

'Commit to quit': a goal for all, not only individual tobacco users

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The World No Tobacco Day (WNTD) 2021 theme and year-long global campaign 'Commit to Quit'¹ provides a welcome focus on providing essential support to tobacco users to become tobacco free and begin the path to better health. It is particularly pertinent for smokers for whom the COVID-19 pandemic has been a motivator to quit, and to support those struggling with additional social and economic stressors imposed by the pandemic. The emphasis on providing social support through digital communities is timely while many people continue to cope with, and recover from, the trauma of enforced and prolonged social isolation. However, in promoting this vital component of tobacco control, the focus on individual behaviour change must not obscure the fact that governments in almost every country give the tobacco industry exceptional treatment, by allowing continued sale of their lethal products.

As tobacco use is a health, social, economic and human rights issue, the benefits of successful cessation accrue beyond the individual, most immediately and directly through reduced involuntary smoke exposure and tobacco-related poverty for household members. Globally, non-smoking women and children are disproportionately affected by others' tobacco use.^{2 3} The provision of effective tobacco use cessation treatment is a necessary component of governments' human rights obligations,⁴ yet of the seven WHO Framework Convention on Tobacco Control (FCTC) MPOWER tobacco measures (Monitor, Smoke Free Environments, Cessation Programmes, Pack Warnings, Mass Media, Advertising bans and Taxation), it is the one with the lowest proportion of countries which have implemented it at best-practice level.⁵

Beyond individual cessation, a broader issue is that the largely unimpeded privilege

enjoyed by corporations to sell tobacco products is itself profoundly inconsistent with the fundamental human right to good health. Violation of this right occurs throughout the entire production cycle of tobacco products, from cultivation through to the consumer. Focusing on cessation, and demand reduction issues more generally, risks taking our gaze off the tobacco industry and the fact that it has no social licence. It is widely recognised that if the tobacco industry tried to establish itself as a new business today, in many places it would not be permitted to operate, and most of its products would never be approved for sale. Even in jurisdictions where e-cigarettes, heated tobacco products and other alternative products are permitted for sale, it is primarily in the context of the magnitude of the harms of smoked tobacco that they are sanctioned.

Rather than setting tolerance for known or potential harms inflicted by novel tobacco and other nicotine products based on the most lethal consumer products in history, alternative frames could be considered to shift the paradigm of tobacco control forward. The many demand reduction strategies that have been successfully implemented by countries in accordance with their FCTC obligations have laid the groundwork for progress. Indeed, a new approach—such as phasing out commercial tobacco sales—would be in line with FCTC Article 2.1, which calls on governments to go beyond the minimum obligations outlined in the FCTC.⁶

Another approach that may hold promise is the concept of an 'industry-wide corporate death penalty'. A 2019 study,⁷ based on publicly available data, estimated that the American tobacco industry kills four times more people than it employs. In comparison, the American coal industry kills more than one person for every coal mining job. Drawing on the Universal Declaration of Human Rights, the author proposes that an industry's right to existence be based on three principles: (1) everyone has the right to life; (2) everyone has the right to work; and (3) human law should give corporations the right to exist if they are beneficial to humanity. On these principles, the study concluded that the tobacco industry meets the criteria for an industry-wide corporate death penalty,⁷ (even though the analysis did not include tobacco's broader societal and economic harms, and the high burden of ill

health it causes). Corporate death penalties, although legal, have not been recently used in the USA. However, they played a part in the closure of the Council for Tobacco Research and the Tobacco Institute, Inc—two industry front groups—in 1999.⁸ This approach recognises that no corporation has a natural right to exist.

Recent WNTD themes have alternated between focusing on specific tobacco-induced disease issues and the tobacco industry and its activities. Focusing on the industry is a powerful counter to the neglect of commercial determinants of health in many health frameworks.⁹ In boosting cessation support for individuals to become tobacco-free, we must not lose sight of these WNTD themes from previous years, and the need for society as a whole to quit tobacco. The continued existence of the legal tobacco industry, and widespread promotion and sales of its products, is a grievous example of privatised profit and socialised, inequitable costs, despite clearly articulated justifications for abolishing commercial sales of its most harmful products.^{10 11}

When the FCTC first came into force, it was hard to imagine many of the achievements that followed. Widespread implementation of strategies such as mass media campaigns, warning labels and plain packaging, tobacco taxes, and smoke free spaces—all of which are cessation support in the broadest sense—are testament to the power of this landmark treaty. It is instructive here to consider an earlier landmark document, the 1986 Ottawa Charter for Health Promotion. It contained five action areas (building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting healthcare services towards prevention and health promotion), many of which have been operationalised by the FCTC. Cessation support fits clearly within 'developing personal skills'. Public health policy, community action and, to a certain extent, reorienting of health services have all been achieved to a greater or lesser degree. Similarly, FCTC demand reduction measures have created supportive environments for people to become and remain tobacco free. Yet while tobacco products remain widely available for sale, the most potent step in creating a supportive environment for people to be tobacco free has been missed.

Increasing adult tobacco use cessation is necessary, but not sufficient, to accelerate progress to end the tobacco epidemic and to reduce the socioeconomic gradient in tobacco use. Achieving these goals needs much more than individual behaviour change. All of us—governments, civil society

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and individuals—together need to quit tobacco.

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