DEBATE

Comprehensive tobacco control strategy needed

Clive Bates presents a proposed future for tobacco control that places heavy emphasis on the potential benefits of nicotine replacement products. Given the pivotal nature of nicotine addiction in the tobacco epidemic, the development of enhanced non-tobacco nicotine delivery products would indeed have a significant impact in decreasing tobacco sales. The sales of these nicotine products should certainly be facilitated by significantly reducing the existing regulatory barriers to open marketing found in most countries.

However, a tobacco control approach relying primarily on fostering nicotine replacement products is far too narrow. Doing so deflects attention and resources devoted towards other measures. We cannot wait for new nicotine products to be developed in order to act, nor can we de-emphasise the interventions that have had success in the past.

A future should be one in which a comprehensive tobacco control strategy is fully implemented. Nicotine replacement products are part of that, but so are other traditional and innovative measures: high taxation; anti-contraband measures; smoking restrictions; advertising/promotion ban including for retail package displays; intensive education/mass media; youth access controls; colour, picture based package warnings covering at least 80% of the package exterior, plus further messages inside the package; plain packaging; point of sale anti-tobacco advertising; government tobacco control programme funding of at least US\$8 per capita; eliminating the "light" and "mild" deception; banning tobacco sales in pharmacies; sales only from a limited number of government stores; eliminating agricultural subsidies and other economic support; ingredient disclosure; disclosure of all industry research and documentation; and effective enforcement.¹⁻⁴

Strict controls should be placed on manufacturer prices, and thus profits, in order to decrease the economic incentive to expand sales, to prevent unjust enrichment, and to decrease resources available for marketing, lobbying, and legal fees. Given that the pursuit of profit drives the tobacco epidemic, controlling profit could have a dramatic impact on controlling manufacturer misbehaviour.⁵

Product regulation should consider not only nicotine/toxic content. Menthol and other flavoured tobacco products should be banned. "Slims" and "luxury length" cigarettes targeted at women should be banned. The outside appearance of tobacco products should be

standardised. Consideration should be given to requiring cigarette paper to be an unattractive colour, and to requiring a gradually unappealing taste in cigarettes.

Where justified based on the laws in a jurisdiction, criminal charges should be pursued against companies and corporate executives. An executive threatened personally with prison may be suddenly willing to cooperate with authorities, and to assist in activities that would advance tobacco control.

Official, public investigations of the industry should be pursued by legislative committees or government enquiries, or both. These investigations should compel document disclosure and testimony under oath by industry executives.

The adoption of a strong international framework convention on tobacco control and underlying protocols would greatly assist in controlling the industry.

While Bates is right that civil litigation is not a panacea that will eliminate the tobacco industry, US experience shows that litigation can be a very effective tobacco control strategy. Litigation can result in significant price increases, document disclosure, increased industry isolation, and controls on industry behaviour. Further, an industry threatened with bankruptcy would be weakened and would risk being subject to unprecedented regulation.

The future success for tobacco control will largely be determined by the extent of government regulation and initiatives, the success of litigation against the industry, and the development and availability of new nicotine replacement and smoking cessation products.

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This article represents the views of the author and does not necessarily reflect the views of the Canadian Cancer Society.