

What's the point of tobacco control? Comment on Dan Halliday, 'The ethics of a smoking licence'¹

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Sales taxes have become a central feature of anti-smoking initiatives across the world. Dan Halliday provides a strong argument in favour of smoking licences as an alternative to such taxes.[1] I agree with much of Dan's argument. For this commentary, I want to take a cue from Dan's points about the relationship between ideal and non-ideal theory. In particular, I want to take a step back to consider on what basis we should assess the relative merits of different anti-smoking interventions such as taxes and licenses and, more broadly, what the goal of tobacco control and anti-smoking initiatives should be. While this may at first glance seem obvious – the goal, one might argue, is to reduce smoking as much as possible and, ideally, to eradicate it entirely – such a response would, I think, be too quick. Much is to be gained from considering in more detail what the goals of tobacco would be if we could abstract from, or 'assume away', certain aspects of the real world, before considering how these goals might need to be adapted in light of real-world constraints.

Dan emphasises that his argument is an exercise in non-ideal theory. In particular, it addresses real-world problems that, if we were arguing at the level of ideal theory, we would assume do not exist. However, Dan leaves open what response would be required to smoking from the perspective of ideal theory, noting that while some ideal societies might ban tobacco altogether, others might not restrict it at all.[1](p1)

The general case for a licence, Dan suggests, is that it imposes upfront substantial costs on an activity the implicit costs and risks of which would not otherwise materialise until much further in the future. Drawing on work by Le Grand and Srivastava, Dan frames this idea in terms of the 'temporal distributive principle', which states that '[w]hen an individual's behaviour is due to temporally delayed costs, a defensible means of discouraging it will (other things being equal) impose a bulk of new costs at or close to the time of the behaviour's cost'.[1](p2)

This might suggest the idea, common in debates about smoking, that there is something 'faulty' about smoking choices. Of particular relevance to the licence vs. taxes debate is the concern that because the risks and costs of smoking are so temporally distant when individuals make their smoking choices, these risks are not fully taken into account by agents and play less of a role in their decision-making than they ought to. Interventions that impose additional costs on cigarettes – such as taxes or licences – can then be seen as an attempt to address this kind of decision bias. On such accounts, the underlying goal could be to bring smoking down to the level that individuals would choose if they gave appropriate weight to the costs and risks associated with it – and that may well be consistent with a certain amount of smoking.

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This, however, is not the line of argument Dan pursues.[1](fn. x) In his account, the reasoning seems to go in the opposite direction: we know, for independent reasons, that we want to reduce tobacco consumption, and permits are one effective way of achieving this goal. This, however, leaves open on what grounds we are seeking to reduce smoking and what the ultimate goal of anti-smoking initiatives ought to be.

At some points in the paper, it seems that Dan takes permits to be better simply in the sense that they are more *effective* – that is, they are better at bringing down tobacco consumption, especially when it comes to minors. Dan, however, rejects the idea that it is effectiveness that is driving his argument; rather, he argues, when seeking to make the case for paternalistic interventions, effectiveness cannot be easily separated from moral justification: the effectiveness of an intervention gives us an indication of how proportionate its harms are relative to its benefits.[1]

For him, the reason we would want to reduce tobacco consumption, it seems, is that, as Dan says later on in the paper, tobacco is ‘just *bad*’.[1](p.6, emphasis in original) This makes the evaluation of different anti-smoking initiatives fairly straightforward: tobacco is bad, therefore we want to lower consumption, and intervention A is better than intervention B if it is better at doing this. Also implicit in this line of reasoning seems to be the idea that the goal of such interventions should be that no one smoke *at all*.

I am concerned that this argument moves too quickly. It is far from obvious that tobacco is *just* bad and that, for that reason, the goal should be to reduce smoking to zero. Despite the risks associated with cigarettes, at least some people get pleasure out of smoking – they might simply enjoy the flavour or the sensation. While Dan briefly touches on the question of why people smoke, his discussion focuses on possible stress-relieving effects smokers might associate with smoking and suggests that these are merely the effects of nicotine addiction being relieved – the implication, it seems, is that if smokers were not addicted, they would not experience these positive effects.

However, this leaves the possibility that some people gain pleasure out of smoking that is not merely the relief of addiction symptoms. Moreover, any such pleasure is not necessarily outweighed by the risks of smoking, once we take into account that these risks can vary substantially depending on how much and for how long individuals smoke.[2]² Crucially, the presence of risk does not *by itself* make it unreasonable to smoke. There are plenty of things people do that involve health risks; think, for example, of pregnancy or cosmetic surgery. We may of course be concerned about these risks but they do not by themselves allow us to infer that it is unreasonable to make choices that involve such risks. Health is only one of many goals that individuals pursue and people may quite reasonably decide that the health risks associated with particular choices are outweighed by the benefits they expect to gain.

If we allow that smoking is perceived as pleasurable or otherwise beneficial by some, then the ‘best’ situation might be one in which people smoke to the point where the risks begin to outweigh the benefits. This differs markedly from the idea that ideally no one would smoke *at*

² Interestingly, the risks of smoking are commonly presented as relative risks – e.g. lung cancer risk of a long-term smoker is 21 times that of a non-smoker[3] – even though absolute risks are likely to be far more relevant for an appropriate assessment of the risk by individuals.

all and that the goal of anti-smoking interventions should be that smoking be eradicated entirely.

Of course, once we move back into the real world, there may be good reasons not to pursue this goal. For example, we may be concerned that variations in smoking norms across different social groups can make it the case that those in socially disadvantaged groups face greater social costs if they refrain from smoking than do those in better-off groups;^[4] if smoking choices were made purely on the basis of individuals' risk-benefit assessments, the disadvantaged might well end up smoking more than the better-off. This is one crucial, non-ideal consideration to which the 'ideal' goals of tobacco control may need to respond: if, in the real world, background injustice leads to unequal smoking rates, this may be one good reason to favour policies that seek to bring smoking rates down to zero.

To bring this back to the distinction between ideal and non-ideal theory, what we need is a clearer sense of the 'ideal' goal that should be guiding tobacco control, in order to adjudicate between different interventions and strategies. And, importantly, as I have suggested, at least at some level of 'idealness', the goal may not be zero tobacco consumption but rather something like a level of smoking that reflects an accurate assessment of the relevant costs and benefits. Even if various real-world considerations make this goal unachievable in practice and/or undesirable all things considered, it can still play an important role in guiding real-world choices between different policies and assessments of how – and to what degree – such policies fall short.

Of course, taking these considerations into account does not necessarily change the conclusions Dan draws: it might well be the case that licenses are better than taxes at achieving the 'right' level of smoking. But any assessment of the relative advantages and disadvantages of different anti-smoking interventions would be strengthened by explicit consideration of the ultimate goal that such interventions are meant to pursue.

- 1 Halliday D. The ethics of a smoking licence. *Journal of Medical Ethics* Published Online First: 11 December 2013. doi:10.1136/medethics-2013-101347
- 2 Grill K, Voigt K. The case for banning cigarettes. *Journal of Medical Ethics* 2015;;medethics–2015–102682. doi:10.1136/medethics-2015-102682
- 3 Pirie K, Peto R, Reeves GK, *et al.* The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. *The Lancet* 2013;**381**:133–41. doi:10.1016/S0140-6736(12)61720-6
- 4 Voigt K. Smoking and social justice. *Public Health Ethics* 2010;**3**:91–106. doi:10.1093/phe/phq006