Health Economics, Policy and Law (2011), **6**, 283–285
© Cambridge University Press 2011 doi:10.1017/S174413311100003X

Response

KIRILL DANISHEVSKIY
Co-chair, ATACA (Anti Tobacco Advocacy Coalition), Moscow, Russia
MARTIN McKEE
Professor of European Public Health, European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, London, UK

We are grateful to the two commentators for their reflections on our paper. We will address their arguments in turn, beginning with the commentary by Wilkinson (2011).

Much of Wilkinson's commentary addresses the ethical question of whether people ought to be able to smoke free from what he describes as 'the state interference the authors recommend'. He takes us to task for seeking to stop people engaging in one hazardous pursuit, smoking, while saying nothing about others such as base-jumping, hang gliding or ballooning. Yet, as we note quite explicitly in our paper "[our] proposal does not seek to make smoking illegal. There is no reason to do so if the smoker is only harming him or her self … . The focus of our attention is those involved in production, sales and marketing of tobacco". Thus, the ethical arguments constituting most of the commentary, examining whether the state should prohibit individuals from smoking comprise a straw man. In our proposals, anyone growing tobacco for their own use would be free to use it. We would simply prevent them from selling it to others, in the same way that we would expect the state to act if it discovered someone selling home-grown vegetables poisoned by pesticides.

The comparison with hazardous sports is a bad analogy. Smoking leads to premature death in about 50% of long-term smokers and is a consequence of using cigarettes as intended. The risks of death associated with 'hazardous' sports are extremely low and deaths are mostly a consequence of human error or equipment malfunction. Thus, a recent comprehensive review estimates the risk of death from sky-diving, hang-gliding and rock climbing at less than 1 in 100,000 jumps/flights/climbs (Bandolier, undated). To achieve a lifetime risk of dying similar to that from smoking, an individual would have to undertake in excess of 50,000 such adventures, requiring at least three every single day for 35 years. Unlike smoking, such activities are not addictive, making activities on this scale extremely unlikely. It would, of course, be possible to increase the risk from adventurous sports to make them more comparable with smoking by, for example, selling ropes or parachute cords that had previously been partly severed but this would be illegal. We trust that this illustrates just how absurd this comparison is. To reiterate, our view, clearly stated, is that if people wish to either go parachuting with severed cords or to smoke, that is not a matter that we concern ourselves with.

https://doi.org/10.1017/S174413311100003X Published online by Cambridge University Press

Wilkinson's subsidiary point relates to whether tobacco products are legal in Russia. It is implied that we are arguing on the basis of some constitutional right to health that would have to be interpreted in the context of available resources. This is incorrect. First, we are arguing on the basis of specific legislation on consumer protection (and Penal Code of Russia stipulating 2 years imprisonment for sales of unsafe goods) that explicitly states that goods used as intended should be safe, albeit derived from a constitutional right to health. Second, the question of resources is largely irrelevant. We are not asking the state to commit vast resources to promote health, even though there is a strong argument, in the Russian context, for doing so by, for example, providing basic medications for chronic disease freely to the population. We simply argue that relatively small sums should be spent on enforcement of legislation. Indeed, providing penalties are sufficiently high, this could easily be self-financing.

We agree with Jackson (2011) that an alien from another planet would find it remarkable that tobacco was freely marketed on earth, given the prohibitions on less hazardous substances. Of course, if they then travelled back in time for a little over a century, they might be even more puzzled why, given the prohibitions on trade in narcotics that now exist, the United Kingdom felt it justifiable to declare war on China for the right to trade in opium (McKee, 2009). She rightly notes the contradictions in contemporary British drug policy and agrees with us that we should be moving towards the elimination of tobacco consumption. The main area of disagreement seems to be whether what we propose would work. Jackson notes that prohibition has not always worked and risks encouraging illegal trade. However, we are not suggesting that there would be no legal source for those addicted to nicotine. We specifically argue for the regulated sale of tobacco products, in the same way that more enlightened countries provide supplies of narcotics for addicts. Furthermore, while we often focus on the failure of alcohol prohibition in the United States (while ignoring the rapid increase in deaths from cirrhosis that followed its abolition) there are other examples of hazardous substances whose trade has effectively been banned, such as chloroflourocarbons. Crucially, tobacco differs from alcohol in that it cannot be produced easily in someone's home. Obviously, we agree that enforcement may be challenging, but equally we do not hear arguments for the legalisation of LSD, a drug regarded by Nutt and colleagues as much safer than tobacco (Nutt *et al.*, 2010). Indeed, Nutt and colleagues view tobacco as more harmful than most commonly used illegal drugs and only one point (on a scale of 1–100) lower than cocaine.

We hope that our paper has opened a debate on why it is that we continue to treat tobacco differently from other hazardous substances. From a public health perspective, the arguments for eliminating it are compelling, as were the arguments for eliminating smallpox or polio. Yet for reasons that remain unclear to us, the public health community has displayed a marked lack of ambition, seeking merely to control it. We are sufficiently realistic to recognise that we may not live to see the consignment of tobacco to the dustbin of history but that should not prevent us from starting the process.

https://doi.org/10.1017/S174413311100003X Published online by Cambridge University Press

References

Bandolier (n.d.). Risk of Dying and Sporting Activities, http://www.medicine.ox.ac.uk/bandolier/booth/Risk/sports.html [12 December 2010].

Jackson, E. (2011), 'Criminalising the supply of tobacco', *Health Economics, Policy, and Law*, **6**: 279–281.

McKee, M. (2009), 'Opium, tobacco, and alcohol: the evolving legitimacy of international action', *Clinical Medicine*, **9**: 338–341.

Nutt, D.J., L. A. King and L. D. Phillips, On Behalf of the Independent Scientific Committee on Drugs (2010), 'Drug harms in the UK: a multicriteria decision analysis', *Lancet*, **376**: 1558–1565.

Wilkinson, T. M. (2011), 'The ethics of licensing smokers', *Health Economics, Policy, and Law*, **6**: 273–277.

https://doi.org/10.1017/S174413311100003X Published online by Cambridge University Press