Tobacco targets—doomed to fail?

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There has been incontrovertible evidence that smoking is lethal for nearly seven decades, since publication in 1950 of authoritative papers by Doll and Hill in the British Medical Journal and Wynder and Graham in the Journal of the American Medical Association. Vast numbers of papers and reports since then have left no doubt that globally and nationally this is the largest preventable cause of death and disease. Each year according to the World Health Organization, more than seven million deaths around the world, and, according to the Ministry of Health, 5,000 deaths in New Zealand, are caused by smoking. The word “preventable” is critical. We know the extent of the problem, but we have also known for several decades the key approaches needed to prevent the deaths and disease caused by smoking—no single magic bullet, but a comprehensive approach comprising regulation, public education, cessation supports and continuing advocacy.

There has been progress, and New Zealand has indeed at times been one of the leading countries in terms of implementing some of the actions needed, but it has been all too slow.

The New Zealand government’s 2011 goal of “a smokefree New Zealand by 2025” was laudable, albeit optimistic, but on the basis of current trends in terms of both prevalence and governmental action it is doomed to fail. In order to meet the smokefree goal by 2025, the government recognised that daily smoking rates would need to be at 10% by 2018. The national data from 2015 show daily smoking rates at about 15%. Smokefree by 2025 would require a massive decline, well beyond optimism.

As we have known the extent of the problem for decades, so we have known the vector—the international tobacco industry which, in the words of a recent UK High Court judgement, “facilitates and furthers, quite deliberately, a health epidemic. And moreover, a health epidemic which imposes vast negative health and other costs upon the state.” The tobacco industry, with a well-justified reputation for lies and deceit, has from the outset done everything in its power to oppose and delay any action that might reduce smoking, while continuing to promote its products wherever possible, often with a special focus on vulnerable and disadvantaged populations.

Millions of once-confidential industry documents, complemented by many media exposes, demonstrate beyond doubt the ruthless, cynical and dishonest approach taken by this lethal industry in its efforts to promote and sell a product it knows will kill at least half of its regular consumers.

The introduction of standardised (or “plain”) packaging in Australia was achieved despite the most ferocious industry opposition this author has seen in 45 years working on tobacco—testament to the impacts feared by the tobacco companies from a measure that would reduce their last legitimate form of direct promotion. Few measures have so well illustrated the tobacco “Scream Test” that health advocates often cite—the louder the tobacco industry screams, the more effective a measure is likely to be. It was therefore not surprising that following implementation of standardised packaging the Imperial Tobacco company gloomily concluded that “Australia is the darkest market in the world”.

In an important paper that will be a valuable addition to the international literature on tobacco control processes, Crosbie and Thomson have shown not only that the companies had similar fears in New Zealand, but also that they learned from their defeat in Australia by focusing much of their lobbying effort on legal threats that successfully intimidated governments into delaying introduction of an evidence-based
measure recommended by health authorities as part of a comprehensive approach.

While standardised packaging is now being implemented in New Zealand (as it is elsewhere—by the end of 2018 it should be either in place or on the way in close to 20 countries), the process has been slow, and the Australian experience shows that tobacco companies will do everything they can and spend as much as it takes to undermine and counter its impacts.

Meantime, the New Zealand Government has significantly reduced its already modest support for tobacco control advocacy, which means that further much-needed complementary action is far less likely to eventuate, and there will inevitably be less public exposure of the industry’s lobbying and other promotional activities.

New Zealand is a signatory to the WHO Framework Convention on Tobacco Control, which came into force in 2005 and is legally binding in 180 countries. The Convention and its Guidelines are clear and explicit that “There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests”, and Article 5.3 of the Convention requires that “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry...”. Governments have a responsibility to ensure that all their agencies (not only health departments) are aware of and committed to Article 5.3.

This is especially important at a time when the tobacco industry is more aggressive than ever in seeking to prevent any actions by governments that might reduce smoking. The industry has always devoted substantial resources to lobbying and public relations activities; in recent years these efforts have been stepped up, whether through the companies themselves or through associated organisations, “think tanks” and front groups.

Legal action and threats against government, of the nature outlined by Crosbie and Thomson (and even, as in the UK and Australia, against organisations such as universities and cancer charities), provide yet further evidence that tobacco companies will do whatever it takes to further their interests and cause more preventable deaths. As in Australia, these companies have no interest in the health or wellbeing of New Zealanders: they are based in London and New York, and their only interest is the financial health and wellbeing of their shareholders.

Future generations will wonder why, nearly 70 years after incontrovertible evidence about its harms, smoking was still the largest preventable cause of death and disease, and tobacco companies were still allowed to flourish. The answer lies partly in the sheer power of the tobacco industry, and partly in the inability of health groups to match its resources and ruthlessness. But even more than this, responsibility rests with governments that have failed to act despite clear evidence about the action needed and absolute certainty that their inaction would result in tens of thousands of unnecessary deaths.

“Smokefree New Zealand by 2025” may have seemed a laudable aspiration in 2011, but the loss of momentum, further tobacco industry lobbying, promotional and distraction activities, a focus on approaches that will not offend tobacco interests and reduced support for public health advocacy mean that it now looks completely unrealistic. That is a triumph for Big Tobacco, an indictment of the government’s failure to take prevention seriously, and a public health tragedy.
REFERENCES:


