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EDITORIALS

A smoke-free generation?

Unlikely, thanks to complacency, naivety, and impotence in the face of big tobacco

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In 1854, John Snow carried out a study of the Broad Street cholera epidemic that is now recognised as a classic of epidemiology and public health practice.[1] In the same year, Philip Morris made his first cigarette.[2] Today, cholera still occurs but is rare, while cigarettes represent the biggest preventable threat to global health.

The magnitude of that threat is laid out in the latest World Health Organization report on the global tobacco epidemic.[3] The report estimates that tobacco use currently causes around seven million (or one in 10) global deaths each year and details progress implementing the six core tobacco control policies advocated under the MPOWER acronym (Monitor, Protect from smoke, Offer help to quit, Warn about dangers, Enforce bans, and Raise taxes).[4] These policies are intended to discourage people from consuming tobacco, much as removing the handle of the Broad Street pump reduced access to contaminated drinking water,[1] but despite the upbeat tone of the report it is clear that progress is slow.

Although 62% of countries fully implementing one MPOWER policy and 37% two policies[3] is clearly an achievement, the corollary is that nearly 40% of countries have yet to implement even one of them, let alone all six. Furthermore, implementation achieves little if policies are not observed and, where necessary, enforced. According to WHO, compliance with MPOWER is often insufficient.[3] The implication is that despite the best efforts of WHO and others, the world remains ill equipped and unprepared for the global tobacco epidemic.

There are many reasons why countries, rich or poor, fail to take adequate measures to prevent smoking. In the early stages of tobacco use in any country there is little sign of harm, since the epidemic of tobacco deaths lags smoking uptake by about three decades.[5] At this point, therefore, tobacco generates tax revenues and employment, creating wealth today while the health costs remain comfortably far in the future.

The smoking epidemic is driven by a rich and powerful industry with the resources to beguile, deceive, and exploit governments of countries at all levels of development. At times a generous benefactor that funds mobile libraries or digs community wells, at others litigious and bullying, this is an industry that has stopped at nothing in the pursuit of profit. Today, Philip Morris International declares publicly that it seeks to replace cigarettes with less harmful alternatives,[6] yet only last year it was undermining tobacco control policies in India in order to sell its Marlboro cigarettes.[7]

The high standards of corporate behaviour trumpeted by British American Tobacco online[8] contrast with the tactics reported to be used by the company to undermine tobacco policies in African countries.[9 10] Like the slave traders of the 18th century, the transnational tobacco companies are powerful, wealthy, part of the establishment, and a stain on our societies.

Even in a wealthy democracy such as the UK, the government response to the tobacco epidemic and the industry behind it is inadequate. The new tobacco control plan for England, published in July 2017 after long delays, talks of achieving a smoke-free generation but defines smoke-free as a prevalence of 5% or less.[11] At 5% prevalence there will still be over two million people in England, predominantly disadvantaged and in many cases mentally ill, who smoke; this is fewer than today perhaps, but hardly smoke-free.

The targets for reducing prevalence in the plan are far from challenging. For adults the target is from 15.5% in 2016 to 12% in 2022, which is 20% slower than the decline in adult smoking achieved over the past five years[12]; and a reduction from 8% to 3% by 2022 in 15 year olds is even less of stretch given that the 8% baseline figure seems to be from 2014 and was down from 15% five years earlier.[13] The lack of ambition in these targets perhaps accounts for the lack of definition in and financial backing for the measures contained in the plan: after all, just carrying on as we are should deliver the targets on time. Measures designed to strike at the industry driving the epidemic, such as a “polluter pays” levy on tobacco, are absent.

The WHO report and the English tobacco control plan thus show two of the main difficulties faced by people who would like to see cigarettes eradicated quickly: the relative impotence of international agencies and impecunious governments in the face of powerful multinational industries, and the complacency of governments in rich countries, which are content to observe rather than accelerate declining tobacco use and wary of challenging profitable industries. Smoking kills, but while people are making money out of it, it seems that is the price that the rest of society must pay.

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