking still causes 80,000 deaths a year, so the job is not really done; but we have the tools in place to know what works. And we must continue to find ways to fund tobacco control at every level.

“Despite this really impressive track record and the evidence that the same investment is needed if smoking rates are to continue to fall – and the demonstrable return on investment in doing this work – we are already seeing investment being scaled back, scaled back nationally, particularly around spend on mass marketing but also locally on services.

“We will be taking a big step backwards in this country if we don’t find the resources to carry on doing what we know works.

“However, while public finances are looking pretty stretched at the moment, there is one sector where the good times roll. Over the last five years the tobacco industry made over £1bn in profit in each of those years. It’s an incredibly profitable industry.

“Tobacco companies sell a product that is highly addictive and is lethal – it will kill one in two lifetime users. They should pay for producing the harm that they cause. We would like to see a levy on tobacco companies to fund all this wonderful tobacco-control work that we know works.”

Cheeseman pointed to the Family Smoking Prevention and Tobacco Control Act 2009 in the US, which imposes a levy on tobacco companies based on their volume of sales. She recommended a similar system here. “The tobacco companies should have no influence over how that money should be spent. It’s set out in statute so it’s not part of the bunfight of deciding what should be taxed, at what rate, and what shouldn’t be. This

could easily be translated to a UK context.

“We should create a fee based on the volume of their sales so they pay according to the harm that they cause. And the funds should be mandated to be spent on evidence-based, comprehensive tobacco control, and allocated to local areas based on the number of smokers they have in their community.”



“It’s a polluter pays principle. We make them pay to clean things up”

Pitch #2: The nicotine alternatives

Proposer: Shirley Cramer, chief executive of the Royal Society for Public Health, an independent, multidisciplinary charity dedicated to the improvement of the public’s health and well-being

The big idea: To promote alternative sources of nicotine to drive down smoking rates while introducing a basket of supporting measures, including an extension of the ban on smoking in public places.

Why take this approach? “Because two-thirds of the eight million people who still smoke in this country want to quit,” Cramer explained. “We should be helping them to give up. It’s difficult to quit smoking because of nicotine.

“Nicotine is addictive but by itself it’s not harmful. That’s something the public doesn’t know about.” To quote Professor Michael Russell writing in the *British Medical Journal* in 1976: “People smoke for nicotine but they die from the tar.”

The solution, therefore, is to direct smokers to safer forms of nicotine: lozenges, patches, gum and e-cigarettes.

“We need to make sure that we have clear messages about these things. They should be easily available and accessible to all smokers. Our research confirms that the public are really confused about nicotine. Nine out of ten people believe that nicotine in and of itself is harmful to health. So this acts as a barrier to smokers using safer forms of nicotine. We need to educate smokers and get them on to these other products.”

To do this, the sale of non-tobacco nicotine products in all outlets that sell cigarettes should be mandatory. “Right now it’s real mess.” A survey of 134 outlets in London and Newcastle showed that only three of them had any kind of nicotine replacement therapy or products. “If you were desperate for a cigarette and you really would buy the alternative if it was there, it is not available to you now.”

Cramer recommended a range of supplementary measures, including the licensing of retailers who sell cigarettes. “This would enable local authorities to remove the licences of all those people who are not doing the right thing.” She noted: “Two hundred and seven thousand children between the ages of 11 and 15 started smoking last year. Licences would help us to combat that.”

Supplementary measures would also include the wider promotion of e-cigarettes, used by an estimated 2.6 million people across the country, and rebranding of these devices so they are not associated with conventional – and harmful – smoking. Finally, the Royal Society for Public Health recommends the extension of smoking exclusion zones in public spaces – while continuing to allow smoking of e-cigarettes in these places.

“One-third of smokers told us they would be more likely to use other sources of nicotine if places to smoke in public became less available to them,” said Cramer. “It would reduce the convenience of smoking and denormalise it, especially for children in parks and at school gates.”

Pitch #3: The ban

Proposer: Dr Tim Crocker-Buqué

The big idea: To introduce a ban on the sale of tobacco products to anyone born in or after the year 2000.

Crocker-Buqué conceded that his idea

might be seen as the most radical but believed it was necessary to address the harm that cigarettes can cause.

“Cigarettes are uniquely harmful. There’s nothing you can compare them with. They are the most deadly thing that humanity has ever invented.

“Smoking kills one in two who smoke, so bring into your mind your friends who smoke. For each person who dies another 20 will suffer a debilitating and lifelong disease as a result. . . . In the 20th century cigarettes killed 100 million people. Over the next hundred years, probably another billion people are going to die.

“It’s quite mind-bending that the situation exists that you can walk into a shop and buy a product that leads in most cases to a lifelong addiction and the deaths of 50 per cent of the people who use it.

“The uniquely harmful situation needs a uniquely radical solution. The policy I got the British Medical Association to support is to ban cigarettes to people born after the year 2000 in order to create the first tobacco-free generation.”

As with other products restricted by age, a cigarette buyer would need to produce identification. However, “By 2018, when that generation would become of legal age, they would be prevented from buying cigarettes.”

Crocker-Buqué accepted that some people might have an “emotional reaction” to this idea but added: “This is not about criminalising smoking – it is banning the sale of cigarettes. The possession of cigarettes, smoking itself, growing your own tobacco – that is not going to be made illegal under this policy.

“The expectation is not that this will instantaneously eradicate smoking as a social phenomenon. However, the most important part of this policy is that it makes a strong statement as a society that smoking is not a normal behaviour. We reject the harm it causes and it shouldn’t be legally available in shops.

“The primary way this policy would work is by denormalising smoking. This is particularly important for young people because ultimately the decision to become a lifelong smoker is predominantly made by teenagers.

“And smoking, like having your first

drink, is just seen as a normal adult behaviour . . . often in the face of great peer pressure at school.

“So by the age of 18, which is the legal age to buy cigarettes, we’ve missed the boat. Eighty per cent of children who will go on to become lifelong smokers will have already started by the age of 18.

“A lot of people have a natural aversion to banning things, which I’m very sympathetic to. I’m often accused, when talking about this particular policy, of attacking individual liberties, a person’s choice to undertake harmful behaviour if they are informed of the risk.

“I’m sympathetic to that argument but it doesn’t take into account the overwhelming physiological and psychological addiction that nicotine causes. Almost by definition addiction is not an expression of free will. So nine in ten people wish they hadn’t started and two in three



“We want to help the third of smokers who want to quit to do so”

current smokers wish they could quit if it was actually through choice. If people could really choose . . . there would be far fewer smokers in the world.”

Illiberal attitudes

After the initial pitches, the three panelists were quizzed about their ideas. During his pitch, Crocker-Buqué acknowledged that some people would label his idea as an attack on individual liberties. Perhaps that is exactly what it is. According to Chris Snowdon, director of lifestyle

economics at the Institute of Economic Affairs, writing on page 12 of this supplement about tobacco control efforts in general: “The anti-smoking movement is about people control.”

So does an idea to ban the purchase of cigarettes by anyone born after the year 2000 sound illiberal precisely because it is illiberal? “Only if you take the view that people who are smoking cigarettes are doing it out of a liberal expression of their own will,” said Crocker-Buqué. “The reports of the way people describe smoking are that they have their next cigarette to remove the unpleasant sensation of nicotine withdrawal, rather than for some intrinsic pleasure.

“The sum total of individual liberty would increase if you removed an addictive substance from a wide proportion of society, because then people would be free to choose. If it were a free choice for most people, then far fewer people would smoke. Smoking is a choice made by teenagers that leads to a non-choice for a large proportion of their lives until their deaths.”

Did the other panellists have sympathy for the civil liberties argument? “I do in a sense,” said Cramer, a former smoker. However, she said, personal choice had to be balanced against the impact that choice has on wider society. “If you get sick, your family is going to have to help you. You’re going to want your GP and the health service to pick up the pieces and help your treatment. You can’t pretend it’s not about your place in society.”

To criticism that his suggestion of a widescale ban remains unproven, Crocker-Buqué pointed to legislation currently going through the parliament of Tasmania. The 2000 Smoke-Free Generation initiative, which shares the same cut-off date as Crocker-Buqué’s recommendation, was passed by the upper chamber of the Tasmanian parliament in November 2014 but has yet to be approved by the lower chamber.

The outcome in Tasmania is likely to have implications for the rest of Australia, a country with a “progressive track record on tobacco behaviour”, in Crocker-Buqué’s words, and one of the first in the world to introduce plain packaging ►

ANOTHER VIEW

“This is about people control”

Informed adults have the right to smoke, and people derive benefits from smoking. Neither of these statements should be controversial. The first should be given in a free society. The second is a simple fact that does not become less of a fact just because the benefits are accompanied by risks.

The only justification for a state-funded anti-smoking movement is to help ensure that smokers are cognisant of the risks and that assistance is available to those who find it difficult to quit. In Britain, we have gone far beyond that point.

The objective of tobacco control is no longer to facilitate informed choice but to eradicate tobacco use at any cost. This has been the unspoken goal for 30 years and it is increasingly being made explicit. Anti-smoking policies can be divided into two categories. First, there are those aimed at preventing the tobacco market from functioning efficiently, with advertising bans, display bans, plain packaging and so on. Second, there are those aimed at punishing, hassling and demonising smokers directly, with smoking bans, graphic warnings, advertising campaigns and taxation.

It is difficult to know who anti-smoking campaigners hate most – the industry or its customers. Many would admit to having contempt for “Big Tobacco” but few would confess to despising “Little Smoker”. Whatever their motives, it is almost invariably the consumer who bears the cost of their policies. The share prices of the big tobacco companies continue to reach new heights.

The anti-smoking movement is about people control. The war on tobacco, like the war on drugs, is a war on people and, with the plain packaging battle over, Ash et al are free to resume their assault on smokers directly. It is difficult to believe that their heart is in it when they call for outdoor smoking bans on beaches and in parks, and in psychiatric hospitals and prisons, but they are doing so anyway. Their plan to enrich themselves with a tobacco

levy is so nakedly self-serving as to be almost amusing, but there is nothing funny about persecuting ordinary smokers for sport. It is surely true, as the historian Virginia Berridge has argued, that the war on smokers would not be fought with the same contemptuous disregard for personal liberty if smoking was as common among the middle class as it is among the poor and the marginalised.

The past ten years have seen a bout of legislative diarrhoea beyond the anti-smoking lobby’s wildest dreams. Everything worth doing in tobacco control – and much that is not – has been done, but for all the sound and fury the results have been disappointing. Between 2007 and 2012 the smoking rate in Britain dropped by just 1 percentage point, from 21 to 20 per cent. The emergence of e-cigarettes seems to be driving rates down again now, but vaping has divided and discombobulated the tobacco-control movement. The kind of light-touch regulation needed to make e-cigarettes an appealing alternative to tobacco is not in its DNA and they are instinctively suspicious of market-led solutions.

In recent years, the tobacco-control lobby has begun to talk about what it calls the “endgame”, which will involve prohibition or something so close to it that the distinction becomes irrelevant. Other euphemisms are a “tobacco-free generation” and a “smoke-free world”. Regardless of whether the endgame is desirable, it is wholly unrealistic without resorting to the most draconian legislation and punitive taxes, both of which fuel the black market. As e-cigarettes show, it is not beyond the wit of man to create alternative nicotine delivery systems that provide most or all of the benefits of smoking with few or none of the risks. Technological progress driven by human ingenuity can bring light where the prohibitionists have brought darkness. ●

Chris Snowden is the director of lifestyle economics at the Institute of Economic Affairs

► for cigarettes. More broadly, he argued that aspects of this policy have actually been demonstrated to work in the past. He pointed to efforts to control the use of opium in British-controlled Ceylon and in Formosa – now Sri Lanka and Taiwan – during the first half of the 20th century. They were, he said, based on penalties for people born after a certain year, and proved successful in dramatically reducing use.

“So there’s actually good evidence that a policy like this works for a similar substance. The difference between opium and nicotine is that you get the intoxicating effects from opium – but the physiological addiction and the method of administration are actually quite similar, so there is good reason to think it would work in a similar way.”

Gateway to smoking?

The main objection to Cramer’s idea to promote other sources of nicotine is that e-cigarettes could prove a gateway from non-smoking to smoking, as much as from smoking to non-smoking. This could be especially true, the argument goes, for young people who have yet to try cigarettes but might be encouraged to do so once they have used an electronic device.

Crocker-Buqué said: “There are a huge number of unknowns in terms of nicotine replacement. There’s an emerging debate around whether e-cigarettes marketed to children will increase the number of nicotine-addicted children that we have, and whether they will then take up smoking is still an unknown.”

In defence, Cramer said that with the exception of one American study suggesting a potential gateway link, “all of the rest of the research is very clear in saying that as far as we can tell right now it is not a gateway. Kids who are currently trying it are already smoking.

“One of the principles is that we can’t simply do nothing, so let’s do the things that we know we can do now to help people quit.”

She cited the example of a heavy-goods driver who contacted her. He had smoked 40 cigarettes a day for 25 years before he switched to e-cigarettes. “This is the first time he’s been able to move on.

“On balance, although they are not harm-free, e-cigarettes are a lot less harmful than smoking. And our goal is to get people off cigarettes.”

Here she found some common ground with Crocker-Buqué, who said: “Nicotine replacement devices are at least safer than smoking, because smoking is just the most harmful thing you can do. If it displaces a lot of smokers so they move from tobacco without encouraging large numbers of children to take up nicotine and become smokers, then great. But the balance of those things is currently unknown.”

An independent review, published by Public Health England in August 2015, found e-cigarettes were an estimated 95 per cent less harmful than tobacco.

From next year, electronic cigarettes will be licensed as a medicine. “We don’t have that regulation in place right now and that is a problem. In 2016 it will be a lot clearer,” said Cramer, who added that it was also important to dismantle the confusion that surrounds nicotine.

“We were very surprised to find that nine out of ten people were really confused about nicotine. Because nicotine is addictive they assumed it was going to be harmful, but we wanted to get the message out that it is actually about as harmful as caffeine as a stimulant.

“Nicotine hasn’t got the toxicity and those carcinogens that you get in cigarettes. So though it’s not harm-free, compared to cigarettes it is much, much less harmful. If you discovered tobacco now, it would be banned. There would be no such thing as cigarettes because we know so much about the harm it causes.”

On the extension of smoking exclusion zones, Cramer said that despite the “nanny state” objections, smoking bans since 2007 had proved very successful in “denormalising” smoking in the workplace. “The more you make it difficult to have places to smoke, the more people will begin to stop smoking.”

Cheeseman broadly welcomed Cramer’s recommendations, but had concerns that the extension of smoking exclusion zones to public places such as local parks might have unintended consequences. “If you are a single mum in a tower block and you are taking your kids out to the park, and it’s the only place you can smoke that’s not indoors, it would probably be better to smoke in that park.”

Ethical dilemma

Cheeseman’s big idea was challenged on two grounds. First, her fellow panelists questioned whether it was feasible. Cheeseman pointed out that until recently the idea had broad political appeal: “Prior to the [May 2015] election, it was a policy that appeared in a Labour manifesto, in a Liberal Democrat manifesto. The coalition government had consulted on introducing a levy. So, quite optimistic about it.” And post-election? “Although



“The sum total
of individual liberty
increases with a ban”

the Chancellor and the Treasury have made some very important statements about the cost of tobacco control to society and the need for tobacco companies to meet that obligation, [the government has] at this stage ruled out a levy on tobacco companies. So I guess from that point of view we’re playing a political long game,” she conceded.

“But it is an idea that has wide, cross-party support. It is popular with the public and it is a genuinely pragmatic answer to what is a really big problem. We don’t spend an enormous amount in the UK on tobacco control – probably somewhere around £200m for all the tobacco control work we do from national to local level – but in the difficult financial climate it’s hard to find that £200m. And these are companies that have for decades and decades made enormous amounts of profit. They can afford it and they should stump up the cash.”

Ash believes £200m to £300m would fund a comprehensive tobacco control programme that would include high-profile mass-media campaigns, tobacco control evaluation, stop-smoking services, prevention work with young people, and enforcement work at a local level to stop tobacco being sold.

The second challenge – a moral dilemma, perhaps – was articulated by Tim Crocker-Buqué. “There is this slightly circuitous ethical issue – taking money from tobacco companies in order to fund tobacco control to reduce the profits of tobacco companies that you are taking money from.”

Iron-clad structure

Cheeseman said: “It’s a polluter pays principle, in the same way that it is applied to companies that release chemicals. We make them pay to clean it up as a consequence of their business.

“It’s got ethical precedents. But you would need to make sure there was an iron-clad structure to make sure tobacco

companies had no control on how that money is spent.”

That “iron-clad structure” is enshrined in the World Health Organisation’s Framework Convention on Tobacco Control, an international treaty signed up to by more than 100 countries. Crucial in this context, Cheeseman said, is Article 5.3, which states that any health policies shall be protected “from commercial and other vested interests of the tobacco industry”.

During a question-and-answer session, the panellists were asked to consider alternative non-nicotine solutions to smoking cessation. These include medicines and behavioural support.

“I couldn’t agree more,” said Shirley Cramer in response. “It’s about markets, scalability and using all the evidence that we’ve got.”

Cheeseman said: “We know that the behavioural support model we have, such as the stop-smoking support services, are very effective. They will increase your chance of quitting by four times. If you want to quit it’s the gold standard – as are those other medications that suppress the urge for nicotine. But they are difficult to scale. Offering alternative ▶

► sources of nicotine is a market-based solution that is about reaching lots and lots of people and getting them to change their behaviour.”

Another audience member suggested that by regulating the contents of cigarettes, manufacturers could dramatically reduce the harm their products cause. “It’s an interesting question that many scientists have spent many decades toying with,” said Cheeseman, who pointed out that tobacco companies used to produce “light and mild” cigarettes that had less tar in them, but these had now been banned, in part because “people smoked them with more intensity than they smoked the cigarettes that had normal levels of tar, so they did themselves just as much damage”. This propensity to smoke lower-tar cigarettes with greater intensity is known as compensatory smoking.

“So, the answer to your question – what can you do to modify the combustible cigarette? – we haven’t really been able to identify anything you can do to a cigarette to make it safer to smoke in any substantial way. But what you can do is take the nicotine from the cigarette, and you can put it into something else and find a different delivery mechanism.”

An alcohol ban next?

Tim Crocker-Buqué was asked whether his prohibition of smoking would soon be followed by a prohibition of alcohol. He blamed fears that a ban on one would lead to a ban on the other on policymakers’ lack of “linear, logical thinking”.

In reality, it was about proportionality, he said. “Alcohol is staggeringly less harmful than combustible tobacco cigarettes. It’s in a different league. About 50 per cent of the UK adult population drink on a fairly regular basis and there are roughly 8,000 alcohol-related deaths per year. Whereas for cigarettes – 18 per cent of the population smoke, for 100,000 deaths a year. The level of difference is extraordinary.

“There is a healthy amount of alcohol you can drink, so banning it would seem unethical in an intrinsic kind of way. Any amount of cigarettes is harmful. This is often compared to the Prohibition of the 1920s but the response isn’t going to be the same, because most people who smoke are nicotine addicts responding to withdrawal symptoms. By contrast, most people who drink alcohol do so for

its pleasurable, sociable effects. If 90 per cent of people who drink alcohol became addictive alcoholics and died from it, there would be absolute public outrage.

“The public aren’t stupid – they can work out how harmful stuff is. Over time, there has been a decline in the support for smoking because people have worked out how harmful it can be. It would seem surprising that there would suddenly be clandestine smoking clubs for people who thought, ‘Smoking has been banned: I must take it up now.’ The public is sensible and can work out the difference.”

Cramer agreed, noting that the issues around smoking and alcohol were often, and incorrectly, conflated. “The evidence around alcohol is about the amount that you drink – it’s about choice and amount. If you smoke, it could kill you. They are different problems in terms of gradation.”

Final arguments

As the debate drew to a close, each expert panellist was invited to make a final 30-second pitch. Tim Crocker-Buqué, a doctor specialising in public health, went first. He told the audience: “I want you to imagine a world without cigarettes. No clouds of smoke around, no butts on the floor; far fewer early, preventable deaths; less suffering for friends and family; an increase in aggregate liberty from the removal of nicotine addiction in society; and an increase in health. And that’s the kind of society I want to live in.”

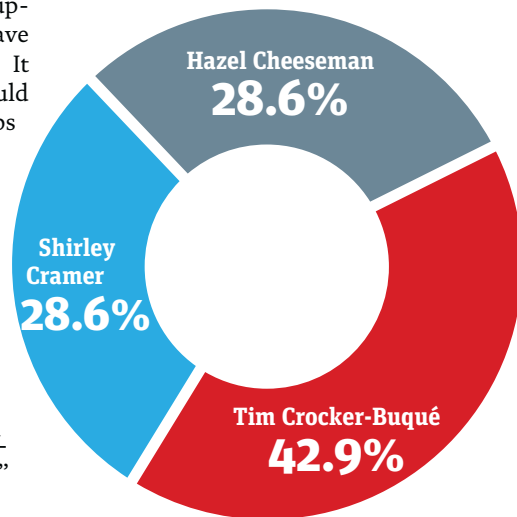
Next up was Shirley Cramer from the Royal Society for Public Health. She said: “We’re living in the here and now. Our basket of measures is about harm reduction. We want to help at least a third of the smokers to quit, and quit in the next few years. So we think that our measures help the third of the smokers live healthier lives and quit smoking.

“The majority of the public thinks this is going to happen, and I think they are going to support it. As the *Daily Mirror* said recently, ‘Is this the fag end?’”

Finally, Ash’s Hazel Cheeseman said: “We know what works. We know how to reduce smoking. We’ve been doing a really good job of it. We need a whole range of policies – one policy alone is not enough. But we can’t achieve the things we need to achieve without money. It’s a sad truth, but we need money to make it happen. Tobacco companies can well

afford to pay and they should be morally obliged to pay for the harm that they cause.”

Finally, the audience was invited to vote and the results were as follows:



Consensus breaks out

Although the three arguments were presented as competitive options they could, as one audience member pointed out, work in unison.

“Overall, the ideas aren’t mutually exclusive. You could have all three working at once,” said Crocker-Buqué. Or if not working at once, perhaps working sequentially. For example, a programme to encourage alternative nicotine sources could precede a levy on tobacco firms, which could precede a ban on purchase for all those born after 2000.

“I really like the timeline approach, because the end of smoking is the endgame,” Cramer said.

“That’s why you have to fly some ideas that sound really radical now but will not sound radical in five years’ – perhaps even two years’ – time. We must do something now about the eight million people who are smoking. We need the money to do it. This government won’t introduce the tobacco levy but the next one might.” ●

“The Next Big Idea for Tobacco Control in England”, a New Statesman panel event initiated and funded by Pfizer, took place on Monday 7 September 2015 at the Naim Dangoor Auditorium, 1 Wimpole Street, London W1. For a list of the debate panellists, see page two

Smoking in Great Britain

10m adults smoke
in Great Britain



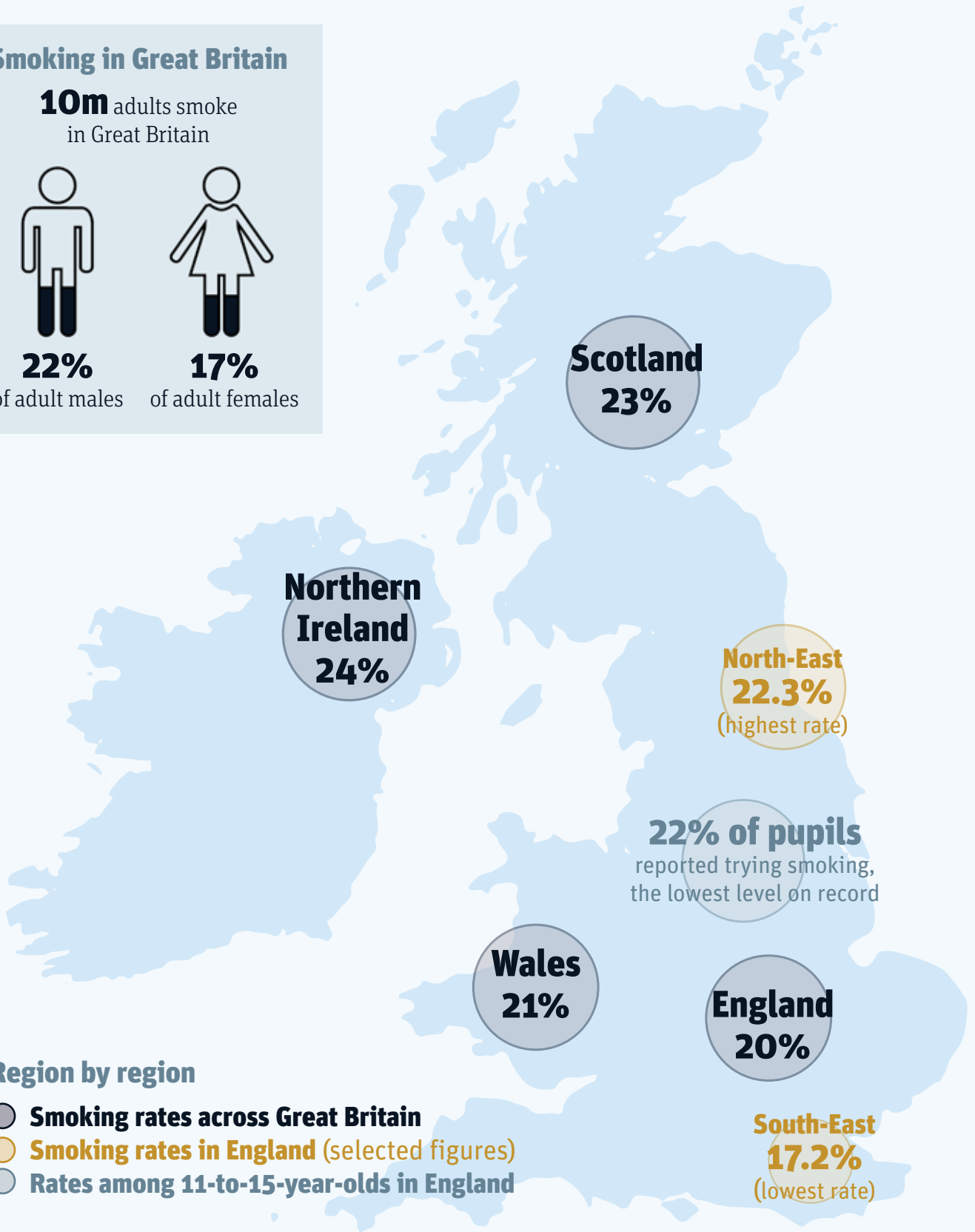
22%

of adult males



17%

of adult females



Region by region

- **Smoking rates across Great Britain**
- **Smoking rates in England** (selected figures)
- **Rates among 11-to-15-year-olds in England**

Sources: Ash, January 2015;
Health and Social Care Information Centre, 2015

NewStatesman

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